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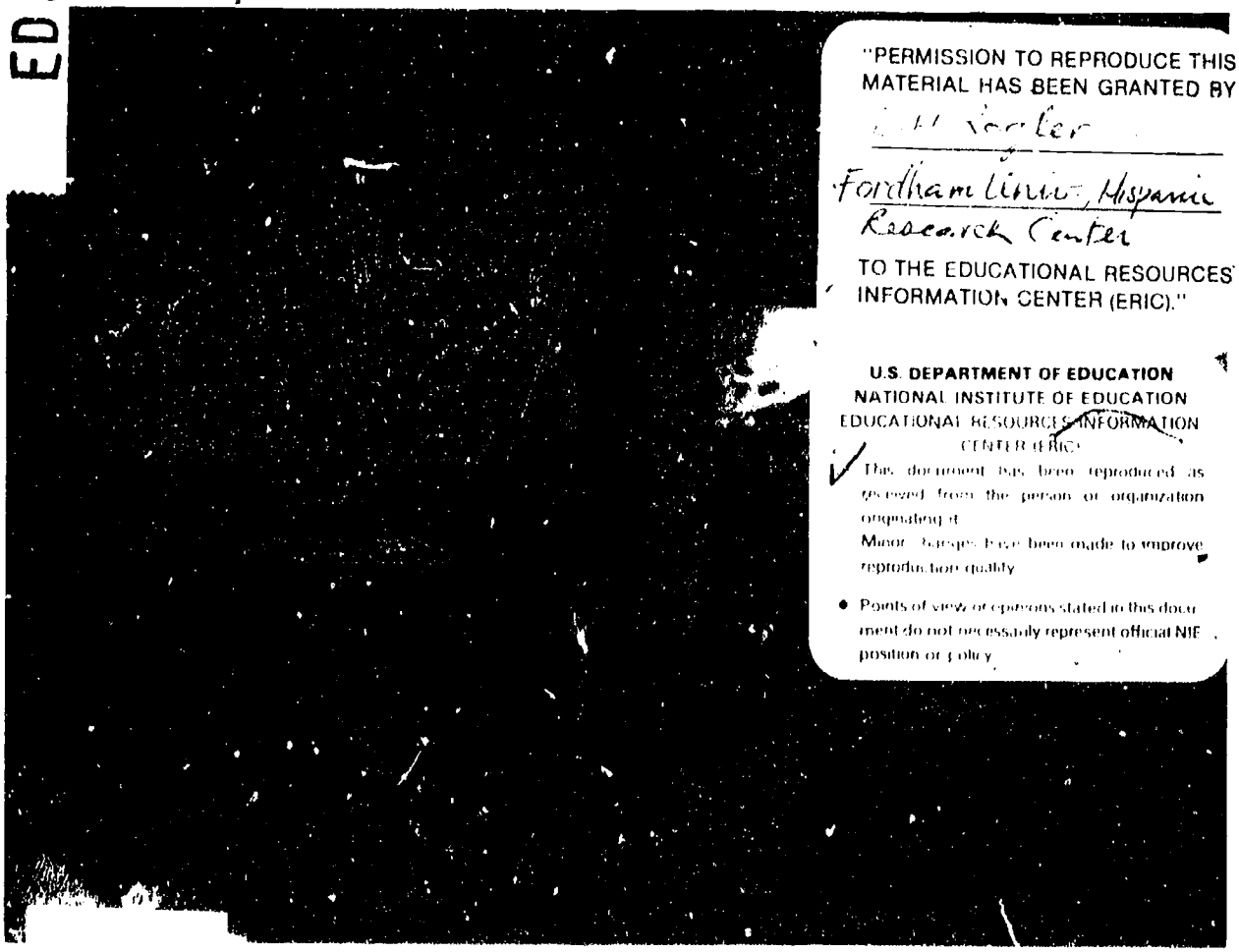
ABSTRACT

A seven-year project developing and testing cuento therapy, a form of child psychotherapy in which Puerto Rican mothers recount to their children folktales taken from Puerto Rican culture, is described and evaluated in this monograph. Chapter 1 explains how the research presented in later chapters fits into substantially broader patterns of research focusing on the treatment of the psychological problems of Hispanic populations living in the United States. Chapter 2 presents an interdisciplinary discussion of traditional folk-healing practices in Puerto Rico, the function of folktales throughout history, the use of storytelling in psychotherapy, the theoretical framework of cuentro therapy, and the mother's role in the therapy. Chapter 3 presents the methodological procedures used in conducting cuento therapy and in evaluating treatment outcomes. Chapter 4 provides results of an analysis of treatment effects on trait anxiety, cognition role-playing observations, and personality profiles. Finally, Chapter 5 presents a general overview of the clinical utility of cuento therapy. The major finding was that cuento therapy was effective in reducing trait anxiety. It also improved cognitive skills relating to social judgment and had some effect on aggressive behavior as observed in role-playing situations. Its effect upon children's personality development was unclear, but its sensitivity to the clients', not the therapists', cultural background should be useful to community mental health centers serving Puerto Rican clients. (KH)

HISPANIC RESEARCH CENTER
FORDHAM UNIVERSITY

CUENTO THERAPY

FOLKTALES AS A CULTURALLY SENSITIVE PSYCHOTHERAPY FOR PUERTO RICAN CHILDREN



Giuseppe Costantino
Robert G. Malgady
Lloyd H. Rogler

Monograph No. 12

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PREFACE

About a year after we established Fordham University's Hispanic Research Center in 1977, Dr. Giuseppe Costantino visited us to discuss research he wanted to undertake. A clinical psychologist working in a community mental health center in one of New York City's boroughs, Dr. Costantino long had noted that many of the emotionally troubled Puerto Rican children who came to the mental health center had problems which were rooted in their bicultural experience. Their complaints expressed the internal dualities and conflicts arising from the differences between the norms, values, and folkways of Puerto Rican culture and those of the host society, New York City. Since the mental health center was located in a catchment area with a substantial Puerto Rican population, the problem was serious. To cope with it, Dr. Costantino had begun to read and to discuss Puerto Rican folktales with his young Puerto Rican clients in an effort to increase their personal resilience and strength by invoking pride in their own ethnic culture. As a psychologist, he was familiar with the professional literature on early socialization which showed the importance of providing children with role models through storytelling. Puerto Rican folktales, he believed, could be used as a form of storytelling or cuento therapy to alleviate the emotional problems of his young clients. His clinical observations of the children appeared to support this idea.

Beyond professional reasons, Dr. Costantino also had personal reasons for believing in the likely therapeutic efficacy of ethnic folktales. His family background was of humble origins. His father had been a shoemaker and his mother an agricultural worker in the economically depressed province of Calabria in southern Italy. He recalled his mother as an exceptionally intelligent woman strongly devoted to the care, upbringing, and teaching of her children. Time and again in his early childhood, she recounted to him many stories drawn from Calabrian folktales. One theme, in particular, stuck to Dr. Costantino's memory: the model of persons who develop the strength and perseverance required to succeed in life in the face of adversities and barriers. He felt his mother's storytelling contributed to his own success, from

humble Calabrian origins to the earning of a Ph.D. from a major New York City university, and to the position now as Chief Psychologist in a community mental health center.

Dr. Costantino was aware, however, that the congruence between the relevant professional literature, his clinical observations, and his own life history experiences did not suffice to establish scientifically the efficacy of cuento therapy. For this reason, he turned to the newly formed Hispanic Research Center wanting to develop systematically organized research. As the Center's Director, I was immediately interested.

Having been born and raised in Puerto Rico, I had heard early in childhood many of the folktales Dr. Costantino subsequently used with his young clients. And, even though I could not consciously attribute to the hearing of folktales my career advancement — as Dr. Costantino could to his — I was familiar with anthropological literature on how mythologies express basic values and cultural premises in societies and function to shape human conduct and social drives. To me, the proposed research was timely for two reasons.

First, when I met him I had just finished a four-year term as a member of the National Advisory Mental Health Council, the body which, according to its statutory power, makes the final approval of research grants submitted to the National Institute of Mental Health. Participation in the Council, therefore, provides its members with a unique overview of the distribution of funded research on mental health in the United States. Frequently, my experienced colleagues in the Council would debate theoretical and methodological issues pertaining to research on psychosocially designed therapeutic interventions, but there was no debate or disagreement that such research was very much needed. I discovered that the scope of the research effort to test psychosocially based therapies is very small, indeed, as compared to the multibillion dollar industry which their use in the United States represents. The disposition to use such therapies by far exceeds the effort to test them. Thus, Dr. Costantino's proposed research presented to the recently formed Hispanic Research Center an opportunity to test the efficacy of a therapeutic modality in an incipient state of development. My experience in the Council indicated that the development of such research, by itself, could be an unusual but welcome contribution.

From the viewpoint of research developments in the young Center, there was a second reason — as important as the first — for supporting the proposed research: it represented an attempt to develop and test a *culturally sensitive* therapeutic modality. The reader will note from this monograph's first chapter that the phrase "culturally sensitive" as used by mental health researchers and practitioners in Hispanic communities is by no means unambiguous. But the very fact that the proposed research would focus upon folktales extracted from Puerto Rican culture made it patently sensitive to its young clients' culture. Along

with the persistent and general need for the testing of psychosocial therapies, there also was a specific need for the development and testing of new, culturally sensitive therapeutic modalities. Pleas for the development of such modalities were being made in the aftermath of the civil rights movement initiated in the first part of the decade of the 1960s, when minority group organizations throughout the United States began to insist that agency services be attuned to the lives and cultural situation of their constituencies. A historically parallel movement, the enactment and development of the community mental health national programs, supported the more specific pleas for innovative, minority-oriented therapeutic modalities: as the community mental health programs expanded to cover new economically disadvantaged catchment areas with populations who never before had received professional mental health care, many of the deficiencies of traditional therapies became evident. Based largely upon the therapeutic needs of middle-class clients, traditional therapies often proved to be inapplicable to minority persons living in inner-city neighborhoods. The gap created when new populations were being cared for with old methods buttressed the plea for culturally sensitive modalities. It is not surprising that in this context, Dr. Costantino, acting in continuity with his own life experiences as an immigrant from southern Italy, reached out to use elements of Puerto Rican culture to help his emotionally distressed young clients.

During the incipient phase of developing the research, I was concerned that the enthusiasm associated with the testing of a culturally sensitive therapeutic modality would lead us to frame the research problem too simplistically or narrowly. In our effort to be culturally sensitive, would it be sufficient only to extract original cuentos from Puerto Rican culture and repeat them to emotionally troubled children while testing for therapeutic impact? Or, would it be valuable also to study another group of children randomly assigned to listen to folktales which had been adapted to the demands of the new culture, that of New York City. The research procedure, I felt, should not be prematurely limited to the repetition of elements of the ethnic culture. Since the children's emotional complaints reflected issues of biculturalism, there was a bridging function to be performed by the adapted cuentos — something of the old culture would be retained, and something of the new culture would be inserted into cuento therapy. This suggestion was incorporated into the study's design. The implications of this issue subsequently grew beyond the scope of the specific research to raise a general, fundamental question: must the content of all culturally sensitive therapies stand in an isomorphic, mirror-like relationship to the clients' culture? The reader soon will note that the results of the research presented here empirically justify the raising of this question. Without foreshadowing the findings, the answer to this question is not always in the affirmative.

Experienced researchers will appreciate the difficulties we encountered in conducting an experimentally designed research project with psychosocial objectives. Society — alas! — is not intrinsically organized to fulfill the requirements of such research. To conduct it involves no less than the construction of an array of small social systems of interpersonal relationships, and in those systems activating social processes hopefully leading to psychologically desirable outcomes. All of this must accord with the logic of an experimental model to allow for the testing of hypotheses designating causal relationships. The data produced are inherently complicated. We were fortunate that Dr. Robert Malgady joined us as a collaborator and coauthor in this project. Trained in experimental psychology and psychometrics, he developed the framework for the statistical testing of cuento therapy. Malgady dealt analytically with the intricacies of the study's data, rendered a coherent account of how cuento therapy does or does not influence the children, and assumed major responsibilities for the drafting of this monograph.

Shortly after cuento therapy research was funded, an irate reporter from a local newspaper sought to interview us concerning the research. He had read a press release regarding the funding of the project and thought we should be a candidate for a "golden fleece" award for expending taxpayers' money to study the inconsequential acts of mothers telling their children stories. In the course of the interview, his original anger and skepticism gradually gave way to interest and wholehearted support. Our explanations of the study's roots in social science theories did not produce this change. Nor was the change produced by explanations of the need for culturally sensitive treatment therapies for minorities. Issues of theory and methods were irrelevant to him. To him, all of this was academic. He became appreciative of the research when he began to recall to us how his immigrant mother's telling of stories from the "old world" shaped his own determination to succeed in his own life.

This monograph is the twelfth in a series published by the Hispanic Research Center to stimulate interest in Hispanic concerns. The Hispanic Research Center was established at Fordham University in 1977, under a grant from the National Institute of Mental Health, renewed in 1982, to work toward five major objectives: (1) to develop and conduct policy-relevant epidemiological-clinical services research on processes relevant to Hispanic mental health; (2) to increase the small pool of scholars trained in Hispanic mental health research and to upgrade their research skills through the provision of apprenticeship training and other mechanisms; (3) to provide technical assistance to organizations and individuals interested in the mental health problems of Hispanic populations; (4) to provide a clearing house function for the publication and dissemination of mental health materials relevant to

Hispanics; and (5) to develop a research environment for scholars from the mental health disciplines.

Lloyd H. Rogler
Director, Hispanic Research Center
Fordham University
March 1985

ACKNOWLEDGMENTS

The research reported in this monograph represents a seven-year endeavor to develop a culturally sensitive therapy modality for Hispanic children. Because of its magnitude, duration, and complexity, the cuento project would never have been completed without the commitment and dedication of numerous persons and the cooperation of various institutions and agencies.

The National Institute of Mental Health (NIMH), Center for Minority Group Mental Health Programs (CMGMHP), Grant No. RO1-MH33711, provided the funds for the three-year follow-up project. Richard Lopez, former NIMH project officer, gave us his enthusiastic support during the first years of the project. We especially wish to thank James Ralph, Director of the Center for Minority Group Mental Health Programs; Juan Ramos, Director of the Division of Special Mental Health Programs; Freda Cheung, Deputy Chief (CMGMHP); and Harlan K. Zinn, Services Research Officer; for their invaluable institutional and professional support throughout the various stages of the project.

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Fordham University's Hispanic Research Center (HRC) (NIMH Grant No. 2 POI MH 30569-06A8) provided the institutional context for the development and implementation of the project, including funds for the completion of the project and professional and administrative support throughout the various stages of the study. Jay Sexter, Fordham's Associate Academic Vice President, provided initial support beyond institutional responsibility. Anthony Devito, Associate Director of Fordham's Counseling Center, gave us the benefits of his valuable advice on the psychometric design of the study. Rosemary Santana Cooney, Associate Professor of Sociology, acted as statistical consultant for the project. Yvonne Martinez Ward, Rena Blumenthal, and Elizabeth Collado, HRC Research Assistants, assisted in compiling the statistics, reviewed the literature, and carried out innumerable

research tasks, respectively. Elizabeth Ospina, HRC Project Administrator, coordinated all phases of the project and provided consultation for the Spanish version of the cuentos. Stasia Madrigal, HRC Editor, translated and assisted in the adaptation of the original cuentos. She also undertook the task of editing and rewriting parts of the present monograph.

This multifaceted research also involved the videotaping of the narration and the dramatization of the original and adapted cuentos. Lucia Armendariz, a Hispanic actress, narrated the cuentos with creativity and artistry. Melanie Chapan directed and edited the taping. Henry Maquet provided his artistic talent for the videotaping and photographing of the therapy sessions. Pablo, Lisette, and Elizabeth Rodriguez, Erminia Costantino, and the Armendariz children acted out their parts enthusiastically with the dedication of consummate professionals. Maryse Borges Costantino skillfully coordinated the production of the taping sessions and acted in several cuentos. Phillip M. Jacobs gave us his artistic interpretation of Juan Bobo, a popular folkloric figure in Puerto Rico, in his painting which appears on the cover of this monograph.

The goals of the project could not have been achieved without the cooperation and assistance of two agencies involved in promoting the well-being of the residents of the poverty-stricken area of Sunset Park in Brooklyn. The Lutheran Mental Health Center of the Lutheran Medical Center served as a clinical field location and provided administrative services throughout the duration of the project. It also generously gave us a setting in which to conduct therapy sessions and testing when the participating public schools were closed because of holidays. We especially wish to thank Jim Stiles, Vice President of the Lutheran Medical Center; Heriberto Cruz, Assistant Administrator of the Lutheran Mental Health Center and former Vice President of the District 15 Community School Board; Staff Psychologists Richard Gruber and Gerald Machado; Staff Secretaries Carmen Collazo and Carmen Gonzalez, and Staff Social Worker, Mildred Colon.

The New York Board of Education graciously opened their doors to the project. We especially wish to acknowledge the assistance of Vera Paster, former Acting Director of the now phased-out Bureau of Child Guidance, and Alan S. Blumer, Acting Director of the Office of Educational Evaluation, who helped us to establish contact with the NYC public school system. The Community School Board of District 15 was extremely receptive to our study and for this we are grateful to Jerrold Glassman, Superintendent, and Delphine Covell, Director of Pupil Personnel Services. The smooth operation of the study was made possible thanks to the day-to-day cooperation of the principals of the public schools participating in the study: Joseph Thaller and Blanca Ortiz. Other principals in School District 15, George Morfesi and Louis Staiano, and in District 22, Alfred Herman, Lawrence Levy, and Stanley Weber helped in the pilot research of the study. We are grateful to them

and their dedicated staffs. We would also like to thank the several members of the Parent-Teachers Association in the two participating schools for their help in the project.

We also wish to acknowledge the commitment of the very competent Hispanic psychologists and educators, psychology graduate students, and research assistants who worked on the project for three and a half years: Bernice Anderson, Jean Bailey, Nancy Berger, Carmen Brenes (Project Coordinator), Melanie Callender, Wylene Carter, Adela Castillo, Ailin Colon, Geraldita Colon, Mercedes Coto, Deborah Domenech, Darnley Elizee, Joaquin Flores, Matilda Garçia, Marjorie Gonzalez, Annette Hernandez, Norman Kipperman, Jose Marrero, Octavio Martinez, Milagros Mendez, Claudia Moreno, Sally Nason-Cruz, Sonia Olivencia, Sue Ortner, Ruth Planos, Jose Rodriguez, Mari Carmen Rodriguez, Annette Roth, Awilda Santiago, Alberto Serrain, Nivio Soria, Carmen Suarez, and Clarinda Wilkins. Thanks also to Carmen Vazquez who was the first to base her doctoral dissertation on the Cuento/Temas project.

Above all, we express our deep-felt thanks to the 420 children and mothers who steadfastly participated in the project and made it a success. Their commitment to the study helped show that Hispanics will utilize treatment which is culturally relevant to their lives. It was a privilege to have worked with them.

1

CULTURALLY SENSITIVE THERAPY FOR HISPANICS

This monograph presents the full account of a research project which examined the effects of a new therapy modality upon Puerto Rican children with emotional and behavioral problems in New York City. In this therapy, mothers recounted to their children folktales taken from Puerto Rico's cultural heritage, discussed with them the central themes of the folktales, and acted out these themes with their children. Folktale or cuento therapy is a culturally sensitive treatment modality developed to bridge the gap between the Puerto Rican cultural heritage and the Anglo culture. As used in this study, folktales model characters, thoughts, beliefs, and behaviors with which children can identify and mediate a more functional relationship with the mother, the storyteller. With some children the folktales were taken directly and unaltered from the oral traditions of Puerto Rican culture. With other children, the same folktales were deliberately changed in the direction of teaching the children more effective ways of adapting to the new host society to which their parents had migrated. All of the children had experienced many disadvantages resulting from their parents' humble social class origins, acculturative problems, and the vicissitudes of life in the inner-city neighborhoods of New York City.

The task of this chapter is to show how the research presented in later chapters fits into substantially broader patterns of research focusing upon the treatment of the psychological problems of Hispanic populations living in the United States. It is important, in all research, to situate the study being presented into a broader structure of concerns as evident in the relevant literature, in this case, the literature which pertains to the treatment of Hispanics.

The inadequacies of the mental health delivery system in the United States in relation to the psychological problems of Hispanics have often been noted and widely discussed in the relevant literature.[1] Hispanics' underutilization of mental health facilities, a topic of considerable complexity, has been attributed to barriers which prevent them from seeking out and profiting from such facilities. The barriers perceived to be present in the Hispanic community are

related generally to the low level of acculturation of some Hispanic groups and their positioning at the bottom of the socioeconomic scale. On the side of the mental health agency system, formidable barriers also have been seen, such as prejudice and discrimination directed at Hispanics, personnel who do not speak Spanish and have little sensitivity to Hispanic values, and the intimidating experience of confronting an impersonal bureaucracy away from the customary primary group situation. Along with such barriers, it has been assumed but not tested that Hispanic indigenous networks —the family, *espiritistas* (spiritualists), and *curanderos* (folk healers), the ritual co-parent system, friends, and neighbors — keep Hispanics from using the agency system in proportion to their numbers and their psychological needs. These networks have been conceived as an alternative to the agency system in the provision of therapy and social support. Similarly, many of the barriers and alternative resource networks thought to explain underutilization also have been used to explain the problems of retaining Hispanics in treatment. Whether the issue is one of attracting clients in need of mental health services or of retaining them in treatment, the end objective is to improve the mental health care of Hispanics.

The attainment of this objective has been viewed, most often, in terms of the need for culturally sensitive mental health care for Hispanic clients. The relevant literature reveals, however, that the phrase culturally sensitive care, or synonyms for it, is by no means precise, particularly when efforts are made to reduce it to the operational level of providing mental health services to Hispanic clients. Since we argue that cuento therapy is a culturally sensitive treatment modality for Puerto Rican children, our task now is to examine the meaning of the phrase as used in the literature and how cuento therapy fits into such meanings. The procedure employed is inductive. We do not begin with an *a priori* definition of what constitutes culturally sensitive mental health care; rather, we examine how the concept has been used by mental health practitioners and researchers in their work with Hispanics. In doing so, we shall argue that there are three meanings. First, rendering the treatment more accessible to Hispanic clients by taking into account their cultural characteristics. Second, selecting or altering an available therapeutic modality according to features of Hispanic culture. Third, extracting elements from Hispanic culture and using them as a treatment modality, as cuento therapy attempts to do. Thus, in the course of specifying why cuento therapy is a culturally sensitive treatment modality, we also intend to make a contribution to the analysis and conceptual ordering of an important topic.

Cultural Sensitivity as Increased Accessibility of Treatment

The first meaning of the phrase "culturally sensitive mental health care" refers to the process of rendering available to Hispanic clients,

through planned changes, traditional treatments which, so to speak, already are "there." The issue here is the accessibility of the treatment and the elimination of barriers which prevent Hispanics from receiving treatment. At a general or a broad developmental level, such efforts may involve the creation of mental health programs especially modified for Hispanics. For example, Scott and Delgado[2] discuss the issues and problems which arose during the creation of a mental health program for Hispanics in Worcester, Massachusetts. The initial effort was ineffective largely because the professional supervisor projected more traditional views of mental health and displayed little understanding of Hispanic culture. The program became substantially effective only after the recruitment and guidance of a bicultural and bilingual staff, the integration of the program into the structure of the host facility, and the coordination of the program's efforts with the needs of the Hispanic community. The essential premise for this success, stated in general terms, was that"... mental health programs must reflect the needs of the community's values" (p. 456). The authors' conclusion applies to what other concerned observers also have concluded: Hispanics' needs and values should be at the core of broad developmental efforts to provide them with mental health services.

Short of attempting the development of broadly based programs, but still of undoubted value, are the more specific or narrowly delineated efforts to render treatment accessible by introducing change in already-established clinics or mental health centers. The change focuses upon the immediate interpersonal situation of the client which shapes the actual delivery of the treatment. Acosta and Cristo[3] provide an illustration. They begin with the correct assumption that Hispanics' demands for mental health treatment far exceeds, and likely will continue to exceed, the availability of Hispanic therapists. In response, they proceeded to develop a bilingual interpreter program in a Los Angeles psychiatric clinic located in a large Mexican American community. The interpreters were persons recruited from the same neighborhoods as the clients. They received special training in back-and-forth translation between Spanish and English and in the concepts of psychotherapy and the nomenclature used in clinical settings. These community aides also acted as cultural consultants, explaining to the non-Spanish-speaking therapist meanings imbedded in the Mexican community's culture which the patient was trying to convey during therapy. Aides also helped patients by serving as advocates in relation to the Los Angeles service structure relevant to the patients. By focusing explicitly upon the training of aides, distortion in translation was minimized; by focusing explicitly upon the triadic situation of therapy, the patient and therapist were taught to attend directly to each other with the ancillary but important help of the interpreter. Evidence of the success of the program can be seen in the recent doubling of the

yearly percentage of Spanish-speaking patients admitted to the clinic. The provision of trained interpreters does not entail recruiting new therapists, but it can lead to a marked increase in the quantity and quality of care through the use of traditional therapies.

In this context, cultural sensitivity means incorporating into the mental health system bilingual, bicultural staff and paraprofessionals indigenous to the ethnic community. The indigenous ethnic network is socially or structurally intertwined with the mental health system and the cultural differences between the two are reduced. Thus, the system reaches out to the ethnic network to increase its accessibility and to assimilate elements of the indigenous or lay culture in the interest of attracting persons to use and retain its services. Increasing accessibility, thus, is the first general meaning of culturally sensitive mental health care.[1]

Where does cuento therapy stand in relation to efforts to render treatment more accessible by sensitively taking into account Hispanic culture? It is not a large-scale organizational structure in the fashion of a community mental health center, although it could be incorporated into such a structure along with other forms of therapy. It is a limited therapeutic intervention which takes its part in the child's world along with a multitude of other experiences. It functions at a lower level of organizational life than that of a community mental health center, at the level of the interpersonal connections designed to deliver therapy to the children. As used in this research, it is highly accessible since it begins with the assumption that mothers can act as therapeutic aides in efforts to help their children by recounting to them Puerto Rican folktales. The assumption fits Puerto Rican culture, where the mother is a pivotal figure, omnipresent in the household, and the object of deep respect. Since the mothers tell the children the folktales, the accessibility of the therapy is as salient as the actual relationship between mother and child. A dyadic relationship already in existence in the child's sociocultural milieu is incorporated into the therapy, the mother-child relationship. The mother is the culture's prime agent of socialization. Thus, telling her child Puerto Rican folktales is continuous with her customary cultural role. Cuento therapy is culturally sensitive because it is administered by the culture's prime agent of socialization, thereby rendering the therapy highly accessible.

Cultural Sensitivity as Selection or Modification of Treatment

Accessibility to treatment is one problematical area which can be remedied, at least partially, by taking into account Hispanic culture. The treatment Hispanics receive in the mental health system, however, is an additional problematical area of concern which has called for a display of cultural sensitivity. Without such a concern, the logically incongruous but realistically possible situation could occur of Hispanics having greater accessibility to culturally inappropriate

therapeutic modalities. This signifies the second meaning of culturally sensitive mental health care; therapies should be selected to fit the Hispanics' culture; or the therapy selected should be modified by incorporating into it Hispanic cultural elements. This meaning of the concept is substantially more subtle and complex than the first meaning, focusing upon accessibility of treatment. To highlight its meaning we first briefly discuss the use of insight-oriented methods with Hispanic clients.

Much of the criticism levelled at traditional treatment modalities as irrelevant to the Hispanic's psychological problems was based upon the assumption that insight-oriented psychoanalytic therapy was inapplicable in the context of Hispanic life. Front-line mental health practitioners working in inner-city, economically depressed Hispanic neighborhoods were among the first to level such criticisms. Their widely shared image of an emotionally distressed Hispanic, pressured and harrassed by problems of poverty, slum life, and lack of acculturation, taking his or her place on a psychoanalytic couch for repeated sessions designed to nurture insight into repressed impulses, caricatured psychoanalysis as an absurdly inconsequential and esoteric modality. For this reason, perhaps, few insight-oriented therapists sought to address Hispanics' emotional problems, the pervasive view being that these techniques were too finely calibrated to respond to the massive stresses impinging upon Hispanics.

Bluestone and Vela's work[1] stands as an exception to this pattern of neglect, for the authors attempt to make proposals based upon their clinical experience on how adjustments can be made in the use of insight-oriented therapy with Puerto Ricans living at the bottom of the New York City socioeconomic heap. They stress the following points: the therapist should emphasize the need for the patient to keep appointments on time; the patient should understand that psychological problems are less clear-cut than medical problems — thus, quick cures cannot be expected; the therapist should be authoritative without being authoritarian to avoid transference problems associated with the symbolisms of Puerto Rican paternal authoritarianism; therapy should address the Puerto Rican client's oversolicitous attitude while acting out hidden aggressive feelings; the therapist should avoid encouraging the client's patterned passive dependency; the therapist should use humor, proverbs, and metaphors to lighten the therapeutic interaction in dealing with common thoughts and feelings; and the therapist should consider the client's aggressive feelings and likely fear of the consequences of expressing hostility. Notwithstanding such adjustments, the authors still recognize that suitable candidates for insight-oriented intervention must meet the following qualifications: (1) be relatively free from external chaos; (2) display persistence in the motivation to remain in therapy or an expression of a long-term outlook on life; and (3) have a capacity for insight. If the therapy is molded to fit the client, the client is then

selected to fit the therapy. The authors do make a contribution in their attempt at a difficult — perhaps insurmountable — task which others have avoided. Nonetheless, the issue remains that even a liberal interpretation of the qualifications for receiving insight therapy would yield few candidates in the high-risk New York City Puerto Rican population. Briefly put, the qualifications are largely incongruous with the cultural, social, economic, and psychological life experiences of persons in this population.

The work of Minuchin and his collaborators[6] stands as an example of how therapeutic interventions can be developed, sensitively and meaningfully, to address the problems of disorganized, disadvantaged slum families. Underlying their efforts is a clear understanding of the social-structural features of such families and the recurring interpersonal dynamics between the members of the families. Some of these features characterize the impoverished families generally and others are patterned according to the families' ethnicity. The distinction between features which are general to the conditions of urban slums and those which are specific to the ethnic group is basic to the process of treatment adjustment. Thus, inner-city Puerto Ricans and blacks share a family structure that is increasingly based upon a single parent, the mother functioning to preserve continuity through what is often an array or succession of father-figures[7]. Yet, Puerto Ricans differ from blacks in confronting myriad problems stemming from their unacculturated status, the troublesome disparities they experience between their values and language and those which prevail in the host society. The point needs perhaps to be repeated: we must distinguish between treatment adjustments made in the interest of class-related factors and those made in the interest of ethnically based cultural factors, otherwise the targets of therapy become blurred.

A clear example of using specific elements from the client's ethnic culture to complement the provision of conventional therapy is Kreisman's account[8] of treating two Mexican American women schizophrenics who thought of themselves as *embrujadas* or bewitched. The therapist's acknowledgment of bewitchment and of the need for the techniques of the *curandero* — the folk healer — broke through the plateau the conventional therapy had reached, and enabled further therapeutic progress. Kreisman formulates alternative responses to the patient's cultural conception of the illness: it may be ignored; it may be acknowledged but denigrated; it may be accepted as an equal but separate treatment or, it may be encouraged and integrated into the treatment under the control of the therapist. The author advocates the last approach. In both cases of the schizophrenic women, his suggestion that they were bewitched was met with great relief. The encouragement that the patient take the folk healer's herbs enabled the establishment of a therapeutic rapport which persisted through

treatment, the topic of bewitchment subsequently ceasing to be an issue. In this context, the display of cultural sensitivity in treatment means the clear and direct incorporation into the therapist's techniques of elements from the patient's cultural concepts of illness.

To develop culturally sensitive treatment can mean the incorporation of elements of the client's culture into therapy, but it can also mean the enactment of culturally familiar roles during therapy as shown by Maldonado-Sierra and Trent's work[9] with the sibling relationship in group therapy with Puerto Rican schizophrenic patients. They used a three-member therapeutic team which organized its interaction with the patients according to assumptions about Puerto Rican family structure: a senior psychiatrist played the role of the authoritative, dominant, aloof father; a mature psychiatric social worker, the role of a submissive, nurturant, martyr-like mother; and the resident in psychiatry, the role of the older sibling who functioned as a bridge connecting the other siblings — the schizophrenic patients — to the surrogate parents. The resident in psychiatry, as an older sibling, developed brotherly familiarity with the other siblings, the schizophrenic patients, and was thus able in group sessions to express the repressed hostilities of the children toward authority figures. To attain therapeutic success, the artificial family was introduced into therapy through successive sessions. This enabled the older "sibling" (psychiatric resident) to serve as an "alter ego," giving vent to the repressed feelings toward parental authority of the patients, the "children." Such expressions are thought to bring out traumatizing early socialization events at the core of schizophrenia. In brief, the therapists begin with a generalized model of the Puerto Rican family, which disregards social class and regional variations in the island. Within this model, they postulate a series of interpersonal familial processes which create repressed hostilities — and a fear of expressing such hostilities — toward parental figures among the children. This is thought to be a critical problem for schizophrenic patients. The patients make therapeutic gains as the resident psychiatrist, playing the role of older sibling, verbalizes the collectively held repressed hostilities toward parental figures. The brevity of our statement ought not to becloud the complexity of the underlying theory. The claims for the success of this procedure are strong, but for our purposes what is important is the idea that treatment is rendered culturally sensitive by the team's performance of family roles. The therapists are not family members. They pretend to be family members by playing family roles in the interest of evoking repressed feelings. It is the double assumption that such family roles are customary in Puerto Rican society and that therapists can perform them credibly which explains this attempt to render the treatment culturally sensitive. Cuento therapy, as used in this research, is not based on either assumption because the children's mothers serve as therapists while performing their customary role as the prime agent

of socialization.

Most of the examples provided so far designate limited or small-scale adaptations of therapy in the interest of the Hispanic client's culture. More ambitious and more programmatic has been the work of the Family Guidance Center in Miami, which from its inception in 1972, has proceeded with the clear recognition that the demographic, ecological, and cultural attributes of its Cuban constituency had to be understood if it was to be served through therapeutic interventions[10]. There, Szapocznik and his collaborators have been exceptionally systematic in thinking their way through the issue of adaptation of treatment modalities to the client characteristics of Miami's Cuban population. Their work encompasses broad theoretical issues, controlled research programs, and practical clinical considerations, all in an integrated and logically consistent way. Briefly, it begins with research seeking to determine the Cuban's value orientations, and how such orientations differ from those of other racial and ethnic groups. It proceeds by empirically operationalizing the concept of acculturation, which designates a problem experienced by Miami's Cubans as immigrants from a different sociocultural system. The concept and its measures are then made the basis of a theory of intrafamily tension and stress: the greater the disparity in acculturation between family members, the greater the family tensions and stresses, the acculturation process tending to favor younger persons and males over older persons and females.

To comprehend the acculturation situation of families while being faithful to Cuban value orientations, the researcher-therapists of the Family Guidance Center purposefully introduce adaptations into their therapy of choice, ecological structural family therapy. This therapy integrates the approaches of ecological systems and structural family therapy, two available modalities, in order to ". . . permit the therapists to effect reorganization and restructuring by working with and utilizing the client's familial and extra-familial socioecological systems" (p.118).[11] The selection of family therapy is guided by the familiocentric tradition of Cuban culture. A therapeutic modality is chosen which coincides with the institutional structure of the client's culture. This is one instance of the second meaning of culturally sensitive mental health care. Thus, at all times, the underlying premise is that treatment should ". . . respect and preserve the cultural characteristics of the Latin client" (p.113).[12]

The point Szapocznik and his collaborators wish to advance is that the treatment utilized should stand in an isomorphic, mirror-like relationship to the clients' cultural characteristics: ". . . the Cubans' value structure must be matched by a similar set of therapeutic assumptions" (p.116).[13]

For example, having determined that the Cuban value system prizes lineality, which is ". . . the preference for lineal relationships based on

hierarchical or vertical structures. . . " (p.114), the family therapist places himself ". . . in a position of authority within the family. . ." (p.119) in order to restore or reinforce parental authority over the children. In its attempt at cultural sensitivity, the treatment replicates elements of the clients' culture.

Other treatment adjustments with Hispanic clients, however, do not always follow such a direct isomorphic pattern. Sometimes the issue is framed as that of introducing treatment which is a dialectical inversion of the assessed characteristics of the client. Thus, Boulette[14] notes the frequency and the psychological dysfunctionality of the "subassertiveness" pattern of Mexican American women. Research has demonstrated that this pattern prevails in other Hispanic groups, that among Puerto Rican women of humble social class origins, it is a pattern of culturally induced conformity, of the women passively accepting their lot in life.[15] Whatever its cultural prevalence, subassertiveness or conformity is the target for counterchange in Boulette's efforts to train Mexican American women to be assertive in order to overcome the somatic complaints, the depression, and anxiety resulting from culturally prescribed submissiveness.

The juxtaposition of the assumptions of Szapocznik and his collaborators with those of Boulette raises critical questions. Is effective therapy always that which attempts the preservation of traditional cultural elements? Must the properties of therapy always be in an isomorphic relationship with the clients' cultural characteristics? Could therapeutic gains sometimes be made when traditional cultural patterns are bent, changed, or redirected? Advocacy in behalf of preserving traditional cultural elements, no matter how well intentioned, ought not always or exclusively to shape the character of therapeutic interventions. What we need instead are carefully developed hypotheses which reflect the intricacies of the many possible connections between the client's culture and the therapy administered. Recognizing the complexity of this issue, the hypotheses should point to the possibility that diverse therapeutic outcomes may result from variations in the congruity between the cultural characteristics of the client and the cultural elements introduced into the therapy. Research seeking to test such hypotheses may well indicate the value of sometimes preserving and sometimes altering the client's adherence to traditional cultural elements all in the interest of Hispanic adaptation to the new host society. Subsequently, we shall return to this issue.

Cultural Sensitivity as Utilization of a Cultural Element to Develop a Treatment Modality

So far we have discussed two types of efforts to develop culturally sensitive mental health services for Hispanics. The first involves improving the accessibility of such services by incorporating elements of Hispanic culture. Cuento therapy, as used in this research, is

highly accessible — at the immediate interpersonal level where therapy is delivered — because the child's own mother serves as therapist. The second meaning involves the selection and alteration of available treatment modalities to fit the Hispanic client's culture. In terms of the content of treatment — the folktales — cuento therapy does not fit this meaning. It is an innovative modality which takes as its point of departure not the existing armamentarium of available traditional therapies, but the client's own Puerto Rican cultural context.

To define cuento therapy we depart from the inductive procedure we have used so far of examining the meaning other researchers and clinicians have given to cultural sensitivity in their work with Hispanics. Instead of examining their meaning, we propose an additional and innovative meaning which fits the character of cuento therapy. Cuento therapy is culturally sensitive because it assumes that the client's culture constitutes a vast reservoir of potentially useful therapeutic elements. Acting upon this assumption, the procedure then is to select judiciously elements from the client's culture and, in some cases, to alter these elements. An explicit therapeutic objective guides the selection of the cultural elements and the altering of them, when they are altered. The client is then exposed to the cultural element in either intact or altered form. This is exactly what we have done in the case of cuento therapy. We have taken two elements from Puerto Rican culture — Puerto Rican folktales and the role played by the mother in Puerto Rican society — and used these elements for a therapeutic purpose. Thus, unlike the second meaning of culturally sensitive mental health care — i.e., the incorporation of cultural elements into an existing therapeutic modality — the element chosen from the culture in this case is not imbedded in a standing therapy but becomes the context of the therapy itself. Chapter 2 will show that other investigators have used folktales to achieve a therapeutic end. Without making claims to be the first to use folktales as a therapeutic modality, we do believe in the innovativeness of our efforts to deal with folktales as cultural elements to help resolve the adaptational problems of the children of immigrants.

Chapter 2 will explain that to develop cuento therapy, we sampled Puerto Rican folktales taken from listings produced by scholarly efforts to catalogue this important component of the culture. Some of the children who participated in the study were told folktales as they appeared in such listings without alteration — thus complying with the criterion of an isomorphic relationship between the client's culture and the culture imbedded in the therapeutic message. However, since we argue that such a relationship should be viewed as suggestive of hypotheses, and not as an axiom, some of the other children were exposed to folktales which had been changed in the direction of conveying to the children knowledge, values, and skills

useful in coping with the demands of the sociocultural environment of New York City.

Nothing precludes cuento therapy from forming part of a much broader institutional program incorporating diverse therapies, but as presented here and as we have researched it, it is delimited and presented to the Puerto Rican children over a short period of time and separate from any other form of therapeutic intervention. To be effective, it must capture the children's lives quickly without the aid of other companion therapies. Thus, an experimentally organized study, such as the one presented here, seeking to evaluate the psychological impact of a highly delimited therapeutic intervention — such as cuento therapy — confronts difficult demands in demonstrating its success.

Efforts to render therapeutic modalities culturally sensitive — no matter how persuasive they are — must attend to the final objective of relieving the client of emotional distress and of improving his or her level of effective functioning in society. To make this determination, research must be conducted. We are concerned that cuento therapy, as an innovative modality, not become part of the vast pool of other untested therapies. We proceed from the assumption, well stated by Padilla et al.,[16] that ". . . an innovative treatment program is self-defeating unless validating research is conducted . . . to guide the development of programs with the greatest probability of success" (p.900).

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2

THE BACKGROUND OF CUENTO THERAPY

The previous chapter illustrated the rich diversity of psychotherapeutic efforts which have taken into account Hispanic culture in the treatment of Hispanic clients experiencing emotional distress. Evidence of such cultural sensitivity is focused either on making the treatment more accessible to Hispanics, on the choice of a therapy most suitable to a particular Hispanic culture, or in the alteration of traditional therapy to fit Hispanic clients' cultural characteristics. The development of cuento therapy in the present study, however, involves a different approach — Puerto Rican folktales are taken directly from the culture and used as a therapeutic modality with children. Some children are exposed to the folktales as they appear in Puerto Rican culture, while other children are exposed to these same folktales in altered form. The reason for altering the original folktales is to test a departure from the assumption already discussed that there must be an isomorphic relationship between the client's culture and the cultural content of the therapy. Moreover, based upon the mother's pivotal role in the Puerto Rican family, cuento therapy also embodies this cultural element by relying on the mother as the primary agent of therapeutic change.

The procedural details describing the way in which original folktales were used in therapy, as well as the way in which they were changed, are discussed in Chapter 3. The general question in this chapter is: Why should folktales, as told by mothers, serve as an effective form of therapy with Puerto Rican children? Several considerations derived from a number of disciplines are reviewed to provide an answer to this broad question. We begin with a discussion of a sociological understanding of folk healing practices in Puerto Rico, as imbedded in the institution of spiritualism. We then examine from a historical and anthropological perspective the general psychological functions attributed to folklore in human societies. Next, we discuss recent psychological and anthropological studies on the impact of storytelling techniques on treatment outcomes. We then draw upon current theories in the discipline of psychology which

outline the conditions under which social learning takes place. Finally, we turn to interdisciplinary studies supporting the role of the mother as an agent of therapeutic change within the Puerto Rican family.

Folk-Healing Practices in Puerto Rico

The first pioneering attempt to delineate empirically the psychotherapeutic functions of spiritualism and spiritualist mediums was by Rogler and Hollingshead[1] in a study of psychiatrically diagnosed, but never professionally treated schizophrenics and their families in Puerto Rico. The families were at the very bottom of the island's socioeconomic strata, living in the slums and public housing developments of San Juan. The authors described spiritualism as the belief that the visible world is completely enveloped by an invisible world populated by both good and bad spirits. These spirits have the supernatural power to penetrate the visible world and enter the psyche of individuals to influence people and events in a negative or a positive manner. Some people are able to develop special faculties *(facultades)* which enable them to communicate with these spirits. As a consequence, an individual with such faculties has the power to influence people and events. Accordingly, mental illness is generally caused by bad spirits; therefore, individuals affected by mental illness seek therapy from the spiritualist, a person who through his/her "faculties" can control the evil spirits and restore a person's mental health.

The authors present abundant information on the manner in which participation serves as a method of coping with the specific problems generated by the mental illness. The spiritualist and his/her followers form a primary group in which problems are discussed in a convivial setting. Problems expressed in this setting are classified, interpreted, and rendered understandable within the compass of a belief system that is widely accepted even by those who profess not to believe in spiritualism. The medium's skillful use of knowledge of Puerto Rican culture, in particular, metaphysical belief systems, as a form of folk psychotherapy indicated to us that Puerto Rican culture, itself, could be viewed as a vast reservoir of elements potentially useful to a therapeutic task. The choice of Puerto Rican folktales as cuento therapy stems directly from this view.

Moreover, several studies of spiritualism reveal that Puerto Ricans who use this practice also use conventional mental health services when available.[2] That is, Puerto Ricans often seek help for emotional problems from both spiritualists and psychotherapists. To us this suggested the need to find a therapy to bridge the gap between their cultural heritage and the dominant American culture. Based upon this reasoning, coupled with Padilla's et al.[3] concern for the development of innovative therapeutic modalities for Hispanics, we attempted to develop and evaluate the psychotherapeutic effective-

ness of a culturally sensitive treatment modality in the present study. In order to maintain consistency with the notions discussed in the previous chapter, the treatment developed was rooted in the folklore of Puerto Rican culture, with original cuento therapy preserving the isomorphism between the clients' culture and the culture imbedded in the treatment modality, and with adapted cuento therapy changing certain indigenous aspects of the culture to create a bridge between Hispanic and American cultures.

The Functions of Folktales

For countless years before recorded history, storytelling — perhaps the oldest form of literature — was the sole method of educating the young. For untold centuries, societal rules and customs, standards of morality, and the achievements of heroes were divulged across generations in folktales, which were narrated either by a professional storyteller or by parents. For this reason, folktales have come to be perceived as a repository of the cultural heritage of a given ethnic or racial group, and as a vehicle for the transmission of societal values and cultural traditions from one generation to the next. For example, from an anthropological viewpoint, Arbuthnot[4] writes:

> Folktales have been the cement of society. They not only expressed but codified and reinforced the way people thought, felt, believed, and behaved. Folktales taught children and reminded their elders of what was proper and moral. They put the stamp of approval upon certain values held by the group and thus cemented it together with a common code of behavior. They taught kindness, modesty, truthfulness, courage in adversity, and they made virtue seem worthwhile because it was invariably rewarded and evil just as invariably punished. This idea of folktales as the carriers of the moral code helps explain the ethical significance and emotional satisfaction they still hold for us today (p.255).

In addition to the importance of folktales as a means of transmitting a cultural heritage and of socializing children within a given culture, folktales have the ability to transmit abstract concepts in an easily understandable way. The language of folktales is a poetic language which effectively communicates complex messages. Often through metaphorical representation; they concretize abstract concepts, such as obedience toward parents and authorities. For example, conflict between parents and children, sibling rivalry, and parental and filial love are represented in the stories of Cinderella and Little Red Riding Hood.

It appears that the metaphorical language of folktales has an intrinsic expressive ability to transform words into poetic forms, and the expressed forms represent imaginal models which have pedagogical and therapeutic values. The German poet Goethe often wrote

that the fairy tales his mother told him during childhood had been one of the most important factors contributing to the development of his poetic imagination and to his motivation to become a great poet. Goethe's mother wrote about her own experience as a storyteller: "Air, fire, water, and earth, I presented to him as beautiful princesses, and everything in all nature took a deeper meaning. We invented roads between the stars, and what great minds we would encounter! He devoured me with his eyes. . . ." (p.14).[5] Furthermore, Schiller, another German poet, ascribed to fairy tales great educational value: "Deeper meaning resides in the fairy tales told me in my childhood than the truth that is taught in life" (p.1).[6]

Folklore also has been one of the most instrumental means of keeping intact the identity of an ethnic group under foreign domination or adverse social conditions. Black slaves in the United States found solace from inhuman hardships by chanting folk tunes from their mother land. Speaking of Latin America, Faro[7] stated "that which most truly expresses the spirit of our country is folklore."

Latin American people have been acknowledged for the richness and importance of their traditions of folktales.[8] Among them, Puerto Ricans occupy a special place, judging by the results of efforts to collect their folktales. Over 70 years ago, Dr. J. Alden Mason, a scholar interested in Puerto Rican culture, undertook the prodigious task of collecting folktales of the island. He concluded that the collection ". . . is by far the most abundant and most important Spanish folktale material collected in Spanish America. Its importance for American-Spanish folklore studies is inestimable" (p. 143).[9]

Yesterday's Puerto Rican culture was suffused with the traditions of folktales which were told from one person to another and handed down from one generation to the next. As they were told and retold the folktales underwent change, with additions and subtractions being made, modifications and alterations being introduced, the stories sometimes bent in one direction or another. The multitude of social interaction through which the folktales were transmitted created such changes. Whatever the changes, however, the folktales retained their fidelity to Puerto Rican culture. As parents and grandparents, relatives, neighbors, and friends recounted the folktales to the children, the children learned the traditions of their Puerto Rican culture while vicariously or symbolically enjoying the plots of the stories.

Today, the modernization of Puerto Rico, in particular, the growth of the mass media through radio and television, recorders with discs and cassettes, newspapers and magazines, probably has attenuated the once pervasive importance of folktales in transmitting culture from one generation to the next. Nevertheless, the intrinsic interest that folktales have for children, the tales' retention of indigenous cultural elements, and their easy malleability make them, from our viewpoint, well worth considering as a means of relieving the

emotional distress of Puerto Rican children living in a different society, New York City.

Storytelling in Psychotherapy

Puerto Ricans in the United States live between two cultures, and the healthy development of their children depends on a balanced integration of values, beliefs, and behaviors of both the Hispanic and the Anglo cultures. Taking both cultures into consideration, the present study uses not only original stories taken from Puerto Rican culture, but also adapted stories which reflect the dominant U.S. culture. Folktales have survived for centuries only because they have constantly changed by incorporating new elements while maintaining the basic theme of the tale. Furthermore, it is the folktale's ability to incorporate new elements from the dominant culture that makes it a contemporary instrument to effect change and, at the same time, retain the basic cultural values of the ethnic group.

History has presented us with examples of the survival of ethnic minorities through the lengthy process of adapting their cultural heritage within the dominant culture. For example, documenting the struggle of the black slaves to survive psychically and culturally in the dominant Spanish culture of Cuba, Amor[10] writes:

> A theo-centered person, the Negro could not find sufficient spiritual solace in the European religions which to him appeared cold and abstract, appealing to the intellect rather than the emotions. His own gods were so intertwined with his daily life that he could not adopt the white system of worship and relegate them to a Sunday worship. Prudently, he did not reject the form of his master's religion but coalesced it with his own beliefs. By means of a superb imagination he found similarities between the two professions and was able to maintain his ancient ritual within the framework of the Christian form. From the syncretism between the two religions there grew the religion practiced by so many Cubans today: *santería*.

The cultural survival of the Puerto Rican group within the dominant American society rests on their ability to bridge the gap between the Hispanic heritage and the prevailing Anglo values. However, cultural adaptation is a lengthy process but it can be shortened through appropriate culturally sensitive therapy interventions. For example, Toldson and Pasteur[11] conducted a psychotherapy program using black folklore to foster more adaptive personality functioning among black adolescents and young adults. The authors reported that they were able to develop more adaptive interpersonal relationships among black adolescents, foster more responsible behavior, and help troubled teenagers to gain insight into their problems.

Perhaps the most compelling evidence that the telling of folktales

promotes personality development comes from studies of achievement motivation. During the past three decades, the research literature on achievement motivation, which began with the work of McClelland, Atkinson, Clark, and Lowell,[12] has accumulated ample evidence showing that fairytales tend to influence growth in children and that the achievement motive can be enhanced through storytelling. McClelland and Friedman[13] studied the cross-cultural relationships between child-rearing patterns in eight North American Indian cultures and the strength of the achievement motive as reflected in folktales dealing with the coyote as the main character. Their findings revealed a striking correlation between achievement motivation as expressed in folktales and achievement motivation as exhibited in the culture at large, concluding that:

> . . . a general emphasis on achievement in the culture influences both child training and the kind of stories which are told in the culture —particularly since the stories may often be used to educate the young (p.240).

Similarly, in a study of the relationship between independence training in children and achievement motivation in ancient cultures, Freidman[14] reported that early emphasis on independence training was related to the degree of achievement motivation presented in the mythology of the cultures studied. Furthermore, Wright[15] conducted cross-cultural research on the socialization of aggression, and reported a significant correlation between the aggressive content of the folktales and the aggression exhibited in the culture.

Later studies of achievement motivation revealed that the thoughts of successful people were replete with ideations of competition, winning, and achieving, hence McClelland reasoned that the achievement motive could be learned by exposing individuals to stories with strong achievement motive content.[16] McClelland and Winter,[17] therefore, designed training courses to enhance achievement motivation in businessmen.

Additional evidence of how folktales are used to foster education and personality development in certain cultures comes from an anthropological field study conducted in Alaska. Rooth[18] reported that before the implementation of a public school system to educate youngsters in Alaska, the native Alaskan Indians had an informal school for their children. He reports an anecdote from an informant who attended the informal school as a youngster: "We got an old man who told us stories and we were listening to his stories just like in school. He told us about life and his experiences and what was good and what was bad and his stories were told in order that we should learn from him" (p.34). Another informant in the Alaskan field study reports: "And (they) tell us the stories and we pick it up and then, after we get old, we have to try to tell stories to (our) young people. Our father, our mother, our grandmother, that's the way they always teach

us way back. No school. They just teach us what's no good (in) the stories. We have to learn to listen to stories all the time. . . " (p.35). Thus, in this field study, folktales were told by parents or other authority figures to foster good judgment and reality testing, moral judgment, work motivation, and interpersonal relationships with parents and the elderly.

Despite the ostensible psychological value of folktales, there have been surprisingly few attempts to use folktales as a systematic therapy modality. Nevertheless, some eminent clinicians are beginning to use folktales to ameliorate emotional problems in children. Bettelheim[19] writes:

> . . . fairy stories represent in imaginative form what the process of healthy human development consists of, and how the tales make such development attractive for the child to engage in. This growth process begins with resistance against the parents and fear of growing up, and ends when the youth has truly found himself, achieves psychological independence and moral maturity. . . and is able to relate positively to . . . the other sex (p.12).

Bettelheim has been using fairy tales to treat severe psychological dysfunctions in children and adolescents and has reported that this technique makes a positive psychological contribution to the child's personality growth. Furthermore, Gardner[20] indicates that his innovative, mutual storytelling modality effected positive therapeutic change in both neurotic and borderline children. This technique uses stories created by the children themselves during the therapy session. The stories are then retold by the therapist during the same session with changes to reflect more adaptive personalities of the characters. In a similar study, Jilek[21] describes the use of the mutual storytelling technique in order to gain the trust of Canadian Indian patients and understand their symptoms within their cultural context. Still another study in the Soviet Union exposed children to fairy-tale puppets and real-life family puppets, highlighting the advantages of using both fantasy and realism for the therapist's understanding of the underlying dynamics of behavior change.[22]

The clinical utility of folktales as a therapeutic modality also is buttressed by two recent psychiatric case studies. In one, Klosinski[23] reports the successful treatment of a 12-year-old anorexic girl by the use of painting and fairy-tale therapy, which brought about the amelioration of obsessional symptoms that had afflicted the girl since the age of four. In another study Weimer[24] reports a case of a 22-year-old woman with depression and psychotic symptomatology who was treated successfully by using fairy tales. The fairy tale of Rapunzel was used allegorically to give the patient insight into her excessively dependent relationship with her mother and to point out the role of this symbiosis in the patient's illness.

Notwithstanding the growing clinical interest in folktales as a

therapy modality, carefully controlled evaluation of treatment outcomes is scarce. Saltz and Johnson,[25] in their preliminary evaluation of a four-year follow-up study, indicated that thematic fantasy play (TFP) may be a promising therapeutic modality for culturally disadvantaged children. The children were from the lower socio-economic classes, and included Southern and Northern whites, blacks, and Chicanos. The treatment involved verbal role dramatization in a group setting, where the children dramatized traditional fairy tales such as The Three Billy Goats and Cinderella The results indicated that:

> TFP was found to be significantly associated with a higher incidence of spontaneous sociodramatic play, superior performance on Borke's (1972) Interpersonal Perception Test, and better story memory and storytelling skill on specially constructed tasks. The effects of fantasy play on intelligence were more borderline (p.15).

Amato, Evans, and Ziegler,[26] studying the effectiveness of drama and storytelling in a group of primary school subjects, found that neither modality appeared to have any effect on children's interest and reading achievement. However, there were indications that storytelling may have more influence than creative dramatics on self-image and empathy. Westone and Friedlander[27] explored the effect of live, televised, and audio story narration on primary school children and found that their listening comprehension significantly improved the most when exposed to videotaped presentations, next when exposed to live presentations, and the least when exposed to audio presentations. These data suggest that the storytelling technique may be a promising modality to foster cognitive skills.

Theoretical Framework of Cuento Therapy

Having explored the role of folktales in different cultures, how folktales and storytelling have been used in psychotherapy, and the outcomes of limited efforts to evaluate treatments employing a storytelling modality, we can now turn to psychological theory which provides a rationale for how folktales can serve as a modality to structure therapeutic activities with the goal of enhancing specific personality functions. Since folktales are literary forms which often convey a message or a moral to be emulated (or perhaps avoided) by others, cuento therapy is most appropriately framed as a modeling technique, that is, a method of psychotherapy which derives from the principles of social learning theory.[28]

According to Bandura, social learning and hence personality development occur largely through children's observation of salient "models" in their environment, such as parents, peers, teachers, television or storybook characters, or even heroic figures in a society. Social learning theory suggests that observers acquire symbolic representations of the behaviors displayed by a model, and as the

observed behaviors become psychologically internalized, they subsequently become part of the psychological makeup of the observer. This implies that affect, personality structure, and hence behavior can be changed through the vicarious experience of a model whose behavior has been tailored to a particular therapeutic goal. For example, in a traditional modeling therapy, a child might be exposed to an attractive model in an aggression-provoking situation, where the model does not aggress against the protagonist, but rather displays a more adaptive mechanism for coping with stress induced by the provocation. Given repeated exposures to such a model, the socially appropriate coping mechanism becomes infused into the child's behavioral repertoire. The psychological factors governing this process of internalization of modeled behaviors will be discussed shortly.

As an interesting illustration of this process in a naturalistic context, Bandura and Walters[29] recount a scenario from the Cantelense Indian culture of Guatemala:

> The young Cantelense girl is provided with a water jar, a broom, and a grinding stone, which are miniature versions of those used by her mother. Through constantly imitating the domestic activities of the mother, who provides little or no tuition, the child readily acquires a repertory of sex-appropriate responses. Similarly, small Cantelense boys accompany their fathers while the latter are engaged in occupational activities and reproduce their fathers' actions with the aid of smaller versions of adult implements (pp. 47-48).

By contrast, in more modern societies, children's social learning occurs much more often through verbal and pictorial modeling; as pictorial models are more prevalent through the viewing of television, for example, parents seem to be becoming less influential as role models.[10]

One of the most fundamental principles of social learning theory is that mere vicarious experience is ineffectual unless the observer attends to and accurately perceives the salient features of the modelled behavior. Consequently, modeling therapy must be structured in a way that the child is attracted to the model, facilitating identification with the model, and then the therapist can filter out the target behaviors of the model so that the probability of the child's imitation of the appropriate behaviors is increased. For these reasons, favorite characters in popular television programs or movies or even bedtime stories can prove to be clinically useful vehicles in modeling therapy with children. As a child is attracted to a popular character in a story or movie, the child eventually imitates the model's actions. Such imitative behavior is the outcome of the child's internalization of the model's behavior, which is reinforced by the social consequences (reward or punishment) accompanying the child's imitative actions. Thus, Bandura[11] assumes that "modeling

influences operate principally through their informative function and that observers acquire mainly symbolic representations of modeled events rather than specific stimulus-response associations" (p.16).

Piaget[32] provides the important cognitive connection between modeling and symbolic behavior. For Piaget, symbolic representation in young children is the result of two modes of experiences: accommodation and assimilation. During the process of accommodation, which occurs during the early period of sensory-motor development, the child can imitate only responses which were previously performed spontaneously. At the final stage of sensory-motor development, which occurs around the age of two, children begin the process of assimilation. During this process children are able to experience representative imitation, as schemes are arranged internally to create new and complex behaviors without requiring motor representations. This covert imitation occurs through imaginal representation of modeled behavior.

Piaget and Inhelder[33] later postulated that the development of such imagery follows a two-stage process. The first is the emergence of the imagery, as the beginning of the symbolic process, at approximately the age of two. The second is the development of anticipatory images at approximately the age of seven. Anticipatory imagery, which is the *sine qua non* for symbolic thinking, is internalized imagery which derives from imitative acts. The relationship between images and words is a complementary process wherein images indicate concrete objects and words mean concepts. Therefore, the role of imitation and symbolic representation in early and middle childhood, and even in adolescence is of paramount importance for the development of symbolic capacities.

Consistent with the idea of using folktales as a modality in modeling therapy, Singer[34] writes:

> This approach also opens the way for greater incorporation into the theory of direct influence of adults who foster imaginative behavior by storytelling or establishing situations that children are likely to imitate. It thus becomes possible to relate a relatively pure cognitive theory such as that of Piaget to the kind of social learning theory that is being shown to have powerful impact on child development, as evidenced in the recent work of Bandura (pp.15-16).

Within this theoretical framework, folktale characters can be therapeutically presented as symbolic models of adaptive emotional and behavioral functioning within the Puerto Rican and American cultures in which the children live. The folktales serve to motivate attentional processes by presenting culturally familiar characters of the same ethnicity as the children, by modeling beliefs, values, and behaviors with which the children can identify, and by modeling a more functional relationship with parents. In addition to the intrinsic

cultural values embodied in the original Puerto Rican stories, the adapted stories graft themes of adaptive functioning within the American culture into the plots. In this manner, based on the principles of modeling therapy, cuento therapy is intended to promote a new synthesis of bicultural symbols and thereby foster adaptive personality growth in children who are in conflict between two cultures.

The Mother's Role in Cuento Therapy

Historically, mothers in their role as the primary caretakers of children play an important part in the psychosocial development of children, particularly in their traditional function as storyteller.[35] Until the late 1960's the majority of clinicians engaged in the treatment of children embraced the psychoanalytic view that parents, especially the mothers, are the primary causal agents for the psychopathology of their children and the saboteurs of psychotherapy. Recent psychological research, however, has vindicated the mother and confirmed her role as a promoter of adaptive emotional growth of the child.[36]

With the expansion of community mental health services, parents recently have been employed as therapeutic helpers for their children.[37] The involvement of parents seems to have been influenced by the shortage of clinical psychologists and trained therapists;[38] the acceptance of paraprofessionals in the field of mental health;[39] and above all by the need to deliver effective treatment. Reisinger et al.[40] wrote:

> . . . behavior shaped in an office is unlikely to generalize to situations outside the office unless intervention programming is extended. . . thus, successful treatment may require modification of reinforcement patterns which exist in the natural social environment of the individual, a practice seldom included in traditional therapy approaches (p.104).

Both clinical observation and research tend to indicate that the child's relationship with the mother is of cardinal importance for the development of the child's personality functions. In his extensive therapeutic intervention through eidetics, Ahsen[41] suggests that separation from the mother may create psychological dysfunctions, just as the work of Silverman[42] indicates that the perceived dependent relationship with the mother tends to ameliorate the symptoms of various psychological dysfunctions.

Some studies have examined the utility of mothers serving as therapists in traditional behavior modification programs. Wahler et al.[43] treated three children exhibiting non-compliant behavior by having the mother carry out contingency management procedures; later, Wahler[44] employed parents successfully to modify the inappropriate behavior of their children. Patterson, Cobb, and Ray[45] effectively used parents in controlling the acting-out behavior of their children.

Although the majority of studies have involved middle-class parents, there is some research with lower class families. Jacobson, Bushell, and Risley[16] trained mothers in tutoring skills and classroom management to increase their children's classroom achievement. However, it was necessary to introduce extrinsic rewards, such as gifts of dinnerware[17] in order to motivate lower class parents to attend sessions regularly.

Filial therapy, which consists of play activities, role-playing group-parent discussions, and demonstrations, also has been gaining acceptance. Studies have shown that parents who engaged in filial therapy were able to ameliorate withdrawn behavior.[18] Thus, the research literature shows an increasing acceptance of the use of parents as therapeutic agents in both social learning and psychodynamically oriented therapies.

The mother in Hispanic culture is a pivotal figure in the family, an omnipresent figure in the household, and the object of deep respect. This Hispanic conception of the mother as a sacred figure is exemplified in the allegorical Puerto Rican cuento entitled "La Madre es Madre, es Madre" (The Mother Is Mother, Is Mother), which affirms that the mother can do no wrong and that she dominates the family system even when she is guilty of wrong-doing.

Rogler and Hollingshead[19] in a psychosocial study of schizophrenia among Puerto Rican families explored the important role of the mother within the family. The authors wrote:

> Puerto Rican culture is traditionally family centered. The ideal roles of mothers, fathers and children are defined precisely. These mothers and fathers are almost of one voice in defining the ideal roles of a parent and a child. A good mother devotes herself to the physical and spiritual care of the children; she disciplines, teaches, and defends them; she sets a proper model by being morally impeccable and industrious. . . *The values of the culture make motherhood a trust so elemental it may be said to be sacred.* When the child is sick, a mother nurses him at all hours of the day and night, suffering through his illness. She displays her feelings for her children by embracing, kissing and fondling them. She often makes poignant declarations of her love, vowing that she would die for her children.
>
> The division of labor requires that the mother be more fully involved in the socialization of the children than the father. . . Even when the father is at home, the main burden of child care falls on the mother. A father is not criticized if he is somewhat aloof from the children — one mark of a good father is the maintenance of respect in the family by not allowing excessive familiarity. A mother who removes herself from the children in thought, action, or emotion to the extent that her conduct deviates from the mores of good motherhood and is labeled *mala madre* (bad mother).

Much as the man who endeavors to validate his masculinity by posturing and behaving like a macho, *the woman demonstrates her worth by fulfilling the sacred trust of motherhood* (p.382, italics added).

Given the preceding psychological literature on the clinical utility of mothers as agents of therapeutic change in children, coupled with sociological evidence that the mother is the main socializing agent of children within the Puerto Rican culture, Puerto Rican mothers seem ideally suited to the role of therapist in a culturally sensitive treatment effort. Therefore, in both the original and adapted cuento treatments, children's mothers were enlisted to serve as storytellers of the folktales and also participated in group therapy along with their children.

Summary

In this chapter we have attempted to explore in a variety of disciplines the foundations leading to the conception of cuento therapy as a culturally sensitive treatment modality for Puerto Rican children. There is ample reason to believe that Puerto Ricans are drawn to their abundant cultural traditions of folkloric practices. We also know that folktales serve not only to entertain children, but also to transmit a cultural heritage across generations, and to provide models of culturally acceptable behavior for the young. In a sense, folktales are the metaphoric expressions of a culture's ethnicity. Puerto Rican scholars tell us, moreover, that the island's folklore is among the richest in Latin America. Although to our knowledge, storytelling techniques have not been evaluated in psychotherapy with Hispanics, there appears to be a burgeoning interest in this technique in the mainstream of clinical psychology. Finally, viewing cuento therapy as a version of modeling therapy, administered by mothers as agents of therapeutic change, lays the groundwork for the development of cuento strategies and for structuring the course of therapeutic activities conducted with the cuento modality. In the following chapter we present the methodological details of how therapy protocols were actually developed from the ideas pursued in this chapter. We also describe the characteristics of the special population of children participating in the project, and we outline how the effectiveness of the original and adapted cuento treatments was evaluated.

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3

RESEARCH METHODOLOGY

This chapter presents the methodological procedures followed in conducting cuento therapy and the evaluation of treatment outcomes. We begin with a description of the procedures used for screening and selecting subjects for participation in the study and present a profile of the demographic and family characteristics of the research participants. We then describe the experimental design of the study and discuss the nature of the psychotherapeutic treatments administered. This is followed by a description of how the folktales were selected from Puerto Rican folklore and developed for use as a therapeutic modality. One original and one adapted cuento are presented as examples, along with their respective psychological content analyses. Typical therapy sessions are portrayed to give the reader a more thorough and concrete understanding of the differences between cuento interventions and the traditional therapy to which they were compared. The end of this chapter contains the evaluation methodology, including a description of the psychometric characteristics of the instrumentation and a rationale for the outcome criteria.

Research Participants

The subjects who participated in the study were recruited from grades kindergarten through three in two public schools in the Sunset Park community of Brooklyn, New York. This community is a predominantly Hispanic neighborhood, with a high rate of unemployment and crime and generally poor housing conditions. The two schools in the community had a total population of about 3000 students, of whom nearly 88 percent were Hispanic. Initial screening of students' ethnicity identified 884 Puerto Rican students in the designated grade levels.

At the beginning of the 1981-1982 academic year, 50 teachers in the two schools rated their 884 Puerto Rican students using Costantino's Behavior Rating Scale (BRS).[1] This 70-item scale was designed for teachers to assess the frequency of students' adaptive and

maladaptive behavior, as observed during classroom and recreational periods, within 11 domains: achievement motivation, hyperactivity, aggression, verbal ability, anxiety/depression, interpersonal relationships with peers, delay of gratification, disruptiveness, self-concept, moral reasoning, and relationships to authority figures. Since initial factor analysis of the BRS did not reveal independent adaptive and maladaptive dimensions, and since the items tended to load on a single general factor, ratings are coded so that total BRS score ranges from maladaptive (low scores) to adaptive (high scores) behavior. In the present sample, internal consistency reliability (coefficient alpha) of the teachers' rating was .97; and there was r = .73 agreement between teacher and parental ratings for the subsample of students ultimately selected for participation in the study.

Following the collection of teachers' ratings, 110 students who fell below the median total BRS score within each grade level were identified as a potential subject pool (total N = 440). Parents of these students were then sent a letter endorsed by the school principal explaining the nature and purpose of cuento therapy research and the child screening procedures, and soliciting parental consent for their children's participation in the project. Parents were informed that four treatment groups would be created, one of which would not receive therapy (only psychological testing), and that mothers would be required to attend therapy sessions to serve as therapist aides under clinical supervision. It was stressed that, if parents consented to participate in the research, they would not be able to choose the therapy modality their child would receive, since children would be randomly assigned to one of the four groups. However, at the end of the projected therapy period, children in the control group would be offered the most beneficial therapy modality. Of the pool of 440 candidates screened for behavior problems in school, 216 parents or 49 percent consented to participate. Of this group, 210 ultimately attended the therapy sessions.

Personal and family background characteristics of the research participants are reported in Tables 3.1 and 3.2. Frequency and percent distributions of nominal scale variables are reported in Table 3.1, while the ranges, means, and standard deviations of quantitative variables appear in Table 3.2. As Table 3.1 illustrates, despite the effort of the researchers to maintain an orthogonal Grade Level x Sex sampling design, the pattern of parental consent for participation in the study was not uniform, as there were more boys than girls and fewer children in kindergarten than in other grade levels. Focusing on family intactness and employment status, the father was not present in about two-thirds of the households; and there was a high unemployment rate, especially among the mothers (see Table 3.1). Although the majority of mothers participating as therapist aides were first-generation in this country, most of the children were second-generation Puerto Ricans. Table 3.2 shows that mothers

varied considerably in age, with an average of about 32 years. Family size also fluctuated widely, with an average of about three children per family. In terms of education, although mothers and fathers ranged from no formal education to college graduation, average parental educational levels were barely beyond the eighth grade. As might be anticipated from educational data, socioeconomic status was restricted in range to unskilled and semiskilled occupational categories.

Table 3.1
Frequency Distribution of Research Participants' Personal and Family Background Variables (N=210)

Variable	Category	Frequency	Percent
Sex	Male	120	57.14
	Female	90	42.86
Grade Level	K	36	17.14
	1	54	25.71
	2	60	28.57
	3	60	28.57
Mother's Employment Status	Unemployed/ Housewife	184	87.62
	Employed	26	12.38
Father's Employment Status	Unemployed	42	20.00
	Employed	96	45.71
	Missing	72	34.29
Father Present in Household	Yes	67	31.90
	No	143	68.10
Child's Birthplace	Puerto Rico	32	15.24
	U.S.	172	81.90
	Other	6	2.86
Mother's Birthplace	Puerto Rico	160	76.19
	U.S.	34	16.19
	Other	16	7.62

Psychiatric epidemiological studies indicate that Hispanic children are at high risk of mental disorder due to a constellation of stressors associated with impoverished urban life styles, along with linguistic and ethnic minority status.[1] Clearly, the children participating in the present study represent such a high-risk population, since they are characterized as predominantly second-generation Puerto Ricans

from single-parent households at the bottom of the socioeconomic ladder. The fact that these children already have been exhibiting severe maladaptive behavior in school and at home is compelling evidence of their risk of mental disorder later in adolescence or adulthood.

Table 3.2
Descriptive Statistics of Research Participants' Personal and Family Background Variables (N=210)

Variable	Range	Mean	S.D.
Child's Age	5-11	7.45	1.53
Mother's Age	22-54	32.33	6.44
No. Boys in Family	0-8	1.66	1.18
No. Girls in Family	0-7	1.46	1.19
Mother's Education (Yrs.)	0-18	8.60	3.18
Mother's Yrs. in U.S.	1-37	17.39	8.89
Father's SES*	7-5	6.45	1.58
Father's Education (Yrs.)	0-16	8.48	3.32

*Socioeconomic status was determined by Hollingshead's classification of parental occupations from the Index of Social Position (7=low, 1=high).

Subjects were stratified by gender and grade level, and then randomly assigned to four treatment conditions (N = 54 per group): original cuento therapy, adapted cuento therapy, art/play therapy, and no therapeutic intervention. Seven female and seven male bilingual Hispanic psychotherapists (psychology interns) conducted the treatments with groups of four to five subjects. Mothers of the subjects participated as storytellers in the two cuento treatments or as therapist aides in the art/play treatment. Therapy sessions were conducted in private rooms in the participating schools, after school hours. Subjects underwent 20 90-minute therapy sessions within a six-month period.

Original and Adapted Cuento Therapy

At the time we undertook cuento therapy research, we were cognizant of the abundance of folktales in the Puerto Rican island

culture.* However, we needed to assess the familiarity of New York Puerto Ricans with the cuento tradition. Therefore, a comprehensive list of 400 cuentos was compiled from 600 cuentos collected by Mason[3] and from 20 cuentos published more recently.[4] A pilot study was conducted to assess the degree of familiarity with those published cuentos among the transplanted Puerto Rican mothers and grandmothers in the New York metropolitan area.[5] A panel of 10 female informants (7 mothers and 3 grandmothers) with school-age children or grandchildren was selected in the Sunset Park area of Brooklyn. All the informants were born in Puerto Rico and had lived on the mainland for at least 10 years. Their ages ranged from 28 to 52 with a median age of 32.5. They were all of a comparable socioeconomic status: five were receiving public assistance, two were receiving supplementary social security income, and three had working husbands who earned approximately $150 a week. The informants were interviewed individually; each was given a copy of the list from which to read. The informant was requested to identify the cuentos she knew and to give a brief summary of the identified cuentos. A total of 105 cuentos was identified. Of the recognized cuentos, 49 were not duplicated; that is, each informant recognized an average of five cuentos not recognized by the others. Based on preliminary information, it was assumed that cuentos are part of the oral tradition among transplanted Puerto Ricans in New York City and that the sample of mothers who participated in the research were familiar with the selected cuentos.

A second pilot study was conducted to identify the most popular folktales among New York Puerto Ricans and to select 40 cuentos which would constitute the original cuento therapy modality.[6] A sample of 20 mothers and grandmothers whose children or grandchildren were attending a cooperating public school were selected. Subjects were presented with a list of 400 cuentos and requested to identify and briefly describe the cuentos they knew. Following this procedure, 100 unduplicated cuentos were identified. These 100 cuentos were then analyzed for themes of human values by two Puerto Rican graduate psychology students, a Puerto Rican sociologist, and the principal investigator. Human values were operational-

*Our library research revealed a wealth of Puerto Rican folktales in the *Journal of American Folklore* 34, 1921: 35, 1922; 37, 1924; 38, 1925; 39, 1926; 40, 1927; 42, 1928. *The Journal of American Folklore* 29, 1916, also published 800 riddles with 1288 variants; and in Vol. 31, No. 121, 373 *Decimas*, Christmas carols, nursery rhymes, and popular songs. Traditional Spanish ballads have been published in *Revue Hispanique*, Vol. 43, 1981.

ized as symbolic representations of thoughts, feelings, beliefs, and behaviors of the Puerto Rican people directly verbalized or represented through actions by the characters of the folktales. Forty original cuentos thus were selected from the sample of 100.

These 40 original cuentos were translated into English. The English versions were then rewritten and adapted to reflect the settings and cultural values of American society. The adapted cuentos also reflected in a more focused manner the following nine personality functions: (1) interpersonal relations with parental and authority figures, (2) control of aggressive and disruptive behavior, (3) control of anxiety and depression, (4) delay of gratification, (5) achievement motivation, (6) self-concept of competence, (7) sexual identity, (8) moral judgment, and (9) social judgment and reality testing. The 40 original and 40 adapted cuentos were then content-analyzed by two Hispanic graduate psychology students, who were familiar with ego psychology, to ensure that each folktale depicted two or more personality functions studied in the present experiment.

The rationale for adapting the 40 original cuentos lies in the psychohistorical development of folklore in general and of folktales in particular. Earlier, we noted that what made the folktale an effective cultural instrument as a repository and transmitter of human values in Puerto Rican society was its adaptability to Puerto Rican settings, characters, and experiences of life on the island. Hence, the adapted cuentos represent an accelerated psychohistorical process of acculturation aimed at reviving the values of Puerto Rican culture and, at the same time, inculcating personality functions valued in the American culture, thus helping the children to bridge the gap between the two. We took the original cuentos and altered them in the direction of making them more congruent with the host society's culture. The altered cuentos retained their original Puerto Rican "flavor" since the names of the characters and the basic plots were preserved. Otherwise, altered cuentos embody changes which are designed to reinforce personality functions which would help children adapt to American cultural values.

The typical session took place in a school classroom from 3 p.m. to 4:30 p.m. Chairs for the participants were assembled in a circle. Four or five mothers came to the room with their children and each mother-child dyad sat next to each other. The session was led by two therapists — a group leader and co-leader. Both leaders welcomed the participants. While the group leader took note of attendance, the co-leader distributed both Spanish and English versions of the cuentos to the mothers and their children. Two cuentos were read in each therapy session, generally by the mothers in turn, while the children followed the narration by listening or reading silently from the cuento booklet. In order to balance the role modeling of the cuento characters in each session, one cuento had a female as the

principal character, while the other cuento had a male as the principal character. Below we present one original and one adapted cuento with their respective content analyses.

Juan Bobo and the Tar Scarecrow
(Original Cuento)

There was once a woman who had two children: Pedro, who was the older and the smart one, and Juan, who used to do so many foolish things that people called him Juan Bobo. The mother, Pedro, and Juan cut sugarcane in the field during the day, and went home in the late afternoon.

One day the mother went ahead to prepare supper, and the two brothers were returning home walking slowly because they were carrying firewood. Juan Bobo told his brother that he was going to climb a mango tree and pick some mangos because he was very hungry. The brother told him that the owner was going to cut his hands off if he found him stealing; but Juan didn't listen to his brother and went to pick the mangos. He ate a few and then went running to his brother to tell him that he hadn't seen the owner near the trees.

After that, Juan continued to pick mangos on his way home every night. The owner noticed that someone was stealing his mangos, and wanted to catch the thief. He decided to make a doll of old clothes and tar. He placed the doll among the mango trees.

The next day, Juan was going to steal mangos as usual. His brother reminded him that sooner or later he would be caught by the owner. But Juan did not believe that the mangos belonged to anyone, because he never saw anyone there. That day, Juan saw somebody but thought it was someone else trying to steal mangos too. He called out to him in a loud voice, but the person, who was really the tar doll, did not answer. Juan thought that the man was trying to hide from him. So Juan got very close and gave the man a kick from behind, but his foot became stuck in the tar doll. Juan thought the man was trying to hold him so he could have all the mangos to himself. So Juan tried to slap the man, and his hand stuck in the tar. Juan thought that the man was trying to fight, so Juan bumped his head into the man so that he could free himself, but his head got stuck in the tar scarecrow. When Juan saw that the man wouldn't let go of him, he began crying: "Help! This giant is trying to kill me! I'm almost dead!"

The owner of the garden heard the cry for help and was very happy that he had finally caught the thief. He didn't hurry to let the thief go free, because he wanted him to

suffer a little. So the owner finished his supper and then went to the mango trees. There was Juan Bobo — still crying and tired from trying to free himself. The owner gave Juan a beating and when he went home he received another beating from his mother and still another from his brother who had told him not to steal mangos, and was sent to bed without supper.

Once the narration of the cuento was completed, both therapists ascertained whether the participants had understood the meaning of the cuento and the sequencing of story events. The leaders then led a group discussion of the overall symbolic meaning or moral of the cuento. Then both therapists in turn analyzed the various personality functions depicted in the cuento. In order to ensure standardization of the content analysis of the personality functions depicted in the cuento, including the moral of the cuento, these functions were defined for each cuento and written in a booklet which was distributed to the psychotherapists.

Therapists' Content Analysis

The moral or basic meaning of the original cuento Juan and the Tar Scarecrow is that children should not steal things, even when they think that those things, such as the mangos in the story, do not belong to anyone. Sooner or later the owner will find a way of catching the thief, and those who steal will be punished.

The personality functions emphasized and discussed in therapy were as follows:

Reality Testing and Judgment

Juan shows poor reality testing and judgment when he believes and says to his brother that the mango trees don't belong to anyone because he has not seen any owner near the trees watching the mangos.

Delay of Gratification

Juan is hungry after a day's work in the fields, but he cannot wait for supper time, so he is driven to steal mangos.

Achievement Motivation

Juan works in the fields everyday, helping his mother and older brother.

Person Relations

Juan does not listen to his older brother's advice not to steal.

Moral Judgment

Juan has a poor moral judgment. He steals mangos which belong to someone else. But at the end, he is caught stealing and is punished for his wrongdoing. Next time, he will think twice before he touches anything that belongs to others.

Juan and the Electric Scarecrow
(Adapted Cuento)

This is a story about two good friends, Juan and José, and an electric scarecrow. One day, Juan and José were returning from the park where they had played baseball. They were hungry and tired. On the way home, they passed by the garden of Mr. Romano, where there were two apple trees. Old Mr. Romano had built a brick wall around the garden to keep it safe, but the children and the birds got in just the same and ate most of the fruit, without asking for Mr. Romano's permission. The old man decided to scare the children and the birds so he built a doll as big as a man out of wire and old clothes.

The two friends saw the ripe apples ready to be eaten and Juan said, "José, I'm very hungry." José answered, "Juan, I'm starving. I don't think I can wait until supper time." Juan added, "I'm afraid we have to wait until we get home. I don't have enough money for a slice of pizza." "I've only 25 cents," said José, "but let's eat some of those apples. They look good and sweet."

Juan at first said that they could be arrested for stealing, but José convinced Juan to follow him in. As soon as they jumped over the wall, they saw something that looked like a big man. Juan was scared and said, "We shouldn't have come to steal Mr. Romano's apples. He is waiting for us." José answered, "Come on, don't be afraid. Mr. Romano isn't that big. I'm telling you this is a scarecrow that looks like a person to scare away the birds."

Juan said, "I'm not so sure it's a scarecrow. I'm going back." José said, "What kind of a friend are you? You can't leave me alone." Juan said, "So, let's go back." José replied, "Come on, we're here already! Wait for me here." Juan said, I'll look out for you from the top of the wall and I'll whistle if I see someone coming."

José wasn't sure that the scarecrow was really a doll to scare away the birds. So he began to call to it quietly, "Hey, are you real?" But the scarecrow did not answer and stood next to the apple trees without moving. José walked to the apple tree near the scarecrow. He decided to knock the scarecrow down to show Juan that it wasn't a real person. As he kicked the scarecrow his foot got stuck in the wire and suddenly an alarm began to ring in the garden.

Mr. Romano came out with his ax, yelling, "I finally caught you, little thief! It was a good idea to attach a burglar's alarm to the scarecrow." And pulling José by the ear, he said, "This week I caught two birds and you. I also saw your friend Juan running away. Now you come with me!" José was very scared because he thought the old man was going to chop his hands off or call the police for trying to steal his apples.

But Mr. Romano took José home and told everything to his mother. His mother gave Jose the spanking of his life. Mr. Romano also went to Juan's house and told his mother. And that night, Juan who was very hungry, had to go to bed with only a glass of milk and a slice of bread.

Therapists' Content Analysis

The moral or basic meaning of the adapted cuento Juan and the Electric Scarecrow is that children should not follow the bad advice of their friends in doing wrong, such as stealing things that belong to others. Sooner or later they are going to get into trouble and pay the consequences of their wrongdoing.
The personality functions emphasized and discussed in therapy were as follows:

Delay of Gratification

Juan and José feel very hungry after they had played baseball in the park. They don't have enough money to buy a slice of pizza. On their way home, they see a tree with ripe apples. José convinces Juan to follow him to steal some apples. José cannot wait until supper time to eat. His inability to delay his food gratification drives him to steal.

Moral Judgment

Stealing or taking things that belong to others is wrong. The fact that José was hungry is not an excuse to steal. Juan is also guilty even though he did not actually steal any apples. He was helping José to steal by watching out.

Anxiety/Depression

Juan is afraid that the owner will catch them stealing. He is very much afraid when he sees something that looks like Mr. Romano. José is not afraid, and reassures Juan that what looks like a man is really a scarecrow. Juan is not afraid of the scarecrow, but he gets caught. Sometimes, a little fear is good because it prevents children and even adults from doing wrong things. At the end of the story, even José is afraid of punishment. Both José and Juan get punished by their parents. The next time, they will not steal.

Reality Testing and Judgment

José has very poor judgment. He does not think about the consequences of stealing. Juan first shows some good judgment, and tries to convince José not to steal. But then, Juan does not want to lose a friend, and follows José's bad behavior.

The adapted version of Juan Bobo and the Tar Scarecrow was rewritten to reflect both the children's life experiences in an urban neighborhood and the psychosocial dimensions of American culture. Furthermore, new psychological dimensions were added to the adapted cuento. Comparative analysis of the structure and content of the original and adapted cuentos reveals the following transformations:.

1) The rural, mall town setting of the original cuento was transformed into the setting of an urban Hispanic neighborhood in the adapted cuento.

2) The characters and their activities were urbanized along with the setting. Juan Bobo and his older brother are on their way home from the fields in the original cuento; in the adapted cuento Juan and his friend José are on their way home after playing baseball.

3) The relationship between Juan Bobo and his older brother was changed into one between Juan and his same-age friend José. This change was based on the assumption that children in urban neighborhoods are not as isolated as children in a rural setting, and that they tend to associate with peers of the same age group, not with older brothers.

4) Mango trees were changed into apple trees which are typical of the northeastern region of the mainland. The tar scarecrow was also transformed into an electric scarecrow. An electric scarecrow would hold the attention of Hispanic children on the mainland more than a tar scarecrow, which is not part of their city experiences.

5) The relationship of authority between Juan Bobo and his older brother was transformed into one of mutual peer influence. In the original cuento, Juan Bobo is told not to steal because stealing gets him into trouble. In the adapted cuento, José is also told by his friend that stealing can have them arrested. However, José convinces Juan to steal apples. The peer influence is a psychosocial variable associated with life in city neighborhoods on the mainland, moreso than in rural Puerto Rico.

6) Retributive justice or punishment in the original story is first carried out by the mango-tree owner, and then by Juan's brother and mother. Punishment in the adapted story is carried out primarily by the mother. The latter is a form of discipline more in keeping with the functions of authority figures in mainland society.

7) The underlying motivation to steal because of hunger and inability to delay gratification is the same in both cuentos. However,

in the original, Juan is depicted as a simpleton. His stupidity implies that he is unable to understand right from wrong. José in the adapted cuento is a boy of normal intelligence who knows right from wrong, but decides to steal because he is hungry and because he wants to prove he has courage. The transformation took place because a character who is depicted as stupid may be picaresque and make children laugh, but he is less effective as a model than a character who is similar in intelligence to the average child. Models who are similar in age and in cognitive, intellectual, and emotional dimensions to the average child are more readily imitated than models which are dissimilar.

In brief, the original and adapted cuentos are similar in meaning and convey the same moral: stealing is wrong and those who steal will be caught and punished. However, the meaning has assumed different structures and contents in the two versions of the cuento.

Following the narration and discussion of the cuentos, the most prominent personality functions depicted in the cuento were then dramatized by the child-mother dyads. For example, in the story of Juan Bobo and the Electric Scarecrow (adapted cuento) the following scenes were dramatized:

Video Dramatization of Juan Bobo and the Electric Scarecrow (Adapted Cuento)

Two boys in the adapted cuento therapy group played the characters of Juan and José. A third boy played the part of the owner of the garden, Mr. Romano. The male co-therapist played the part of the electric scarecrow. He had an alarm clock in his pocket. Two mothers in the group played the parts of Juan and José's mothers. The female group therapist directed the dramatization. The ensuing skit was videotaped by a cameraman.

Scene 1

(Juan and José enter, looking tired and wearing baseball gloves and carrying bats and balls.)

Juan: José, I'm hungry.

José: (Rubbing his stomach) Juan, I'm starving! I don't think I can wait until suppertime.

Juan: (In an adult manner) I'm afraid we have to wait until we get home. I don't have enough money for a slice of pizza.

José: I've only 25 cents. But let's eat some of those apples. They look good and sweet.

Juan: (Fearful) You know we can be arrested for stealing. I'm not coming.

José: (With bravado) Don't be afraid. Nobody's watching. Follow me.

(Juan and José are behind the scarecrow.)

Juan: (Looking scared) We shouldn't have come to steal Mr. Romano's apples. He is waiting for us.

José: (With bravado) Come on, don't be afraid! Mr. Romano isn't that big. I'm telling you this is a scarecrow that looks like a person to scare away the birds.

Juan: (Very scared) I'm not so sure it's a scarecrow. I'm going back.

José: (Annoyed) What kind of friend are you? You can't leave me alone.

Juan: (Compromising) I'll look out for you from the top of the wall and I'll whistle if I see someone coming.

Scene 3

(José goes by the scarecrow, kicks it, and the alarm goes off. Mr. Romano comes out with an ax. José tries to disentangle himself from the wire of the scarecrow, but he can't).

Mr. Romano: (Disentangles José and pulls his ear) I finally caught you, you little thief! I also saw your friend Juan running away. He was helping you to steal my apples.

Scene 4

(Mr. Romano escorts José home to his mother.)

Mother: What's happened? Mr. Romano? José?

José: (With his head down, does not answer.)

Mr. Romano: (Angry) I caught your son stealing my apples.

Mother: (To José) You never listen to me. I told you many times not to take things that do not belong to you. I guess you don't listen to words... but listen and learn from this... (She spanks José very hard).

José: (Cries and says he will not steal anymore.)

Mother: Go to your room and stay there without your supper!

Scene 5

(Mr. Romano goes to Juan's house and informs his mother that Juan was an accomplice in stealing. Mother gets angry at Juan. Juan protests that he was not stealing, that it was José who stole. Mother explains that looking out for someone else who is stealing is the same as actually stealing. Mother punishes Juan.)

*The use of videotape with psychotherapy groups is of recent import, and preliminary evaluation shows positive impact on the successful treatment of psychiatric patients.[7] Videotape, however, has not been used systematically with children. On the other hand, psychodrama or sociodramatic play has been used and found to have a positive impact on the therapy outcome of children.[8]

Following the skit the dramatization is played back. *During the playback, the group therapist emphasizes the maladaptive functions of stealing and the consequences of stealing.

Art/Play Therapy

In the art/play treatment, subjects underwent a traditional therapy in groups of four-to-five mother-child dyads. This modality was based on a series of recreational tasks and games in which the different dyadic members interacted under the supervision of the therapist. The types of activities used in the groups were puzzles, object assembly, table games (e.g., bingo), drawing, and motor-coordination exercises. During some sessions, games were of a competitive nature, whereas in others stress was placed on cooperation between members of each dyad. Puppets and role-playing situations were also an integral part of the therapeutic activities. Participants were asked to dramatize common family scenes with emphasis on depicting their interpersonal conflicts, and to propose a solution to these conflicts. Some examples of conflicts expressed in therapeutic sessions were: a child in the family does not want to assist with household chores; a child fights at school and at home; a child feels that she/he is loved less than other siblings in the household.

An example of an art/play therapy session is reported below. Each mother-child dyad was presented with family puppets. Participants enacted a puppet dramatization to represent relationships between parents and children and sibling rivalry. The characters in the puppet dramatization were the mother, father, an older daughter, an older son, and a new baby brother. The characters were played by the children and mothers. The participants held the rubber puppets in their hands and spoke for the characters according to the following script provided by the psychotherapists.

Script for Puppet Dramatization

Scene 1

The older daughter and older son complain to each other that since the new baby was born their mother does not love them anymore. They cry. The mother comes in and sees them crying. She asks why they are crying. At first, the two older children say that they are crying because they are thinking about their grandmother in Puerto Rico. But then they tell the mother that they feel she does not love them anymore. The mother listens.

Scene 2

The mother says she understands what they are saying and admits that she is spending more time with the new baby. She goes into the bedroom to get the baby. The mother comes in with the infant and says: "Look how small your baby brother is. He

cannot walk, so I have to carry him. He cannot dress himself, so I have to dress him (etc.). You are big now and you can do all these things by yourself. You are grownups and need less of my attention." The two children complain that they still would like more attention and care from the mother. The mother at first claims that she is very busy with the demanding infant, but then she has an idea. She tells her daughter that if she (the daughter) helps her to take care of the baby once a day, and that if the son also helps take care of the baby once a day, then she will cook their favorite meal three times a week. The two older children agree and also promise to help the mother with the household chores.

Scene 3.

The father comes home from work. He is pleased to see that everyone is happy and he promises to take the family to the beach on Sunday.

Following the puppet dramatization, the therapists explored the feelings of the group members, in particular, eliciting from them experiences of similar conflicts. The dramatization was videotaped and then played back to the group members after the discussion of the representation. The use of video tape in this therapy modality was introduced in order to balance the effect of video in the two cuento therapy modalities.

Once the role-playing scenario ended, the therapists encouraged group discussion by asking questions to elicit information on participants' reactions to a specific family situation, the different solutions to a specific problem, and the solutions which created more family tension and those which were more conducive to family dialogue.

Measurement Instruments

The experimental design of the evaluation component of the psychotherapy study was Treatment Condition (4) x Sex (2) x Grade level (4), with multiple dependent outcome measures. The sample of 210 research participants was pretested prior to the onset of psychotherapy during the months of December, 1981 and January, 1982. Following the completion of the therapy sessions, 198 remaining participants were posttested during the months of June and July, 1982, and a one-year follow-up posttest protocol was administered to 178 participants again in June and July of 1983.

The evaluation instruments were administered to the children in either English or Spanish, depending on the individual child's preferred language. In some cases, it was necessary for examiners to administer the instruments bilingually, switching languages as dictated by the child's understanding of the test stimuli. Since the

mothers typically were Spanish-dominant, their participation in evaluation activities was primarily in Spanish. The examiners were Hispanic graduate students from clinical, community, and school psychology training programs at various universities in the New York City metropolitan area, and were serving in their first or second year of supervised internship. All examiners had completed the requisite coursework and associated practica in psychological assessment techniques, and were fluent in both English and Spanish. In order to avoid examiner bias effects, examiners were experimentally blinded to their examinees' demographic background characteristics (to the extent this was possible) and treatment group assignments, and examiners did not score their own protocols.

Trait anxiety was selected as a criterion of therapeutic outcome for a variety of reasons. First, anxiety is a pervasive symptom underlying common DSM-III disorders of childhood and adolescence (e.g., adjustment reaction, 309. 23-24; overanxious disorder, 313.00).[9] Second, trait anxiety has been widely researched in the mental health clinical services literature on Hispanic populations.[10] And third, heightened feelings of anxiety represent one of the most common sources of psychological distress presented by Hispanics at community mental health service agencies.[11] The trait anxiety scale of Spielberger's State-Trait Anxiety Inventory for Children (1973) was administered in English, or the *Inventario de Ansiedad Rasgo Estado Para Niños* in Spanish.[12] The trait anxiety measure was completed by the mothers (because of subjects' age range), who rated their perception of children's anxiety.

The State-Trait Anxiety Inventory (STAI) was developed as a brief, self-report measure of anxiety experienced situationally (state) versus a relatively enduring personality characteristic (trait). The A-Trait scale consists of 20 statements about how one generally feels (e.g., "I am quick tempered," "I feel inadequate"), where the respondent rates the frequency of the feeling on a 4-point scale (almost never to almost always). Items were selected on the basis of high consistency, stability over time, and concurrent validity with respect to other accepted measures of anxiety (e.g., Taylor Manifest Anxiety Scale, IPAT Anxiety Scale). Test-retest reliabilities ranged from .73 to .86; internal consistency reliabilities ranged from .89 to .94; and concurrent validity coefficients ranged from .46 to .79. The STAI was back-translated into Spanish for cross-cultural research with the assistance of psychologists from 10 different Latin American countries. For the Spanish Trait Scale, the *Inventario de Ansiedad Rasgo-Estado* (IDARE), internal consistency estimates based on two administrations to both native Puerto Ricans and bilingual Hispanics in the United States ranged from .82 to .95; correlations with the English version (STAI) ranged from .83 to .94; and test-retest correlations ranged from .76 to .84 over 7-10 day intervals.

The English and Spanish versions of the STAI selected for the study are the forms developed for elementary school children up to the age of 12. The State-Trait Anxiety Inventory for Children (STAIC) is similar in content and psychometric rigor to the STAI, but the format was simplified for administration to children. Subsequently, the *Inventario de Ansiedad Rasgo-Estado para Niños* (IDAREN) was back-translated from STAIC. Based upon administration to bilingual elementary school children in Puerto Rico, internal consistency reliability of the IDAREN A-Trait scale ranged from .80 to .84; correlations between Spanish and English forms (IDARE and STAIC) ranged from .76 to ,77; and test-retest correlations ranged from .73 to .74 over 3-week intervals. Concurrent validity with the Spanish adult from IDARE ranged from .66 to .72. Thus, the measures of trait anxiety for the study (STAIC for English-dominant examinees and IDARE for Spanish-dominant examinees) evidence parallelness, high internal consistency and test-retest reliability, and high correlations with other validated measures of trait anxiety.

In light of academic attrition and conduct problems of Puerto Rican children in New York schools[13] three subtests of the WISC-R were selected as therapeutic outcome criteria on the basis of their relationship to academic performance and social adjustment. The Comprehension subtest assesses children's ability to use practical social judgment in everyday situations, level of moral development, interpersonal relationships, and control of aggressive impulses. This is one of the few WISC subtests that reflects personality functioning, as well as cognitive ability to integrate past experience and socialized learning.[14] On the other hand, the Similarity and Vocabulary subtests assess verbal reasoning and knowledge of word meaning, which are predictive of academic success. Spanish-dominant children were tested with the corresponding subtests *(Vocabulario, Semejanzas, y Comprensión)* of the *Escala de Inteligencia para Niños.*[15]

The problem of Hispanics' untreated mental health needs is compounded by bias allegedly inherent in traditional personality assessment techniques.[16] Thus, in order to gain a broader understanding of the impact of therapeutic intervention on the adaptiveness of children's personality functioning, two further evaluation techniques were employed — experimental observation of behavior and projective personality testing.

Children were observed in four role-playing situations wherein observers rated the adaptiveness of their behavior in response to experimentally induced prompts. Observers (i.e., the examiners described earlier) were trained to .80 interrater agreement on a pilot sample of videotaped scenarios. The four role-playing situations were designed to elicit behavior indicative of delay of gratification, self-concept of competence, disruptiveness, and aggression, since these constructs are prominent in personality theory[17] and also are particu-

larly problematic with Puerto Rican youth.[18]

In the first situation, subjects were given a series of five easy geometric problems to solve (e.g., discrimination between a circle and a square), and were offered immediate payment of 10 cents for a correct solution versus an extra 10 cents for each day (up to four) they were willing to delay payment. Ability to delay gratification was measured by the number of days payment was delayed on each trial. In the second situation, subjects were presented with a series of five pictures sealed in five envelopes. There were five envelopes for each grade, K through third. All envelopes at the same grade level contained the same picture, e.g., at K level, there was a picture of a running dog, and the child was asked "What is the dog doing?" The subjects were asked to choose one of the envelopes containing a problem as appropriate for a child either two years younger than the subject, one year younger, the same age, one year older, or two years older than the subject. No feedback was provided until the last trial. Self-concept of competence was inferred from the age level selected by the examinee on each of five such trials. In the third situation, subjects were given a coloring book task to complete, and were instructed to maintain silence for 10 minutes so as not to disturb other children who were studying. During this period, observers recorded the frequency of occurrence of disruptive behavior, e.g., talking, leaving seat, or daydreaming. In the fourth situation, subjects were given a popgun with five balls and told to knock down toy soldiers. However, an experimental confederate attempted to thwart the subject on each attempt, e.g., by trying to block the ball or by knocking down the target. The degree of aggression displayed by the subject on each trial was rated by observers, e.g., disregarding provocation, making derogatory verbal or physical gestures, "shooting" the confederate, on a five-point scale. In the latter three situations, subjects were given token rewards, such as candy or toys, after completion of the tasks. In the data analyses, observations were averaged across the five trials for each independent role-playing situation.

The use of traditional thematic apperception tests, such as the TAT and CAT, has led to the evaluation of Hispanic children as less verbally fluent than nonminority children, yet these assessment practices persist with minorities despite acknowledgment that the validity of projective techniques can be impugned with verbally inarticulate examinees.[19] The TEMAS thematic apperception test, developed at the Hispanic Research Center, was constructed as a projective technique comprised of chromatic pictures depicting Hispanic characters interacting in familiar urban settings.[20] Th TEMAS pictures depict interpersonal situations that require resolution of psychological conflict (e.g., complying with a parental errand vs. playing with peers) in order to elicit verbal themes revealing

adaptiveness of personality functioning. In the testing procedure, an examinee tells a story about each picture, identifying the characters, their relationships, the setting and events, and what will happen in the future. Subsequently, thematic content is scored by a clinical examiner for adaptiveness of nine personality functions: interpersonal relations, aggression, anxiety/depression, achievement motivation, delay of gratification, self-concept, sexual identity, moral judgment, and reality testing. Psychometric studies conducted with the TEMAS technique demonstrated that Puerto Rican children are significantly more verbally fluent in telling stories about TEMAS pictures than about TAT pictures, and that children are more likely to respond in Spanish to TEMAS and in English to the TAT.[21] Subsequent work with TEMAS indicated that thematic content is stable over a four-month interval, based on at least .90 test-retest reliability for each picture; that practicing clinicians reached 74 to 90 percent agreement on the personality functions "pulled" by each picture; that interrater reliability ranged from .33 to .75 for each picture, along with internal consistency (alpha) reliabilities of .58 to .92 for the various personality functions; and that estimates of concurrent validity ranged from R = .32 to .51, using TEMAS profiles to predict measures of ego development, trait anxiety, and adaptive behavior.[22] However, despite these promising preliminary statistical characteristics, the validity of the technique cannot be unquestionably assumed, since the test has not yet been standardized. In the present study, nine TEMAS pictures were administered to the children to obtain a personality profile on the nine constructs purportedly measured by the technique, presumably untainted by ethnic bias inherent in other tests.

In summary, the cuento therapies were specifically designed to present models of adaptive interpersonal behavior, primarily through a verbal (storytelling) modality. For these reasons, it was expected that cuento therapy would have greatest impact on reduction of anxiety, on cognitive growth in verbal expression and on amelioration of deficits in personality functioning. The psychological assessment of these presumed therapeutic outcomes was attempted by a variety of methods, including paper-and-pencil rating, objective standardized intelligence testing, experimental observations, and projective personality testing, in order to examine a representative number of mental health-related constructs.

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4

EVALUATION OF THERAPEUTIC OUTCOMES

Therapeutic outcomes were determined by conducting a three-way analysis of covariance (Treatment x Sex x Grade Level) on each immediate and follow-up posttest measure, with the pretest treated as the covariate. Due to the varying patterns of missing data across the variables, a least-squares (linear regression) solution was employed for the resulting non-orthogonal design.[1] Since it is well known that difference scores suffer from problems of reliability,[2] rather than computing pretest-posttest change scores, residualized posttest scores are reported (i.e., posttest adjusted by pretest covariate). Statistically significant findings on the therapeutic outcome criteria are reported in separate sections in the remainder of this chapter.

Treatment Effects on Trait Anxiety

The effects of therapeutic intervention on reduction of trait anxiety was measured by the Trait Scale of Spielberger's State-Trait Anxiety Scale for Children. This 20-item subscale is ordinarily scored "1" through "4" for each item, indicating increasing frequency of anxiety symptomology. However, since some test protocols contained missing item ratings, the average item score was computed; and since the direction of this scale was opposite that of the other evaluation criteria, the polarity of the Trait Scale was reversed so that high scores (4) reflect low anxiety and low scores (1) denote high anxiety. Table 4.1 shows the pretest and posttest descriptive statistics (means and standard deviations) for the total sample of research participants.

Examination of the means of the total sample in Table 4.1 indicates that the group as a whole was experiencing a moderate level of trait anxiety prior to therapy, which tended to decrease negligibly (about one-sixth of a standard deviation) after therapy. Furthermore, the variability of the sample was relatively homogeneous across the three test administrations.

In the analysis of covariance conducted on the immediate posttest scores, using the pretest trait anxiety score as a covariate, there was a statistically significant Treatment x Grade Level interaction, $F(9, 171) =$

Table 4.1

Overall Means and Standard Deviations on Trait Anxiety Scale at Pretest, Immediate Posttest (N=210) an One-Year Follow-up Posttest (N=178)

Test	Mean	SD
Pretest	1.84	0.30
Immediate Posttest	1.90	0.32
Follow-up Posttest	1.89	0.46

1.96, $p < .05$, which explained 8.4 percent of the total variance. Since main effects are obfuscated in the presence of an interaction, post-hoc tests of simple main effects were conducted at each grade level (kindergarten through third), following the recommendations of Winer.[1] These tests of simple main effects revealed significant differences between treatments only at the first-grade level, $F(3,171) = 3.21$, $p < .05$. Further post-hoc analyses by the Tukey HSD procedure showed that the adapted cuento group reported significantly less ($p=.05$) trait anxiety than the original cuento group and the two control groups, and that the original cuento group reported less trait anxiety than the no-intervention group, but did not differ from traditional group therapy (see Figure 4.1).

The mean differences illustrated in Figure 4.1 were compared to the pooled within-group standard deviation of 0.27 in order to compute the effect size associated with significant between-group differences.[1] The effects of Adapted Cuento Therapy were moderate (.63SD) with respect to the Art/Play treatment and quite large (1.22SD) relative to the no-intervention control group. By contrast, the Original Cuento therapy group differed by .33SD a small to moderate effect, from the no intervention control group. Furthermore, interpreting these effect sizes as unit normal deviates ($z=m_1-m_2$ /SD), the Adapted Cuento mean corresponds to the 74th percentile of the traditional group therapy distribution and to the 89th percentile of the no-intervention control group distribution, while the mean of the Original Cuento group represents the 63rd percentile of the no-intervention group.

Analysis of the follow-up posttest scores, again treating pretest score as a covariate, indicated that treatment effects on trait anxiety were stable one year after termination of therapeutic intervention. In the follow up analysis of covariance, there was a significant main effect of Treatment, $F(3,157) = 2.16$, $p<.05$, explaining 4.4 percent of the total

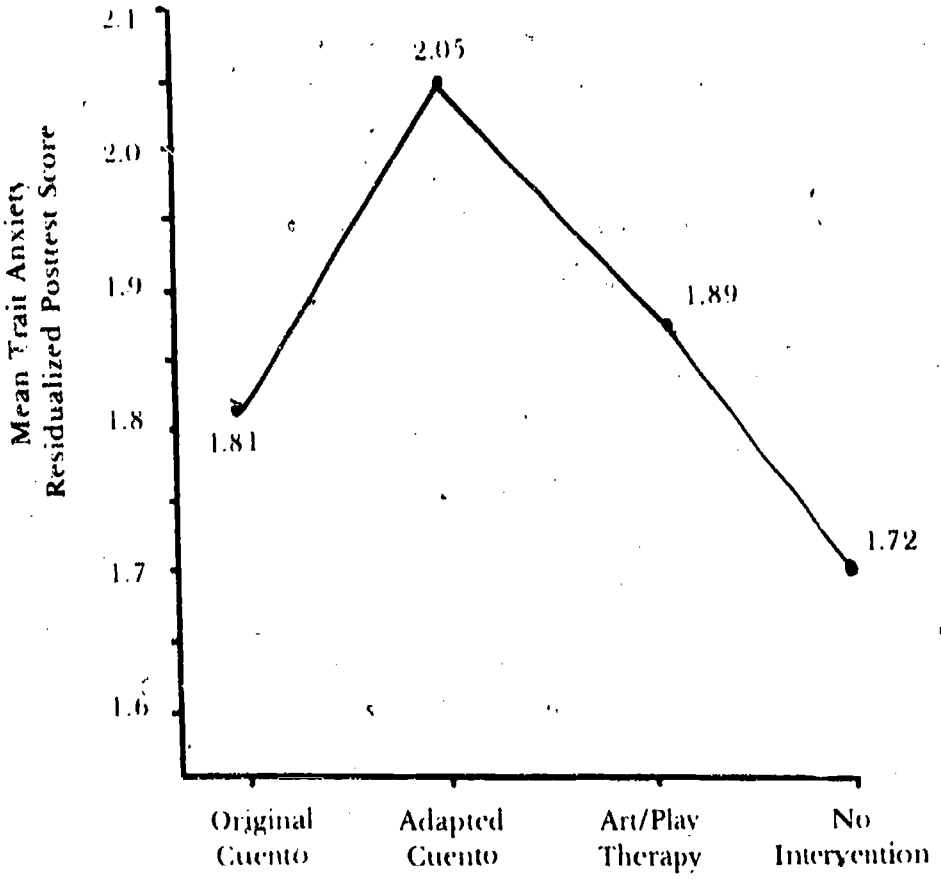

Figure 4.1 — First-graders' mean trait anxiety scores (posttest adjusted by pretest) as a function of treatment group.

variance. Moreover, treatment effects were consistent across grade levels and sexes, as indicated by the absence of significant interaction effects.

Residualized mean follow-up posttest scores are graphed in Figure 4.2 for the four treatment groups. Post-hoc analyses by the Tukey HSD procedure revealed that the Adapted Cuento group differed significantly ($p=.05$) from both control groups, but not from the Original Cuento group, which in turn differed significantly only from the no-intervention control group. The corresponding effect sizes (based on a within-group standard deviation of .29) were small to moderate (.34SD) for the Adapted Cuento group compared to traditional group therapy, but not much greater (.68SD) compared to no therapeutic intervention. Similarly, the effect of Original Cuentos was moderate (.48SD) compared against no therapeutic intervention. These unit normal deviates corresponded to the 63rd and 75th percentiles, respectively, for the Adapted Cuento treatment, and the 68th percentile for the Original Cuento treatment.

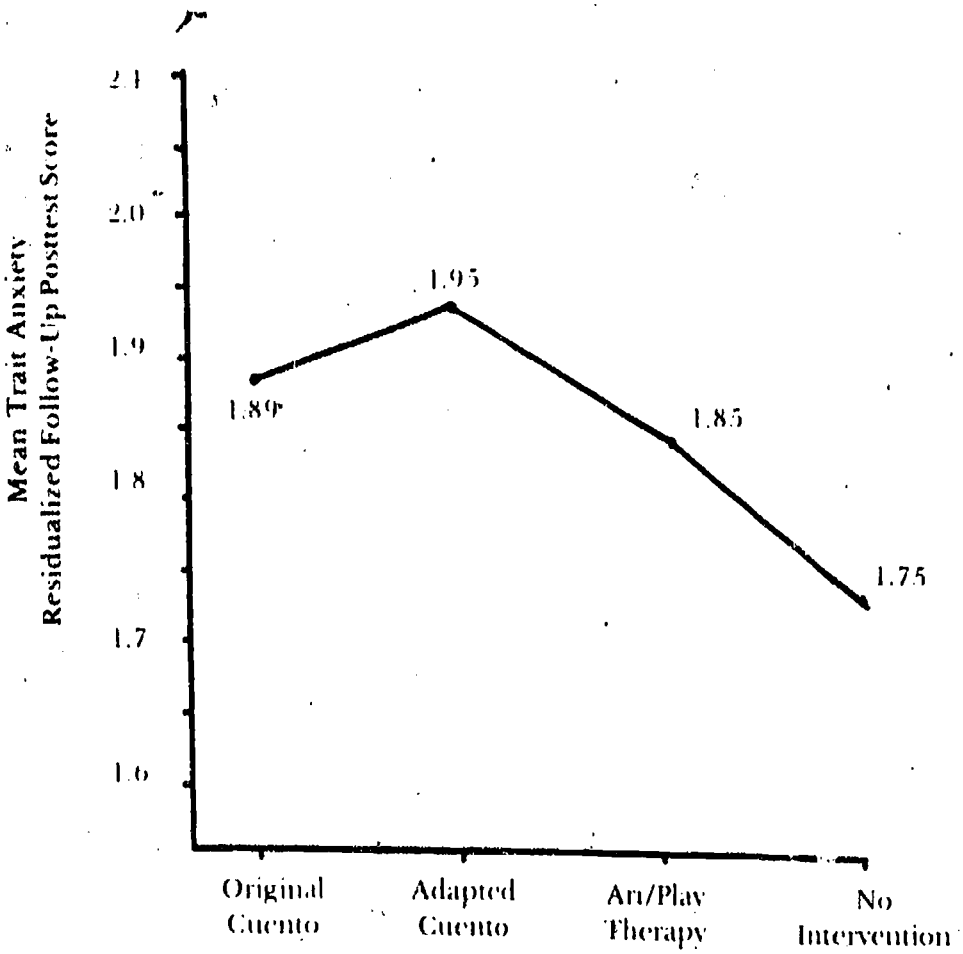

Figure 4.2 — Mean follow-up trait anxiety scores (posttest adjusted by pretest) as a function of treatment group.

Table 4.2

Overall Means and Standard Deviations of WISC Subtests at the Pretest and Immediate Posttest Evaluations (N=210)

Subtest	Pretest		Posttest	
	Mean	SD	Mean	SD
Vocabulary	6.98	2.58	8.12	2.92
Comprehension	9.01	3.19	9.85	2.93
Similarities	8.93	3.14	10.48	2.98

Treatment Effects on Cognition

In order to determine the effects of psychotherapeutic intervention on cognitive growth, analyses of covariance were conducted on WISC Comprehension, Similarities, and Vocabulary subtests. Table 4.2 shows the pretest and posttest descriptive statistics (means and standard deviations) for the total sample of research participants. Standard scores are reported for WISC subtests, where the mean is 10 and standard deviation is 3.

As is apparent is Table 4.2, prior to therapeutic intervention the sample of research participants as a whole were below average intelligence. The pretest WISC profile was such that, on the average, children fell about one standard deviation below the mean on the Vobabulary subtest, and about one-third of a standard deviation below the mean on the Comprehension and Similarities subtests. Hence, prior to treatment the overall sample can be characterized as "low average" with respect to intellectual development. By contrast, following the completion of therapeutic intervention, WISC subtest scores showed marked increases of about one-third of a standard deviation in Vocabulary, about one-fourth of a standard deviation in Comprehension, and about one-half a standard deviation in Similarities. Therefore, subsequent to treatment the sample can be characterized as within the "average" range of intelligence. A final comment about Table 4.2 is that inspection of the standard deviations indicates that the variability of WISC scores was homogeneous and consistent with the standardized scale parameter (SD = 3).

In the analyses of covariance conducted on WISC subtest scores, no significant treatment effects were found for the Vocabulary or Similarities subtests (ps > .05). However, in the analysis of Comprehension scores, there was a significant main effect due to the Treatment factor, $F(3, 176) = 2.90$, $p<.05$, which accounted for 4.1 percent of the total variance. The mean Comprehension scores of the four treatment groups are plotted in Figure 4.3.

Post-hoc analyses of the mean differences between treatment groups was conducted in a pairwise fashion using the Tukey HSD procedure.[5] The multiple comparison procedures revealed that both Cuento groups significantly ($p = .05$) increased Verbal Comprehension relative to traditional group therapy and no intervention, but that there was no significant difference between Original and Adapted Cuento modalities. The mean differences between groups are illustrated in Figure 4.3. Relative to the pooled within-group standard deviation of 2.41, the mean differences depicted in Figure 4.3 are evidence of moderate treatment effects of Cuento therapies (.54SD) compared to the traditional Art/Play group, and small treatment effects of Cuento groups (.28) relative to the no-intervention control group, according to the conventions suggested by Cohen.[6] Another interpretation of these

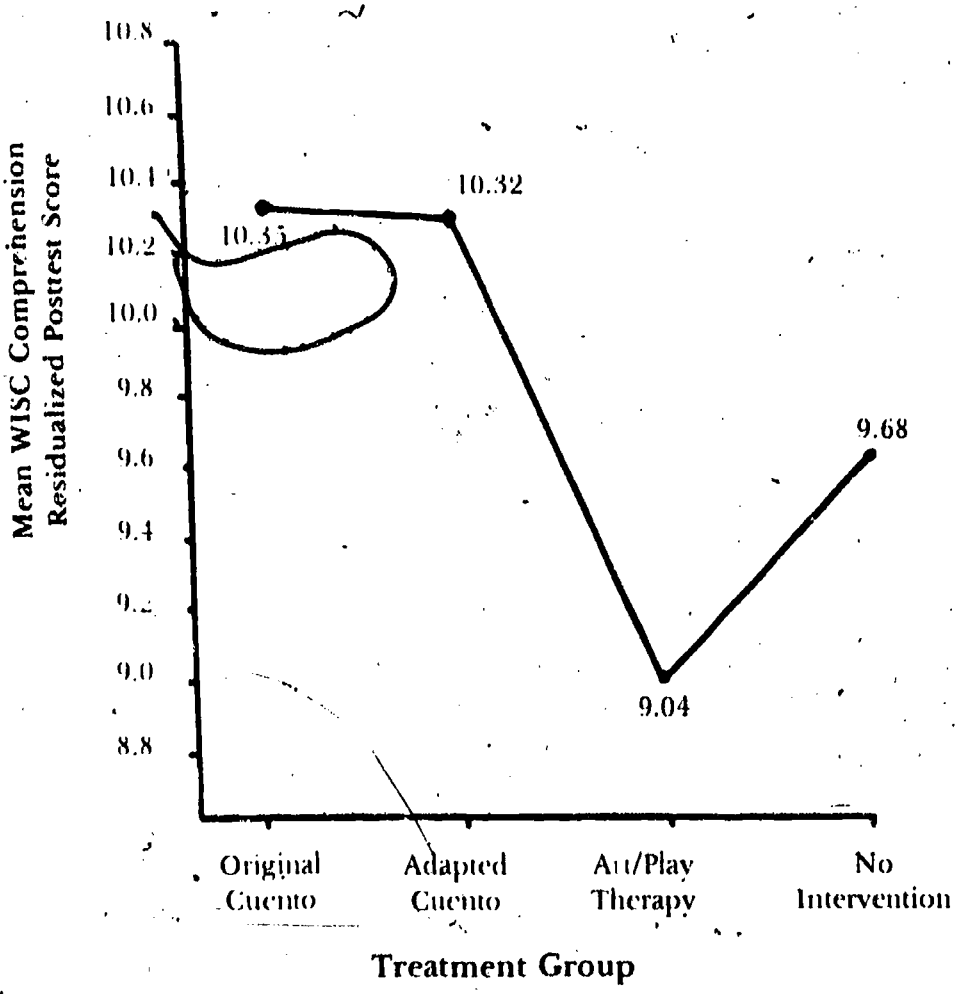

Figure 4.3 — Mean WISC comprehension scores (posttest adjusted by pretest) as a function of treatment group.

effect sizes, in terms of standard scores, is that the mean of the combined Cuento groups represents the 70th percentile of the traditional Art/Play group and the 61st percentile of the no-intervention control group.

Treatment Effects on Role-Playing Observations

The effects of therapeutic intervention on aggressiveness, self-concept of competence, disruptiveness, and delay of gratification were measured by observation of children's behavior in experimental role-playing situations (see Chapter 3). Children's observations were averaged across trials, on a five point scale where "1" denotes highly maladaptive behavior and "5" highly adaptive behavior. Means and standard deviations of the pretest, posttest, and follow-up observations are reported in Table 4.3 for the total sample of research participants.

Inspection of the overall means in Table 4.3 suggests that the research participants were functioning at moderately adaptive levels of delay of gratification and self-concept of competence, both prior to and after therapeutic intervention. However, observers' ratings of disruptiveness and aggression were much lower, as might be anticipated from the manner in which subjects were screened for participation in the study. The variances were homogeneous across test administrations, and scores tended to decrease negligibly in terms of adaptiveness over time.

Analyses of covariance applied to immediate and follow-up posttest scores, treating corresponding pretests as the covariate, did not reveal statistically significant differences between treatment groups in children's ability to delay gratification, self-concept of competence, or disruptiveness. However, in the analysis of observers' immediate posttest ratings of aggressiveness, there was a significant main effect of treatments, $F(3, 175) = 3.36$, $p<.02$, explaining 4.8 percent of the variance. Post-hoc tests indicated the Adapted and Original Cuento groups displayed significantly less (Tukey HSD $p = .05$) aggression than the traditional group therapy, but did not differ significantly from the no-intervention control group nor from each other (see Figure 4.4).

The significant mean differences of Adapted and Original Cuento groups from the Art/Play therapy group correspond to effect sizes of .53SD and .39SD, respectively (within-group SD = 0.76). Normal deviate percentile conversions of these effect sizes indicate that the Adapted Cuento mean fell at the 80th percentile of the Art/Play group mean, while the Original Cuento mean was at the 65th percentile of the latter distribution. Nevertheless, despite these significant and moderate effects of cuento therapy compared to a traditional group therapy, children who received no therapeutic invention, on the average, were on a par with children in the cuento therapy groups.

Treatment Effects on TEMAS Profiles

The effects of therapeutic invention on adaptiveness of overall personality functioning was examined through the administration of the TEMAS projective test. Means and standard deviation for the nine personality dimensions assessed by the TEMAS test are reported in Table 4.4 for the pretest, immediate posttest, and one year follow-up posttest administrations. Due to the pattern of missing data, and also because unequal numbers of projective stimuli "pull" each of the nine personality functions, scores were averaged across stimuli for each variable. In terms of the means reported in Table 4.4, the rating scale of adaptiveness of personality functioning ranges from "1" (highly maladaptive) to "4" (highly adaptive).

As is readily apparent in Table 4.4, the sample of research participants as a group tended to change very little between the pretest and immediate posttest. Inspection of the mean TEMAS profile shows

Table 4.3

Overall Means and Standard Deviations of Role-Playing Observations at Pretest, Immediate Posttest (N=210) and One-Year Follow-up Posttest (N=178)

Behavior Observed	Pretest		Immediate Posttest		Follow-Up Posttest	
	Mean	SD	Mean	SD	Mean	SD
Delay of Gratification	2.91	1.22	3.10	1.34	2.74	1.33
Self-Concept of Competence	3.12	0.69	3.23	0.67	2.90	0.62
Disruptiveness	1.88	0.43	1.77	0.37	1.43	0.28
Aggression	1.87	0.86	1.65	0.80	1.25	0.69

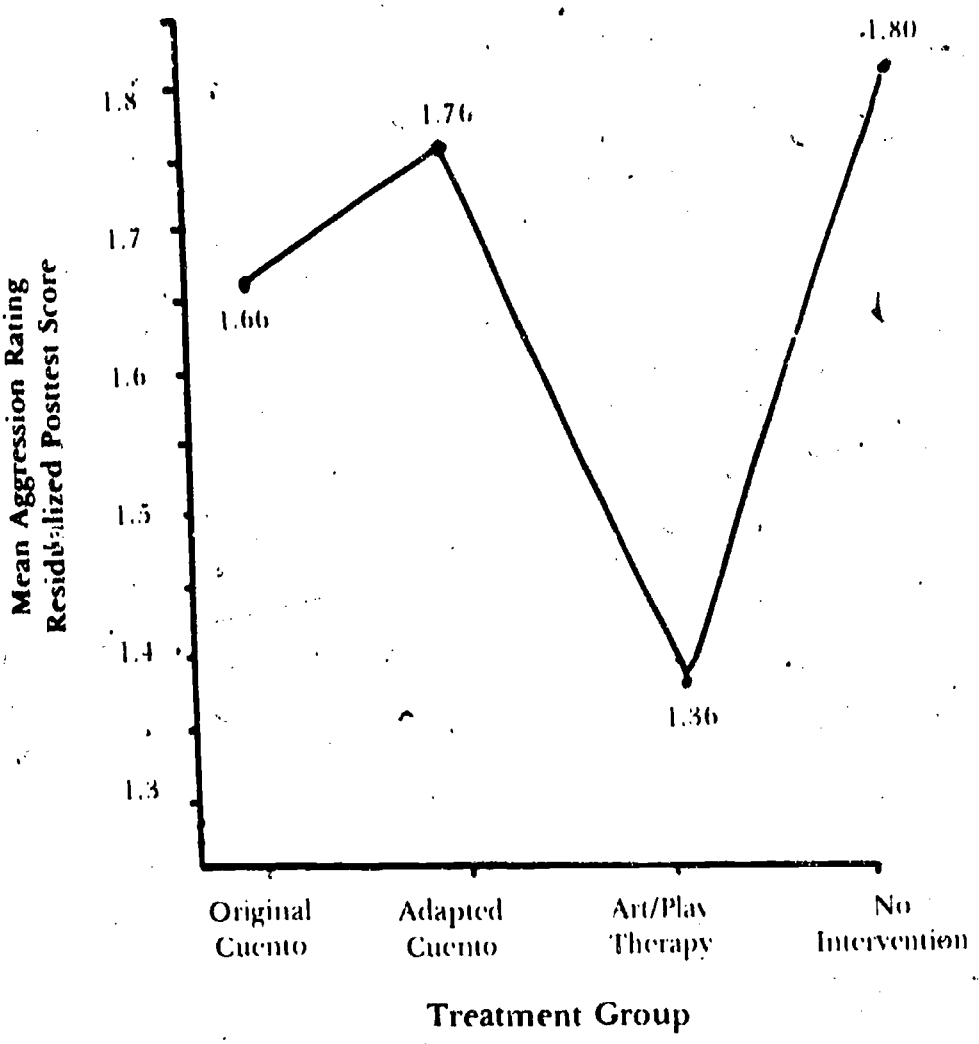

Figure 4.4 — Mean observations of aggression (posttest adjusted by pretest) as a function of treatment group.

negligible fluctuations from pretest to posttest generally less than a factor of ± .25SD. By contrast the total group increased much more dramatically, in terms of adaptiveness of personality functioning, one year after termination of therapy. Interpersonal Relations increased in adaptiveness by an average of .47SD, Aggression by .68SD, Anxiety by .75SD, Achievement Motivation by .43SD, Delay of Gratification by .41SD, Self-Concept of Competence by .34SD, Sexual Identity by .45SD, Moral Judgment by .58SD, and Reality Testing by .60SD. Finally, as with other evaluation criteria presented earlier, the variances of the personality functions were homogeneous across administrations.

The analyses of covariance of immediate posttest scores revealed statistically significant differences between treatment groups for Aggression, Anxiety, and Sexual Identity. A significant main effect of Treatments on Aggression was noted, $F(3, 174) = 3.61$, $p<.02$,

Table 4.4

Overall Means and Standard Deviations on TEMAS Personality Variables at the Pretest, Immediate Posttest (N=210) and One-Year Follow-up Posttest (N=178)

TEMAS Variable	Pretest		Immediate Posttest		Follow-Up Posttest	
	Mean	SD	Mean	SD	Mean	SD
Person Relations	2.57	0.38	2.55	0.41	2.73	0.30
Aggression	2.48	0.40	2.34	0.49	2.74	0.36
Anxiety	2.37	0.36	2.29	0.44	2.64	0.37
Achievement Motivation	2.82	0.40	2.88	0.58	2.98	0.35
Delay of Gratification	2.52	0.49	2.54	0.58	2.71	0.43
Self-Concept of Competence					2.95	0.51
Sexual Identity	2.43	0.51	2.29	0.86	2.67	0.56
Moral Judgment	2.54	0.47	2.69	0.55	2.80	0.42
Reality Testing	2.48	0.51	2.38	0.63	2.77	0.45

explaining 4.9% of the variance. Post-hoc tests by the Tukey HSD procedure ($p=.05$) revealed that the Original Cuento group did not differ significantly from either control group; however, contrary to other significant findings, the Adapted Cuento group displayed more thematic aggression on the TEMAS test than the Art/Play and no-intervention groups (see Figure 4.5).

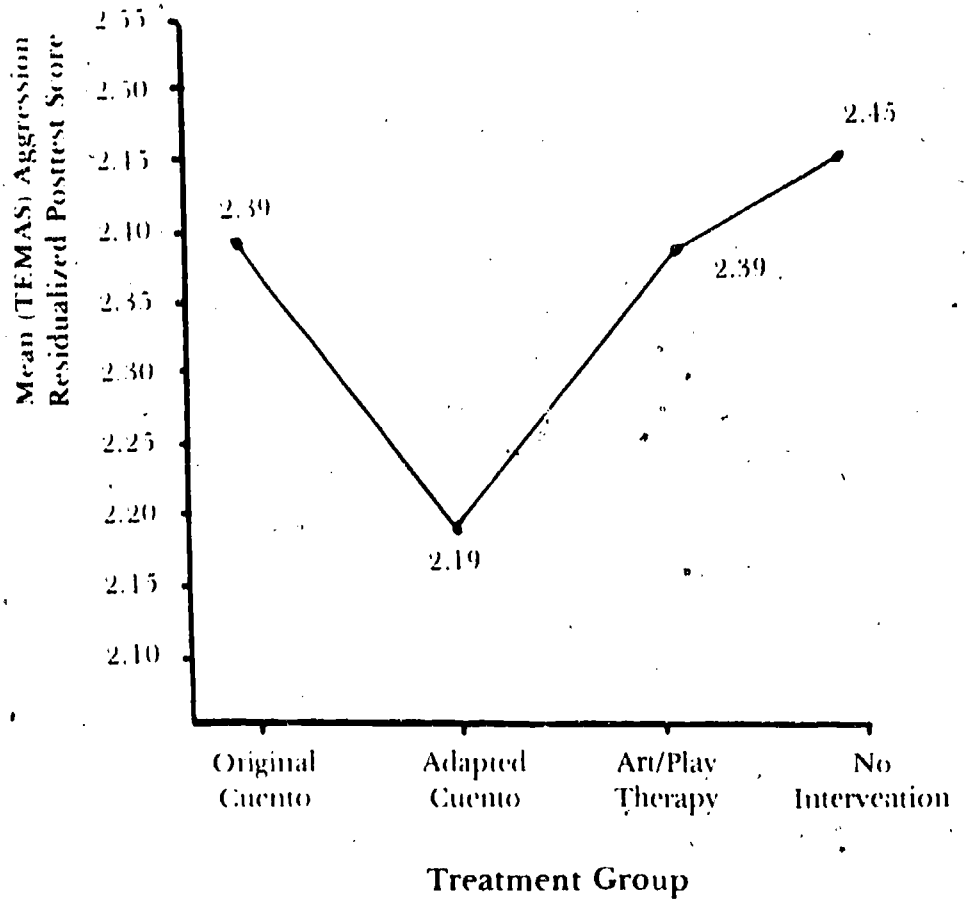

Figure 4.5 — Mean posttest aggression scores (posttest adjusted by pretest) on the TEMAS test as a function of treatment group.

A significant Treatment x Sex interaction, $F(3, 174) = 4.04$, $p<.01$, accounted for 5.4% of the variance in Anxiety themes. Post-hoc tests of simple main effects[7] showed that Treatment groups did not differ significantly ($p>.05$) for boys, but there were significant differences between Treatments ($F\ 3, 174 = 5.84$, $p < .001$) for girls. Further post-hoc tests by the Tukey HSD procedure ($p = .05$) indicated that the Original Cuento group did not differ significantly from the Art/Play and no-Intervention groups; however, the Adapted Cuento group expressed significantly more thematic anxiety in telling TEMAS stories than the two control groups and the Original Cuento group (see Figure 4.6).

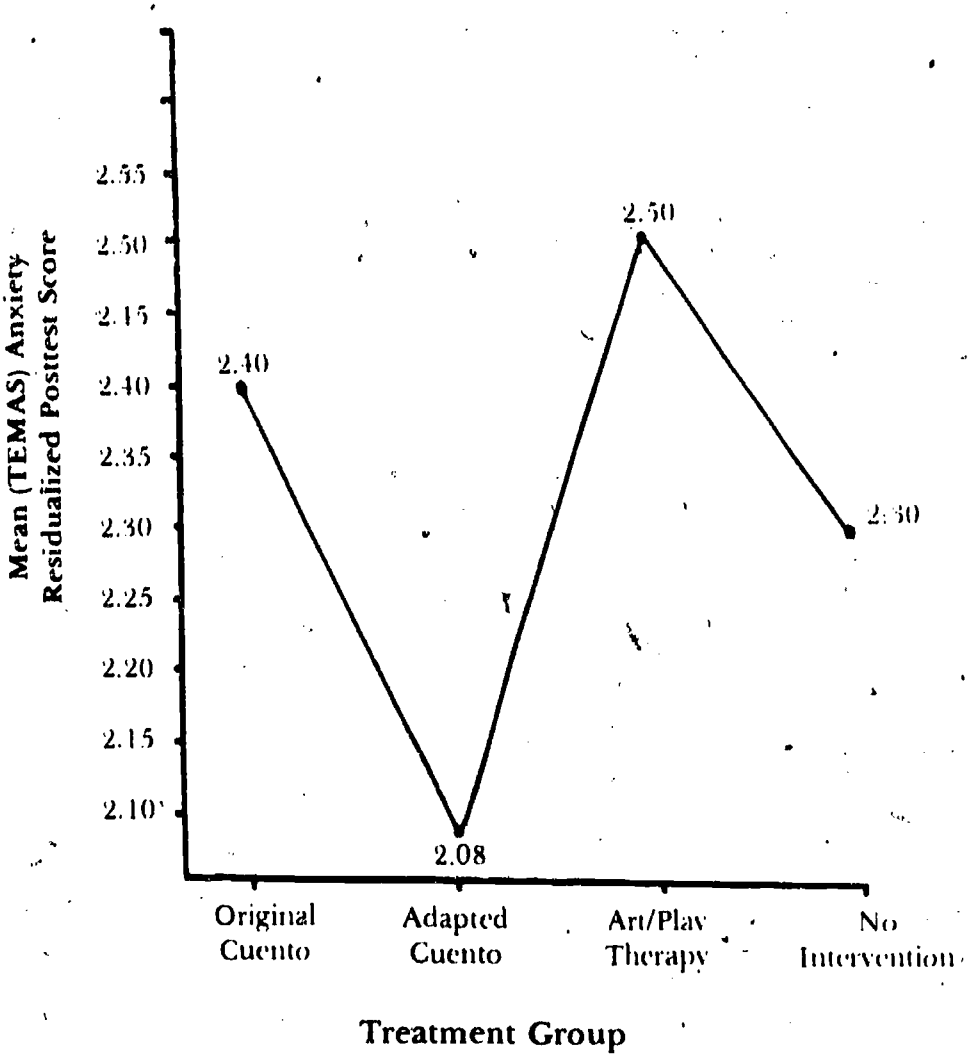

Figure 4.6 — Mean posttest anxiety scores (posttest adjusted by pretest) on the TEMAS test as a function of treatment group.

With respect to Sexual Identity, the analysis of covariance yielded a significant Treatment x Grade Level interaction, $F(9,108) = 1.98$, $p<.05$, accounting for 11.6 percent of the variance in adjusted posttest scores. Tests of simple main effects showed that Treatment groups differed significantly only at the first-grade level, $F(3, 108) = 3.32$, $p< .025$. The mean residualized posttest scores of first graders are reported for the four treatment groups in Figure 4.7. Post-hoc analyses by the Tukey HSD procedure ($p = .05$) confirmed that the Original Cuento group was significantly less adaptive in their storytelling than the other three groups; however, the Adapted Cuento group expressed significantly more adaptive sexual themes compared to the no-Intervention group. The effect size associated with the Adapted Cuento treatment was moderate (.4SD), based on a pooled within-group standard

deviation of .97; in other words, the mean of the Adapted Cuento group was equivalent to the 65th percentile of the untreated control group.

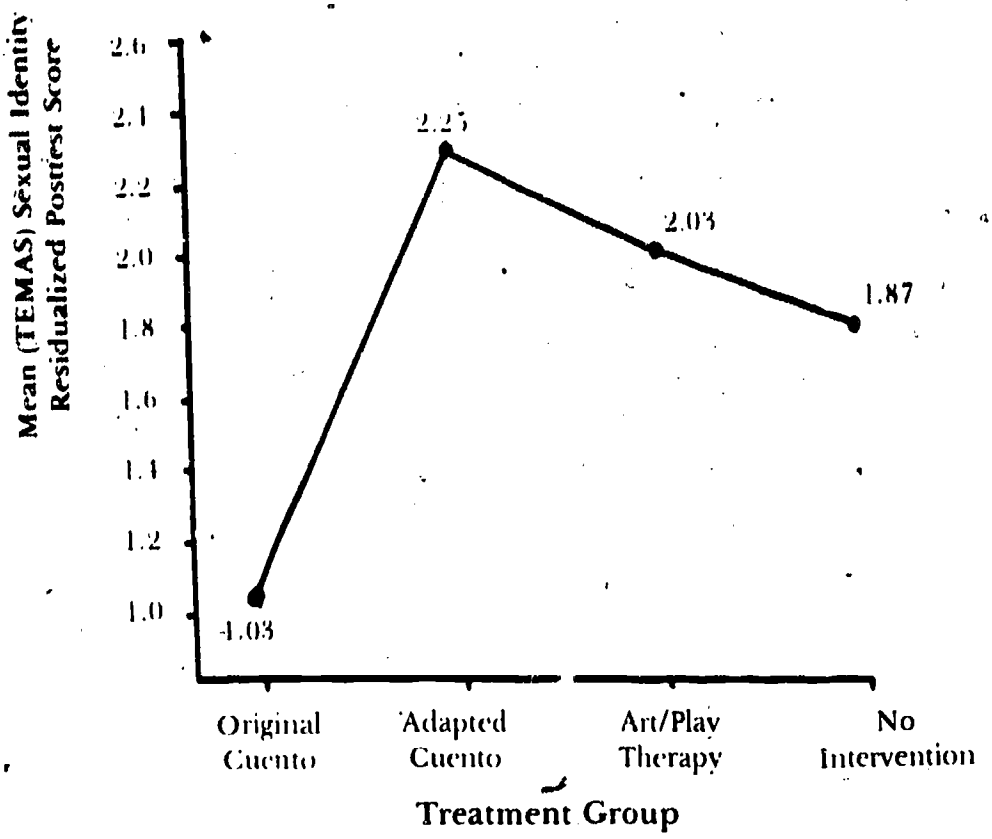

Figure 4.7 — Mean posttest sexual identity scores (posttest adjusted by pretest) on the TEMAS test as a function of treatment group.

Analyses of covariance conducted on one-year follow-up posttests led to statistically significant therapeutic outcomes on two personality functions measured by the TEMAS test, Reality Testing and Self-Concept of Competence.

A significant Treatment x Grade Level interaction was evident in the analysis of Reality Testing scores, $F(9, 144) = 2.62$, $p < .01$, which accounted for 12 percent of the variance. Tests of simple main effects confirmed the presence of Treatment group differences only at grade-level one, $F(3, 144) = 6.12$, $p < .001$, and at grade-level two, $F(3, 144) = 5.87$, $p < .001$. Mean residualized follow-up scores are plotted in Figure 4.8 for the four treatment groups as a function of grade level.

Post-hoc tests by the Tukey HSD procedure ($p = .05$) revealed the same pattern of significant differences for first and second graders. In both sets of pairwise mean comparisons, Original cuentos led to significantly more adaptive reality testing than each of the remaining

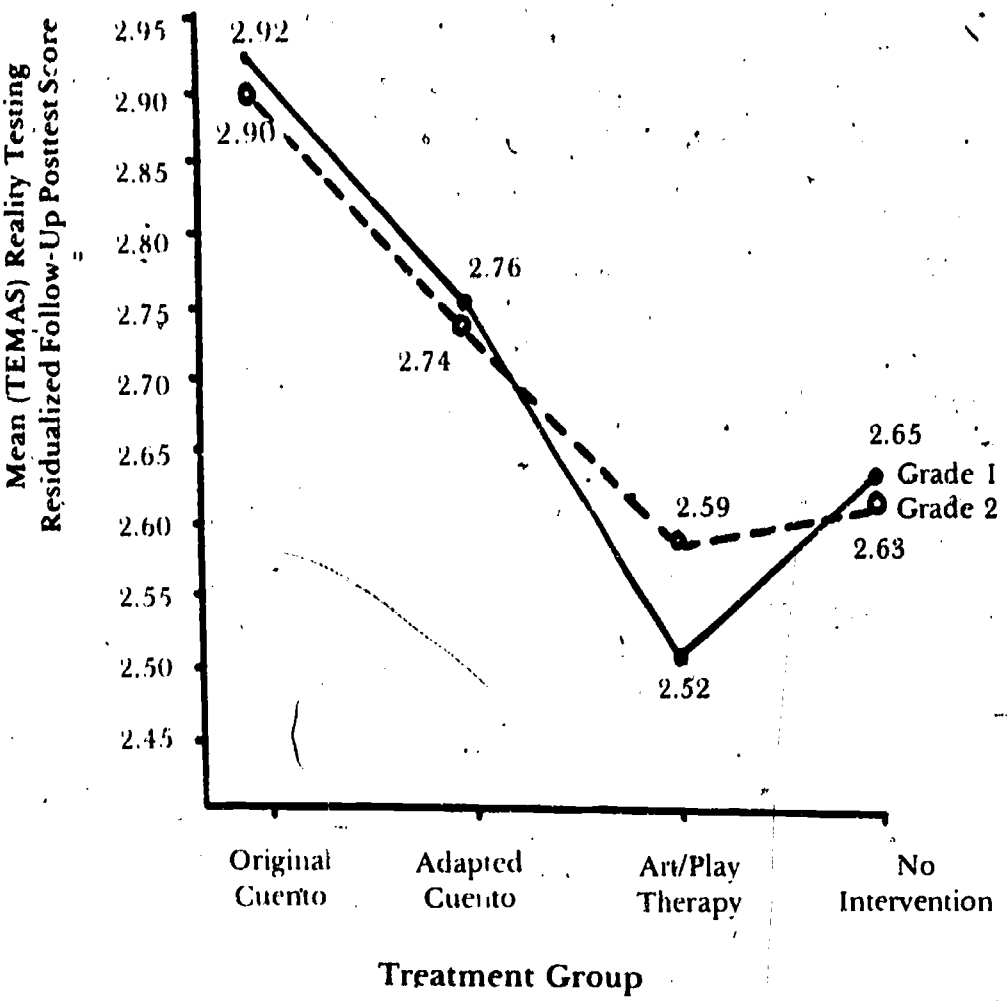

Figure 4.8 -- Mean follow-up reality testing scores (posttest adjusted by pretest) on the TEMAS test for treatment groups as a function of grade level.

groups, while Adapted Cuento treatments differed significantly from Art/Play therapy but not from no therapeutic intervention. Converting these mean differences into unit normal deviates (relative to a within-group standard deviation of .17), the effect sizes were moderate to large. At the first-grade level, the effect of Original Cuento treatment was .98SD compared to Art/Play therapy and .66SD compared to no intervention, which also represent percentile standings of 83 and 75, respectively. On the other hand, Adapted Cuento treatment evidenced an effect size of .59 relative to Art/Play therapy, which positions the Adapted Cuento mean at the 72nd percentile of the latter group's distribution. Similarly, the effects of Original Cuentos on second graders were .76SD compared to Art/Play therapy and .66SD compared to no therapeutic intervention. These effect sizes correspond to the 78th and 75th percentiles of the latter two groups' distributions.

Finally, second graders receiving Adapted Cuentos scored on the average .54SD higher than Art/Play participants, which corresponds to the 70th percentile of the traditional group therapy's distribution.

The follow-up analysis of Self-Concept of Competence indicated the presence of a significant Treatment x Grade Level x Sex interaction, $F(9, 146) = 1.89$, $p < .05$, which explained 10 percent of the variance. This interaction, therefore, was decomposed first by tests of simple interaction effects (separately for boys and girls), followed by tests of simple main effects within grade levels.[8] Treatment x Grade Level interactions were significant for both boys and girls; however, tests of simple main effects within grade levels produced varying patterns of significant differences between treatment groups. The residualized follow-up means of the treatment groups are shown graphically in Figures 4.9 for boys and 4.10 for girls.

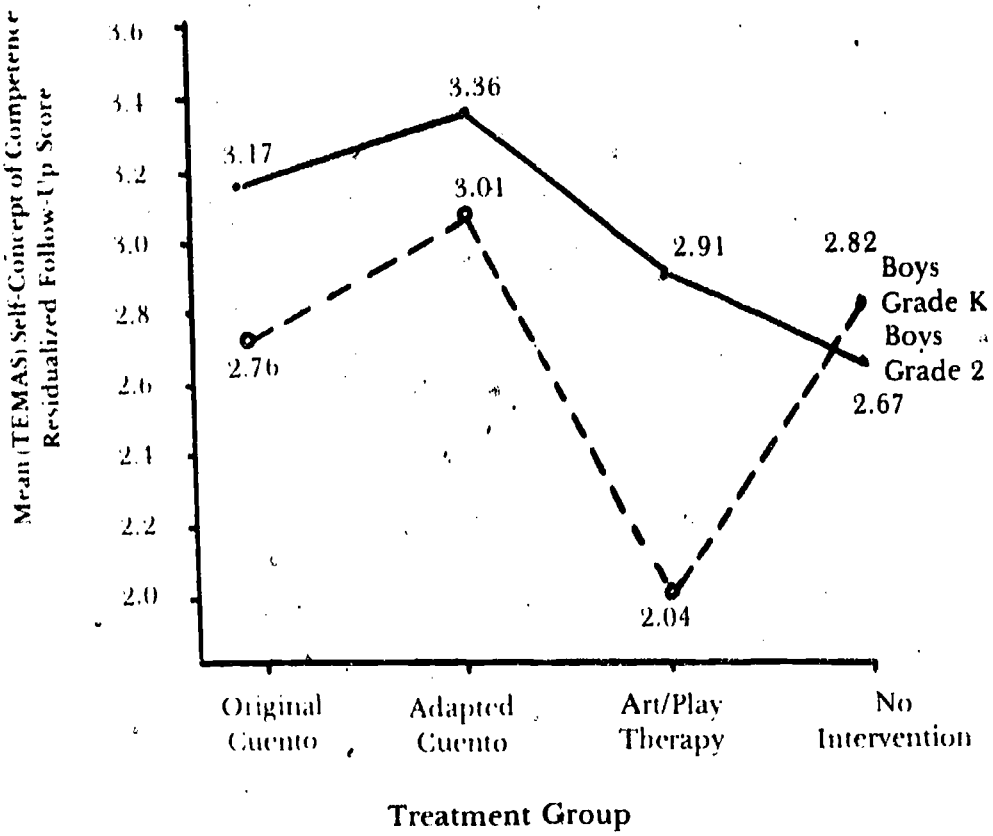

Figure 4.9 — Boys' mean follow-up self-concept of competence scores (posttest adjusted by prettest) on the TEMAS test for treatment groups as a function of grade level.

Table 4.5

Summary of Therapeutic Outcomes of Original and Adapted Cuento Treatments

Outcome Measure	% Var.	Original Cuentos	Effect Size	Adapted Cuentos	Effect Size
WISC R Comprehension:					
Immediate Posttest	4.1	Art/Play	.58	Art/Play	.54
		No-Intervention	.28	No-Intervention	.27
Trait Anxiety:					
Immediate Posttest (grade 1 only)	6.4	No-intervention	.33	Art/Play	.63
				No-Intervention	1.22
Follow up Posttest	4.4	No-Intervention	.48	Art/Play	.34
				No-Intervention	.68
Role Playing Observations Aggression:					
Immediate Posttest	4.8	Art/Play	.39	Art/Play	.53
TEMAS Aggression:					
Immediate Posttest	4.9	Not significantly different from Art/Play or No-Intervention		Significantly less adaptive than Art/Play or No-Intervention	

Table 4.5 (Continued)

TEMAS—Anxiety:					
Immediate Posttest (Only girls)	5.4	Not significantly different from Art/Play or No-Intervention		Significantly less adaptive than Art/Play or No-Intervention	
TEMAS—Sexual Identity:					
Immediate Posttest (grade 1 only)	11.6	Significantly less adaptive than Art/Play or No-Intervention		No-Intervention	.40
TEMAS—Reality Testing:					
Follow-up Posttest (grades 1/2 only)	12.0	Art/Play	.98/.76	Art/Play	.59/.54
		No-Intervention	.66/.76		
TEMAS—Self-Concept of Competence:					
Follow-up Posttest (boys, grades K/2 only)	10.0	Art/Play	1.42/1.85	Art/Play	1.98/2.49
				No-Intervention	.39/.49
Follow-up Posttest (girls, grades K/1 only)		Art/Play	n.s./.76	Art/Play	n.s./sign, less than AP NI
		No-Intervention	1.06/.43	No-Intervention	1.06/sign, less than AP NI

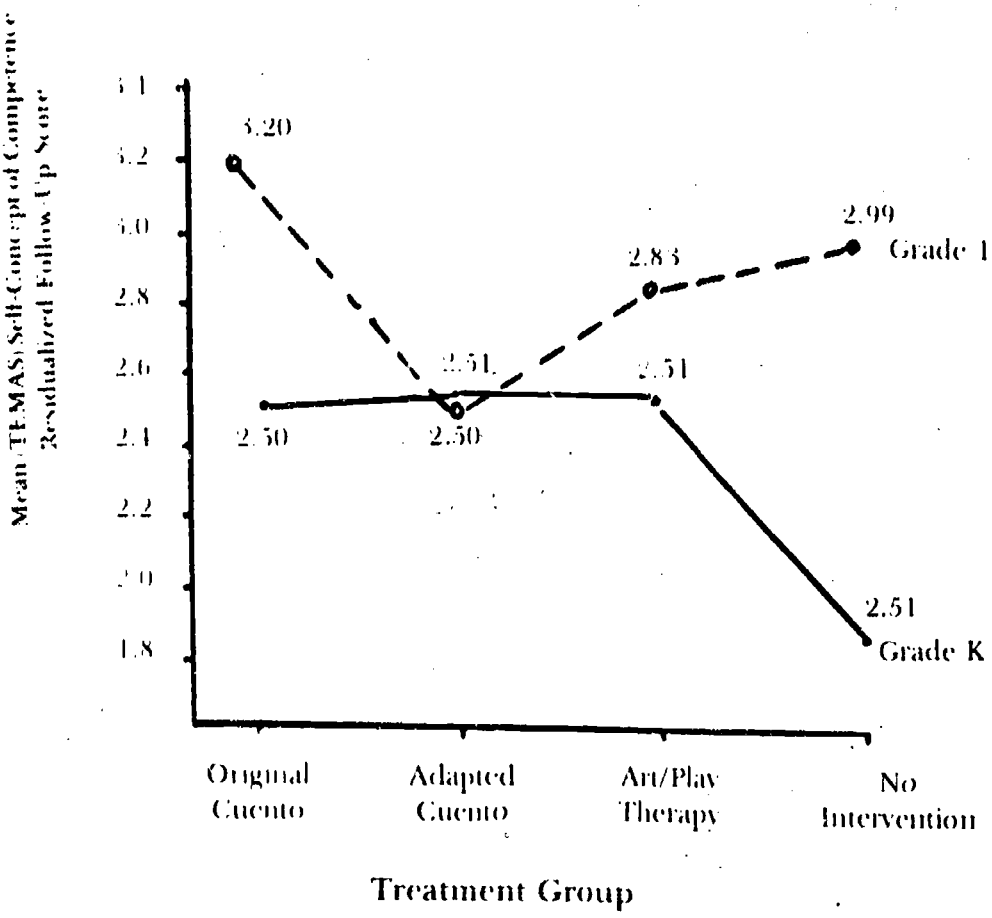

Figure 4.10 — Girl's mean follow-up self-concept of competence scores (posttest adjusted by pretest) on the TEMAS test for treatment groups as a function of grade level.

Tests of simple main effects of Treatments for boys indicated significant differences only at the kindergarten level, $F(3, 146) = 6.83$, $p < .001$, and at the second-grade level, $F(3, 146) = 5.68$, $p < .01$. At the kindergarten level, post-hoc comparisons by the Tukey HSD procedure yielded significant ($p = .05$) differences between Adapted Cuentos and Art/Play therapy corresponding to a large effect size of 1.98SD (relative to the within-group standard deviation of .49), and a moderate difference between Adapted Cuentos and the no-intervention group (.39SD). Viewed as unit normal deviates, these effect sizes position the mean of Adapted Cuento treatment at the 97th percentile of the Art/Play distribution and at the 65th percentile of the distribution of untreated boys. Original Cuento therapy, while significantly lower than the Adapted Cuento group, was significantly higher in Self-Concept than the Art/Play group but not significantly different from the no-intervention group. The effect size associated with the Original Cuentos was 1.47SD or in other words, the 93rd percentile of the Art/Play group's distribution.

At the second-grade level, Original Cuentos led to significantly ($p<.05$) more adaptive gains in boys' self-concept of competence than Art/Play therapy (1.85SD), but there was no significant difference from the untreated group. This effect size is quite large, meaning that the Original Cuento group mean is at the 97th percentile of the Art/Play therapy group's distribution. Similarly, the Adapted Cuento group also significantly exceeded the mean of the Art/Play group (2.49SD), as well as the mean of the no-intervention control group (.49SD). The former effect is large, representing the 99th percentile of the Art/Play distribution, while the latter effect is moderate, representing the 69th percentile of the no-intervention distribution.

Tests of simple main effects of Treatments for girls indicated significant differences only at the kindergarten, $F(3, 146) = 2.71$, $p<.05$, and first-grade, $F(3, 146) = 4.71$, $p<.01$, levels. At the kindergarten level, post-hoc comparisons of means by the Tukey HSD procedure ($p = .05$) showed that the three therapeutic interventions did not differ significantly from one another, but all were significantly higher than the mean of the no-intervention group. The effect size associated with the two cuento treatments was 1.06SD, thus the means of the cuento groups corresponded to the 86th percentile of the control group's distribution. At the first-grade level, the Original Cuento group was significantly higher than the Adapted Cuento group, and the Art/Play group (by .76SD) and no-intervention group (by .43SD). These effect sizes are representative of the 78th and 67th percentiles of the latter two group distributions, respectively. By contrast, the mean of the Adapted Cuento groups was significantly lower than the means of the two control groups.

A summary of significant treatment effects is compiled in Table 4.5, which presents the specific outcome measures as a function of test administration, the percentage of variance explained in posttest scores by treatments, and the effect size (mean difference/standard deviation) associated with Original and Adapted Cuento therapy conditions. The nature of significant interaction effects is shown parenthetically below each outcome measure.

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5

CLINICAL UTILITY OF CUENTO THERAPY

The purpose of the present study was to develop and test the effectiveness of a culturally sensitive psychotherapeutic modality for the treatment of Puerto Rican children with emotional and behavioral problems. Consistent with the definition of culturally sensitive treatment as documented in Chapter 1, the first modality was based on cuentos taken from native Puerto Rican folklore, thus maintaining isomorphism between the therapy and the children's Puerto Rican heritage. A second modality, based on cuentos adapted to American culture, departed from the isomorphism with Puerto Rican culture to reflect the bicultural, Hispanic-American experience of Puerto Rican children on the mainland. To evaluate the effectiveness of cuento therapy, we compared treatment outcomes against a traditional group therapy and a control group not receiving therapeutic intervention. Our review of the published literature on therapy outcome research[1] indicates that this study may well represent the first systematic effort to construct and evaluate the clinical utility of a culturally sensitive modality based on material relevant to both Hispanic and American cultures.

The research participants in the study were pre-adolescent children who were screened by means of teacher ratings and clinical interviews in order to identify symptoms of maladaptive behavior. The children who participated in the study represent a population at high risk of psychological disorder, not only because of their current maladjustment, but also because they come from households located in a high crime, inner-city neighborhood characterized by severe poverty, poor housing conditions, welfare subsistence, and the frequent absence of fathers from the home. Moreover, the mothers who participated as storytellers during therapy sessions typically lacked a high school education and were unemployed. In relation to the problem of Hispanic underutilization of mental health resources, the implementation of the cuento therapy project was a success: among the families selected to participate in the project, the attrition rate was negligible; the attendance noted at the 20 weekly therapy sessions generally was well

above 80 percent. Cuento therapy appears to be successful according to the first definition of cultural sensitivity discussed in Chapter 1, increased accessibility of treatment.

The key features of cuento therapy which can attract and capture the interest of clients who are not strongly oriented toward mental health care are the following: the use of bilingual and bicultural therapists, bilingual preparation of therapy protocols, participation of mothers directly in the therapeutic process, the cultural sensitivity of the modality rooted in the cuentos taken from Puerto Rican folklore, and possibly even that the storytelling activities were enjoyable for both mothers and children. Thus, even if cuento therapy were shown to be only equal to traditional group therapy in affecting treatment outcomes, it still would have an advantage as a means of increasing the utilization of mental health resources by an underserved population.

One of the conclusions of Chapter 1 was that the implementation of cuento therapy over the relatively brief 20-week period constitutes a limited intervention in the lives of children at high risk of mental disorder, particularly when considered in relation to the stressful and anxiety-provoking daily environment they experience. Despite such a limited intervention with high-risk clients, we followed Padilla's et al. recommendation that therapeutic interventions should be tested.[2] No matter how persuasive the culturally sensitive treatment may appear to be, it must be effective in relieving psychological distress and improving the level of functioning in society. We proceed next to discuss what we have learned from the evaluation of cuento therapy.

Trait Anxiety

Anxiety is a central explanatory concept in many contemporary theories of personality and psychopathology, and is regarded as a significant etiological factor in mental illness, ranging from anxiety neurosis to personality dysfunction to disorganizing psychotic behavior.[3] Consequently, "the reduction of anxiety is an implicit or explicit goal of every psychotherapeutic approach"(p.8).[4]

The reduction of children's trait anxiety in cuento therapy, as measured by the State Trait Anxiety Inventory for Children[5] and as rated by mothers, was the major finding of the present study. The findings of the posttest conducted at the end of the 20-week therapy intervention clearly demonstrated that children in the adapted cuento group showed less trait anxiety than children undergoing cuento treatment, traditional group therapy, and children in the no-intervention control group. Children in the original cuento group, in turn, also were rated less anxious than children in the control group, but did not differ from children in the traditional therapy group. This pattern of results was stable over a one-year period following the termination of therapy, with the exception that the adapted cuento group did not differ significantly from the original cuento group.

Earlier we suggested that original cuentos may have therapeutic value because they constitute a modality that is isomorphic with the Puerto Rican heritage of the children. We also argued that adapted cuentos contain elements isomorphic with the children's current American host society. Therefore, since the adapted cuentos embody elements common to both cultures, these cuentos are more contemporary and relevant in reflecting the present experiences of the children. The greater efficacy of adapted cuentos in reducing trait anxiety at the immediate postest can be explained by the hypothesis that, at first, the children identified more readily with the contemporary setting and characters of the adapted cuento, whereas the children's identification with the folkloric setting and characters of original cuentos occurred more slowly. It appears, then, that in the long run, both adapted and original cuentos are about equally effective in reducing trait anxiety, a stable personality characteristic of the individual,[6] but that only adapted cuentos had both an immediate and lasting effectiveness. Based upon these findings, we can conclude that because of the immediacy of treatment effects, the clinical utility of adapted cuento treatment is superior to that of original cuento therapy.

The results of the present study indicating the effectiveness of cuento therapy relative to traditional group therapy and to no therapy must be examined in the context of earlier research on treatment outcomes comparing similar psychotherapies. In one such study with undergraduates, Paul[7] conducted an experimental investigation of a psychotherapeutic technique based on social learning theory and an insight-oriented psychotherapy in terms of reduction of performance anxiety. The results indicated that treatment based on social learning theory significantly reduced performance anxiety more than the insight-oriented psychotherapy. Another study,[8] which is similar to the present study in several respects, compared the effectiveness of Paul's social learning technique,[9] a play therapy, versus a no-intervention control group with 6-to-15-year-old children. Parents and an independent clinician rated the degree of children's phobic behavior prior to the onset of therapy sessions and again up to two years after the termination of treatment. Parental ratings supported the effectiveness of the therapeutic interventions over time, but these results were not corroborated by the independent clinician's ratings. In their attempt to reconcile these discrepant findings, Miller et al.[10] concluded:

> Who should be satisfied by psychotherapeutic treatment with children, the parent or the professional evaluator? Further, in dismissing the parents' rating, we raise the question of what is a valid criterion. It is now well known that subjective, objective, and physiological measures on the construct fear do not necessarily correlate. . . and each investigator is forced to choose what he (she) believes best represents phobic reality (p.276).

Thus, the present findings on the effectiveness of cuento therapy in reducing trait anxiety are consistent to some extent with earlier studies

comparing techniques based on social learning theory with more traditional psychodynamic therapy and with no therapeutic intervention. Notwithstanding the controversy regarding whether psychotherapy is effective relative to no therapeutic intervention,[11] the present study coupled with the earlier studies of Paul and Miller et al. support the effectiveness of social learning principles for treatment of anxious and phobic behavior.

The fact that the mothers rated their own children in the present study may appear to attenuate the significance of these important findings. In defense of the validity of mothers' ratings of trait anxiety, it is tempting to concur with the sentiments of Miller et al. in the above citation. Yet we must also consider that mothers of children treated by psychotherapy may express bias in their ratings for a number of reasons. Mothers' participation in the therapy may have generated possible Hawthorne effects. The opportunity to receive treatment for their troubled children may also have created positive expectancies on the part of the mothers. Or the mothers may have been driven to reduce cognitive dissonance, that is, having devoted a good deal of time and emotional involvement to the therapeutic activities, they may have responded by overrating their children's improvement. If such biases were present in the present study, necessarily they would confound the comparisons of treatments involving mothers with the no-intervention control group. However, even if such factors were operative, they would be expected to occur within each of the cuento and traditional treatment groups equally, and therefore they would not confound comparisons made between original and adapted cuento therapies and traditional group therapy. Although comparisons of the three treatments with the no-intervention group may be biased by using mothers as informants, since mothers' biases are operating in each treatment group, comparisons among treatments are still valid.

Echoing Miller's et al. commentary, mothers may be valid sources of information regarding therapeutic effectiveness; in which case we can conclude that adapted cuento therapy is superior to original cuento therapy, traditional group therapy, and no therapeutic intervention, and that although original cuento therapy does not differ from traditional therapy it is an effective means of psychotherapy relative to no treatment. A more conservative stance, admitting the possibility of bias in mothers' ratings of anxiety, leads to the conclusion that only the adapted cuento is preferred to traditional therapy, but not necessarily to no treatment intervention. In either case, if Hispanics are to be attracted by culturally sensitive treatments to utilize community mental health resources, quite apart from the controversy of whether therapy is better than no therapy, adapted cuento therapy appears to be a more promising technique than a traditional group therapy approach. It bridges the gap between conflicting Hispanic and American cultures better than the simple isomorphic representation of Puerto Rican culture embodied in the original cuento treatment. The impact of

adapted cuento therapy on trait anxiety is especially compelling, since many clinicians concur that prolonged anxiety predisposes individuals to many common forms of psychopathology, and also because anxiety disorders are presented commonly by Hispanics in community mental health settings.[12]

Cognitive Functioning

Children were bilingually tested with three subtests of the WISC-R (Similarities, Vocabulary, Comprehension) in order to assess changes in intellectual functioning accompanying the therapeutic intervention. Results indicated that, although the children were functioning below average prior to therapy, as a group they increased to within the average range of intellectual functioning on the Comprehension and Similarities subtests. However, increased level of functioning, as measured by the Similarities and Vocabulary subtests, was not related to the treatment intervention since there were no significant differences between therapy groups. These two subtests assess verbal reasoning and knowledge of word meaning, which are predictive of academic success in school. Hence it appears that neither cuento therapy nor traditional group therapy is particularly effective in enhancing cognitive skills that are related to academic performance.

On the other hand, there were significant differences between treatment groups on the Comprehension subtest of the WISC-R. Results indicated that both cuento therapies enhanced Comprehension scores of the children relative to the traditional group therapy and no intervention, but original and adapted cuentos did not differ from one another. Hence we can conclude that original and adapted cuento therapies were effective modalities in bringing about adaptive changes in the social acculturation and judgment of children, as measured by the Comprehension subtest of the WISC-R.[13] This lends further support to the clinical utility of culturally sensitive therapies for improving Hispanic children's ability to understand, verbalize, and evaluate socially acquired knowledge and channel it in an adaptive manner.[11]

Our results corroborate earlier findings on the positive effects of storytelling and sociodramatic play on the cognitive functioning of ethnic minority children. In one study, Smilansky[15] found that sociodramatic play therapy promoted social skills and creativity in disadvantaged preschoolers. Similarly, Freyberg[16] later exposed disadvantaged minority children to imaginative play therapy for only eight weekly sessions and found that the children increased their attention span and were more imaginative in play activities. More recent studies[17] reported positive effects of sociodramatic play on the cognitive functioning of disadvantaged Hispanic, black, and white children. Among other findings, these investigators reported that a thematic fantasy play treatment based on a fairytale modality led to increased

intellectual performance on the Picture Test of Intelligence. The present findings, then, clearly are consistent with research attempting to enhance cognitive functioning using therapeutic techniques related to cuento-therapy.

Unfortunately, the present findings do not allow us to distinguish between the effectiveness of original and adapted cuento modalities. Viewing original cuentos as the therapeutic linkage between clinical procedure and the clients' native heritage, and adapted cuentos as the therapeutic bridge between two cultures, it is indeed perplexing to find that the latter treatment did not evidence greater impact on a standardized test which measures social judgment. Therefore, we must concede that it is unclear why the modification of native Puerto Rican cuentos to depict familiar scenarios of street life would not promote greater identification with the role models portrayed in the stories and thereby more readily induce cognitive internalization of behaviors reflecting adaptive social judgment.

Consequently, although our finer distinctions between the elements of culturally sensitive treatment modalities are not confirmed in this evaluation, the clinical utility of both cuento modalities is supported by their impact on Puerto Rican children's social judgment. Finally, we would like to stress that this cognitive factor is especially critical in the socialization and academic adjustment of the target population of children, who are characteristically exposed to peer models of (if not themselves engaged in) delinquency, truancy from school, and anti-social behavior such as "gang warfare" and street crime.

Aggression in Role-Playing Situations

In addition to the administration of psychological tests, children also were observed in role-playing situations, developed specifically for the cuento therapy research project, wherein observers rated the children's behavior in terms of aggressiveness, self-concept of competence, disruptiveness, and delay of gratification. Results of the evaluation, however, only revealed differences between treatment groups in ratings of aggressiveness. The adapted and original cuento groups displayed less aggression than the traditional therapy group, but did not differ from each other or from the control group.

Children in the traditional group may have exhibited more aggressive behavior for the following reason. When on some occasions these children were engaged in aggressive play with puppets, the expression of aggression was a cathartic process serving to reduce aggressive motivation. As we have seen in Chapter 3, the art/play therapy was an adaptation of the non-directive play therapy technique developed by Axline,[15] wherein children were permitted to express and ventilate their feelings without being punished or reproached by either their parents or the therapists. In the literature there are several studies which suggest that permissive parents foster aggressive behavior in

their children[19] and that aggression in children tends to increase when a permissive adult is present in doll-playing situations.[20] Since the children in the art/play therapy were not punished for the expression of aggressive behavior, parents' and therapists' implied approved tacitly served as positive reinforcement of aggression.[21]

By contrast, children in the original and adapted cuento groups evidenced less aggression in role-playing situations than the art/play group because, when aggressive characters were depicted in the cuentos (e.g., the bad giant in the original cuento "Pulgarcito," and Doña Piña in the adapted cuento "The Song of Rosita"), such characters were always punished at the end. This reasoning also is supported by Bandura's early work on modeling,[22] which suggests that punishment inhibits imitative aggression. Nevertheless, although the cuento groups showed less aggression than the art/play group, they did not differ significantly from the control group. Apparently simple exposure to aggressive models in the cuento sessions did induce some degree of imitative aggression, despite the children's vicarious experience of punishment.

From these results we can conclude that cuento therapy is more effective than a non-directive art/play therapy in reducing aggressive behavior, but we cannot distinguish between the clinical utility of the original and adapted cuento therapies. However, if cuento therapy were to be replicated elsewhere, stories should be edited to eliminate exposure of the children to aggressive models, even if the models are punished. Unfortunately, this was not possible in the present study, since the original cuentos by definition were extracted directly from Puerto Rican folklore in accordance with the isomorphism issue discussed in Chapter 1. Likewise, the adapted cuentos were modernized and adapted to bridge both Puerto Rican and American cultures, but the characters and plots remained parallel to those in the original cuentos.

Personality Profiles

The TEMAS test, a new projective technique for urban minority children, was used in the present study to assess the personality development of the children in a manner presumably untainted by cultural bias. As we have noted in a recent publication on the TEMAS technique,[23] the test appears to have promising evidence of reliability and validity for the assessment of Hispanic children. Preliminary studies of the TEMAS technique have supported interrater, test-retest, and internal consistency reliability and have shown evidence of validity for predicting therapeutic outcomes. Examination of changes in personality profiles as a function of treatment interventions yielded equivocal findings. There were no significant treatment effects upon achievement motivation, interpersonal relations, delay of gratification, and moral judgment. Significant treatment effects were evident on

anxiety and aggression, but they were contrary to the pattern of findings observed with the trait-anxiety rating scale and role-playing observational ratings of aggressive behavior. On the other hand, original and adapted cuento treatments appeared to enhance personality functioning with respect to reality testing, self-concept of competence, and sexual identity. But the pattern of results from projective testing is further complicated since the latter findings were rather specific, being dependent upon the age and sex of the children. Moreover, original and adapted cuento therapies displayed varying patterns of differential treatment effectiveness.

By and large, then, it appears difficult to reconcile these discrepant findings that emerged from the administration of the projective personality test, which as acknowledged in Chapter 3 and our major publication on the test,[4] is still rudimentary in development. Since we have several non-significant findings, some in favor of cuento therapy, and some in favor of traditional therapy, it seems most reasonable to conclude that the effects of cuento therapy upon children's personality development — as measured by the projective TEMAS test — at present are unclear. Despite the promising characteristics of the TEMAS test in our earlier psychometric studies, it is not unusual to find equivocal findings with a new test that is still undergoing development and standardization. For example, although we have found that the TEMAS test has clinical utility for predicting therapeutic outcomes, the present study does not support the test's usefulness in distinguishing between the effects of different treatments. To this end, we intend to continue our efforts to refine this projective technique in the interest of developing a culturally sensitive test for personality assessment of Hispanic children.

Culturally Sensitive Treatment Modalities — Revisited

In an earlier publication of the Hispanic Research Center, Rogler et al.[5] discussed a network of barriers to the delivery of adequate mental health care services to Hispanic populations in the United States. At the hub of this network is the demand for culturally sensitive psychotherapy for Hispanics. In fact, many critics of the mental health service system in this country have echoed the theme that Hispanics are in dire need of psychotherapeutic services that take their culture into account, but there appears to be little consensus as to the precise meaning of the concept of a culturally sensitive therapy.

We have seen that some efforts have been directed at increasing the accessibility of treatments for Hispanic clientele, such as the employment of bilingual and bicultural therapists, and coordination of extant therapeutic programs with the Hispanic community's mental health needs. In this manner the sociocultural "distance" between the community and the mental health clinic is decreased, and the client presumably experiences less of a sense of cultural upheaval in seeking

out and remaining in treatment. Congruent with this notion of culturally sensitive treatment, the cuento therapy project was conducted with Puerto Rican therapists, all of whom were bilingual and/or bicultural. The treatment was conducted within the community itself, which was predominantly populated by Puerto Ricans. The cuento modality was taken directly from Puerto Rican folklore, and the materials were prepared and administered bilingually. Finally, the children's mothers served as therapist aides during the treatments, further reducing the "cultural shock" of treatment. As we have noted earlier in this chapter, the success of cuento therapy in terms of rendering the treatment more accessible is documented by the low attrition rate over the course of therapeutic intervention.

Another approach to the demand for culturally sensitive therapies for Hispanics has been the selection or reshaping of standard treatment techniques to increase the congruence of therapeutic protocols and Hispanic culture. Still another notion of culturally sensitive treatment has been pursued in cuento therapy by extracting the therapeutic modality — folktales — directly from the vast reservoir of Puerto Rican folklore. The original cuento therapy thereby maintains an isomorphic relation between the content of treatment and Puerto Rican culture. We also sought to depart from the isomorphism assumption by adapting the basic cultural elements of the cuentos, leaning toward the host society within which the children live. Thus, we explored the idea that the therapeutic message, while still rooted in Puerto Rican culture, could be swayed in the direction of conveying knowledge, values, and skills useful in coping with the demands of the sociocultural environment of life in New York City. Our efforts to evaluate outcomes of cuento therapy have yielded some evidence corroborating the clinical utility of the cuento modalities for reducing trait anxiety and aggression, and enhancing social judgment. However, our distinction between the two cuento therapies was not consistently supported by the data; the adaptation of cuentos to fit the host American culture proved to be worthwhile only by impacting on the reduction of trait anxiety. Nevertheless, since anxiety is certainly at the core of much psychopathology, and since the target population is at high risk of emotional disorder, this finding speaks loudly on behalf of the adapted cuento modality.

Based upon the outcome of the cuento therapy project, the techniques developed have much to be recommended for the treatment of young, inner-city Puerto Rican children, when administered in a community mental health context. One major impetus for this project was the demonstration that the concept of a culturally sensitive therapy could be operationalized in a setting that posed formidable barriers to the project's success. The project was favorably received by a Puerto Rican community in New York City, and the services delivered impacted significantly on children's untreated mental health needs.

For these reasons, the cuento therapy modality should be useful to community mental health centers and other such facilities serving Puerto Rican clients with demographic characteristics similar to our target population.

In a new direction, Fordham University's Hispanic Research Center, the organizational setting of the research presented here, has begun another study similar to the cuento project with older, adolescent youngsters from the same population as the cuento therapy project. Based upon the definitions of cultural sensitivity used throughout this monograph, and upon principles of social learning theory, we are exploring the use of Puerto Rican folk heroes and heroines as role models in a new therapeutic modality. We have selected a number of prominent figures in Puerto Rican history, drawn from a variety of disciplines such as politics, sports, and the arts. A storytelling technique will be used during therapy sessions to relate the biographical and anecdotal information about these eminent persons in a manner that stresses how they were able to confront hardships in their lives, such as prejudice and poverty, and surpass these obstacles and adversities through adaptive coping mechanisms. Following the principles underlying the cuento therapy study, it is anticipated that the adolescents will readily identify with the characters and internalize adaptive coping mechanisms that are modelled by the characters in therapy. From an evaluative perspective, we intend to investigate the effects of this therapeutic intervention upon disturbed adolescents' trait anxiety, self-concept, depression, and Hispanic identity.

These and other new directions in psychotherapy research must be explored, developed, evaluated, and then replicated across clinical settings if Hispanics are to receive mental health services that impact on their psychological problems — precisely because these new therapies are structured to the client's not the therapist's cultural background. We hope that the dissemination of findings presented in this monograph, and new studies such as the folk hero/heroine modelling study which is in progress, will help persuade community mental health practitioners to search for and critically evaluate new therapeutic alternatives tailored more finely to the needs of their Hispanic clients.

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