A New Understanding of the Macho Male Image: Exploration of the Mexican-American Man

Joseph M. Cervantes
California State University, Fullerton

Latino males, regardless of ethnic background, have historically been viewed as hypersexualized, aggressive men who are prone to fits of anger, alcohol abuse, and involvement in multiple sexual affairs (Baca-Zinn, 1982; Cromwell & Ruiz, 1979). A defining characteristic among Latino males based on some combination of myth, stereotype or anthropological observation, has been the label of macho, or machismo. This description makes reference to a culturally expected and stylized set of behaviors from Latino males to engage in actions and behaviors that distinguish them from other males with respect to hyper sexual and aggressive behaviors, and a propensity to defy relational rules in a permanent partnership. A more detailed overview of the concept of machismo will be presented toward the end of this chapter.

Mexican and Mexican-American males, in particular, have been described as being especially prone to machismo in their behavior, almost as if this “internalized innate construct” defines their actions and emotional repertoire (Casas, Turner, & Ruiz de Esparza, 2001; Falicov, 1998; Quintero & Estrada, 1998; Rodriguez, 1996). This chapter will explore the concept of machismo with a case description and analysis of a Mexican-American adult male, and interweave this writing with historical/biographical observations from the author. As a Mexican-American man with strong cultural and indigenous awareness, I have had the opportunity to observe the unique challenges of growing up in the 1950’s post war era where overt prejudice and discrimination was still a defining characteristic for the nation. This was a time that predated the now colloquial macho attitude but nevertheless was an assumed characteristic towards Latino males, thus the Mexican-American or Chicano male was suspect. While the term Chicano can be a label that has differing sociopolitical connotations in various parts of the Southwest, it will be interchanged with the identification of Mexican American. See Velasquez, Arrellano, and McNeil (2004) as a reference for added inquiry.
This writing will proceed with an overview of the experience of being Mexican-American highlighting personal, family, and professional conflicts. The case of a 40-year-old Mexican-American male that I treated for identity issues will proceed followed by analysis of the counseling process. Lastly, a literature review of Mexican-American maleness will be presented in order to initiate a dialogue that may have relevance for psychological treatment and possible future research. Summary and conclusions will provide relevant observations about this understanding.

Experience of Being a Mexican-American/Indigenous Male

I was born in Southern California in 1950, a place and time where the confines of a small community allowed for strong inter-familial ties while at the same time overt prejudicial practices were evident both in school and in the broader environment. These overt racist practices impacted the attitudes that were evident from the majority toward Spanish speaking people, and behaviors that dictated when Mexicans could swim in the local city pool, where they could sit in the one city theatre, and what side of town they lived on. Spanish was not an esteemed language, but rather a language of the disempowered and unacceptable class of people. These were the views seen through the eyes of a 5 or 6 year old as I grew into a consciousness of those attitudes and feelings.

My life was framed within the scope of a strong Mexican/Indigenous upbringing with a large extended family and two parents who were dedicated to the rearing of their children and to their community. My mother, a product of an indigenous background and born in New Mexico, was educated for her time having graduated from a Catholic high school in the mid 1940’s with intentions of being a nurse, a career that never became at least formally fulfilled. My father, from a small ranch community in Jalisco, Mexico, turned businessman upon his arrival in the
United States at the age of 14 and eventually owned and managed the first grocery store in the community and then a restaurant for several years. He was prone to providing food to those who could not afford it and treats to children during holiday periods.

My life was also framed by a maternal grandmother who was from indigenous cultural origins in Mexico, and was a curandera, an indigenous folk healer. As the first male grandson, I was given the privilege of being cared for by her on several occasions. During these times she often taught me about the interconnectedness of all living things. I learned as a child that flowers communicated to each other and to human beings if they would listen and that animals shared a special place in the world with humans, and that the world was a place of magic and wonder that was embraced in the arms of Mother Earth, the protectress of all living things. In this context, the icon, Our Lady of Guadalupe, became a prominent fixture in my psyche as well as on the shelf in our respective homes. I was fortunate enough to observe several healing sessions that my grandmother conducted with various neighbors and referred clients into her home. These experiences encouraged me to be socially responsive to people, an observation that had also been reinforced by my own parents.

Experiences of being Mexican-American, awareness of the sacredness in every day life, and the observations of overt racism and oppression were an interesting blend of cultural socialization and personal awareness. I was exposed to a Roman Catholic primary and secondary education where nuns demonstrated their own form of ethnic and racial discrimination. The nuns would forbid the Spanish language either in the classroom or in the playground, and by intimating the lower quality of citizen that they felt characterized those who were Mexican. Although we could not verbalize the discrepancy at such early ages, this was an interesting contrast from teachers who were supposed to model to us as school children,
Christian ideals and virtues. The stigma of being Mexican-American, speaking Spanish, and holding family values that were not mainstream were disregarded and rejected. Consequently, there were alternating, disjointed images of being a Mexican-American male that characterized my upbringing.

Additional influences that impacted my development as a Mexican-American male were first my entry into a Roman Catholic seminary after the eighth grade which extended from the ages 13 through 21. This time frame reflected a significant generational era of political, racial, and cultural strife. My adolescent development was captured by the experiences of the Vietnam War in America, the 1960’s Protest Movements of African American, Chicano, and Native American peoples, and the belief that we were a holistic community that should support humanitarian efforts over the needs of government and big business.

The second influence occurred following my decision to leave formal seminary training and enter graduate school in psychology at the University of Nebraska-Lincoln in the early 1970’s. It was during this time that I confronted my own personal/autobiographical history as I became involved with the Wounded Knee incident in South Dakota, a highly politicized and emotionally charged conflict between members of the American Indian Movement and the United States Government. It was with the impetus of this incident that I started to realize my own indigenous history and ancestral calling. It was also during this tentative formation that I became increasingly aware of the fact that my Mexicanness was also Indianness, and that my grandmother had played a critical role in that early shaping. Following her death in the 1980’s, I took on a more direct role in the evolution of my ancestral calling, given that her death spurred several dream experiences in which my grandmother would continue the initiation of my indigenous heritage and commitment to be a healer. This awareness set the tone for personal and
professional development, and subsequent theory building that was to follow (Cervantes & Ramirez, 1992; Cervantes, 2004).

The construct of a macho male, while evident in my socialization and later development as a young adolescent boy, proved to be a meaningful awakening in my identity. This awakening emphasized descriptors of protector of the family, being responsible, and leader in the community, were held as expectations to be modeled and a salient part of development as a Latino male. While the negative characteristics often associated with Mexican/Mexican-American men were evident and described Latinos as domineering, aggressive, fearless, authoritarian, promiscuous, and viral (Quintero & Estrada, 1998), I did not integrate these into my own sense of personal identity as a man. Rather, the more affirming aspects of being Latino male were prominent in my autobiographical education which included expectations like keeping your word, honor and respect for your family and less fortunate members of society (Baca-Zinn, 1980; Casas et al., 1994; Ramirez, 1999; Torres, 1998).

**Conceptual Lens and Professional Influences**

My professional practice has been influenced both by the ethnic and cultural traditions and experiences I have had but also nearly three decades of working with Spanish speaking populations, primarily Mexican/Mexican-American and Chicano families. These observations of working with Chicano/Mexican-American families are outlined in another source (Cervantes & Sweatt, 2004). Emphasized in that writing is the need to understand contextual background, immigration history, language issues, and social and oppressive, discriminatory experiences. The major part of my influence as a Mexican-American male and how that affects my treatment as a professional has been shaped by those male members of my immediate and extended family which affirmed a strong sense of responsibility, loyalty, and respect for one’s family. The elders
in my early, developmental community of boyhood and young manhood experiences have mirrored many of the writings that are found among American Indians who described accounts of maleness consistent with honor and protection of the community. For example, one of my inspirations was the experiences of the medicine man Black Elk as communicated through his biographer Neihardt (1961) who wrote poetically about this man’s life, mission, and his mystical visions to alert and protect his people. I have also been influenced by the writings of Lame Deer (Lame Deer & Erdoes, 1972), a holy man of the Lakota Sioux Tribe who told the story of manhood as it is experienced through oppression, discrimination and protection of his ancestral land. A similar theme is noted by Montoya (1992) who described in his writing of poetry, drawings, and short stories a picture of the Chicano/Mexican-American male who has had to struggle with the impart of cultural oppression and racism while attempting to integrate a sense of manhood. He observed that our indigenous history has gone underground as a result of generations of oppression and non-recognition of the ancestral background of Mexican and Mexican-Americans. Nevertheless, the relevance of staking claim to a manhood interwoven with respect and protection of one’s community is also echoed by Montoya (1992).

The results of continuous exposure to my grandmother, the recognition of the distinct cultural backdrop of my heritage and the writings from American Indian elders have influenced the foundation of specific philosophical tenants about life. These tenants have impacted my professional work and continue to evolve as I advance my clinical experience. A summary of these tenants appear with more detail in other writing that I have done (Cervantes, 2004) and include the following:

- All life is interconnected and sacred.
- A strong belief in energies and cosmic forces
- Oppression, discrimination, and racism can form a salient background to the personality development of individuals and their later access to charting the course of individual lives.

- Life is a journey that is interwoven with both the sacred and the secular, and the successful navigation of these dimensions allows growth to proceed along a designated and more authentic path.

- It is important to recognize one’s religious/spiritual beliefs, traditions, and rituals.

- Service to others is natural order of things following a realization of one’s life journey.

More traditional influences in the psychological literature have come from Ramirez (1983; 1998) who described the mestizo perspective which establishes an interconnectedness among the beliefs and values of indigenous peoples throughout the Americas. This concept of mestizo has been broadened by Cervantes and Ramirez (1992) on counseling practices with Chicano families. A salient foundation to my work with Chicano/Latino families came from the influence I received through Minuchin (1974) in his initial treatise on families and family therapy. This author spoke about the family system as it was experienced within my familial and cultural household. The constructs of parental systems, boundaries, alliances, and hierarchy were useful language to both ground my personal experience and understand it with the many families that I would see in the future. A family systems perspective is closely interlinked with a transpersonal psychology framework for me that provides the theoretical language and rationale for how I typically work and view the healing process.

Case Description and Analysis of Juan Diego Alegria

Practice as a psychologist for almost three decades has afforded me the opportunity to examine many variations of Latino families especially with Mexican/Mexican-American and
Chicano populations (Cervantes, 2004). Within that context, I have seen many Latino males in this designated ethnic group who have presented a wide variety of personal and relational problems including marital difficulties, sexual orientation problems, internalized distress resulting from experiences of oppression and discrimination, addiction problems, acculturation difficulties, professional development, and identity issues. The case of Juan Diego Alegria (a pseudonym to protect personal identity) is a case that I followed for three years which has provided me the opportunity to look in depth at personal, familial, and relational history as it has impacted his development of manhood. This case, will now be referred to as “Juan”, and will follow with a description of relevant background history as related to the presenting problems that initiated treatment. This case was seen in an outpatient private practice setting where the presenting problems were existential anxiety framed within a lack of meaningful connectedness with others, difficulty with alcoholism, and a general feeling that personal problems were now beginning to affect professional work.

Juan was a 40 year adult male of Mexican-American background who was born in a small mining town in northern Arizona. His parents were Mexican immigrants from a village community in Michoacan, Mexico who were illiterate, young farmers, and who due to the expectations of their era, subsequently married as adolescents. Marriage at a young age was typical in these communities due to the need to support population growth that provided economic stability, although at a low subsistence level. Juan was the third oldest of five children with two older sisters who were born in Mexico prior to the parents’ arrival in the United States. The parents immigrated when Juan’s mother was pregnant with him and they arrived through the assistance of a “coyote” that transported the family across the border in a rented, windowless van. A “coyote” is typically described as a smuggler of people across Mexico and United States
borders. From Juan’s recollections in conversations with his mother, this van was crammed with other immigrants from Mexico and Central America. Juan reported that when his parents arrived in Arizona, his father worked for the mines while his mother rotated her duties between full-time homemaker and cleaning homes for other families. Juan’s parents were only able to complete the second grade, and thus had limited vocational and work opportunities.

Juan’s family lived in poorly constructed housing situated along the railroad tracks where most Mexican and other Spanish-speaking people resided. In this community, like many others, there was an obvious divide between Latinos and Anglos, between English and Spanish, and between those families struggling with significant economic deprivation and those that had better financial means. Also described were cultural and religious beliefs systems that tended to view Mexicans as more Catholic, ritualistic in their manner, and inclined toward large families. These differences have historically been some of the basic ingredients for development of prejudicial and ethnic bias in communities across the country. Religion has been a defining factor in the development of attitudes towards Mexicans and Mexican-Americans (Matovina & Riebe-Estrella, 2002).

Juan reported that growing up in his family was economically difficult given that his father would work 14 hour days in the mines rising 6 days a week to report to work at 4:30 a.m. and remain until 6:30 p.m. He would work largely in the dark and silent shafts of the mines, not arriving home until early evening, exhausted, frustrated, and frequently angry with his superiors for the unsanitary and unsafe conditions around which he and his co-workers were employed. His mother was found to carry similar resentments for the long hours that she would spend taking care of her children and ensuring that she was still able to clean several houses during the week in order to make ends meet. Juan reported that their two bedroom, unheated home was
frequently an uncomfortable environment for his family whose parents were frequently tired, angry at their life circumstances, and insensitive to the changing emotional and developmental needs of himself, his sisters and younger brother. These issues were made more complicated by father’s increased frustration brought on by the discriminatory and prejudicial experiences in his work environment as well as in their community. Juan recalled an episode in a second grade school conference when his father became incensed with the teacher deriding Juan for his continued use of the Spanish language in the playground which she felt detracted from Juan’s development of appropriate English speaking skills. His father became enraged referring to the teacher’s educational philosophy as prejudicial which apparently caused the teacher to feel threatened. The local police authority was called and his father was taken into custody and jailed on the charge of disorderly conduct. He was placed in protective custody for 48 hours, released on bail, and subsequently was forced to pay a fine. These experiences served to harden his father’s feelings toward “the gringo” which added significant strain to an already unsteady household. The family environment became more complicated with his father’s development of leukemia. The family blamed the noxious air in the mines and the high stressors evident with living in this community with the development of this severe medical condition. His father subsequently died at the age of 35 when Juan was only 9 years of age.

Juan stated that his life after the death of his father proved to be difficult with his mother assuming the single parent role in the raising of five children. Juan stated that besides feeling the vulnerability and loss of his father, he and his older sisters were frequently teased by their White classmates about their ethnicity and their Spanish language communication with each other. The teasing became more aggressive after Juan’s oldest sister was raped by two of her White male classmates, causing a significant uproar in the community suggesting that she had brought on the
attack. This incident resulted in his sister being branded a “loose woman”, a designation that became a pervasive sentiment in her community. These impactful negative reactions led to her quitting school, becoming pregnant, and eventually dying at childbirth when she was 20 years of age. Other relevant issues in Juan’s background were his reports of teachers who minimized his intellectual abilities and assumed that he should be taking the non-college track towards a vocational trade. Further, Juan recalled growing up with an attitude that “he and his race” were just a bunch of “macho Mexicans” whose only interest was in alcohol abuse, philandering, and non-responsibility. This attitude was tentatively supported by some adults in his community who would engage in those stereotypic behaviors because of the discriminatory and oppressive factors that were operating and the lack of opportunity for any level of advancement in the Mexican family’s economic situation. As a result, Juan stated that he became determined as a young adolescent male not to identify with being “Spanish” or Latino heritage, and to minimize his speaking of the Spanish language. Juan reported that he wanted to “become like the rest of the White boys” who could seek upper mobility, do well in school and not feel the sting of prejudice. With this attitude, Juan was quickly able to gain some favor among the majority community, performed well in high school and graduated on time with many of his White classmates.

Juan stated that his mother died by the time he was a senior in high school of a combination of a broken heart, the sadness of racial and ethnic inequality in their lives, the loss of her daughter, and what appeared to be the increased emotional instability of her other children. Although Juan successfully completed high school, Juan’s two other sisters became pregnant during early adolescence thus terminating any potential opportunities to advance themselves in life. Juan’s younger brother became involved in drug abuse and subsequently had to also quit school in ninth grade and began working to support himself in the mines. Juan’s
mother died from cancer following the initiation of stomach difficulties causing her an inability to eat. By Juan’s high school graduation, he and his siblings were orphaned. Juan spent the next three years trying to maintain a household working in construction while providing a home and physical stability for his brother and sisters.

By age 21, Juan felt compelled to leave the small mining town and escape to Southern California to begin a new life. He reported that he drifted in and out of various odd jobs until through the aid of a girlfriend, felt more secure to enter college. Juan stated that his good study habits gained in high school allowed him to finish a four-year university degree in three years majoring in biological sciences, and subsequently gained entry to a prestigious medical school where he subsequently graduated with honors. Following a residency in internal medicine, Juan was employed in a local medical center and established a private practice in internal medicine.

In spite of his academic and professional successes, Juan stated that he struggled with bouts of depression, alcohol abuse, and an unstable relationship history with women. Juan indicated that since his denial of his Latino ethnicity, he had never used this ethnic grouping for entry into any university or medical school, and advanced solely on the merits of his academic scholarship and university transcripts. However, these accomplishments did not come without some shame and insecurity about who he was. Juan reported that on several occasions when the Spanish speaking housekeeping staff in the various hospitals and clinics would speak to him in Spanish, he would become nervous. He would ignore them if other colleagues or professionals were within hearing distance. Juan stated that his Spanish language had gone underground and he did not wish to reinforce his Spanish speaking ability among those who might begin to view him with prejudiced eyes. As a result, Juan refused to treat any Spanish speaking patients other than through the use of a translator even though he could speak Spanish fluently. By the age of
30, Juan was able to hide the fact that he spoke Spanish from his classmates, colleagues and related medical professionals.

Juan’s first marriage to a “gringo nurse” lasted only four years as a result of “value conflicts,” and communication difficulties. His use of the word “gringo” appeared to have a salient emotional reactivity that implied anger and relational distance based on cultural differences and past life experience. A second marriage a year later to a White female physician also lasted three years due to more value conflicts and difficulty understanding each other. Juan stated that he wandered for the next few years without any significant relationships in his life which also caused his medical practice to suffer. Juan seemed unable to rebound from his history of two failed marriages. At the time that Juan presented himself for outpatient psychotherapy, he reported that he was depressed, alone, and confused about who he was. His increased alcohol drinking pattern was now feeling out of control and in impacting his relationship with fellow colleagues.

*Initial Treatment Phase*

At the time of request for services, Juan presented as a haggard, depressed, sullen 40-year-old Latino adult male who reported himself to be addicted to alcohol and whose profession he described as “trying to keep up with patients’ medical needs.” This quote turned out to be prophetic with a presenting complaint of always feeling behind in his medical care, and unable to fulfill the emotional needs of his patients. In addition, Juan complained of “feeling overwhelmed by life’s demands,” a recent history of sleep difficulties with recurrent insomnia, decreased energy level, increased abuse of alcohol which was now starting to interfere with work, and confusion over how he perceived his role as a medical practitioner. Juan impressed as an individual who seemed appropriately concerned about his life circumstances, however, was very
superficial in his own self-analysis and deeply troubled over the course of his personal and relationship history. The worry lines noted in his face and the unhappiness that seemed to frame both his features and communicated through his slightly slumped body posture denoted a man who felt emotionally empty and distressed. He also appeared to carry a huge weight on his shoulders that seemed to confirm the personal and professional pressures and insecurities that characterized his person.

During the initial phase of treatment with adult Latino males, I frequently find myself needing to establish a common ethnic or cultural bond in order to secure a more meaningful therapeutic exchange. In addition to establishing therapeutic trust and confidence in the initial phase of treatment, I have found that working with Latino males requires a building of commonality in order to decrease the level of defensiveness or related concerns that the client may have with the assumption of being identified as having a more serious mental health problem. Latino men have an image of manhood to uphold which is different from the socially constructed nature of masculinity (Thompson & Pleck, 1995). Manhood tends to imply a cultural expectation that Latino males must be more in control and authoritative than females. This cultural role is embedded in the expectation that Latino males tend to view themselves as needing to be protectors of their respective families and significantly less prepared to view themselves with weakness (Falicov, 1998).

While there can be wide variation of this theme, it tends to be a common observation I have made in treatment with Mexican/Mexican-American men that they are prone toward feeling more powerful at the expense of females in order to establish a relational hierarchy that promotes the male as head of the family system (Baca-Zinn, 1982). Consequently, these initial visits with Juan were intended to establish some common bonds that would allow him to view my role as
both professional yet personal without developing confusion or developing inappropriate
dynamics in the therapeutic relationship.

I noticed that this delicate balance between being professional yet personally relating was
accomplished with the interweaving of Juan’s background of family history and stories that
would provide a context to comment a sense of familiarity and commonality. By doing this, I
found Juan to be more self-aware of the observations he made relative to his personal history,
and to recognize the relevant commonality that was being mutually shared. This dialogue
allowed for an intimacy of shared cultural beliefs that furthered a therapist-client bond between
Juan and myself. It was during this time of initial ‘culture sharing’ that I would purposely
interweave some Spanish language into our therapeutic dialogue. My goal was to evaluate the
level of resistance Juan may have to communicate bilingually, but also to give permission for
him to express himself in Spanish if he chose.

The initial phase of treatment with Juan focused predominantly in the stabilization of his
mood and addressing the problem that now had become chronic alcohol abuse. The first handful
of visits with Juan found him to be resistant and prone to minimize the weaknesses that he had
been demonstrating for the past few years in his personal and professional life. In my years of
my practice, I have noticed that when resistance is evident with regard to demonstrating any
personal weaknesses, this is a sign that some related role modeling from myself may be helpful.
I learned in the relationship with my grandmother that the use of story telling was often an
effective way to transmit both ancestral history but also to provide a commonality between the
listener and the storyteller that would invoke feelings of mutuality and connectedness.

Given Juan’s personal history with his father working in the mines, I elected to disclose
some of my own father’s personal history as an adolescent male who upon arrival in the United
States had picked oranges in the groves for several years. This story was interwoven with examples of the struggles that my father endured with long hours doing hard labor beginning with work that frequently started at 4:30 a.m. under harsh weather conditions. The personal struggles that were detailed regarding my father’s history appeared to have a similarity in Juan’s recollection of his own father’s working conditions and the human energy needed to rise in the morning and work until dark. This disclosure proved to be a vital exchange between Juan and myself as he was able to see some congruence between my assumed life circumstances and his. Working with Spanish speaking populations for many years, I have found that varying levels of disclosure can be helpful to bridge and deepen a therapeutic relationship. This was observed to be true also with Juan who subsequently viewed our emerging professional relationship as one that he could come to trust and perceive as syntonic with his own personal life experiences. Thus, this storytelling has been a frequent therapeutic tool that I have used with clients, particularly with Latino families as a way to bridge a mutual understanding and awareness of cultural beliefs that have allowed for a deepening of the exchange between the client and myself.

The opening of this relational portal found Juan to be increasingly more compliant and invested in addressing those personal issues and limitations that had begun to accumulate over the last several years. Juan’s depression was in part addressed through the use of a psychopharmacology consultation with a Latino psychiatrist colleague. I found the depression to be embedded in the history of his father’s alcoholism and subsequent emotional distancing, his mother’s own depression, and the untimely loss of both his father to leukemia and his sister to acute sadness and life’s overwhelming obstacles. In addition, the loss of his mother at the time of his senior year in high school proved to be particularly difficult in that he felt he could not admit vulnerability due to the expectation that he must now be strong for his brother and sisters.
Consequently, the accumulation of the immediate family losses, the abrupt termination of his childhood with the death of his father, and the required psychological fortification in order to meet the new demands of his family, were all salient elements in the psychological profile that was emerging with Juan. These major themes were interwoven throughout treatment with Juan as he struggled to resolve past losses, grieve, and reorder his emotional priorities toward more mature functioning.

The issue of alcoholism proved to be a very difficult theme yet one that appeared to reach some resolution after he was able to heal some of the dynamics of his immediate family. Alcoholism for Juan was tied to memory of his father’s own abuse history as well as the now evident feelings of loss that he had successfully put aside during his young adult years. The ungrieved losses were now becoming a conscious force that was demanding recognition. However, he was unwilling to enter a drug and alcohol program because as he perceived, his reputation would be sullied and he would be unable to be excused from his medical duties and responsibilities. Consequently, Juan agreed to try Alcoholics Anonymous at four to five times a week and to secure a sponsor. Within a month of a combination of AA group meetings, psychotherapy twice a month, and consultation with a psychiatrist who provided anti-depressive medications, Juan was able to curb his alcohol intake substantially and to manage his medical duties more responsibly. The help of a sponsor, also a Latino, assisted Juan immensely in the management of his alcohol abuse, bringing it to a standstill within three months of his initiation of Alcoholic Anonymous. The more difficult agenda lay in dealing with the loss of his father, mother, and sister.
It was also during this period after a year of treatment that Juan became more comfortable speaking in Spanish with me. A bilingual language therapy soon became a salient hallmark of our interaction.

**Middle Phase of Treatment**

The first four to six months of Juan’s care were spent exclusively on stabilizing his emotional functioning, curbing his alcohol abuse, and ensuring that he would be able to manage his daily professional duties in a responsible and competent manner. The coordination of services with both the psychiatrist and his sponsor proved to be helpful in developing a group support system that allowed Juan to feel cared for. Some of the initial psychological issues addressed during this first phase of treatment included his feelings of hopelessness, emotional loss of family, and the importance of his being strong at all costs. This last theme proved to be more detailed and interwoven in his attitude and overall functioning. This attitude was also tied to what Juan came to label the “macho man syndrome” in which he described the need to feel protective and strong for his remaining family members and to demonstrate an attitude that he could “handle it all.” Consequently, the most devastating aspect for Juan at the initiation of treatment was his inability to do it all, as he reported, and not admit defeat in the face of his family members, patients, and medical colleagues. The “macho man syndrome” as Juan self-diagnosed, proved to be a significant aspect of the second phase of treatment and subsequently, this theme was a major discussion of the ensuing dialogue for the remainder of his psychotherapy treatment.

The ability to stabilize Juan’s drug and alcohol abuse was an important goal of the treatment plan in order to address the more difficult psychological issues that have been part of his developmental and familial experience. As I stated previously, my orientation in
psychotherapy tends to be a blend of family systems, humanistic, and transpersonal work. I place emphasis on the importance of family roles and hierarchy, and integrate an understanding of religious/spiritual aspects of the individual. This combination of theoretical bases has been prompted by my cultural worldview and the experiences I have gathered through relationship with my maternal grandmother and my several years in the seminary. Although Juan was baptized Roman Catholic and participated in Sunday services with his mother, he did not consider himself a practitioner, but nevertheless incorporated the essentials of that particular belief system. Those basics included a belief in God, a reverence for Our Lady of Guadalupe, and a cosmological understanding of his own indigenous roots which he perceived as coming from Aztec traditions and beliefs (Carrasco, 1990; Matovina & Riebe, 2002). This indigenous orientation is common among many Mexicans and Mexican-Americans who practice Catholicism (Matovina & Riebe, 2002). Thus, while Juan had historically rejected his Latino roots, he had not rejected the religion and spirituality that had historically been a foundation in his life and that was interlaced throughout his beliefs and values.

These traditions were ones that Juan learned from his own mother, which included a belief that the world is interconnected, that there are various unseen entities that provide an influence in human experience, and that prayer is a powerful method of having communication with God. His beliefs were important to ascertain in order to evaluate the potential resources and innate traditions that could be utilized in the psychotherapy process. With many Chicano/Latino males, it has been my experience that one’s worldview of religion and spirituality continues to play a salient role in one’s existential belief system. The psychotherapist’s awareness about one’s religious beliefs and practices can provide an opportunity to ask more specific questions relevant to early religious background and later spiritual development. I believe the comfort
level to inquire about this arena has evolved for me because of my own seminary training that fostered an appreciation for religion and spirituality as a significant dimension to human experience.

Following a description of the therapeutic methods and rationale, Juan was initiated into a counseling process that involved the cleansing of mind and spirit before proceeding with any further therapeutic dialogue. I have learned that with the initiation of any deepening work in therapy, particularly if there has been trauma associated with the experience, that some preparation or cleansing is important. As part of my own background history, the use of ritual and ceremony is an important aspect in preparing one’s consciousness for entry into more difficult emotional agenda. It has been my experience that ritual helps to prepare the mind for any difficult emotional or physical undertaking whether it be participation in a sweat lodge or in the difficult therapeutic dialogue that occurs when therapist and client are moving into the examination and experience of psychological trauma. (Griffin & Griffin, 2002; Imber-Black, Roberts, & Whiting, 2003).

In my tradition and learned beliefs, the burning of sage is a way to cleanse the physical space and signal the start of an important ritual toward preparing one’s consciousness to discuss traumatic life events. Sage has historically been used by indigenous people in the Americas in order to initiate ceremony and to begin a process that could involve anything from the confession of one’s misgivings to that of the start of ceremonies (Falicov, 1999; Gafner & Duckett, 1992). Burnt sage often evokes a very subtle but powerful effect on the consciousness of the individual. Many individuals in healing ceremonies and counseling sessions experience the scent and smoke that arises from sage as enabling one to cross from one level of consciousness to another. I have observed this ‘crossing over’ with clients as they appear more relaxed, open, and free to discuss
intimate thoughts and reactions. Though I do not understand how the scent of sage impacts an individual biochemically, I know that from the use of it over several years that the scent of its sweetness will often initiate a state of relaxation for the client who will frequently report feelings of peace and tranquility and a readiness to advance the therapeutic work. In Juan’s case, the use of sage assisted in helping him to become more self-reflective and forgiving in his life review of developmental losses.

I would like to acknowledge that the use of sage in psychotherapy is not a recognized process in traditional counseling practice. However as Falicov (1999) and Matovina and Riebe-Estrella (2002) have noted, counseling with Mexican and Mexican American clients may require the use of indigenous methods that infuse an old world healing process with more modern therapeutic strategies. Although described in a more generic way, Krippner and Achterberg (2000) comment on the salient role that non-traditional frameworks and healing paradigms can have on the understanding and resolution of psychological problems.

Orienting Juan to the use of a cleansing ceremony to assist in more emotionally intimate, therapeutic work was not alien to his own memory of religious ceremonies. Reminding him of the use of incense in the Roman Catholic Church particularly during seasons of high mass helped Juan to connect the scent of the incense and the feelings of holiness that were part of his experience with the Catholic Church when he was a young boy. Juan was able to recall a shift that occurred for him whenever he experienced the scent of incense in a church ceremony, and how it made him feel ‘elevated and spiritual.’ This same understanding was applied to the use of sage with regard to helping him move from a secular to a sacred mindset as a way to cleanse the physical space, and metaphorically to cleanse one’s thoughts and feelings in preparation for a particular therapeutic exploration. I have also observed that once the use of sage or sweetgrass
becomes introduced, the scent from either of these plants allows the client to feel more relaxed towards facilitation of the therapeutic work related to emotional or psychological traumas. The use of this procedure with Latino/Chicano individuals has not been a difficult process to explain given the consistent familiarity between the use of incense in the Catholic Church and the similar effect it tends to create in one’s mental and emotional consciousness.

Exploration of these losses found Juan to immediately become tearful over the missing of his long deceased family members and regretful over the unspoken feelings he individually harbored for each of them. This intimate exploration was sharpened through the use of a flathead drum to prompt a trance state that allowed Juan to enter the emotional memories of his past. The drumbeat, simulating the rhythm of the heart, has been a powerful tool that I have used with many Latino clients who have wanted to do inner work that involves deeper emotional or historical examination. I characteristically will initiate the introduction of the drum by having the client move into a state of relaxation with deep breathing while allowing the drum beat to move at the same rate of breath observed with the client. The coordination of the drumbeat with the breath rate allows the monotone rhythm to direct the breath thus producing a deeper state of relaxation.

This examination with Latino clients has frequently involved early developmental losses, instances of migration trauma, and other related traumatic experiences (i.e., rape, incest survival, work related accidents). The use of the drum as the initial focal point has assisted in the facilitation of deeper self-realization, identification of relevant aspects of the traumatic events, and the emoting of long held uncomfortable and self-destructive feelings. It is within this context that Juan would interweave his recollections of the familial, cultural, and societal labeling of the “macho man syndrome.” A deeper state of relaxation allowed Juan to have more
immediate access to relevant historical memories that would produce images and feelings about how he viewed himself in relation to other boys. Some of these recollections included peers who would brag about their sexual conquests, or be challenged by the emotional experiences of oppression through alcohol consumption, or who would commit to an early marriage and pregnancy. Sometimes the experience of guilt for having left his boyhood community would cause Juan to become tearful. It seemed that he compared his departure to the leaving of his buddies on a war-ravaged battlefield.

Relevant to the “macho man syndrome,” Juan’s interpretation of this labeling and the expectations accompanying the meaning involved being protective, in charge of family, and proud of his manhood. These learned aspects of being “macho” were tagged along side some of the more conflictual images that he also integrated into the label of macho which included abuse of alcohol and aggressiveness. Juan observed that among some of his adolescent friends many years ago, being “macho” sometimes involved more negative aspects than the examples of manhood he had been exposed to by his family of origin. These examples have been cited particularly as related to hypersexual engagement, alcohol abuse, and anger management problems (Anaya, 1996; Casas, Wagenheim, Banchero & Mendoza-Romero, 1994).

The middle phase of treatment focused on the cleansing of the old energies that had peaked with long held self-destructive emotions. These themes involved guilt and anger over the loss of his parents and sister, the resentment in his being in charge of his family, and the struggles against racism and discrimination that he had experienced as a youth and through much of his formal education. Toward the end of this phase, Juan was moving toward increased resolution of his long held self-destructive feelings and felt more settled in saying goodbye to the losses of his family members.
My involvement with Juan during the middle phase of treatment appeared to have a profound effect not only in his relationship with me, but also produced memories and images from my own past that prompted personal reflection on long-forgotten old history. I recalled images of two older half-brothers who were prominent gang members in my community, and who themselves had become ‘leaders’ in their own right by proving themselves to be “men.” This proving of manhood was exhibited through aggressive physical engagement with gangs from other parts of the neighborhood and city. In the 1950’s, the use of drugs and firearms was not prominent, rather, the method of handling disputes and protecting one’s turf was through physical altercations with each other to prove who was ‘tougher.’ It is these images as well as those of my father who would often work times 18-hour days in his grocery store to provide for the family that also reminded me of what I had been exposed to as a young boy and what may be expected of me as I became older.

These images that became increasingly more apparent for me had an interesting effect on my relationship with Juan. I felt that he and I shared a very similar bond with each other and almost seemed as if we could communicate non-verbally about these specific background experiences that reinforced our conscious, but unspoken mutuality. I feel that this level of therapeutic dialogue, both verbal and non-verbal, was a prominent outcome of the work that we engaged in as therapist and client, and that led to a positive rapport that facilitated the final phase of treatment.

*Final Phase of Treatment*

Following a year and half of work with Juan, he was observed to be more capable, functional and responsible at work, had received a year chip from his AA support group for being clean and sober, and had started dating again. Nevertheless, there was still some
occasional depression that would incapacitate him causing missed work and feelings of self-worthlessness. However, these reactions had decreased in frequency and he felt more capable managing these uncomfortable moments.

A therapeutic practice typically given as a homework assignment is that I will at times encourage some Latino clients, depending on their level of motivation and emotional/mental preparedness, to locate and travel to a place that they find healing for themselves. Examples of these healing environments typically include the mountains, the forest, the ocean, or one’s backyard. I will encourage the client to fast for the day and allow the spiritual energies of that environment to speak to them so that the guidance of a prayer, song, or affirmation may be presented. It is a version of asking for a vision that is a commonly practiced ritual among some indigenous communities in the Americas. The difference in this therapeutic strategy is to have a prayer that is “gifted” to the client and occur within a designated period of personal reflection (typically within 24-36 hours) alongside the use of fasting. A subsequent visit with the individual following that personal ceremony will be to talk about the experience, listen for the prayer or song that may have been realized, and allow this ‘transpersonal gift’ to be a significant affirmation of one’s personhood, well-being, and spiritual connection to the Creator. In this regard, it is salient to note the content of the prayer that has been realized by the client as it can often detail many of the anxieties and past history of crisis that have impacted the individual historically.

The use of a day fast with Juan found him to be mentally prepared and agreeable to use this process to further his own emotional understanding given that he had experienced me and my work with him as meaningful and helpful. The use of sage, the beat of the drum, the deep relaxation process were in many ways very unique to Juan’s prior understanding of the
therapeutic process as he felt that these methods and my therapeutic relationship with him were affirming and healing. Juan’s experience of fasting ritual found him to be mildly anxious throughout much of the day fearing that he would not receive any message from this period of reflection and personally guided prayer. His place of sacredness was designated as a hillside in the country that he had frequented over the last few years to feel relaxed from the burden of his medical practice. This is where he would go for brief periods of time in order to find some respite and clarity of mind, and where Juan spent the majority of his day in reflection and meditation. This self-imposed day of fast proved to be helpful to Juan who spent the next several sessions talking about memories of his past family background and forming a perspective of himself that aided in the development of a more defined role as a Latino male.

The receiving of a prayer during this fast helped Juan to feel that a gift was provided that would allow for a more trusted experience of his inner wisdom. The prayer content from his fast reflected a resolution of the past guilt and anger at his losses. It was recommend to Juan that he utilize this prayer as a morning ritual that would help set his intentions for the day and provide him the necessary fortitude to handle the various stressors and expectations that were routine for him as a physician. This prayer seemed to aid him in the emotional handling of his professional duties allowing a more mature guidance and intelligence to complement an increasing confidence in his abilities. In addition, Juan quickly came to understand that although some of his family members had physically died, his memory of their love and support always remained with him.

Juan was instructed to incorporate prayer into his everyday reflection and affirmation. This is a typical recommendation that I will make with a client as a way to reinforce the
internalization of the personally developed positive affirmations. However, the use of prayer in particular, will only be introduced if it is consistent with the client’s belief system.

Following approximately three years of work, Juan was terminated from my practice with a more full sense of his abilities, increased competency in his feelings as a man, and a reaffirming presence in the lives of his own patients. Juan’s new perceptions of being male appeared to reorder his priorities about what he felt to be important. He described his sense of a new found maleness as a way to appreciate a greater beauty in the patients he served, and an increased awareness for the role he played in his community. Further, his view of maleness appeared to transcend any concerns about his own past history that previously made him feel that he was not measuring up to prior images of being a man.

Juan reported being increasingly sensitive and aware of his patients’ needs while at the same time developing a deeper understanding for the mental and emotional suffering that often framed their physical complaints. He did express frustration with a healthcare system that required less than optimal support of patient care. Nevertheless, Juan described having more confidence that he was able to handle those constrains while at the same giving added respect for the patients that he cared for and the manner in which he was able to handle the emotional agendas that they brought to his office.

*Mexican-American Maleness: A Brief Overview*

Juan’s case was beneficial for me at several different levels. Initially, the therapeutic relationship helped to affirm my sense of competency with other health professionals within the context of an evolving indigenous healing practice. Second, I came to painfully recall the psychological wounds and its impact on Mexican Americans/Latinos as a result of discrimination and racial prejudice that I also had experienced. Lastly, the labeling and stigmatization of the
“macho man syndrome” further made me remember some early developmental memories and expectations about how Mexican-American manhood had been communicated in my youth. Many studies over the past twenty-five years have clarified the labeling and understanding of “machismo” in Mexican-American males. A brief discussion will provide an overview for some of the salient themes relevant to the understanding of this concept.

Being macho or machismo for Latino males, particularly those that have identified as Chicano, Mexican-American, or Mexican, has been a significantly misunderstood label (Casas et al., 1994; Casas & Pytluk, 1995). Prior descriptors of this term have been the result of stereotypic images (Cromwell & Ruiz, 1979), racist inaccuracies (Mirandé, 1988; 1997), inappropriate extrapolations from traditionally oriented rural communities (Madsen, 1964), or misunderstood differences of manhood as defined by these Latino groups (Abreu, Goodyear, Campos, & Newcomb, 2000; Mirandé, 1997). In addition, other writers (i.e., Gilmore, 1990) have observed that developmental expectations of machismo are not unique to Latinos but evident in many world cultures.

A more useful and culturally syntonic view of machismo is to view this set of behaviors and attitudes as tied directly to the socioeconomic and historical elements of a given society (De La Cancela, 1986; Mirandé, 1988; Rodriguez, 1996). This perspective is a district change from a view that pathologizes the individual or group and is a fresh contrast from thinking long proposed by Diaz-Guerrero (1967) and Diaz-Guerrero, Lichtszain, and Reyes (1979). Consequently, it is inaccurate to continue portraying the Latino male as an authoritarian, womanizing, alcohol-prone and self-destructive man. A socio-historical context as noted by Freire (1972) creates an appreciation for how colonization promotes the development of
internalized oppression leading to potential self-destructive acts and varied expressions of manhood.

The cultures of Mexican and Mexican-American men commented on by several authors over the past century (Casas, Turner, & Ruiz de Esparza, 2001; Diaz-Guerrero, 1967; Peñalosa, 1968; Torres, Solberg, & Carlstrom, 2002) have identified a wide range of manhood expressions that incorporate elements of machismo. This understanding has frequently been described in relationship to the salient religious and spiritual undercurrents involved in protection of the community. Anaya (1996) observed that macho themes and images of manhood are pervasive throughout the Southwest landscape. Examples of the variety of these observations noted by Anaya (1996) include indigenous patterns of caring for one’s community, ability to withstand physical and emotional pain (concept of aguantar) in order to be strong for one’s family, Pachuco males with crosses affixed to their exterior clothing worn as badges of protection and manhood, and highly customized, low rider vehicles with painted images of beautiful women along side images of the Virgen de Guadalupe, protectress of the Americas. It is significant to note that even in these highly exaggerated images of manhood, they are specific to a particular socio-cultural context and socioeconomic status. A conclusion reached by Torres et al. (2002) is that Latinos are diverse in their interpretation and demonstration of manhood and thus generalizations about machismo behaviors are not valid.

This brief review suggests that the concepts of machismo are interwoven with religious and spiritual connotations and expectations that have direct application in a male’s participation in his respective family and community. Thus, exaggerated aspects of Latino manhood behaviors appear to be the result of an impaired or oppressed ability to perform the necessary and related aspects of one’s psychological and social role as a man. It can be argued that the display
of dysfunctional machismo can be displaced anger over an inability to handle aspects related to one’s social and cultural responsibilities and a difficulty in taking responsibility for the assumed role assignment that a male is expected to integrate into one’s personal, social, familial, and work behavior. It has been my experience that levels of acculturation and experiences of oppression and discrimination will play a significant role in how the role definitions of machismo is handled by Chicano/Latino men.

Summary and Conclusions

The case of Juan presented in this chapter provides a version of his internalized image of machismo formed through various familial, community, and sociopolitical forces that included role modeling from his father, direct and indirect messages from his mother, and the experiences of racism and oppression during his youth. Similarly, it was his development of a “macho man syndrome” that propelled him out of the small Arizona mining town and toward the road of academic excellence. The will to succeed in spite of the odds resulted in the conviction that he would advance himself. In reference to definitions of machismo and the case of Juan, several lessons are salient that can generalize to counseling and psychotherapy with Mexican-American men. Initially, this case helps to illustrate that socio-cultural and historical context are significant informants in the assessment and relationship building process. It was necessary to review Juan’s relevant background and contextual history in order to understand the broader picture of his particular life circumstances. Failure to evaluate this relevant background would have left a major gap in the assessment and treatment process.

Second, I found self-disclosure with this Latino male and with many Latino men in past psychotherapy experiences to be a significant dimension in the formation of meaningful therapeutic contact. The opportunity to self-disclose can assist in joining a relationship that
emphasizes similarities of human experience and underscores the positive attachment and subsequent contact that can ensue from this process. As has been recognized by many writers in the past (Wachtel, 1998), self-disclosure should not proceed without a conscious recognition that such related information from the therapist is primarily to assist on behalf of the client’s best interests.

Third, it is important to understand that the concept of machismo refers to a universal set of behaviors and that they are not just specific to Mexican and Mexican-Americans (Casas et al., 2001; Gilmore, 1990; Torres et al., 2002). Thus, it is important to recognize that machismo refers to a culturally specific set of behaviors that denote challenging dimensions to manhood, behaviors that are formed from specific familial/community, social and political experiences, and attempts to advance oneself in life. To catalog them solely as behaviors that are intent on manipulating women and exaggerating one’s sense of manhood in a pathological way is to provide an inaccurate assessment of the individual and at least with Mexican-American males, propagate a continued perception that is prejudicial and racist in nature.

Fourth, it is important to recognize the presence of religious and spiritual themes in counseling with Latinos and how they provide clues to unspoken psychological concerns (Cervantes & Parham, 2005). In addition, these themes may open up opportunities for meaningful rituals in the healing process as noted from the treatment of this case. Ritual provides a useful mechanism for the movement of consciousness that can serve to initiate readiness for psychological inquiry, more in-depth psychological exploration, and problem resolution. These processes were demonstrated with the treatment of Juan.

Fifth, practitioners should be prepared to confront one’s own professional bias toward Mexican-American males. Stereotypes continue to abound regarding men, but in particular with
the Mexican-American population. Males have been portrayed unfairly and inaccurately with regard to their level of motivation for treatment, participation in the therapeutic process and stereotypic descriptions of who they are as men. As a result, these stereotypes have served to prejudice treatment and to view Mexican-American males as family members who may not be included in the counseling process as a result of this inherit bias (Falicov, 1998; Torres et al., 2002).

Sixth, this case reinforced the need to understand the interrelated dynamics of migration history, acculturation stress, and the merging of a Mexican-American/Chicano, mainstream identity. These dimensions are complex and have significant emotional agendas tied to them that create important therapeutic avenues of assessment and inquiry. There are likely several familial and personal background stories that need to be discussed as they may form a backdrop to some of the presenting complaints and relational history that have brought male clients to counseling.

Lastly, Atkinson, Brown, Casas, and Zane (1996) identified several therapeutic roles that are useful in conceptualizing one’s professional involvement. This issue is underscored by Casas et al. (2001) in their application of these various role assignments to working with Latino males. These roles are described as including a counseling process that defines the therapist as: advisor, advocate, facilitator of indigenous support systems, facilitator of indigenous healing systems, consultant, change agent, counselor, and psychotherapist. These roles may provide salient avenues of meaningful and therapeutic relationship building for those wishing to work with Mexican-American males.

This chapter has focused primarily on a description of a psychotherapeutic case with a Mexican-American male whose life outlined several contextual factors that have included socio-cultural, language, sociopolitical, and professional issues. It is anticipated that the review of the
literature and the recommendations made might be helpful to the practitioner who is working with this significant population and to appreciate the various factors that are relevant in meaningful therapeutic contact and treatment.

**Questions from the Editors**

**Question 1:** What types of stereotypes were you aware of in counseling this client based on his gender? How did that impact your therapy with your client?

Juan’s profession as a physician immediately brought up two stereotypes about his professional background. Initially, I perceived Juan’s specialty in internal medicine as being more insensitive to the psychological and emotional understanding of patients. Further, it has been my experience that this physician group was viewed by me as having limited bedside manner which takes away from the humanistic elements of practice. A second stereotype also related to Juan’s physician status as rejecting of mental health professionals. This stereotype was formed based on my prior experiences in hospitals in which the power hierarchy seemed to cross over into ethnicity beyond just medical or professional specialty. Hence, Latino physicians tended to abide more in the trust and confidence of their Anglo counterparts as opposed to cultural groups who shared similar cultural background and related identity.

Initially, these stereotypes gave me reduced confidence about the way in which I would work with Juan. I felt that Juan’s own professional boundaries would prevent him from addressing any of the specific emotional and psychological concerns that were impacting him. As a result, I maintained more of an emotional distance and was less inclined to address the cultural backdrop as it may impact his personal difficulties. However, as I explored his personal/familial history, I became aware of significant emotional abuse and community oppression that allowed me to identify with Juan. This awareness provided me the confidence to
take more emotional risks and begin addressing personal and cultural issues that may have also impacted Juan’s functioning. Much of this internal dialogue for me was the result of my own prejudices towards male physicians and was emphasized by his being Latino. This is an interesting commentary for me to make given that I had assumed being able to bridge many personal insecurities of working with other Latino professionals. Indeed, this case demonstrated to me that there are still personal issues related to gender and culture that I must continue to address.

**Question 2: How did your own gender role issues influence your work with the male client?**

I was raised with a strong male role provided by my own father, uncles on both sides of my family and other extended familial male role models who generally demonstrated behaviors and expectations that were consistent with how I perceived being a Mexican-American male. These learned gender roles included that of being head of household, taking responsibility for one’s action, and demarcating the jobs for both men and women. Much of these experience shifted for me as I became older, and was exposed to a broader world with more sophisticated and diverse value systems. It is with this specific gender role bias that I contextualized the issues provided by Juan. His description of life circumstances appear to be consistent with my own child rearing. Interestingly, I was able to relate to the suffering and abuse in a very intimate way particularly as Juan highlighted the oppression and racism that he experienced.

**Question 3: Looking back on the case, what do you know now, that would have changed the way you worked with this client?**

The stereotype of working with Latino male physicians was prominent in my re-learning with Juan. I was able to view his humanness more directly than I anticipated which gave me permission to work more intimately with his emotional concerns and suffering. In addition, I
had become more acutely aware of the feelings of oppression and racism that I myself had experienced. While this was not a novel feeling for me, the depth of emotion and experiences expressed by Juan allowed me to delve more deeply into my own emotional scarring that re-opened strong feelings of sadness and anger over discrimination I had experienced with Roman Catholic nuns, priests, and the general community where I had lived as a boy. This was significant learning from me, but I believe prevented me from being more authentic and attuned to the wide range of emotions that were likely experienced by Juan in his personal experiences of oppression and racism.

Hence, what would have changed for me is the initial responsiveness that I initiated my relationship with Juan. I feel I would now have increased security to my therapeutic position and blend a personal resolution of my own experiences as I listened to how his life had evolved over the life span.

*Question 4: You outline a way of working with men that is grounded in traditional Latino spirituality. Your client, however, had essentially disavowed his cultural roots and worked to hide his identity. How were you able to create a working therapeutic relationship with this distance between you?*

I recognized that there was an existing stereotype on my part with regard to this client’s professional standing that initially made me skeptical about the level of emotional conviction and willingness that he may have towards counseling. Interestingly, I had a similar reaction that made me question whether my stereotypes would get in the way of working effectively with Juan. I believe that what assisted me in moving beyond the stereotype and understanding his specific human condition was being able to evaluate and listen for the child abuse and
discrimination that were part of his personal history. It is these two arenas that provided me the opening to develop a more intimate tie with this individual.

Second, learning that Juan was a man who had a religious background, I asked him as I routinely do with clients, how he had been socialized to his Catholic beliefs and spirituality, and the specific disruptions that had challenged the interplay between his interpretation of religion and related psychological concerns. I believe, however, that there is a more detailed awareness that I received in working with Juan that was part of my own healing process. That awareness had to do with the personal background and his struggles to move through a society that labeled him negatively based on the color of his skin, his language, and his ethnicity. This theme was a salient personal factor in my connection with this man, and that I believe created a strong therapeutic alliance. The sting of discrimination and oppression formed both a spoken and unspoken bond that supported a collaborative relationship and fostered a mutual respect.

**Question 5: How did machismo appear in the session between the two of you?**

If by machismo is defined trying to do a one-upmanship on the other, that dynamic never played out in my therapeutic relationship with his individual. What was more evident from the start was a relational dance between each of us with regard to navigating how to further our mutual understanding of each other. There was some apparent defensive on each of our parts which seemed related to our specific stereotypes and prejudices associated with our professional status as Latinos and the specific professional disciplines that each of us held. As already reported in the chapter, the emotional distance initially gave way to a greater appreciation for Juan’s personal and familial history and the impact it had on me as the provider. This awareness was a particularly strong therapeutic agent in the bridging of our mutual understanding and in the multidimensional aspects of our healing work.
References


