

Curanderismo and Latino Views of Disease and Curing

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Curanderismo is a diverse folk healing system of Latin America. Eight major philosophical premises underlie a coherent curing world view of Latino patients: disease or illness may follow (1) strong emotional states (such as rage, fear, envy or mourning of painful loss) or (2) being out of balance or harmony with one's environment; (3) a patient is often the innocent victim of malevolent forces; (4) the soul may become separated from the body (loss of soul); (5) cure requires the participation of the entire family; (6) the natural world is not always distinguishable from the supernatural; (7) sickness often serves the social function, through increased attention and rallying of the family around a patient, of reestablishing a sense of belonging (resocialization), and (8) Latinos respond better to an open interaction with their healer. These nuclear ideas or attitudes about health, illness and care are culturally patterned and are both conscious and unconscious (implicit). Moreover, expectations of the nature of the patient-healer relationship have implications for medical practice in general and psychotherapy in particular.

Curanderismo* is a general term for a folk healing system that, while characteristic of Latin America as a whole, shows considerable regional diversity.¹⁻¹² The system involves folk healers called *curanderos*. I will describe the nature of curanderismo, its major underlying philosophical premises, the characteristics and practices of healers and beliefs held by the system's participants about the causes of illness. Finally, I will refer to some of the social functions of contracting a folk illness in Latino cultures, touching whenever possible on specific "culture-bound syndromes" encountered most frequently in the clinical practice of psychotherapy and general medicine.¹³⁻¹⁹

Often overlooked is that culturally different patients such as Latinos who appear for outpatient or inpatient health services bring with them preconceived ideas and expectations about what constitutes illness, what kinds of treatment procedures are effective and correct and what kinds of health services are most compatible with their life-styles. Curanderismo is based on a set of values, underlying beliefs and premises—that is, relatively fixed but implicit, often unconscious, notions of

disease causation and cure. Cultural values and beliefs are based on a well-differentiated world view and on lifelong interpersonal experiences with significant others in various ritual healing contexts, either domestic or religious.

Curanderismo is not just a ragtag collection of superstitions; rather, it involves a coherent world view of healing that has deep historical roots.²⁰⁻²² Failure to recognize its importance for some patients is one of the most commonly encountered obstacles to better treatment; here the consultative role of the medical anthropologist working closely with other health professionals is vital.

Although it is useful to provide a general overview of curanderismo as an "ideal" system, I want to emphasize that though it is extremely widespread, there is tremendous intraethnic diversification.²³⁻²⁶ Wide patterns of variation that exist among Latino communities or groups can be of great importance in individual cases.

For a physician, a simple description of the institution of curanderismo in some hypothetical Latino community is important and necessary as an initial orientation, yet the essential clinical issues also relate to the

*The terms curanderismo and curandero(a) are italicized only when they first appear in this text.

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variability of its use. For example, what types of persons use folk healers (curanderos) and who is likely to define a health problem in terms of folk categories of illness? Under what circumstances is the folk system bypassed in favor of regular clinical treatment? Such questions are ones we have to ask about all folk healing systems, although obtaining specific information may at times involve medical anthropologists, psychologists or other health workers experienced in realistically appraising diversity in the community.

While a person's culture is never the only determinant of his or her behavior, it often is the most crucial ingredient in intercultural interactions, especially between patient and healer. For example, even such a simple thing as failing to shake a Latino patient's hand vigorously in an initial interview may convey the impression of a cold and distant attitude that will cost the physician a cooperative relationship.

What I have to say is not as comprehensive as it might be in terms of psychoanalytic and anthropologic theories. I will, however, share some thoughts, feelings and observations based on personal experiences with an eye to what is clinically useful to know.²⁷⁻²⁹

In the Southwest as a whole, or wherever large concentrations of Latinos reside in the United States, an epidemiologic paradox exists that is related to the reported incidence of mental illness among Latinos in the state of California. Poverty, migration experiences and acculturation stresses have been shown to pose special threats to mental health in many large-scale urban psychiatric studies. If we add to this their experiences of prejudice and discrimination, the Latino population might be expected to suffer a particularly high incidence of mental illness, especially major illness requiring in-hospital treatment. Paradoxically, Latinos are strikingly underrepresented as psychiatric patients in public outpatient and inpatient facilities throughout the West.^{30,31} In one study, for example, Latinos have been shown to comprise only 3.3% of the resident population in California's state hospitals for the mentally ill.³² The expected figure would be much more like 9% or 10%, since Latinos constitute at least 10% of the state's population—in all, well over 2 million. This is in stark contrast to the proportional representation of California blacks in public mental health facilities. It would take us too far afield to probe all the possible explanations for this paradox, such as the role of the family in insulating members from stress, or the relative visibility of psychiatric disorder in non-English-speaking groups. In addition to these and other factors, it is probable that curanderismo is a factor in this paradox, in that Latinos seek help from ethnic curers, the folk curanderos, who offer a source of diagnosis and treatment for psychopathology that never gets formally reported elsewhere. That assertion is undoubtedly true, although the extent to which it holds differs from state to state and from region to region. For example, some studies show that curanderos are much more important in Texas than in some areas of California.^{12,24}

It is incorrect to assume that because curanderos exist and assume some degree of symbolic importance among Latino populations, there is no need for mental health services in the barrios. This could be used as a convenient political rationale for not providing needed services to Latinos. Absurd as this rationale is, some anthropologists have unwittingly supported it. Moreover, it has taken on the role of a self-fulfilling prophecy: Because culturally relevant services have not been provided in the barrios, it is probably true that Latinos never use them. On the contrary, well-designed studies show that when culturally relevant services are offered to Latinos, they use them in greater numbers than does the Anglo-American control group. There is no support for the myth that because the folk system exists, Latinos cannot or do not respond resourcefully to psychotherapy or other treatment modalities when they are culturally relevant.³³

Curanderismo is syncretic, eclectic and holistic; it is a mixture of beliefs derived from Aztec, Spanish, spiritistic, spiritualistic, homeopathic and modern, "scientific" medicine. Just as it would be erroneous to assume that urban Western medicine is rational and scientific in all its aspects, so it is also clear that curanderismo contains many elements based on empirical observation and shares certain scientific concepts and procedures with Western medical practice.

With regard to perceptions and definitions of illness in Latino folk culture, if a minor, natural illness persists, one of three things happens. Home treatment will be tried first by calling in either a physician or a neighborhood *señora* (usually an older woman) or perhaps soliciting friendly advice from an older person in the community, a *persona mayor*. The sick person may then decide to go to a folk curer, thinking that the illness has been caused by saints as some form of punishment. He or she may be a victim of ghosts or witches or something supernatural, as opposed to something natural. It is not unusual for the family to then decide that a particular illness has both natural and supernatural causes requiring simultaneous treatment by a curandero and a physician. Many believe that only a curandero can cure certain types or aspects of illnesses and only physicians can cure others.

Illnesses are generally perceived as natural or unnatural in nature.^{2,10,11} If a Latino finally goes to a curandero, the preference is to select one from within the family and, as a second choice, one outside the family. The family consists not only of the nuclear family, but also an extended grouping that includes the ritualized, *compadrazco* network of godparents and *compadres* that exist around various life passages such as baptism, confirmation, marriage and other sacraments of the Roman Catholic Church.²

I will now discuss the world view of Latino culture and its relationship to sickness, health and healing.

Premises of Latino Curing

Because curanderismo is a holistic system, people seek help from a curandero for physiological, psycholog-

ical and social maladjustments. A social diagnosis may be as important as a physical one. A psychological diagnosis may be emphasized, depending on the situation. There are eight philosophical premises, propositions or concepts that most influence medical beliefs and expectations among Latinos. These underlying propositions, whether conscious or not, provide predispositions to behave in predictable ways over time and, as presuppositions, they form a significant part of a culture's world view—that is, about the nature of reality and the construction of the universe. The following eight premises may not be confined to Latino cultures, but they are basic to an understanding of health behavior among its members.

- *The Mind and Body Are Inseparable*

In the Latino world view, the mind and the body are inseparable; there is no perceived dichotomy between emotional and somatic ills. This idea is a source of confusion in the wider Anglo-American culture where the dichotomy is taken as a given, a natural aspect of the human condition. But for Latinos, it is natural to present emotional problems in their somatic aspects. *Los nervios*, “the nerves,” can be referred to, for example, with regard to almost any physical illness.³⁴ The idea of a psychosomatic illness, then, is the most natural thing in the world for most Latinos. One application of this world-view premise is in the folk syndrome, *bilis*.

One of the main causative factors in any kind of physical-emotional illness in Latino culture is the belief that illness is the result of having experienced some strong emotional state.^{10,22,35,36} Because of rage (*rabia*) and retaliation fantasies associated with rage, one gets and suffers from *bilis*. In addition to destructive rage (*bilis*), three other common folk syndromes linked in Spanish to emotional experiences are natural awesome fright or *susto*,³⁷ *envidia*, the gnawing effects of feelings of strong envy,²¹ and *tristeza*, separation and loss, unresolved natural mourning or sense of abandonment. For clinicians natural fright or fear, envy, rage and painful loss are experiences recognized by modern depth psychology to cause physical symptoms. Within the cultural construct, it clearly identifies that destructive impulses and upsetting emotional experiences can cause interpersonal and intrapsychic distress.

Bilis is considered a natural disease, caused by experiencing livid rage along with primitive “eye for an eye” revenge fantasies. It occurs when a person is badly frustrated or coolly treated by others. It can also have social connotations, in the sense that there are socially patterned stresses throughout life—systematically structured stresses on the lives of Latinos and all minority peoples—in addition to the universal developmental crises that all people face. These critical periods or points in the life cycle are when a person is most vulnerable to a folk illness such as *bilis*. In the sociologic sense, the cause of *bilis* can be traced to frustrations caused by the oppression and deprivation of poverty.

With *bilis* it is believed that bile pours into the bloodstream and the person “boils over,” causing strange symptoms, some of which overlap with other syndromes, such as *los nervios* (anxiety). The most common symptoms of *bilis* are vomiting, diarrhea, headaches, dizziness, migraine headaches, nightmares, loss of appetite and the inability to urinate. These are very close to the psychophysiological disorders and some of the conversion reactions we encounter in everyday clinical practice. Like *susto*, *tristeza* and *envidia*, this folk syndrome is caused by an emotional upset, leading to what is believed to be an “imbalance of yellow bile.”

The socially structured stresses on men and women may be somewhat different in that they precipitate *bilis* in men more often than in women, and *susto* in women more often than in men.³⁸ The choice of the syndrome may also be culturally patterned.

In addition to strong emotional states, three other factors are believed by Latinos to cause sickness. These are (1) lack of balance or harmony inside and outside a person, (2) dislocation of certain real or imaginary parts of the body (*empacho* or *caida de mollera*, for example) and (3) diseases of magical or of supernatural causation, such as punishment by a saint.

- *Balance and Harmony Are Important*

One of the central problems of life is balance or harmony—emotional, physical and social. In curanderismo harmony or balance in all of these areas is important for one's sense of well-being; imbalance may produce disease or illness. It is believed, for example, that one can have a derangement or an imbalance of “hot” and “cold” substances in the body, and the same holds true of human relations. These ideas about balance or the lack of it derive from Hippocratic theory and the notion of humors or qualities. In Spanish they are called *calidades*. These qualities or aspects of food, for example, are often an important part of the belief system that Latinos bring to the treatment setting. Added to very similar Aztec theories of disease and curing, these Hippocratic ideas were incorporated by Spanish priests. They were compatible with the Aztec concept of order by a balance of universal opposites, such as night and day, hot and cold, good and evil. What came from the Spanish in the 16th century are beliefs based on Graeco-Roman theories of humoral pathology that dominated medieval Europe,²¹ that the human body contains four humors, or liquids: blood, phlegm, black bile and yellow bile. Each humor is characterized by qualities of heat or cold and moisture or dryness. Blood, for example, is considered to be hot and wet. In my experience, the wet and dry concepts are rare among curanderos in Mexico and Puerto Rico as well as in the United States.

The human body is healthy, the Latino view of curing asserts, when it maintains an exact equilibrium between these opposed qualities of hot and cold and moisture and dryness. An excessive amount or deficiency of one humoral quality results in illness. Medi-

cal treatment therefore attempts to restore a proper balance of humors and their qualities. For example, bleeding for fevers or bloodletting to get rid of excess blood is one clear, if unusual, example of how to deal with an imbalance of that sort. Poultices, herbs, cupping, emetics and diuretics are also used in attempts to balance the *calidades* of the body. Foods and medicines classified as hot are those prescribed for "cold" sicknesses and cold ones are prescribed for "hot" sicknesses in order to restore the proper balance.^{20,21} One frequently encountered example of this is penicillin, considered to be hot. If a person has what he or she thinks is a hot disease, there may be some resistance to taking penicillin—though not in all cases nor with every Latino. The resistance will not usually be overtly expressed and may be minimal or a total rejection, but it is a common culturally patterned belief that penicillin is hot. Clearly the notions of Galen and Hippocrates are still alive and are a basic part of Latin-American folk medicine. Another example is *chiles*, which are obviously hot, and after eating them one is not supposed to go outside right away into the cold night air or suddenly into a draft, because that would cause an imbalance.

Patients in hospital often ask for *cilantro* (coriander greens, sometimes called Chinese parsley), believed to be a cold food.³⁹ Women who have just given birth to a child, which is a hot condition, will not want to eat pork, which they consider to be a hot food.² To make a patient more comfortable and life easier for everybody, including nurses and other hospital staff, it is helpful to understand these concepts. One woman just would not talk about it except to somebody who was sensitive to her cultural heritage and beliefs, or until she knew somebody would take them seriously. She wanted *cilantro* and did not want to eat pork, and she could have created an uneasy and conflictual situation, had the hospital not called for a "psychocultural consultation" from a medical anthropologist.

- *The Patient Is an Innocent Victim*

A third underlying assumption in Latino thought is that in general patients regard themselves or are regarded by others as innocent victims of malevolent forces in the environment. An ill person is not blamed for being ill. Rather, some sort of intrusion has taken place with a subsequent disruption of internal order by a combination of inside and outside forces, which must then be destroyed. This is sometimes spoken of as an "invasion" or an "attack." Witches may be to blame,¹³ or the cause of illness may be virulent bacteria, sorcery, poverty, an evil spirit or an angry saint.⁴⁰

A variation on this occurs when there is a breakdown of internal order within a person, due to that person's transgressions, requiring outside support from the gods or saints, curanderos or the family. In other words, illness is not always the result of intrusion or attack. In both cases a curandero can be used, and ideally a patient is surrounded by unconditional love, care and support as a consequence of this "no fault"

assumption. Therefore the sick person is indulged by family and friends, allowed to regress, be passive and receive expected social support throughout the healing process.

- *The Body and Soul Are Separable*

The fourth premise has to do with the relationship of persons to the spirit world, an important question to ask of any traditional medical system. The underlying assumption in curanderismo is that the body and the soul are separable. This idea, by extension, results in belief in the possibility of soul loss, or the soul traveling in dreams.⁴⁰

In Mexico the more indigenous the culture, the more the soul is believed to separate from the body, whereas in urban cosmopolitan areas, soul loss has lost its sacred quality and *susto* is equated more with experiencing natural fright, rather than separation of the soul from the body. In Mexico *susto* can involve separation of the soul, but in other cases the causes seem to be totally secular.

The combination of physical, social and emotional factors in disease causation has been mentioned. In this combination of three interdependent factors, how does one account for the spiritual? I would include spiritual under the emotional or psychological. I can only speak of psyche in terms of modern psychoanalysis; we really mean what people have called soul—not soul in the conventional, religious sense, but in the sense of psyche or self. Part of the self is felt to be lost. The concept of the loss of soul because of internal or external change can be seen in terms of what modern psychology calls depersonalization or derealization in a patient. The link between curanderismo and religion is strong. In a positive sense one may consider religious life to be a form of self-actualization. Of course spiritual or religious experiences can also be negative. To the extent that religion is positive and promotes healing, it has to do with ideas of the sacred versus the profane. Psychotherapy can be said to belong to the realm of the sacred. Normally I do not use the word sacred, but I think the psychoanalyst and the rudiments of the psychoanalytic training are not so different from the shaman in a shamanic culture.

The role of religion is important because a person in curanderismo is in a very general way conceptualized as a soul that happens to have a body, whereas in the more modern ideas of medicine and curing, a person is first of all a body that may or may not have a soul; the notion is believed to be irrelevant. One can speak of soul according to religious dogma, or psyche, or the unconscious, or some sense of connection with the universal cultural polarities of matter and spirit. The practical consideration is that a curandero may treat the soul and later (or not at all) the body. A curandero (or, the feminine form, curandera) may want to have tea and chat, as with friends, talking about the cure and thus dealing with the psyche—that is, the soul—first. This is in stark contrast to the efficiency and the material body orientation of the modern physician who

might (to use a stereotype) look at a whole person in terms of "a diseased liver"—that is, a fragmented part.

- *Cure Requires Family Participation*

A fifth premise is related to the responsibility for getting well. To some extent this always rests with the individual patient in relationship to the curandero, but it can also involve a kinship group. In other words, the locus of responsibility for cure resides with the entire family.^{2,41,42} The extended family offers mutual obligations and culturally patterned roles that provide support and reassurance for a sick person. The extended family aids in the healing process because persons are able to use social, emotional and physical resources in times of stress. Family involvement may also pose problems, however. Given the nature of Latino culture, the choice of treatment or modality might be family therapy, but not always so; an experienced curandero knows when to separate a mother-in-law from a wife and husband for therapy. A modern psychotherapist might separate an adolescent child from the parents—that is, not see the entire family together—or see the entire family together once a week and then sporadically or once a week see the adolescent alone. An experienced curandero who is sensitive to an adolescent child's need to express independence and separateness might do the same thing.

The emphasis on the family that occurs in varying degrees in Latino communities reflects a value placed on interdependence versus independence. Ego autonomy and independence are also Latino positively valued attributes. Contrary to Anglo beliefs, the macho ideal is not that of an authoritarian, belligerent or insensitive man but, in a positive sense, an individualistic man with dignity who provides and cares for people with whom he is in close contact. At times Latino world view places a much greater value on interdependence than on independence.¹⁴ This is true of many culturally diverse patients with whom health professionals work. It is important to see this value orientation as equally as valid as autonomy and not to misdiagnose it as passive dependency or unhealthy symbiosis with the family. All too often passivity and dependency are confused with interdependence.⁴³ When I treat young Anglo-American patients who come in with feelings of alienation and lack of contact with family or community, who is to say—if we are as culturally sensitive as anthropologists encourage us to be—that such an alienated state is better than interdependence? Is the suffering any less? We need to value interdependence, too.

- *The Interpenetration of the Natural and Supernatural Worlds*

The sixth underlying assumption is that the natural world is not clearly distinguishable from the supernatural.⁴⁴ This is closely related to the fourth premise, the separability of the soul from the body. Because of this belief, activities such as propitiation, prayers, attempts to coerce the gods and saints into granting re-

quests, sacrifice, penance, miracles and vows can be part of curanderismo. Notions about interpenetration of natural and supernatural worlds are not always conscious, but they always to some extent underlie Latino thinking. Because of this world view, what is known as sympathetic magic, usually divided into two different kinds, can assume importance.⁴⁰

The first kind of sympathetic magic is imitative, or homeopathic. The assumption underlying this belief in the way that humans can control the supernatural is that "like produces like." Imitative magic functions according to laws of similarity; an effect resembles its causes. The best example is the voodoo doll, in which an image is destroyed and the victim the image stands for dies.

Contagious magic differs from homeopathic-imitative in that it functions according to laws of contact more than laws of similarity. For example, harm done to something once closely associated with a person will continue to act on that person at a distance, even much later after physical contact has been severed. Hair, fingernails, clothes, teeth and anything else that has been in contact with someone then take on energy, power and importance for some patients. One belief that is very widespread is that if a girlfriend (*novia*) wants to keep her boyfriend (*novio*), she gets his fingernail clippings, grinds them up and puts them in her evening chocolate. She then has control over him in some magical way and is assured that he will stay around.

- *A Sick Person Needs to Be Resocialized*

Often a sick person, in the framework of curanderismo, is considered to be a "deviant" who has to be resocialized, especially in cases where acculturative stresses are great.^{5,32}

Contracting a folk illness is often related to acculturation and having such a disorder may ultimately have a beneficial social function. It is believed that Anglos do not get folk illnesses such as *bilis* or *susto*, that they are immune to these ailments. Merely being afflicted with one of them and accepting the diagnosis or any of the treatment procedures means that there is a cultural identification with *la raza*, or with the parent culture. The treatment process can be a way to reintegrate a person back into the broader culture and to provide new significance or renew the sense of "belonging to" one's culture. Ties to the community are re-established and, by accepting the cure, there is a declaration of acceptance of the more conservative Latin-American world view.

When traditional values are weakening and need to be reclarified, the interpretation of illness is given in a way that resists cultural change, acculturation and socially structured stresses. Illness dramatizes to others the evil consequences of cultural change if value conflicts persist. Illness defends "the old ways," in that disease is often attributed to the demands of Anglo society, or the facets of American life uncongenial to a patient.²

• *The Healer Is Expected to Interact Openly*

The last and eighth underlying premise has to do with the personality of a healer. In an ideal culturally patterned sense, a healer is expected to be warm, friendly and personal. There is also some emphasis on his or her education and training, but more attention is paid to a healer's connection to the sacred.^{6-9,23,24} This is often spoken of as their "gift" or "call" (*llamada*).

Successfully treating Latinos requires an open and personal approach. A healer is expected to shake hands at initial contact, to establish friendly rapport and to take an active part in communicating and interacting with a patient. Expectations, in other words, call for the active participation of both patient and healer, as person to person, not as subject to object. The pertinent world-view premise here could be stated as follows: For Latinos, health and healing call for an active participation in life, if not a sense of communion.

In Latino dreams, fiesta is a metaphor for this precept,^{27,29} and a popular Mexican saying puts it well: *La vida es una fiesta pero hay que bailar*—"Life is a fiesta, but one has to dance." The fiesta is a communal high in the classic Durkheimian sense, and it also reflects a basic value orientation derived from the central role of communion in Roman Catholicism, which Octavio Paz⁴⁵ and others have described. More than the English Protestant colonial powers, for example, the Spanish Catholics mixed and created a mestizo blend throughout Latin America. There is a high value placed on mixing, coming together, ritual fusion and communion. One may also think of bargaining in Latino cultures: whereas at a marketplace a tourist may wish for a fixed price and the quick or efficient end of a sale, the Latino seller may expect to enjoy a satisfying interpersonal bargaining process and the reciprocity intrinsic to transactions with the customer. This model has its analogies in therapeutic encounters.

It follows logically from the Latino emphasis on interdependence that family therapy or consultation may be indicated, and that a healer is expected to take an active role in an interpersonal life process fundamentally characterized by the concept of *personalismo*. According to Abad and co-workers, this concept refers to "the inclination of Latin people, in general, to relate to and trust persons, rather than institutions, and their dislike for formal impersonal structures and organizations."^{46(p584)}

In recent years several attempts to include knowledge of curanderismo and to integrate actual curanderos in the overall treatment process have been successful.^{47,48} Such attempts must often rely on the use of interpreters and all the problems inherent in this approach, especially where the translation of symbolic communication is a major hurdle.⁴⁹⁻⁵¹ Nevertheless, there is much to say for consultation with folk healers when indicated, and especially for the role of a medical anthropologist who, in a different sense, also acts as a cultural broker. Finally, consulting a curandero as part of an overall treatment plan at least offers one hope that dangerous and expensive quacks who exploit will

be sorted out from sincere and knowledgeable healers who have much to contribute. Both modern medicine and curanderismo would then stand to be mutually enriched.

Relevance to Psychotherapeutic Process

Although I hope the foregoing discussion will be of value to physicians in various specialties, I would like to emphasize here its relevance for psychotherapists. What are some of the implications of these world-view expectations for the practice of psychotherapy? First, a Latino patient does not expect, nor relate naturally or well, to the extreme neutrality or passivity of the proverbial "blank screen" so often mistakenly associated with psychoanalysis. On the contrary, a psychotherapist is expected to be a participant observer, to use a concept from anthropology and from the rich contributions of Harry Stack Sullivan and his followers.⁴³ Here, the psychotherapist engages in reciprocity, interacting and communicating in a personal and humanizing way. What Jung⁵² called "the dialectical relationship" between physician and patient has also been called "open systems theory." It is what Langs⁵³ has termed "the bipersonal field [of] therapeutic interaction," reflected in the recent attention of psychoanalysts of all schools to the usefulness of countertransference reactions or the countertransference neurosis, and to the central role of projective identification in psychotherapy as a basically dyadic feedback system.^{54,55}

One closed system listening to another closed system and making interventions has not been a productive model with Latinos. In contrast, a therapist is challenged to feel as involved as the patient, so that as a result of psychotherapy two open systems interact and change in relation to each other, analogous to a chemical interaction.

The open systems model does not imply inappropriate self-disclosure, picking up on trivia or using the friendly bartender approach to problem-solving. It does not imply that analytic psychotherapists should educate Latino patients, give them instructions or tell them what they should do with their lives. Nor does it imply that we try to gratify repressed impulses. To interact openly and to use the countertransference creatively can in fact facilitate analytic processes when they are distinguished clearly from these other forms of (nonanalytic) intervention and counterresistances on the part of the therapist.

The open-systems approach highlights the feelings and fantasies about the relationship between the two people in the room and how they affect each other. Whatever fantasies, thoughts, memories and feelings are mutually evoked are attended to. This is what Erikson has called the actuality of the analytic hour.⁵⁶ It means that our presence in the room is experienced with strong feeling; that the actual frequency of our interpretations, clarifications and confrontations may increase, and that we painstakingly attempt to make understanding statements rather than ask questions. The open-systems approach can lead to more profound

interactional involvement. Our willingness to listen carefully, but also to react and interact openly, will not violate the culturally patterned expectations of the Latino curing world view.

The concept of respect (*respeto*) also implies decency, a common humanness that requires people to interact with each other on that level first in spite of age, sex, class and caste differences. In other words there can be social status differences in behavior, but one must first establish rapport and respect; in Latino culture all other social relationships and interactions are dependent on that foundation.

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