

FOR WHAT IS NOT *EN LA PUNTA DE LA LENGUA*:
THE IMPORTANCE OF BILINGUAL THERAPY FOR SPANISH-SPEAKING
LATINXS IN THE UNITED STATES OF AMERICA

by

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DEDICATORIA

Deseo dedicarle esta tesis a la familia Lee Acevedo. Y no, no voy a traducir esta dedicatoria porque este mensaje va para ustedes y para nadie más. El viaje que embarcamos ya hace diez años, y todos los altibajos, las subidas y mareadas, reflejan lo lejos que hemos llegado. Esta tesis y doble licenciatura es la culminación de la meta que nos propusimos a alcanzar aquel día de verano en el que empacamos nuestras maletas llenas de bellos recuerdos de Veracruz y nos adentramos hacia lo desconocido. Nos dirigimos hacia Estados Unidos con la esperanza de crear una mejor vida, la que estábamos destinados a vivir, sin dar marcha atrás.

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Abstract

This thesis highlights the importance of bilingual, Spanish-English, therapy for the Latinxs in the United States. Through a literature review, this thesis details the impact of culture and language on therapy and the significance for bilingual clients to have access to bilingual therapy. The main purpose of bilingual therapy is for clients to be able to express and work through their problems seamlessly between English and Spanish during their counseling sessions. Research reveals that Latinx in the United States report some of the lowest rates of mental health problems which might be due to their general reluctance to seek medical help (Camacho et al., 2018; Magaña, 2019). The benefits of bilingual therapy for Latinx that are addressed in the discussion include: overcoming the challenges of direct Spanish-English translation, the role of language switching in communication, need to accommodate to different age groups within the Latinx population, need to address acculturation differences, and cultural factors affecting the client and therapist/counselor relationship. Overall, the thesis attempts to explain why it is important to increase effectiveness of counseling for the Spanish-speaking Latinx population in the United States and how it can be accomplished.

Keywords: psychology, bilingual therapy, language, culture, Latinx, mental health.

For What Is Not *En La Punta De La Lengua*: The Importance of Bilingual Therapy for Spanish-Speaking Latinxs in the United States of America

Introduction

Latinxs, people who self-identified as Hispanic or Latino, make approximately 18.3% of the current population of the United States of America. They also continue to be the largest racial minority group and are expected to make up close to one third of the U.S. population by 2060. Out of the more than 60 million of Latinxs living in the United States, approximately 40 million are Spanish-speakers (U.S. Census Bureau, 2019). Table 1 shows how some Latinxs rate their English/Spanish competency based on the language spoken at home (U.S. Census Bureau, 2018).

Table 1. Self-rated proficiency in English by Latinxs in the U.S.

	Estimate	Percentage
Total	54,650,071	100%
Speak only English	15,516,005	28%
Speak Spanish	38,860,222	71%
Speak English "very well"	23,069,721	42%
Speak English "well"	6,791,241	12%
Speak English "not well"	5,957,554	11%
Speak English "not at all"	3,041,706	6%
Speak other language	273,844	1%

Source: U.S. Census Bureau, 2018

While the majority of Spanish speakers Latinxs speak English “very well”, more than one third of them do not rank themselves as proficient English speakers. The language barrier is one of the many challenges faced by Spanish-speaking Latinxs living in the United States and it limits their access to crucial societal resources, from workplace to health care.

A recent report shows that about 16.9% of the Latinx population reported a prevalence of mental illness yet only approximately one third of the individuals afflicted had received mental health treatment. This report also stated that Latinxs, categorized as Hispanics, received less mental health treatment than Whites but not less than other racial groups (National Alliance of Mental Illness, 2019). Moreover, among those Latinxs that do seek mental health care for the first time, half of them do not go back to continue the treatment (Dingfelder, 2005; Magaña, 2019). Many factors may contribute to these relatively low rates of mental health treatment - the lack of adequate medical insurance, limited education regarding mental health, and shortage of culturally and linguistically competent mental health providers. Past research on barriers to accessing mental health services among Latinxs indicate the cost as the primary concern, followed by fear of prejudice/discrimination and structural barriers as the reasons for not seeking help for mental health problems (SAMHSA, 2015).

As the population in the United States is only expected to become more culturally and racially diverse, there is a greater strive to address mental health needs of minority groups that historically had been underserved (Aranda, 1990; Camacho, Estrada, Lagomasino, Aranda, & Green, 2018; Donlan & Lee, 2010; Lawton, Gerdes, & Kapke, 2017; Paynter & Estrada, 2009; Santiago-Rivera, 1995; Santiago-Rivera & Altarriba, 2002; Santiago-Rivera, Altarriba, Poll, Gonzalez-Miller, & Cragun, 2009; Torres, Crowther, & Brodsky, 2017; Magaña, 2019; Verdinelli & Biever, 2013). Given that the language barrier is a significant challenge for many in the Latinx community, increasing access to bilingual, Spanish-English, therapy offers a promising approach to improving mental health care for this population.

As a Mexican immigrant, advocating for increased access to bilingual therapy for Spanish-speaking Latinxs holds great significance in my life. I have always wanted to dedicate my professional life to help others, especially *mi gente*, my people. Through my years as an undergraduate, the more I continued to study psychology, the more I began to look for a career path that would allow me to make positive changes in my community. Little did I know that my own trials and tribulations, as a Mexican immigrant living in the United States, would inspire me to seek a career in which I could be there for others, providing bilingual therapy. Thus, this thesis is a systematic review of literature to address the importance of bilingual, Spanish/English, therapy for Latinxs in the United States.

My literature review revealed several thematic categories relevant to the overall focus of the thesis, the benefits of bilingual therapy for Latinx communities. This is reflected in the organization of the manuscript that includes subsections devoted to the discussion of: challenges in direct Spanish-English translation, benefits of language switching, need to accommodate to different age groups within the Latinx population, need to address acculturation differences, and cultural factors affecting the client and therapist/counselor relationship.

Literature Review

Insufficient Translation

The level of difficulty to address a native Spanish speaking client's mental health needs depends on the complexity of the issue. In some situations, providing a professional language interpreter might alleviate challenges due to the language barrier. However, in most cases, an effective therapy depends on intimate and complex

communication between clients and therapists. The bilingual approach to therapy has been advocated by researchers to address the language barrier problem faced by Spanish-speaking clients (Normand, Iglesias, & Payn, 1974; Santiago-Rivera, 1995; Santiago-Rivera & Altarriba, 2002; Santiago-Rivera, Altarriba, Poll, Gonzalez-Miller, & Cragun, 2009).

Research showed that complex emotions are overall difficult to express but the task becomes even more difficult if one attempts to translate them to another language. Cultures prescribe different words to various emotion and words to express a specific emotion may have slightly different meaning or not exist at all in a certain language. Moreover, culture-specific, nuanced connotations may imply different emotional associations with seemingly the same words (Jackson et al., 2019).

Therefore, Spanish native speakers may experience difficulty translating their feelings, even if they are relatively proficient in English. Basnight-Brown and Altarriba (2016) argued that *“the way in which words often translate from one language to another, specifically those that represent an emotional state, is an important aspect of bilingual language acquisition and processing that must be considered if individuals are to adequately express themselves in another language”* (p. 1219).

Emotional translation is a very difficult skill to master. To this day, I am unsure if I have been able to explain myself to others in conversations and/or interactions which require me to talk about myself and my feelings in English rather than in Spanish. However, as researchers suggest, it is quite common for bilingual individuals to feel unable to accurately translate their emotions because they cannot find a word that holds enough emotional equivalence (Basnight-Brown, & Altarriba, 2016; Hurtado de

Mendoza, Fernández-Dols, Parrot, & Carrera, 2010; Santiago-Rivera & Altarriba, 2002).

Hurtado de Mendoza et al. (2010) systematically investigated conceptual and affective overlap between two emotion words that are typically used as equivalent in professional translation - *shame* and *vergüenza*. English speaking participants from the U.S. and Spanish speakers from Spain were asked to rate attributes, affective connotations and social context associated with the word *shame* or *vergüenza*. The outcomes showed a large degree of overlap between the English and Spanish meanings but also revealed significant differences in connotations. For example, while U.S. participants associated *shame* with guilt, Spanish participants tended to relate the feeling of *vergüenza* to embarrassment, (Hurtado de Mendoza et al.,2010). The findings of this study illustrate the difficulty in accurate translation of emotions across languages. Therefore, being able to communicate with a therapist in the client's native language appears essential to overcome language differences in expression of emotional experience.

Unlike in other professional settings, such as legal or customer service jobs, in which interpreters are sufficient to overcome language barriers, effective psychotherapy requires nuance communication about complex emotional experience and client's inner states. There is a considerable difference in difficulty of translating concrete words, such as *dog/perro* or *son/hijo*, compare to difficulty of translating emotionally weighed words, such as *shame/vergüenza* (Basnight-Brown, & Altarriba, 2016). Bilingual therapy increases chances that a client will not simply be heard by the therapist but will be also emotionally understood.

The Spanish Language and Language Switching

The term, language switching, refers to the seamlessly back and forth change between more than one language within a verbal interaction. What may seem like a lack of vocabulary in a second language often serves more complex purpose in communication. Speaking in Spanglish can be considered an example of language switching since there is an alternation between two languages among individuals who can both talk and understand the phrasing. Santiago-Rivera and Altarriba (2002) argue that “...*type of setting, topic of discourse, and the desire to bring attention or focus to particular parts of a conversation are other variables that moderate code switching. The importance of the ability to select the language in which one can express ideas most accurately cannot be overlooked in therapy*” (p. 33). Language switching in therapy refers to the idea that the therapist will alternate between languages according to the topic and the clients proficiency in the English language (Santiago-Rivera, 1995; Santiago-Rivera & Altarriba, 2002; Santiago-Rivera, Altarriba, Poll, Gonzalez-Miller, & Cragun, 2009). Compared to a monolingual therapy approach, bilingual therapy allows for linguistic freedom between the client and the therapist, resulting in language switching.

What I had always thought to be a flaw in my acculturation process may after all explain the way I think, feel, remember, and make memories. Santiago-Rivera and Altarriba (2002) acknowledged that “...*it has been suggested that when individuals learn emotion words in their first language, those words are stored at a deeper level of representation than their second language counterparts. Emotion words in the first language have been experienced in many more contexts and have been applied in varying ways. The contexts in which they appear help to create multiple traces in memory for*

these words and strengthen their semantic representation. In contrast, emotion words learned in a second language are often not as deeply coded. They are practiced much less and applied in fewer contexts” (p. 33). The literature supports the idea that language switching is crucial for Spanish-speaking Latinx patients. Language switching reveals more about the patient than it does about the therapy practice (Santiago-Rivera & Altarriba, 2002).

Language switching during therapy sessions can serve different functions. The therapist may switch to a client’s native language to assess the situation and create a more comfortable and welcoming atmosphere. Also, it can be used as a cue about the therapist’s Spanish language competency and an implicit invitation for the client to partake in language switching. It can be used as a tool to facilitate communication, especially when the client is unwilling to open up or has a difficulty in understanding the discussed issues (Santiago-Rivera et al., 2009).

The purpose of language switching in bilingual therapy is for patients to take advantage of their linguistic duality, using one language over the other whenever is necessary (Santiago-Rivera & Altarriba, 2002). During therapy, clients may encounter terms that are unfamiliar in English but well understood in Spanish and vice versa. Metaphors and *dichos* are not always culturally or linguistically interchangeable between English and Spanish. It may be easier for a client to use a traveler metaphor to express depression but might be more difficult to understand for therapists who are accustomed to more direct communication. According to Magaña (2019), *“English language speakers often use directional metaphors to refer to happiness/euphoria as ‘up’ and sadness/depression as ‘down’. This literal translation of feeling up/high is ‘sentirse*

subido, ' but in Spanish the metaphors refers to having an inflated ego” (p. 2195).

Magaña suggested that therapists should refrain from translating to Spanish from English the terms that are used as directional metaphors of emotional states (i.e., being up or down) because no Spanish equivalents of such expressions exist. However, these common English expressions are readily understood by non-native English speakers. Therefore, ability to switch between languages during therapy allows to benefit from the linguistic knowledge of both languages and reduces risk of misunderstanding due to limitations of direct translations across languages.

Language switching can be used as a dynamic tool to clarify and deepen communication, as an interactive, client-therapist linguistic exploration into the intended meaning of inner experience (Santiago-Rivera et al., 2009). If native Spanish speaking clients must solely describe their feelings and emotions in English, their expression is restricted by general language competency and/or lack of specific emotional vocabulary. As Santiago-Rivera and Altarriba (2002) concluded, “...*the Spanish language expresses their heritage, is a source of identity and pride, and is the means through which emotions are articulated*” (p. 30). When language switching is utilized, it alleviates the language barrier tension and discomfort of monolingual therapy experience, making it easier for the patients to express their thoughts (Magaña, 2019). This suggests that bilingual therapy is essential for clients to be authentic and feel genuine in words used for expression of inner experience.

Moreover, researchers revealed that communication in a native language allows clients to get deeper insight and disclose more about difficult topics and buried traumas (Camacho, Estrada, Lagomasino, Aranda, & Green, 2018; Satiago-Rivera & Altarriba,

2002; Santiago-Rivera, Altarriba, Poll, Gonzalez-Miller, & Cragun, 2009). During therapy session, clients may spontaneously switch to their native language in efforts to improve recall of past experiences that were encoded in another language. Researchers found that the memory of bilingual people is language-dependent - language acts as a powerful memory cue that facilitates access to information stored in that language. Retrieval of information is faster and contains less errors if the language used at the time of encoding matches the language at the time of retrieval (e.g., Marian & Neiser, 2000; Marian & Fausey, 2006). In addition, it has been shown that the recall of autobiographical events is more emotional if the language used at the time of retrieval matches the language used at the time the memory was formed (Marian & Kaushanskaya, 2004). Taken together, the findings of research on bilingual memory suggest that memories made while the language spoken was Spanish will be better remembered and more vivid if the past experiences, from the Spanish-speaking period of client's life, are discussed in Spanish than in English (Santiago-Rivera, 1995).

Research on the effects of language switching conducted on bilinguals elucidate why some emotions may always appear untranslatable. I would argue that my deepest emotions, sadness, anger, and joy, are all rooted in the Spanish language due to my upbringing in Mexico. Moving to the United States might have changed the language in which I interact with others, but it certainly did not change the language in which I feel my emotions. I can only articulate my truest and rawest emotions in Spanish, no matter how many years I have lived in the United States. I feel at ease when I release my road rage, or I express my love towards others in Spanish. Bilingual therapy, by offering opportunity to engage in language switching, promotes intimacy of client-therapist

communication and access to client's most vulnerable emotional states.

Cultural Competency

Cultural awareness and interpretation.

Cultural differences between client and therapist are bound to affect the dynamic of bilingual therapy sessions. It is the therapists' responsibility to broaden the cultural awareness and understanding of their clients' background. Therapists that are not only proficient in Spanish but also culturally competent are the ones that benefit Latinxs the most (Paynter & Estrada, 2009). Some clients feel more comfortable in the presence of a therapist who they share a cultural background with. However, the most important is the therapist cultural knowledge and awareness of potential differences in client's background (Camacho et al., 2018; Paynter & Estrada, 2009).

Bilingual therapists are more likely to show cultural competence by understanding the unique word choices used by their clients in describing inner experience. Self-care and mental health practices have been a taboo subject within the Latinx culture for far too many generations (Caplan, 2019). This has caused Latinx community to often lack skills to validate feelings and emotions, which leads to common misinterpretation and mislabeling of signs of mental health problems (e.g., Donlan & Lee, 2010; Santiago-Rivera & Altarriba, 2002).

The culture-specific words commonly used by Spanish speakers to describe emotional distress such as *susto*, *nervios*, and *coraje* are ambiguous to English speakers but can be roughly translated to English as fright, jitters, and frustration (Donlan & Lee, 2010). For Spanish speakers, these terms do not require any further elaboration. A bilingual therapist is more likely to find a common ground with a client in having no

problems in grasping the meaning of words such as *coraje*, *susto*, and *nervios*. During bilingual therapy, clients will not feel the need to explain themselves while using such terms since they are commonly used and readily understood by Latinxs; however, these terms are not easy to translate to English language (Donlan & Lee, 2010). Furthermore, the Spanish speaking clients often report that they conceptualize their emotional states in the culture-specific terms, these words are part of their normal, introspective state of mind. Culturally competent, bilingual therapists who can understand the culture-specific linguistic phrases will be able to provide more rewarding counseling experience and more accurate diagnosis of mental health problems of their clients (Donlan & Lee, 2010).

Another benefit of bilingual therapy for Latinxs is in recognizing the cultural significance of *dichos*, commonly known as proverbs, and/or metaphors, in interpersonal communication (Donlan & Lee, 2010; Magaña, 2019). Patients whose expressions are driven by *dichos*, were likely to use the phrases to describe their physical symptoms as coming from an external force which they are not able to control (Magaña, 2019). Bilingual therapists may be able to recognize such linguistically rooted biases in the interpretation of the client's personal experiences and guide them to more adaptive interpretations. Clients' interpretations of their feelings and symptoms may be culturally acceptable for them but they still need to be evaluated by a professional to receive an accurate diagnosis (Magaña, 2019).

Other aspects of the Latinx culture that can emerge during therapy sessions are concepts of *machismo*, *respeto*, *personalismo*, *marianismo*, and *familismo*, and their role in Latinxs' everyday lives (Santiago-Rivera, 1995). A therapist needs to be able to competently discuss these cultural themes during sessions which will generate rich and

engaging conversations with the clients. Moreover, the therapist's understanding of the role these cultural themes play in Latinxs' lives is necessary to help clients who experience emotional distress associated with these cultural syndromes of values and norms (Camacho, Estrada, Lagomasino, Aranda, & Green, 2018; Paynter & Estrada, 2009; Santiago-Rivera, 1995). The difference in cultural values can create possible misconceptions and misunderstanding of the client's personal problems by therapists (Dingfelder, 2005; Paynter & Estrada, 2009).

As previously discussed, the education and advocacy for better mental health for Latinxs has only be around for the past few decades (Normand, Iglesias, & Payn, 1974; Santiago-Rivera, 1995; Santiago-Rivera & Altarriba, 2002; Santiago-Rivera, Altarriba, Poll, Gonzalez-Miller, & Cragun, 2009). Bilingual therapy can also create a comfortable environment to acknowledge the role that religious ideals play in mental health advocacy for Latinxs (Caplan, 2019). Known as religious coping, religion can be practiced as an act to heal from discomfort and distress. In its positive form, religious coping can be used to feel closer to God, seek guidance, etc. In the other hand, negative religious coping can redirect the narrative that the stress is inflicted upon the person as means of punishment and/or abandonment from God (Caplan, 2019). In this case, religious Latinxs are likely to interpret their mental illnesses as spiritual punishment having failed their spiritual and moral values (Caplan, 2019). It is important to respect their religious beliefs despite the difference with the scientific viewpoint on mental illness. Caplan (2019) concluded that "by openly acknowledging and accepting one's mental illness, a person could proactively search for help and receive effective treatment" (p. 7). Regardless of their religious world view, Spanish-speaking Latinx patients can receive help in bilingual therapy sessions.

Acculturation differences.

The Latinx culture is rich in the sense that we take pride in our transgenerational wisdom, passing our ancestors' best kept customs and traditions over time. While we may share much in common, the Latinx culture is equally as diverse as it is unique. Therefore, the diversity within the Latinx population in the United States cannot be overlooked. Nonetheless, bilingual therapy can be beneficial across different degrees of the Latinx to U.S. acculturation process. Acculturation is the extent in which a person feels connected to the host culture he/she currently lives in, in this case - Latinx in the United States. (Lawton, Gerdes, & Kapke, 2017; Torres, Crowther, & Brodsky, 2017). It is important to address the acculturation differences within the Spanish-speaking Latinx population to better serve the less acculturated individuals who often are most vulnerable and underrepresented. Acculturation differences can challenge individuals' sense of identity and the relationship they have with others (Camacho et al., 2018; Lawton, Gerdes, & Kapke, 2018; Santiago-Rivera, 1995; Torres et al., 2017). It is important for Spanish-speaking Latinxs who struggle with such identity issue to seek bilingual/bicultural therapy to better understand how their prominent Latinx culture and lifestyle differs from the one in the United States.

Just as different treatments and practices can be created for different age, gender, or sexual orientation groups, there is a need for more awareness of clients acculturation status on behalf of the therapist since the level of acculturation of Latinx clients can also influence their psychotherapy experience (Camacho et al., 2018; Lawton et al., 2018; Torres et al., 2017). Compared to older Latinxs, younger Latinxs in the United States are more likely to grow up with more exposure to mental health education and more

appreciation for benefits of mental health treatments (Lawton et al., 2018). Younger Latinxs are also more likely to learn about their Latinx heritage culture while already living in the U.S., so they identify more with the U.S. culture compared to older Latinxs (Lawton et al., 2018). Even younger and more acculturated Spanish-speaking Latinxs can benefit from bilingual therapy. However, bilingual therapy can benefit most the first-generation immigrant Latinxs who are less acculturated and struggle with acculturation problems that have resulted from moving to the United States.

The acculturation differences can be seen within a singular family group, where the children are often more acculturated to the United States than their older, more traditionally Latinx parents (Lawton et al., 2017). The study showed that conflicts caused by a major difference in the acculturation between parents and their adolescents negatively impact the family dynamic. The family members perceptions and responses to inter-generational cultural differences negatively affected them. This disruption in the family's dynamic often led to increased risk of parents experiencing mental health problems. Bilingual and bicultural therapy can benefit Latinx families dealing with family conflicts associated with acculturation differences among family members (Lawton et al., 2018). More acculturated to the U.S. family members would benefit from better understanding of their cultural heritage, while less acculturated family members can be helped by increasing their understanding of the host culture in the U.S. Therapists can serve as mediators who are able to facilitate the inter-generational communication among family members.

Bilingual therapy can be used to help clients understand how some of their problems may have been caused by struggling to navigate the acculturation process

(Torres et al., 2017). Adapting to a new lifestyle, in a new culture, with different norms and expectations from a native culture is not easy. I strongly believe that the sooner Latinxs struggling with acculturation seek bilingual mental health services, the easier the transition will be.

Generational Differences

Mental illnesses have long been stigmatized and individuals who suffer from them have even been ostracized in the Latinx culture (Caplan, 2019). Latinxs are beginning to be more open about addressing their mental health needs (Aranda, 1990; Camacho et al., 2018; Caplan, 2019). Normalizing the topic of mental health among Latinxs has not been easy. Caplan (2019) concluded that “[normalizing beliefs] *developed [in individuals] later in life in response to education, including televised talk shows on the topic or literature on mental illness, and exposure to personal or family members’ experiences with mental illness*” (p. 7). Individuals can then recognize that the lack of mental health education has negatively affected their lives and thus, are more willing to seek professional help, if needed (Camacho et al., 2018; Caplan, 2019). However, the attitudes toward mental health differ among the older generations of Latinxs. The traditional cultural and religious background from their native countries often shapes the perceptions of the older Latinxs (Caplan, 2019). Culturally sensitive, bilingual therapy could offer help in bridging the cultural differences in attitudes to mental health and in developing effective coping skills (Camacho et al., 2018; Caplan, 2019)..

In Latino culture, being the eldest members of the family comes with a great deal of hierarchal respect (Aranda, 1990; Santiago-Rivera, 1995). Therefore, it is important to

consider these cultural expectations in the context of addressing mental health problems that might expose emotional vulnerability among older Latinx population (Aranda, 1990). Introducing bilingual therapy through the means of group activities and peer support groups can help normalize mental health care in Spanish-speaking elderly (Camacho et al., 2018). Latinx clients may feel less threatened and more welcomed while receiving counseling when their peers share similar emotional issues during group therapy sessions (Aranda, 1990; Normand, Iglesias, & Payn, 1974). Research showed that some patients felt less shame and guilt knowing that they were not alone and others feel similar about their life problems (Normand et al., 1974).

According to research, taking the time to introduce older Spanish-speaking Latinxs to mental health through psychoeducation prior to beginning of sessions can improve their therapy experience (Camacho et al., 2018). The positive effect of prior mental health education has been attributed to the fact that better understanding of subsequent therapeutic process makes clients less apprehensive and lowers their defensiveness. Moreover, prior psychoeducation increased clients' willingness to continue seeking mental health help and improve adherence to prescribed medication (Camacho et al., 2018).

Tailoring the bilingual therapy experience to fit the needs of older first-generation immigrants, with something as simple as psychoeducation, appears to have a potential in introducing long-term changes to cultural attitudes toward mental health in the Latinx communities (Camacho et al., 2018). This would allow for Latinxs to be more open and accepting of their own and other Latinxs' feelings and emotions, breaking the stigma of mental health problems. Increasing access to bilingual therapy for all Latinxs - young and

old - will allow for a healthier and more welcoming family and communities (e.g., Caplan, 2019; Lawton, Gerdes, & Kapke, 2018).

Client-Therapist Relationship

Numerous research suggest that bilingual therapy is more successful in building a meaningful client-therapist relationship in Spanish-speaking population (Camacho et al., 2018; Paynter & Estrada, 2009; Normand et al., 1974; Pérez-Rojas et al., 2019; Santiago-Rivera & Altarriba, 2002; Santiago-Rivera et al., 2009; Verdinelli & Biever, 2013). Guilman (2015) noted, regarding monolingual therapy that requires an interpreter, that *“the quality of the therapy and the relationship between client and clinician is negatively affected by the clinician’s limited understanding of the Spanish language and Latino culture”* (p. 27).

Providing Spanish-speaking Latinxs with access to bilingual therapy brings an instant sense of inclusivity and belonging, as the clients feel like they can be heard and understood (Camacho et al., 2018; Guilman, 2015; Pérez-Rojas, Brown, Cervantes, Valente, & Pereira, 2019; Santiago-Rivera, 1995). Participants of bilingual therapy and psychoeducation are more likely to maintain continuity of treatment (Camacho et al., 2018). According to Guilman (2015), *“the Spanish-speaking client in the session will have a more profound therapy experience and feel highly accepted, well-understood, and comfortable with sharing his or her emotions, which are critical for the client’s success in therapy”* (p. 28). This benefits eventually ripple into a sense of trust, the key to building a successful client-therapist bond.

Bilingual therapists are more likely to implement culturally appropriate relationship-building techniques in contacts with Latinx clients. For example, instead of

formal question-response dialogue, therapists used *plática*, small talk, to relieve the patients' concerns about therapy. Older clients were also given signs of *respeto*, respect, to assure *confianza*, trust, throughout their psychotherapeutic process. (Camacho et al., 2018; Paynter & Estrada, 2009; Pérez-Rojas et al., 2019). It has been shown that therapists who were unable to demonstrate cultural and language competency towards their Latinx clients make them feel helpless (i.e., like there is nobody to help them work through their problems; Dingfelder, 2005).

Building a strong and trustworthy relationship during bilingual therapy can also be attributed to the disclosure of deeply personal information that the patient shares with the provider (Paynter & Estrada, 2009; Santiago-Rivera & Altarriba, 2002). While the provider might not be expected to feel the same way, it is always important that the patient feels at best when around them, both during and after their sessions. It may be the case that the patients are unveiling their darkest and deepest secrets from the first time, thus, it is important that they feel like they have nothing to worry about and their exchange will be judgement free (Camacho et al., 2018; Pérez-Rojas et al., 2019). Patients feel a difference between how they are treated in bilingual therapy compared to any other doctor's appointment they may go to. Bilingual therapy gives Latinxs the listener *señorita*, referring to their therapists as a lady they have always wanted to be able to talk to (Camacho et al., 2018).

Conclusions and Future Directions

Bilingual therapy does more than just adding a second language to the therapeutic dialogue. It can gather the best of both languages and cultures to provide the highest quality of therapeutic experience to Latinxs in the United States. When the client and the

therapist do not share a common cultural background, it is even more important to be culturally aware and linguistically proficient. It is crucial to ensure that there are no misunderstandings between the clients and the therapists. Guilman (2015) concluded that *“if therapists are not learning Spanish and becoming competent in Latino culture, many Spanish-speaking individuals will experience difficulty finding these satisfying, effective counseling services. In this scenario, individuals can suffer from the various consequences of limited mental health care, such as hopeless submission to psychological or behavioral disorders, which can become more debilitating the longer they go without proper mental health attention”* (p. 28).

Latinxs are the largest racial/ethnic minority residing in the United States and mental health services must meet demands of this large demographic group. The United States is only becoming more diverse; thus, it is our obligation, to advocate for services that can effectively address mental health needs of all residents.

As discussed earlier, the ability to communicate in the clients’ native language is essential for the therapist’s understanding of emotional processing of their clients’ mental health issues. The awareness of cultural differences in acculturation status are important for improving quality of therapeutic experience. Prior information about the expected outcomes of therapeutic process increases clients’ motivation and appreciation of potential benefits of bilingual therapy. Moreover, bilingual communication during therapy is essential for establishing credibility necessary for clients to feel comfortable in disclosing intimate emotional information. This allows for difficult personal topics to be openly discussed and thoroughly processed during therapy sessions. A bilingual therapist can become the listener and trusted ‘friend’ that the clients have been longing for.

This thesis focused on the benefits of bilingual therapy for primarily Latinxs that are first generation immigrants and native Spanish-speakers. However, from the perspective of a Latina who is working on becoming a bilingual therapy provider, I have realized that the more inclusive bilingual therapy services become, the more Latinx people will be able to benefit from them. There is not a day that goes by that I do not appreciate the things I know about bilingual therapy now and wish that I had known that ten years ago, when I first moved to the United States. I feel deeply passionate about one day being able to provide mental health services to Spanish-speaking Latinxs because I wish someone had been there for me when I needed it. I could have really benefitted from someone to tell me that it was okay not being able to find a word to express how I truly felt and accepting my emotions as I grew up talking about them, in Spanish. Someone who had made me realize sooner how emotionally toxic my culture can be and how important it is for me and others to change our perspective on seeking mental help when needed. Someone to have told me sooner to love myself and embrace my heritage and where I come from. Someone to prevent me from having an identity crisis at the age of twelve, wanting to be and act like the rest of the girls in my school, questioning my Latinidad to please others instead of just pleasing myself. Someone with whom I could build a trustworthy relationship and discuss how I truly felt instead of bottling my feelings inside like I had been forced to. With bilingual therapy, I can become that someone who helps others in need. I will be there for my people. I can be right there with them, in every step of the healing process, the way they deserve to be comforted and appreciated. I hope that by popularizing bilingual therapy we will begin a major cultural shift in attitudes to mental health and reduce stigma surrounding seeking mental health

help in the Latinx culture. Popularization of bilingual therapy could transform mental health of the future generations of Latinxs.

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