APPLICATION OF COGNITIVE BEHAVIORAL
TECHNIQUES IN THE TREATMENT OF HISPANIC
PATIENTS

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This article describes certain aspects of the cultural dynamics of lower socioeconomic Hispanic populations. Specifically, there is discussion of a particular view of the world among Hispanics that emphasizes a concrete orientation and discourages the outward expression of anger or aggression. The Cognitive Behavior model, which is structured and goal-oriented, and which addresses attitudes surrounding the expression of anger/aggression, is briefly described, and recommended as a particularly effective approach with Hispanic clients in individual and group therapy and in outpatient and partial hospitalization settings.

It has been the clinical experience of the present authors and others that Hispanic patients who are relatively unacculturated, of poor socioeconomic background and psychologically unsophisticated do not respond to traditional psychodynamic, insight-oriented psychotherapeutic approaches. There is general agreement among Hispanic clinicians concerning the applicability and effectiveness of more structured, goal-oriented, problem-solving, behavioral approaches when working with such patients. The purpose of this article is to explore the application of cognitive behavioral techniques that may be utilized in a variety of treatment settings aimed at serving Hispanic patients.

CULTURAL CONSIDERATIONS

In discussing the effectiveness of therapeutic interventions across cultures, Torrey¹ identified four essential elements. In order of decreasing importance, they are:

1. Patient and therapist must share a common view of the world.
2. The therapist must be able to project a warm, empathic, caring image.
3. The patient's expectations of being helped must be met.
4. Technique utilized must be congruent with patient background and expectations.

The relevance of these elements to the treatment of Hispanics merits further elaboration.

A person's view of the world is reflected in relational, motivational, learning, and coping styles, all of which are products of the culture in which the individual is raised. In the area of interpersonal relations, for instance, Hispanics have a very strong conviction on the self-value of human beings apart from the social class, educational level, or material wealth of the person. This sense of dignity and respect demands proper attention to a set of culturally prescribed rituals (posture, words of deference, handshakes, etc.) that must be observed in any encounter. Its corollary is an emphasis on the personal aspects of a relationship as a precondition for professional or business transactions. Thus, attention to these rituals is essential if the therapist is to communicate empathy and foster a working therapeutic alliance.

Hispanics place greater value on the spirit of cooperation than on that of competition from which stems the intricate interpersonal support systems encompassing distant relatives, friends and neighbors. In Minuchin's classification, the Hispanic extended family structure is characterized as enmeshed rather than disengaged. Disengaged transactional patterns emphasize autonomy and independence. Enmeshed patterns are characterized by overinvolvement, dependence, and discouragement of self-differentiation. Familial relationships are based on the premise that the behavior of one member of the family affects all other members. For example, self-control is a highly valued behavior for the sake of "las apariencias", i.e., for the sake of appearances, so as not to bring shame on oneself and one's family. Hispanics may also exhibit a greater degree of motivation when seeking to succeed for others, such as family or ethnic group, rather than for self.

In terms of motivational styles, Hispanics tend to experience a more external locus of control than Anglos. This is expressed in a fatalistic view of the world in which man's behavior is controlled by external natural and supernatural forces. The perception of external control provides the substrate for a more utilitarian view of religion, the adherence to a folk belief system, and the conceptualization of mental illness as an externally induced phenomenon. Thus, Hispanics tend to conceptualize mental illness as a physical disease of the nervous system ("enfermedad de los nervios") rather than as a result of psychological conflict. Affective responses such as anxiety, depression, and anger are seldom identified as such but are reported in terms of their psychophysiological concomitants—dizziness, fatigue, paresthesias of the limbs, headaches, and various gastrointestinal disturbances.

In the area of learning and coping styles, i.e., methods utilized in approaching and solving problems, Hispanics tend to exhibit more self-control subassertiveness than Anglos. This may be related to the cultural prohibition