

PASTORAL CARE AND COUNSELING WITH LATINO/AS

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BACKGROUND AND OVERVIEW OF THE LATINO/A CULTURE

Hispanics are a polyculture. This indicates a very heterogeneous and multicolor group of people with a combination of ethnicities, an array of languages, a variety of religions, and various socioeconomic and educational statuses (Vega 1990). Although diverse, a polyculture has distinctive features and principles that make its members one particular people.

Given this diversity, Latino/as defy simplistic explanations and categorization. They represent more than twenty countries and more than 580 million people living in South America, Central America, North America, the Caribbean, Europe, Asia, Africa, and Australia (Brea 2003). The majority of people of Latino/a heritage live in Latin America (520 million), which in this context refers to nations of Spanish, Portuguese, and indigenous languages located in South America, Central America, and the Caribbean (Brea 2003). Another 50 million live on the Iberian Peninsula. Cristina Torres (2001) of the World Health Organization estimates that 10.18 percent of the total Latin American population is Amerindian. The U.S. Census Bureau (2004) reports that as of July 1, 2003, there were 39.9 million Hispanics in the United States, representing 13.5 percent of the country's population (not including the 3.9 million Puerto Ricans living on that island). Two-thirds (66.9 percent) of these Hispanics are of Mexican origin, 14.3 percent are Central and South American, 8.6 percent are Puerto Rican, 3.7 percent are Cuban, and the remaining 6.5 percent are of other Hispanic origins. According to the Pew Hispanic Center (2004), 46 percent of the Latino/a population residing in the United States is bilingual (Spanish and English), 40 percent speak only Spanish, and 14 percent use English almost exclusively. The Latino/a or Hispanic people living in the United States of America are as multiethnic and pluralcultural as those living in Latin America.

This diversity invites pastoral caregivers to practice humility and recognize that the pathways to emotional, cognitive, relational, and spiritual healing among Hispanics are many, as

Cada persona es un mundo (Each person is a world in his or her own right). Thus, as we asserted in the introduction, it is illusory and deceptive to suggest there is a single way of assisting people of Latino/a heritage. Although Latino/as share many worldviews and cultural factors, they remain a polyculture of men and women who believe that life is best lived when it is lived in togetherness and in community. Latino/as are genetically 99.9 percent similar to men and women across the planet, but that 0.1 percent matters greatly. It is in the best interest of culturally sensitive and competent pastoral caregivers to carefully consider that "little" difference.

HISPANIC ROOTS

A good place to begin describing Hispanics is to look at our roots: America. In the fifteenth century, Christopher Columbus (1451–1506) and his partners found many civilized societies that were well developed and highly structured with clear sociopolitical and technological practices revealing their wisdom and entrepreneurial spirits (Lockhart and Schwartz 1984; Fernandez-Armesto 2003). The inhabitants of these lands, who perhaps immigrated from Africa, Asia, and Australia about ten thousand years ago, were strategically established throughout South, Central, and North America as independent and autonomous societies with diverse cultural, religious, social, and family values. Many of these societies had great and well-developed cities, pyramids, empires, long-distance trade, roads, advanced agricultural techniques, and written codes of law. Although there were certain cultural similarities within the many inhabitants of these lands, these civilizations were diverse and independent of each other (Lockhart and Schwartz 1984).

The invader Columbus named this vast and diverse group of people Indians, as he thought he had arrived in Asia. This could indicate that being named by the dominant culture is not a new phenomenon. People eventually learned to deal with the naming and then reluctantly used that given name, as is also the case with the term *Hispanics*. The term *Hispanic* or *Latino/a*, although it makes sense from a political or marketing point of view, does not do justice to the diversity that characterizes the Latino/a people (Suarez-Orozco and Páez 2002).

Dominant cultures tend to name those they want to dominate. For instance, *Indians* was the name given by the Iberians to the dozens of civilizations that populated these two continents. The name *Indians* falsely gave the impression that the inhabitants of the Western Hemisphere were a united group of people, in contrast to the reality that they were culturally, economically, and politically diverse and had limited or no contact with the rest of humankind. Felipe Fernández-Armesto (2003) proposes that the notion of America as a homogenous and united hemisphere was the result of invaders' and exploiters' imagination to justify their enterprises and to make their task more manageable. Perhaps the same could be said for terms such as *Hispanics* or *Latino/as*.

The encounters between European, Amerindian, Asian, and African cultures gave origin to a unique group of people of white, Black, Amerindian, and mostly mestizo backgrounds who continuously strive to live harmoniously with nature, others, and self. This multicolor polyculture demands of pastoral caregivers humility in their attempt to understand the complexity of what it means to be Latino or Latina.

In summary, *Hispanics* refers to a pluriculture, multiethnic, mariachi, salsa, tutti-frutti mosaic of people who sound good, look exotic, taste great, move quick, and are found everywhere. The father-in-law of one author (Esteban) often says Hispanics are like the one-dollar bill: they are everywhere, and everybody likes them. The first part of this statement has some elements of truth, but the second half of that statement is far from being true, as discrimination continues to be rampant at both personal and institutional levels (Rivers and Morrow 1995; Comas-Díaz 2001; Montalvo 1991).

CHARACTERISTICS OF THE LATINO/A POLYCULTURE

As a multiethnic community, Latino/a or Hispanic people escape generalizations and categorical stereotypes. As Amerindians, Hispanics see no need to disregard, diminish, or eliminate the cultures they encounter in their path or pilgrimage. On the contrary, they are open to embracing aspects of other cultures to enrich their own. As multicultural beings, Latino/as understand there is no need to eliminate one cultural background in order to make space for the other; they affirm that many cultures might coexist and

strengthen each other. Hispanics are one in the sense of service and goals, but many concerning customs, religions, color, socioeconomic status, geography, and education.

At the heart of the Latino/a community is the family, the main source of support, care, guidance, and healing for the Latino/a people. There are as many types of families as there are Latino/as in the world. Family diversity implies that there is not a single model or pattern of family relationship that Hispanic families must follow to be functional and healthy. The idea is to treat or approach each Hispanic family with its idiosyncrasies and distinctiveness.

Traditional understanding of family therapy and counseling have been helpful in the sense that we now consider the impact not just of the internal psyche of an individual but also of the social and contextual influence for people's cognitive, affective, behavioral, and relational functioning. However, when pastoral caregivers and clinicians try to apply traditional theories and pastoral and family counseling approaches to multicultural families, the risk of harm is high, as many of these assumptions ignore the contextual and ecological family implications of clinical practice (Luepnitz 1988; Rogoff 2003). For instance, the notion of the family coming once a week for counseling for a determined number of sessions does not apply well to many Latino/a people. They might come for one session to complement the therapeutic work that is taking place through relatives, friends, *comadres*, *compadres* (godparents), and other social and health care professionals and then return weeks or months later for more consultation. This intermittent style of counseling and therapy has often been interpreted to mean the client is resistant or has an uncooperative spirit. However, it is important to remember that most Latino/as see therapy or counseling as a collaborative effort among clinician, self, relatives, and friends (Rojano 2004). The role of the pastoral counselor is not that of the "only expert" and protagonist, but that of a collaborator and companion traveler. Moreover, because of the idea of community, the life journey is a communal experience where several persons or a caravan of people are involved in the healing process.

Family diversity, with its structure, continues to be the cornerstone and the building block of the Hispanic community, society, and culture. For most Hispanics, the family is the place from which they draw their strengths, celebrate their achievements,

lament their losses, perpetuate their values, learn and maintain their motivations, and experience the fullness of what it means to be human. Indeed, it is in family where they triumph and fail, where they get sick, and where they heal. In addition, the family is charged with the process of enculturation, as older members transmit the cultural knowledge, awareness, and skills into the next generations (Casas and Pytluck 1995).

Iberian, African, and Amerindian views of family relations have shaped the Latino/a or Hispanic understanding of family (Lockhart and Schwartz 1984). Iberians, highly influenced by the Roman Catholic Church and Islam, saw the father as the head of the house with the authority to make all decisions regarding the future of the family. The patriarch would run the family as a mini-estate where each member—wife, children, and servants—was expected to function, contribute, and work toward the well-being of the family unit or property.

Most Amerindian family members were interdependent, living and working together toward sustaining the community or tribe. The family, consisting of the father, mother, sons, daughters, close and distant relatives, along with other members of the household and tribe, was in charge of the education, care, discipline, and formation of the children. The flora, fauna, and cosmos were seen as part of the family that deserved respect and care. The elders of the tribe or community were in charge of passing the wisdom, culture, values, religion, art, music, and principles from one generation to the next. They used storytelling as the main medium to pass on that heritage. The kinship system defined the direction, ethos, responsibilities, administration, relationships, and future of the family.

Most Amerindian marriages served as an alliance between families, who decided to join efforts and strengths to better protect, educate, preserve, nurture, and guarantee the well-being of the community. Parents and elders of the community were the main people in charge of studying the history, physical health, personality, talents, and preferences of the future couples with the intention of finding the matching characteristics that would secure the success of the relationship.

In the African family, the mother, father, grandparents, siblings, relatives, close friends, and neighbors formed the network and kinship necessary for the appropriate development of family members.

This pattern was influential in shaping what we know today as the Latino/a family (Willie and Reddick 2003). The African American family includes qualities such as solidarity, cooperation, sharing, caring, cross-generational support, charity, awareness of the impact of oppression, sense of humor, respect, religiousness, and faith, all of which are common elements within Latino/a families. A large number of Blacks are Hispanics. For instance, in the Dominican Republic, 84 percent of the population is Black, Cuba is 62 percent Black, Brazil 46 percent, Colombia about 21 percent, Panama 14 percent, Venezuela more than 10 percent, Nicaragua over 9 percent, Ecuador more than 5 percent, and the rest of Latino/a countries between 1 and 4 percent Black (Torres 2001). For centuries, Blacks and Latino/as have mutually enlightened, supported, and developed each other.

Hispanic families are so diverse that it is difficult to speak of a typical Latino/a family. Like individuals, every family is a world in its own right. A contextual clinician and researcher will pay special attention to each family's peculiarity and level of cultural transition. The range of cultural exposure and cultural incorporation among Hispanic families varies from families with three hundred years of history in the United States to others who have just arrived from Latin American countries (Suarez-Orozco and Pérez 2002). However, regardless of their time in the United States, many Latino/a families still face issues of discrimination, cultural racism, linguistic discrimination, isolation, racial profiling, and a crisis of belonging. In addition, undocumented Hispanic families face issues of distrust, denial of medical and educational access, and economic marginalization, among other difficulties (Lee 1999; Paniagua 2004).

Familismo, or the sense of loyalty, solidarity, cooperation, and interdependence, seems to be the cornerstone of most Latino/a families (Gloria and Peregoy 1996; Falicov 1996). It is common to hear from *tíos* and *tías* (uncles and aunts) this *dicho* (saying): *El que le pega a su familia se arruina*, denoting that family must be the priority and that under no circumstance is betrayal to the family encouraged. The idea that problems and conflicts belong and stay within the family is very much part of the Latino/a family's belief system.

This issue of loyalty, along with a healthy and necessary paranoia present in most Hispanic families, needs to be taken into

consideration when working with them. Culturally sensitive clinicians keep this in mind at the beginning and throughout the therapeutic relationship. Clinicians do their best to establish an environment of safety, trust, respect, and reciprocity or *personalismo*, which will allow the family to feel *en casa* (at home) and that by consulting with a counselor they are not betraying the unwritten family code about loyalty, but seeking to strengthen the family relationship. Furthermore, multicultural, competent clinicians will be ready to process Latino/as' issues of guilt and shame resulting from their sharing their family issues with a stranger. Failure to address these issues may promote a premature termination of the therapeutic relationship.

ACCULTURATION OF LATINO/AS

We think of acculturation as the process of enriching one's culture and roots by incorporating many of the lifestyles and worldviews found within the culture encountered in a life journey. This mutual and reciprocal process of interchanging values, beliefs, customs, attitudes, and relationships becomes the cornerstone of growth, learning, development, and advancement. Latino/as seem reluctant to use the word *acculturation*, as it generally implies a discard of one's cultural roots in order to embrace the dominant culture. Perhaps this way of seeing acculturation reminds Latino/as of what the Iberians did in forcing Amerindians to abandon and destroy their worldviews and ways of connecting with themselves, others, nature, and divine beings.

Acculturation, according to John W. Berry (1997), refers to "integration." Some Hispanic families going through this period of integration may experience an array of emotions and stressful events that include a sense of alienation, psychosomatic symptoms, parenting confusion, identity issues, and interpersonal marital conflicts (Leyendecker and Lamb 1999; Flores et al. 2004). However, most Hispanic families—perhaps for their instinctual indigenous openness to embrace other cultures—show no signs of distress in incorporating values, customs, and religious practices from other cultures (Moyerman and Forman 1992).

The four modes of acculturation suggested by Berry (1997)—assimilation, separation, marginalization, and integration—are an

example of the difficulty in applying this social construct to the Latino/a population. Assimilation implies that individuals have to abandon, disengage, and mutilate their native cultures and values to adapt to those found in the dominant cultures (LaFromboise, Coleman, and Gerton 1993). In other words, you take all your cultural *ropaje* (clothing) and burn it or give it away to make space for the new culture. Separation refers to people retaining their cultural heritages and backgrounds but rejecting those of the majority culture (Berry 1997). The marginalization mode implies rejection of both "mother" and dominant culture. Berry's last mode, integration, suggests that people retain their ethnic culture but embrace many of the dominant culture's features.

ETHNIC IDENTITY

An ethnic identity results from the process of becoming aware of the impact of one's cultural roots (languages, beliefs, customs, nationality, gender, sexual orientation, age, religions, and socioeconomic status) on our ways of thinking, expressing emotions, acting, imagining, sensing, and relating. Hispanics appear reluctant to use the traditional racial division because the construct of race is of a political origin that is sometimes utilized to perpetuate discrimination and to promote competition and divisions among different groups (Gracia and De Greiff 2000). Instead, perhaps they prefer to use ethnic cultural identity, which recognizes personal and group differences but calls them to cultural cooperation and interdependence.

Developing this process of ethnic identity takes a lifetime, spanning from conception to death, as we are continuously learning about our cultural roots, the culture encountered, and their influences in our daily lives. The ways Latino/a families ethnically perceive themselves vary from person to person and from family to family. This life span experience cannot be boxed in stages or a hierarchical model because ethnic identity in Latino/a family members is fluid, contextual, permeable, and based more on social and cultural factors than on physical characteristics.

SPIRITUALITY AMONG HISPANICS

Hay de todo en la viña del Señor. (In the Lord's vineyard, there is a little of everything.) Faith and religion are present in most experiences of Latino/a people. The spiritual realm is consulted and used in issues related to life, education, health, economics, politics, family, and personal challenges. The religious phenomenon is so prevalent and pervasive that it is not seen as something that you have but who you are. In this way, we are spiritual beings trying to be humans. The abundance of symbols and rituals with religious meanings used by Hispanics to connect with the transcendent is a demonstration of the need of Latino/a peoples to live in harmony with nature, the universe, and self.

The polycultural nature of the Latino/a people is also seen in their diverse expressions of faith and its ways to connect with that which is transcendent. Perhaps for Hispanics the clearest way to understand their spirituality is to see its development as a syncretic religious practice that combines features of Amerindian, Christian, Islamic, Jewish, and African religions. The Roman Catholic faith was cautiously and overtly imposed, but native Amerindians and African slaves were still able to preserve their religious rituals and beliefs by incorporating them into the dominant Roman Catholic tradition. For instance, in Bolivia an Amerindian sculptor made two images of their ancient gods of nature and told the priest that these images were those of Saints Peter and Paul. Curiously, the number of attendants at the Sunday religious service increased remarkably (González 2003; Wiarda and Kline 2001).

Today, although less than 20 percent of Latino/as attend church regularly, the majority of them profess to ascribe to the Roman Catholic faith. A second large group consists of Latino/as who see themselves as spiritual people but maintain a level of suspicion of traditional faith groups such as the Roman Catholic and Evangelical movements. Some see the Roman Catholic Church at times as exploiting Latino/as and the Evangelical movement as an instrument of the North American empire. However, the Protestant and Evangelical faith tradition is increasingly becoming more popular with Hispanics, represented in Chile by 12 percent and in other countries, including Guatemala, as much as 25 to 35 percent of the population (Wiarda and Kline 2001). Other faith traditions

include Muslim, Jewish, and Eastern religious practices. In summary, the Hispanic people value and treasure their spirituality, but this is as diverse as the culture itself.

Spirituality, religion, and faith are central to Latino/a families' survival and resilience. In practice, it is difficult to separate these conceptual constructs as they are seen as concrete attitudes, affective expressions, and actions that are read through the lenses of the community. The faith is lived within the context of the community. Respect and reverence for the transcendent, universe, nature, and neighbors are expressed through many rituals and symbols that vary from family to family. Therefore, religion, faith, and spirituality are intimately connected and better understood when seen as an undivided whole.

Spirituality is about relationship and intimacy with the transcendent, the self, and others. This web of relationships is what Latino/a families have historically used to face adversities, celebrate achievements, and make sense of their existence. The human being, seen as a social and holistic being with a body, mind, and spirit that are indissolubly connected and influencing each other, achieves wholeness within these three types of relationships. Culturally sensitive clinicians and researchers working with Latino/a families will understand that spirituality or connectedness is an integrated part of their daily functioning and that tending to the whole person within the community context is essential for the healing process.

COMMUNITY AND COLLECTIVISM

As social beings, Hispanics are relationship oriented. They exist in order to be in community. Hispanics are born, reproduce, grow, unfold, mature, and die in community. Because of their gregarious nature, they need the community in order to receive the healing power of relationships. Human interactions do not take place in isolation; rather, they occur in connection with others, self, and the transcendent. Pastoral counseling approaches with Hispanics must take place within the context of the community.

We know that persons cannot survive by themselves and that it is only in connection with others that it is possible to experience life to the fullest. In that direction, Judith V. Jordan (2000) asserts that the main thrust of human development is the movement toward

mutuality and toward relatedness. She goes further to suggest that the source of most human suffering is disconnection and isolation. The cognitive, emotional, social, and spiritual healing occurs mainly in the presence of caring communities where love, sharing, interdependency, and cooperation characterize the interaction, where the clinicians and consultees join effort to make meaning of the experiences and embrace each other in the journey to wholeness.

Throughout history, particularly in European and North American cultures, there has been a tension between the individual and the community. Perhaps this friction is due in part to lack of balance in honoring and celebrating people's individual uniqueness, self-determination, and individual responsibility while at the same time acknowledging the importance and well-being of the community. A healthy and balanced approach calls for valuing the person's uniqueness and freedom while recognizing that the maximum human potential is experienced in relationships. This healthy approach emphasizes interdependency and cooperation rather than polarization and competition (Montilla 2005).

Most Latino/a people do not negate the value, respect, and dignity of each person but capitalize on the importance of coming together, caring for each other, and recognizing our needs for interdependency. They celebrate the reciprocal connection between the individual and community in which principles of equality, justice, and freedom are mutually respected. The idea is to value the uniqueness of each member of the community while keeping in mind the social responsibility of working together for the common good (Montilla 2004).

The meaning of community is illustrated in *Fuenteovejuna*, a play by Félix Lope de Vega. The story is about the small town named Fuenteovejuna, which is under the tyrannical rule of Don Fernán Gómez, Knight Commander of the Order of Calatrava. After much suffering, the townspeople finally rebel and kill the commander, placing his head on a pike as the banner of their freedom. Their battle cry is "*Fuenteovejuna, todos a una*" (Fuenteovejuna, all are one). When the Grand Master of the Order hears of this, he appeals to Ferdinand and Isabella, who appoint a judge-inquisitor to find the guilty parties and punish them.

The judge, however, finds that he can make little progress in his inquiry, for whenever he asks, "*¿Quién mató al comandante?*"

(Who killed the commander?), the answer is always the same: "*Fuenteovejuna, señor*" (*Fuenteovejuna, my lord*). Irritated, he tortures three hundred of the local inhabitants. Still, from all of them—men, women, children, and people in their old age—the answer is the same: "*Fuenteovejuna, señor*." Finally, the judge asks for instructions from Isabella and Ferdinand, who respond that, given such unanimity, there must have been just cause for the commander's death. González (1990) uses this metaphor to illustrate the essence of communal life, as the entire town realized that the community, not any individual in it, killed the commander. Likewise, if one member of a community is facing some emotional, cognitive, social, or spiritual challenge, the entire community joins in the hurting.

EMOTIONS FROM THE LATINO/A PERSPECTIVE

Latino/as are emotional beings who experience life as a whole. Indeed, they are emotional beings trying to be humans. Emotions are natural physiological responses to internal and external stimuli (Greenberg 2004) but read or interpreted through psychological and sociocultural lenses. The reading of these experiences through Hispanic eyes is very particular because the "Hispanic alphabet of emotions" has been composed with the help of Amerindians, Africans, and Iberians.

The emotions as a physiological phenomenon might be universal, but the ways of displaying them vary almost from family to family. Emotions are also symbols that can communicate love, care, disgust, or disapproval (Okun, Fried, and Okun 1999), as well as values and concerns. Expressions of happiness, sadness, surprise, fear, disgust, anger, and contempt might have some universal elements (Ekman and Friesen 1975), but the way they are uttered and used among Latino/as is very peculiar to each person. For instance, a person who is crying at a funeral might not be feeling sad, but rather he or she knows that within the culture, weeping conveys the idea of caring, so the person joins in the crying.

Most Hispanics would not refrain from expressing emotions, either negative or positive, in public because the idea of privacy seems to be less important than being transparent. Yet stereotyping Hispanics as *alborotados* (wild, roaring) is not prudent, because the person,

cultural setting, and situation dictate to a great extent which and how emotions are conveyed. Social-related emotions such as shame (*vergüenza*), guilt, indebtedness, *simpatía* (sympathy), and respect are encouraged in community-oriented societies (Matsumoto 1994).

RESPETO AND AUTHORITY

The "person in authority" within the Latino/a family (usually the maternal grandmother, oldest sister, or woman whom the family recognizes as an authority within the community) could be the most influential person in the decision-making process. She would encourage each family member, females and males, including children, to have a voice in the matter. It is very important for pastors and counselors working with Hispanics to be aware of the persons in a position of authority and leadership, because the failure or success of the pastoral intervention and therapeutic process will be highly shaped by the level of involvement of the group's "leader."

The healer or pastoral counselor will be most effective when she or he "becomes" a family member. This process of becoming part of the family starts with the establishment of a relationship that must be based on trust, truthfulness, respect, and reciprocity of thought, feelings, and relationship. This "joining" (Minuchin 1974) stimulates family members to engage in sharing their personal stories, their "living human webs" or network of support their hopes and dreams. Because the healer or pastoral caregiver is not the single protagonist in the healing process, she or he welcomes the participation of the wider community to include perhaps educators, social workers, religious leaders, traditional healers, and medical personnel (Bronfenbrenner 1979).

Most importantly, the multiculturally competent and sensitive pastoral counselor must strive to connect and be present with each family member. Equality, power sharing, compassion, availability and love characterize this connection and relational experience. Gabriel Marcel (1950) suggests that being present is a gift of grace in which two or more human beings engage in self-sharing and mutual availability. The implication of this way of being present is that healers dispose of themselves to be completely connected with the other, which in turn will facilitate "the discovery of depth through togetherness" (Marcel 1950).

THE PASTORAL CAREGIVER AS PERSON

Pastoral counseling is a relational and clinical encounter between two or more human beings who accept the premise that wholeness is possible when the spiritual, emotional, physical, and social dimensions are considered within a framework of communal living. The healing impact of the encounter hinges on the connection that arises as a result of addressing each other with respect and mutuality within an atmosphere of trust, nourishing spirit, empowering dialogues, and hopeful interchanges. This is the connotation of *pastoral*, a word that comes to us from the Latin *pastor*, which could be translated as to nourish or to feed. The word *counseling* is connected to the Latin words *consilium/consilere*, which implies community or coming together to gain wisdom and support.

In this context, pastoral counseling is not the exclusive “belonging” or property of professional religious leaders, but the tool that people of faith use to discuss their hopes, pains, dreams, and concerns about life and world, as well as to make meaning of their existence. However, members of the community, recognizing the importance of these healing and empowering dialogues, may seek professional training to become more effective “healers” or pastoral counselors. The preparation may consist of extensive theological and counseling training that equips people with attitudes, skills, and knowledge within the field to provide efficient, competent, and professional pastoral counseling services.

The attitude is listed first because the most important tool in helping others to become is not the technique but the person of the pastoral counselor. The central elements of the therapeutic and counseling relationship are the pastoral caregiver’s human qualities, such as warmth, empathy, intelligent sympathy, genuine interest, and love for others (Boisen 1936). Current research is confirming that the person, in conjunction with the quality of the relationship, highly influences the positive outcome of the therapeutic connection and is a better predictor of a successful counseling intervention

The apprehension of the Latino experience through this ecological lens is then extremely important for the pastoral counselor seeking to promote growth. If we consider that at the root of our collective nature is our capacity to relate with our surroundings, we then need to consider that the practice of an ecological conscience is then a practice of connection. We connect with the beauty and mystical experience of creation. We connect with the self and its creative nature. Most importantly, we connect with others and God. Holistic growth and healing is thus fostered by promoting the respect and admiration that our Latino forebearers, our Mayans and Aztecs, felt for the crown of creation, earth, and its wild inhabitants.

A LATINO/A VIEW OF SUFFERING AND ILLNESS

*May its morning stars become dark;
may it wait for daylight in vain
and not see the first rays of dawn,
for it did not shut the doors of the womb on me
to hide trouble from my eyes.
"Why did I not perish at birth,
and die as I came from the womb?
Why were there knees to receive me
and breasts that I might be nursed?"*

—Job 3:9-12 NIV

The joy of life for me would be to get up from this bed and be able to sit in my wheelchair, to look at people, to feel the breeze and the warmth of the sun. Being able to look up the sky and make figures out of the clouds, as I used to do with my little one. We would go out and looking at the clouds, where we would see alligators, horses, angels, and other figures, and we would play until she would get tired. Sometimes she would invite me to help her count sheep, and these sheep would be the little clouds that we would see roaming the sky. We would also climb onto the roof of our house and use a telescope to look at the stars and the moon during the night; it was a lot of fun. The joy of life for me would be to smell the fresh-cut grass and see the animals, all the little things.

These words belong to Gloria, a Latina patient forty-seven years of age, who spent several months in a local hospital. Gloria was a healthy and active woman with a successful career in the medical field. She worked hard for more than twenty years, helping patients in different hospitals of southern Texas, a predominantly Latino/a area. Because of an unfortunate event, Gloria has been rendered unable to breathe on her own for the past fourteen months, a condition that keeps her attached to ventilator support.

She has also lost most of her mobility and strength, and for the past six months has stayed mostly in bed. Due to the different complications not uncommon to patients under these conditions, Gloria has become a frequent visitor at our facility.

Gloria is deeply acquainted with pain and suffering. She not only attended to uncountable numbers of Latino/as at their most critical times, but she has also suffered in her own flesh the pains and restraints brought by illness. Her words speak of her resilience and profound sense of hope, which lead her to center her decimated energy on interactions with her daughter, other people, and nature. She prefers to visualize herself experiencing good times with her family rather than thinking of her suffering and agonizing treatment.

This episode clearly depicts for us the different dimensions that suffering can take at any given moment. Along this line of thought, Ronald B. Miller (2004) identifies three dimensions of suffering: physical, psychological, and social. These three dimensions are observable in Gloria, but the social nature of her suffering is what brings us closer to the heart of her anguish. "To look at people" was her first and foremost desire and the one that affected us the most in counseling. The rest of her dialogue continued under the same theme of "connection"—emotional and social connection with the people she loved and with creation. Community is at the heart of our Latino/a experience, and being separated from the social interactions characteristic of our upbringing could constitute the most excruciating and painful event in the lives of most Latino/a people.

It is an undeniable fact that the experience of suffering, as well as the experience of illness, is always culturally shaped (Kleinman 1988). The values and beliefs highly regarded by a culture are always at the core of the experience of the suffering person. For instance, in a Euro-American cultural frame, where individuality and independence are highly regarded, the elements feared in Gloria's situation would probably be her physical suffering and the dependence brought by her condition. Yet as we said of Gloria, her cultural experience, with family, community, and interdependence at the center, makes the single most powerful cause of her suffering the deprivation of such interactions.

This social nature of suffering is also observable in medical decision-making processes. There, the Latino/a patient regards as a duty the idea of preserving family members from the pain and the anxiety

of these decisions (Kohlhasen 1995). In this sense, the suffering of the Latino/a patient assumes a redeeming value not strange to Latino/as predominantly Christian beliefs. As noted by Miller (2004), suffering in relation to Christianity is usually associated with martyrdom or the idea of expiatory suffering, where suffering has a meaning and a purpose. This element of bravado and sacrifice in the midst of suffering is well regarded and appreciated in Latino/a circles, especially for women, who are commonly encouraged to suffer patiently, following the example of the Virgin Mary (Jesus' mother in Christian tradition), a phenomenon known as "marianismo" (Cauce and Domenech-Rodriguez 2002). This vicarious suffering could be seen in Gloria's assertion of preferring to suffer than to see one of her relatives go through that painful experience: "I am glad it happened to me and not to anybody else in my family." This attitude toward suffering is also encouraged in Latino men, but mostly as an individualistic display of strength rather than as a redemptive social sacrifice.

Eric J. Cassell (1992) adds another dimension of suffering that we consider fundamentally important for the pastoral counselor: the spiritual dimension. This is certainly not an easy topic to summarize, considering the numerous variations that this suffering is likely to take. Latino/a people might experience spiritual suffering when facing the dilemma of voicing their frustration and anger for what they could consider an unjust suffering while reconciling this protest with the idea of a compassionate and loving God. Spiritual suffering could also be observed in the faithful believer who fears coming to grips with his or her illness and, further, cannot trust his or her almighty and suffering God, a God able to heal and give life to the dead. Not uncommon is the suffering patient who is tormented by guilt because of what he or she believes is a punishment from God. These are only a few examples, but in them we can appreciate the weight of the spiritual dimension of suffering, a dimension that, because of our strong religious heritage, becomes a decisive component of ministering and counseling within the Latino/a community.

SUFFERING MEETS ILLNESS

Besides being culturally shaped, illness usually takes on an individual character, making use of the person's experiences. As written by Arthur Kleinman (1988, 5), "We can also say of illness experience

that it is always distinctive." Nonetheless, some characteristics are particular to the Latino/a view of illness and somehow reflect the same element of interconnection that includes nature, community, and even supernatural powers as part of the illness event. Thus, in Latino/a communities, it is not uncommon to encounter an open discussion and acknowledgment of sickness as a curse that has the power to strengthen the illness and even to cause death (Kohlhasen 1995). Of course, not every Latino/a person believes that if you speak out and admit you're sick, that your health condition will worsen. However, it is a reality that remains present in our day and age, especially within some Evangelical communities. Similarly, other elements of the Latino culture are shared by some and rejected by others, but continue to exert some influence in the Latino/a view of suffering and illness.

One of these elements is *curanderismo*, which is rather popular and widely spread among the diverse faces of our Latino/a identity. *Curanderismo* is a mixture of Spanish, African, and indigenous beliefs and ideas that places illness within three categories: environmental imbalance, malevolent force, and psychological factors (Kohlhasen 1995). It is in the power and insight of the *curandero* (faith healer) to treat the ill person by considering all three of these categories. Environmental imbalance refers to fields of energy, either positive or negative, that might be affecting the ill person. Malevolent forces are associated with a particular source, usually another person who either wants to hurt or gain the favor (love) of somebody else. Psychological factors are commonly treated with beverages, and they respond to what Euro-American medicine would call stress. Nowadays, this idea of *curanderismo* is taking on new facades that are normally concealed under scientific (astrological) terms but that in reality represent the same.

Another of the elements that could be encountered as part of the composed Latino/a view on illness is fatalism or determinism (Kohlhasen 1995), which we mentioned in the discussion of the spiritual dimension of suffering. Under this notion, the person believes that everything is predestined and that his or her suffering needs to be accepted without reproach as the will of God. In this case, accepting the will of God is actually a healthy element that needs to be considered while counseling with ill patients. The

problem resides in the refusal to voice resentment, anger, frustration, and like feelings that are commonly associated with the experience of illness. Such a refusal ends up becoming a stumbling block in our effort to help the person process his or her unfavorable condition. In this sense, the pastoral counselor as a reminder of God's presence has the authority and the responsibility of empowering the person to voice the anguish that such an event is causing in his or her life.

Finally, C.W. Kohlhasen (1995) mentions "Latino holism" as the idea that tends to attribute supernatural causes to the experience of illness. He describes three principles or levels of causality related to illness: immediate causes (pathogens, malignancies), underlying causes (exposure to infection), and ultimate causes (stress, poor diet, lack of exercise). As observed by Kohlhasen, this ultimate level of causality of illness is the one most often utilized by Latino/as. This reasoning anoints the task of the pastoral counselor with greater authority while counseling with Latino/a patients/consultees. Thus, the pastoral counselor also becomes an agent of strength, support, and even healing (emotional, spiritual, and sometimes physical) for the Latino/a patient who has linked his or her illness with its ultimate causes.

THE ORIGIN OF EVIL

The problem of suffering and illness is closely related to the theological discussion on the origin of evil. Considering the strong influence that Christianity has had over our Latino/a idiosyncrasy, it is not strange to find that our understanding of the origin of evil is mostly dependent on the biblical explanation and interpretation of the same. Within this context, we find two basic theoretical approaches. Using William James's (1902/2004) terminology, we could call them the "melancholic" or "morbid-minded" approach and the "healthy-minded" approach. The melancholic approach sees evil as an essential part of our human nature, and the healthy-minded approach sees evil as good or as good in the making. Even though the dominant interpretation of the origin of evil in Christian tradition is markedly melancholic, both of these approaches have components that are important to consider when helping our Latino/a communities.

Under the Christian tradition's dominant interpretation of the origin of evil, humankind was created to be free from suffering and death. It was only because of the transgression of Adam and Eve (our forebearers) that we are condemned to experience the pangs of birth and to labor for our bread (Genesis 3:16, 19). Death also is a by-product of this first transgression or act of disobedience (Romans 5:12; 1 Corinthians 15:21-22) and, as such, something foreign to our true nature. Thus, suffering and illness are a corruption of that original purpose of God's creation, and we men and women hold the primary responsibility for such a condition because of our sinful act in Paradise.

This interpretation was initially woven by Augustine, and since then it has permeated most of the Christian and even non-Christian world. Augustine talks about a "fallen nature" that can be redeemed only by grace, and as part of that fallen nature, we are predisposed to illness and all sorts of difficulties. Even medical aid is a punishment in itself as seen by Augustine: "The cures and remedies are themselves tortures, so that men are delivered from a pain that destroys by a cure that pains" (Paolucci 1962/1996, 5). This quote is taken from Augustine's best-known work, *The City of God*. In this work, Augustine contrasts the kingdom of God with our human kingdoms (republics), which are a mere unfair representation of the former. In this sense, Augustine's discourse greatly resembles the philosophy of Plato (Tanenbaum and Schultz 1998), who made a similar comparison with the myth of the cave in *The Republic*, his most famous work.

This association of ideas between Plato and Augustine gives origin to what Dorothee Soelle (1975) has called "Christian Masochism." This term explains the repudiation of the human body as a channel of vice and sin, and the acceptance of physical suffering as a form of building temperance and deepening the deprecation of our bodies. This idea is born out of the Christianized philosophy of Plato, which contrasts body and soul as two different components of the human person. This idea was carried on in Augustine's theology and has been part of the religious understanding of our Latino/a communities. The soul becomes the divine light that abides in us and allows us to have a glimpse of what is waiting for us in our heavenly kingdom. In contrast, our bodies represent the irrefutable proof of our fallen nature; they are corruptible and susceptible to vice and illness.

Roger E. Olson (2002) mentions the tendency to use a triple division of the human person into body, soul, and spirit. In this sense, the soul is associated with the person's consciousness and as such is not immortal. For those who believe in this "trichotomy," the spirit is the immortal part of the person, the part that is able to enter into communion with the divine. Nonetheless, the idea of fragmenting the human person remains at the core of this interpretation. Moreover, the difference between terms such as *soul* and *spirit* has proved to be confusing and commonly misunderstood. It can then be expected that, at least outside academic discussions, we will hear these terms used in counseling Latino/as indistinctly to address that which is considered immortal and incorruptible in us.

This dichotomy (or trichotomy) of the body as understood by most of the Christian world represents a serious threat that undermines the principle of integrity of the human being so well regarded by the Hebrew and early Christian traditions (Olson 2002). Even though our bodies were created out of the "dust of the earth" (Genesis 2:7), God proclaimed them as being "very good" (Genesis 1:31). Thus, we will doubt God's wisdom when we insist in calling bad something that God declares good. As pastoral counselors, we see much value in the concept of "person" or "personhood" as a liberating concept that allows us to strive toward a wholesome outlook on our humanity. The term *person* highlights our value as the pinnacle of God's creation and reminds us of our need to care for and love ourselves as children of God.

This is the spirit of the writings of Irenaeus (130-202 CE), whom we could consider the father of the healthy-minded approach to the origin of evil. Interpreting the biblical passage of Genesis 1:26, Irenaeus speaks of the "image" and "likeness" of God as two essentially different notions. According to Irenaeus, we are created as the "image" of God, and although we are affected by sin, this image is not completely lost or damned, because it hopes for finally achieving the "likeness" of God. This road to the likeness of God is paved by our free responses to evil and suffering and the ways we dare to participate in promoting good out of this same evil. Thus, evil serves a purpose, which Hans Urs Von Balthasar (1988, 231) later interpreted as an "educational means."

The difference between these two approaches is immeasurably great and the implications that both bring to the interpretation of

suffering and illness are out of proportion to the interpretation. John H. Hick (1990, 45) clearly portrays this experience: "Whereas the Augustinian theology sees our perfection as lying in the distant past, in an original state long since forfeited by the primordial calamity of the fall, the Irenaean type of theology sees our perfection as lying before us in the future, at the end of a lengthy and arduous process of further creation through time."

Irenaeus's interpretation and approach to the problem of evil, although mainly speculative (Olson 2002), offers a different perspective that has been neglected within our long Christian history. The prevalence of the melancholic approach has embodied many evils of its own and has left our communities yearning for a different message that dwells on what is good in them, because our faults do not cease being obvious. It does not mean that the healthy-minded approach is perfectly appropriate and without blemish. Besides the aforementioned lack of biblical foundation in this message, we recognize with James (1902/2004) that this approach carries the danger of denying the reality of suffering. Suffering and evil are real. They are constantly challenging our understanding and our faith, and letting them masquerade behind soft-sounding words is but a mere distraction. However, the choice between dwelling on this suffering or accepting it as a natural part of our lives, and even cherishing it, is a totally different thing.

As Soelle (1975) remarks, the Augustinian attitude only serves the purpose of lowering our self-esteem, and good self-esteem is not precisely the greatest virtue of our Latino/a communities. We have enough oppressors in the media, the economic and political system, and the long history of racism and discrimination to make of our faith one more oppressor. Our faith, as proclaimed by Jesus, is about bringing freedom to the oppressed and the captive, sight to the blind, good news to the poor (Luke 4:18-19). In summary, our faith is about restoring those who have been historically marginalized, which means restoring the image of our Latino/a people, restoring the value of their struggles and suffering, and restoring what is good and has been proclaimed good in them.

In Gloria's case, we can effect this restoration by acknowledging her suffering, a suffering that is real and can take different forms (physical, psychological, social, and spiritual). We provide Gloria with the opportunity to relate, share, and communicate her

experience, while as pastoral counselors we can validate and offer a point of reference in which she can see her suffering face-to-face. It is quite common to hear relatives, friends, and even clergy encouraging, sometimes demanding that the patient surrender to the illness and the suffering, while at the same time they negate and suppress the opportunity that the patient needs to make sense of his or her suffering in his or her own terms. While spending time with Gloria, we would hear comments such as, "You don't need to be depressed," "You're doing well; you don't need to be sad," and, "You need to get in a better mood so you can go home." All these comments and many similar others were said with good intention but served only as a momentary fix. The suffering person may force a smile or simply acknowledge the advice, but the truth is that comments like these only fragment the self even more, adding destructive feelings of guilt to the already distressed individual. With these comments, Gloria may feel that it is partly her fault that she is under this condition, but she finds little that she can do to remedy her episodes of depression and sadness. Confused by the message, Gloria probably would find it more difficult to come to terms with her suffering. The pastoral counselor remedies this by sojourning with the suffering person and recognizing that as caregivers we are also subject to similar struggles.

COUNSELING IN THE MIDST OF SUFFERING

We began this chapter by quoting from the book of Job, which in Hebrew and Christian tradition has been considered to describe the epitome of suffering. Job was a faithful servant of God (1:8) who was subject to a myriad of calamities, including the loss of his economic resources, children, and even his health. In the midst of this ominous series of events, he receives a visit from three of his friends (2:1), Eliphaz, Bildad, and Zophar. Seeing Job in his suffering, these three friends act as effective and competent pastoral counselors by sitting with Job in silence for seven days and seven nights (2:13). This helpful presence changes when Job breaks the silence and speaks (3:1), uttering his frustration and rage at what has been happening to him: "Why did I not perish at birth?" (3:11). By doing this, he incites the theological responses of his friends, who insist on finding guilt in Job or his family, because

they do not see how an innocent man could be suffering as Job is suffering (8:3-4; 11:6; 15:5; 20:1-29). During the whole discourse, Job continues justifying himself and trying to voice his anger; he even asks his friends (counselors) to be quiet and listen (13:6, 13; 16:4-6). The story is only interrupted in Job 32, when a new character, Elihu, appears. The scripture says Elihu was a young man who seemingly listened to Job and his friends and was enraged with Job and his justification (32:2). Finally, God answers Job and speaks of his great power and justice, and then addresses Job's friends. He tells them how angry he is because they spoke what is not true about God (42:7). Job intercedes for his friends in prayer, and then all his prosperity returns. As an interesting point, part of the final restoration of God to Job includes the participation of the community (relatives and friends), who came to visit Job and "consoled him and comforted him for all the adversities that the Lord had brought on him" (42:11 NASB).

In his classic work on the psychology of suffering, David Bakan (1968, 4) writes, "Pain produces the outcry which evokes help by others." In the book of Job, this is the first dynamic we observe. Distressed by Job's pain, his friends rush to help him. It is a natural response, and almost everyone does it out of goodwill, but as we have noticed before, goodwill is not enough. The pastoral counselor needs to be prepared and trained to minister in times of suffering; otherwise he or she would probably do more damage than good. Particularly important in this situation is the heightened anxiety that the counselor seems to experience. The untrained pastoral counselor, unaware of what is happening, would rush into action, which is really treating the counselor's own anxiety. An example of this would be a pastoral counselor who, after facing Gloria's suffering, would promptly elaborate theological discourses or explanations: "You are sharing in God's suffering; offer it up to God." Or the pastoral counselor, facing Gloria's suffering, might rush into prayer. Finally, the pastoral counselor, looking to curtail his or her anxiety, might become a hospitality worker, content to pass out water or coffee to family members. Overcoming the initial anxiety that pain and suffering bring us requires a conscious effort that does not shun our feelings but recognizes them while being able to place them apart and thereby attend to the needs of the suffering person.

Job's friends are very good at understanding that the best thing they have to offer is their presence, and they do so by sitting in silence with Job for seven entire days. Silence is a dreadful thing, especially when it is accompanied by moans of pain and outcries of suffering. Many times Gloria could not even utter a word. She would just lie in bed and look at people. Who knows what was going through her mind? Sitting a few minutes with her and trying to share in her forced silence was very difficult. In the story of Job, he was the first one to break the silence, signifying the completeness of his friends' presence. They were fully present, and they would have done a beautiful job if they had just remained silent. The pastoral counselor values silence as the best ally in his or her effort to communicate God's compassion and love to those in suffering and illness.

But Job's friends were not only present; they also recognized the language of suffering and were able to communicate in that language. In the first chapter of the book of Job, the scripture tells us that Job tears his cloak, cuts his hair, and prostrates himself to the ground, expressing his suffering (1:20-22). Then when Job's friends arrive, the scripture narrates almost verbatim the same actions done by them: "They began to weep aloud; they tore their cloaks and threw dust upon their heads" (2:12 NIV), adding that they sat on the ground. It is important for us as pastoral counselors to recognize that the language of suffering is broader than what we usually conceive. Groans, laments, tears, screams, and like behaviors considered inappropriate in most of our interactions are quite understandable in moments of suffering, and the counselor needs to be prepared for them. Miller (2004, 44) perfectly expresses this language of suffering when he writes, "Yet human suffering involves the unspeakable, unbearable, horrible experience of life. It often defies verbal expression and can be expressed only through facial expressions, cries and groans, contortions of the body and face, or a breakdown in bodily functions."

Since the pastoral counselor represents an anchor for the distraught and disorganized person in suffering, it is not advisable for him or her to engage in this kind of behavior (groans, moans, screams, laments, and so on). However, we have witnessed occasions in which the tears of a moved pastoral counselor became the most powerful intervention the counselor could offer. Nonetheless,

it remains a risky scenario that is best to keep under check. In this sense, the value of what Eliphaz, Bildad, and Zophar did was to use the language of the consultee, meaning use of a tone, speed, and rate of language is similar to that being used by the person in need of our help and support. This is a difficult task to accomplish with Gloria, since her speech is dramatically affected by her trauma. In this case, we relied heavily on body language, such as sitting down, leaning toward her, breathing deeply, and trying to reflect, almost mirror, her demeanor.

Our three biblical counselors did excellent work until, incited by Job's words, they decided to break their silence. From that point on, they did everything a counselor is *not* supposed to do. They preached at Job, they denied Job the opportunity to voice his discomfort and anger, they repeatedly acted as God's protectors ("do not say that of God," "God is not like that," and so on), and they refused to consider Job's position and simply stopped listening to him. As Gustavo Gutiérrez (1985) points out, these friends with their elaborate theological speeches did nothing but produce foolish words and almost blasphemous responses to the situation. Even after Job explicitly asked them to listen to him (13:5-6), they remained unaware of his request. These counselors were so focused on bringing their point across that they totally forgot their initial goal of traveling together to give Job "sympathy and comfort" (3:11).

We emphasized Job's words in provoking his friends' reaction because (aside from this being what the scripture says in verse 4:1), it is a frequent occurrence among those offering pastoral counseling. People usually test our beliefs and confront our understanding in basic truths. Faith and God are two of the most susceptible themes that a pastoral counselor sees challenged time after time while confronting people during suffering. Only a pastoral counselor who, through training, has been able to test his or her beliefs would be able to confidently face any provocation without reacting or defending his or her posture. The task of the pastoral counselor is a very different one, since he or she does not stand in front of the person as an expert, but as a fellow pilgrim. As addressed by Miller (2004), the task of the counselor confronted by suffering is to hear, accept, and acknowledge the wrong done to the person. Miller talks about the authority that is invested in the counselor

as a gatekeeper of health and normality, and in this role, he or she validates—or, using Miller's words, legitimizes—the suffering of the one anointing him or her with this authority.

After fourteen months of suffering, Gloria still finds it helpful to hear words that recognize the agony of her condition. From time to time, she needs to hear from those close to her that what she is going through is very difficult. She needs to hear that it is OK to feel that it is unfair to be deprived of those wonderful moments in the company of her daughter, her husband, and the people she wholeheartedly misses. Gloria needs to hear that it is hard to depend on others for almost everything. She needs to hear that she is braver than most of us, and that we owe her respect for the valiant manner with which she faces her pain and discomfort. Finally, she needs to hear that with her smile and radiance, she inspires others to face with courage the rough passages of our lives. She needs to hear that, although unjustified, her suffering could have meaning and that she has the right to protest and voice her frustration and anger. Job has usually been portrayed as an archetype of patience, but the truth is that he was far from being patient. Gutiérrez (1985) calls him a "rebellious believer," because as Gutiérrez points out, he rebels against the suffering of the innocent and the theological discourse that justifies it.

The pastoral counselor acts then as the instrument that helps the suffering person voice the physical, psychological, social, and spiritual pain that comes with his or her condition. The counselor becomes an amplifier of the discontent brought by illness and the nuances of hospitals, doctors, and medicines. In doing so, the counselor allows the person to own his or her suffering and confront it with conviction because, for once, the counselor has seen the face of suffering and can look it in the eyes without dread. The face of suffering is a human face that can be called by name. The face of Latino/a suffering is a human face that calls us by name: Gloria.