Spirituality, Culture, and Health: Implications for Working with Latinos/as

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Objectives:

• Discuss the relationship between spirituality, culture, and health.
• Discuss applications in medical and behavioral settings with Latinos/as.
Why is this important?

- We provide services to a population that is predominantly religious (Pew Research Center, 2014) and increasingly ethnically diverse (Vincent & Velkoff, 2010).

- The share of Hispanics has increased in each of the major Christian groups. 1/3 of US Catholics are Hispanic (Pew Research Center, 2014).

- About 20% of Hispanics and 18% of Blacks are unaffiliated (Pew Research Center, 2014).
Why is this important?

- Ethnic minorities, including Latinos/as, often avoid mental health services and understanding how to engage them when they prefer religious coping strategies may help foster trust and participation in treatment process.
- Survey of mental health needs among Latinos/as in NC:
  - First person they contacted when they had a problem?
  - Primary method of help?
Defining spirituality and religion:

• “Any definition of religion is likely to be satisfactory only to its author” (Yinger, 1967, p. 18).

• **A consensus definition of spirituality:**

  • "Spirituality is the aspect of humanity that refers to the way individuals seek and express meaning and purpose and the way they experience their connectedness to the moment, to self, to others, to nature, and to the significant or sacred" (Consensus Conference on "Improving the quality of spiritual care as a dimension of palliative care," 2009).
Defining culture

• A way of life of a group of people…
• The cumulative deposit of knowledge, experience, beliefs, values, attitudes, meanings, hierarchies, religion, notions of time, roles, spatial relations, concepts of the universe…

Spirituality and culture: What do they have in common?

• Meaning-making!
• Dynamic relationship
• e.g., Mourning rituals
El Baquiné, Puerto Rico

(El Velorio, Francisco Oller, 1893)
Ernest “Doc” Watson’s Jazz Funeral
(New Orleans, Louisiana, 2010)
Eunice Kennedy Shriver’s funeral at Saint Francis Xavier Roman Catholic Church; Hyannis, MA
(August 19, 2009; The Washington Post)
An altar in remembrance of a Mayan woman during the Day of the Dead in Yucatán, Mexico (November 4, 2013, CNS photo/Victor Ruiz, Reuters; World Catholic News).
• What is the relationship between spirituality, culture, and health?

• Spirituality / culture informs what it means to be well. They also, explain the causes of dis-ease and provide the methods to find healing.

• The “sacred canopy”

• “…when crises threaten the everyday taken-for-granted routine of the individual and there looms the ecstatic possibility of confronting directly his own existence, society provides the rituals by which he is gently led back into the ‘okay world’” (Berger, 1961, as cited in Pargament, 1997, pp. 121-122).
The loss of the “sacred canopy”

• What is our role as healers? What is it that our patients expect from us?

• …that “sacred canopy” is not completely lost.
• **Back to the NC Survey:**
  • 46% have a family member who suffers “angustia”
  • 30% experience “ataque de nervios”
  • 13% reported cases of “mal de ojo”

• **34% sought help for these concerns**
  • 77% - Family physician, clergy, folk healers, other sources
  • 23% - Mental health professionals
Ask your neighbor:

- What other cultural-bound diseases have you heard about?
- What are the cause(s) within that cultural/spiritual framework?
- How are they treated?
### Physical diseases:
- Bilis
- Empacho
- Mal aire

### Mental diseases:
- Envidia
- Mal puesto
- Mal ojo
- Mala suerte

### Spiritual Diseases:
- Susto
- Espanto

### Types of Healers:
- Hierbero/a
- Sobador/a
- Partera
- Consejero/a
- Espirtualista
- Curandero/a Total

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“Woman Who Glows in the Dark: A Curandera Reveals Secrets of Physical and Spiritual Health” – *Elena Avila, RN, MSN*
Among Latinos/as in the US, distinctions between the spiritual, psychological, and physiological dimensions of disease are blurred.

What do we do? What is our response?

Integrative and culturally competent healthcare!

Great! How?
Implication for Practice:

A model for integrating spirituality and culture in healthcare
(Park & Folkman, 1997)
• **Spirituality**
  
  “a search for significance in ways related to the sacred”
  (Pargament, 1997, p. 32)

• **Psychological functions of spirituality**
  
  • Find meaning
  • Gain a sense of control
  • Gain comfort
  • Gain intimacy (with others and with the sacred)
  • Achieve life transformation
What is spiritual coping?

- A process where individuals translate their religious orienting system into specific strategies that are related to the sacred to meet the particular demands of a stressful situation in order to conserve or transform significance.
- These strategies might contribute to positive or negative outcomes.

Ask your neighbor:

- What spiritual strategies are used by people you know?
Do we always use spiritual coping strategies to deal with distress?

Determinants of Spiritual Coping

- **Person**
  - How important is religion/spirituality for the individual?

- **Situation**
  - How much does it threaten the person’s sense of significance?

- **Social**
  - How involved is the individual in a spiritual community?
Religious Coping Strategies

• **Positive Religious Coping:**
  - Looked for a stronger connection with God
  - Sought help from God in letting go of my anger
  - Tried to see how God might be trying to strengthen me in this situation

• **Negative Religious Coping:**
  - Wondered what I did for God to punish me
  - Questioned the power of God
  - Decided the devil made this happen
  - Feeling angry with God
Implications for Practice:
Assessing and Integrating Spirituality and Culture in Healthcare with Latinos/as
Counseling and Consultation Service

Community providers; Family & Friends

Outcomes

Re-evaluate

Patient process

Key

Transformative interaction

Interprofessional collaboration

Source: Puchalski, Handzo, Wintz, and Bull, 2009 (in press)

Clinicians and Spiritual care providers

Patient

Spiritual history (Physician, Nurse, Practitioner)

Referral to Chaplain or Spiritual care provider

Personal and professional Preparation

BCC: Board certified Chaplain
Clinicians: Chaplains, physicians, nurses, social workers
Community providers: community religious leaders, spiritual director, pastoral and community counselors, faith community nurses, physical therapists, occupational therapists, and others
Assessing the Salience of Culture

Acculturation level

- Language

Ethnic identity

- What is your ethnic/racial background? What about your parents’?
- How strong is your sense of belonging to your ethnic group?
- Are there any cultural traditions that are meaningful for you?
- Do you spend time learning about your culture, its history, customs, music, art?
How can we determine if spiritual / cultural coping strategies are meaningful for the patient?

- Person
  - Salience of culture and spirituality
- Situation
  - Cultural and spiritual meanings and distress level
- Social
  - Availability of personal and social resources
Spiritual History: HOPE

H: Sources of hope, meaning, comfort, strength, peace, love and connection.
O: Role of Organized religion (spiritual community)
P: Personal spirituality and practices
E: Effects on medical care and end-of-life issues

The patient’s spiritual experience

• Are there spiritual practices or beliefs that are important to you personally?

• Does organized religion have a place in your life, or in your family’s life?

• *If they say “no”*

• *Was there ever a time when religion/spirituality was important to you?*
The patient’s understanding of his/her situation

• How do you make sense of what’s going on?
• Are there ways that your personal beliefs affect your health care choices or might provide guidance as we discuss decisions about your care near the end of your life?
• How distressed are you about this? How much is it getting in the way of what’s important for you?
Assessing Individual and Social Resources

- Where do you find comfort or hope in this time of illness? When things are tough, what keeps you going?
- *How much strength and comfort would you say that you get from your religion/spirituality right now?*
- Where do you have a sense of the sacred or practice your spirituality?
- Is there someone you trust when you have spiritual concerns to help or offer guidance?
Interventions in Medical Settings:

- Death of a new born baby

Intervention in Behavioral Health Settings

- Use of client’s personal spiritual resources:
  - Short term: Grief
  - Long term: Vergüenza

- Use of client’s community resources:
  - Referral to a priest: Angustia
  - Referral to a curandera: Mal puesto ("Un trabajo")
Conclusion

• Religion and spirituality are an important part of the life of many Latinos/as.

• Since culture and religion informs our understanding of health, illness, and healing.

• Greater competence in addressing the patient’s spiritual and cultural worldview and accessing individual and community resources can improve treatment outcomes and satisfaction (for both!).
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Muchas Gracias!