8 Mayan Cosmovision and Integrative Counseling

A Case Study From Guatemala

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Introduction of the Authors

Andrés Consoli was born and raised in Argentina, where he earned a *licenciatura* degree in clinical psychology and began his practice as a mental health professional. He moved to the United States in 1987 where he practiced as a residential counselor in a group home for autistic adults, served as a personal attendant to people with physical disabilities, worked as a bilingual counselor in a family services agency, and eventually obtained a master's degree and a doctoral degree in counseling psychology at the University of California, Santa Barbara, in 1994. He completed a research and clinical postdoctoral fellowship in the Department of Psychiatry and Behavioral Sciences at Stanford University and joined the San Francisco State University (SFSU) faculty in 1996 where he is currently a professor of counseling. Andrés has served in leadership positions with the Interamerican Society of Psychology for the past 12 years. His international work in the Americas resulted in multiple collaborations with Dr. María del

Pilar Grazioso from the Universidad del Valle de Guatemala (UVG). In the context of these collaborations Andrés met María de los Ángeles Hernández Tzaquitzal (aka, Marielos) as well as Andrea González. Both are Andrés's former students in the master's program in Counseling Psychology and Mental Health at UVG, a master's program that María del Pilar started in Guatemala in collaboration with Andrés in 2003.

Marielos, an established healer in a Mayan community of the Guatemalan countryside, also works in Guatemala City under the auspices of a nongovernmental organization to help women who are survivors of trauma. Marielos, who had already earned a *licenciatura* in pedagogy and educational administration, sought further formal training in counseling through the UVG master's program. She has worked on homing in on an integrative perspective that organically brings together the Western ways of counseling and psychotherapy with the traditional ways of the Mayan cosmovision as narrated in the Popol Vuh, the sacred book of the K'iche' Maya people, *curanderismo* or indigenous healing, Catholic customs, and contemporary alternative healing methods. Andrés traveled with Marielos to her Mayan community and witnessed the respect, deference, and appreciation that villagers bestowed on her.

Andrea, an established psychotherapist in Guatemala City, earned a *licenciatura* in clinical psychology and is a graduate of the UVG master's program. She has written on the psychoanalysis field in Guatemala and has occupied several leadership positions in the mental health profession including the vice presidency of the Guatemalan Psychological Association. Andrea has worked with Andrés on several projects, most recently coteaching the psychopathology course of the UVG master's program. Andrea has known Marielos for several years and facilitated the gathering of local information for this chapter.

The Practitioner

Marielos is known as a *curandera* (healer) in her Mayan community, that is, somebody who by virtue of her knowledge and special powers is capable of helping people in traditional, culturally congruent ways. There are many personal characteristics that make Marielos stand out. She is as approachable and unassuming as she is a patient, empathic listener. Furthermore, and at a professional level, community members gravitate to her because of the breadth of her knowledge. She integrates the traditional customs associated with a healer in her community with the Mayan cosmovision. She uses plants containing healing powers and rituals that rely on ancestral knowledge passed down through the generations. She combines traditional knowledge with more contemporary approaches such as Bach flower remedies. She also integrates the perspective of *biosalud* (literally biohealth) such as energy points or chakras with more religious, even Catholic, traditions such as praying and the use of specific types of candles depending on patients' needs.

People who seek Marielos's services are put at ease not only by her approachability and receptivity but also by her employing, at least initially, methods that are familiar to them in light of their shared cultural background. In addition, Marielos's academic credentials are a particularly attractive feature in her community, as villagers confer a high status on someone with such formal training. This is even the case when, according to Marielos, community members may not understand what the word psychologist means or what university training entails.

Overall, Marielos describes her theoretical and philosophical approach to healing as one that seeks to be integrative while empowering and strengthening the people who seek her care. She emphasizes the importance of recovering and employing traditional knowledge, such as Mayan cosmovision, and combining it with alternative healing practices as well as formal academic training. Because of her training and professional experience, Marielos recognizes that while a broad spectrum of somatic complaints brings people to consultation, what many patients really seem to need is a sensitive, perceptive listener who can address the unspoken emotional demands contained in their health-seeking behavior. She finds that it is particularly challenging to broach patients' emotional needs, though when it is done in an integrative manner, much good comes out of it and the likelihood of healing increases.

The Context

Guatemala, one of the seven countries that constitute Central America, has a population of approximately 14 million. The largest segment of the population, or about 60%, is described as *Ladina* or *Mestiza* (a heterogeneous group that has Spanish as its primary language and does not identify as indigenous), while 40% of the population are indigenous people, broadly referred to as Mayan. There are two small, nonMaya, indigenous groups that account for less than 1% of the population. One group is known as *Xinka,* and their members live mainly in Southeastern Guatemala; the other group is known as *Garífuna,* and their members are African-descended people found mainly in Guatemala's Caribbean Coast.

Guatemala is characterized by its cultural, ethnic, and linguistic diversity. While Spanish is the official language of Guatemala, there are an additional 23 recognized, indigenous languages. Social inequities also characterize Guatemala; according to the World Health Organization, 91% of the indigenous people live in poverty compared to 45% of *Ladinos/as*. The United Nations' human development index shows indigenous people lagging significantly behind *Ladinos/as* in dimensions such as life expectancy, schooling, and quality of life and facing differential barriers in accessing health care services (Hautecoeur, Zunzunegui, & Vissandjee, 2007). Guatemala's sizable share of earthquakes, hurricanes, and draughts has made these social inequities even more evident and poignant (Alejos, 2006).

The history of the Mayan people in Guatemala is a lengthy and complex one (Ekern, 1998). Unlike many other indigenous groups in Latin America, they managed to survive the Spanish conquest that began in 1523 while enduring discrimination, assimilation efforts, and exclusionary tactics (Instituto Nacional de Estadística, 2009). Following Guatemala's independence from Spain in 1821, Guatemalan Mayas continued to endure assimilation efforts, a process referred to as "Ladinization" (Falbo & de Baessa, 2006). The civil war (known as *conflicto armado* or armed conflict) that started in 1960 resulted in the death or disappearance of approximately 200,000 people and set in motion the displacement of an estimated one million Guatemalans. The civil war became, over time, a literal genocide of the Mayan people and a persecution against their Mayan culture. While it has been estimated that 90% of those killed were males, 75% of them were Mayan adult men (Berastain, 1998). Furthermore, the numerous massacres that took place in many rural, mostly Mayan communities during the civil war caused extensive social structure difficulties and engendered much distrust among Mayan people. Many Mayan groups lost their places of worship, their holidays and rituals, and some entire communities went into exile in neighboring countries, most frequently Southern Mexico. Many Mayan communities were even forbidden to wear their *traje típico* (traditional clothing), a hallmark of ethnic identity and pride.

In recent decades, efforts to rethink ethnic differences have been underway in Guatemala. In fact, new public policies have sought to value ethnic and cultural diversity (Bastos & Cumes, 2007), while educational policies created the *Escuelas Mayas* (Mayan Schools) for the purpose of advancing bilingual and intercultural education.

The peace accords of 1996 have renewed hopes for a more socially just society and have reignited the desire for Mayan social organizations and authorities (Beristain, 1998). Nevertheless, Guatemala as a country and society continues to deal with the aftermath of the civil war (Garavito, 2003). Herrera, de Jesús Mari, and Ferraz (2005) reviewed articles on mental disorder prevalence in Guatemalans published between 1962 and 2004 and concluded that there was evidence of a sizable increase of mental disorders in the population following the civil war. According to a study by the Panamerican Health Organization (Rodríguez, De la Torre, & Miranda, 2002), mental health problems, including addictions, increased during the civil war period as did people's level of frustration, hopelessness, and feelings of anomie. People were exposed to traumatic events such as torture, kidnapping, and violent deaths, which increased their sense of insecurity and fear, particularly among indigenous people. Moreover, the traditional way of transferring cultural knowledge among indigenous people from the older to the younger generation was markedly disrupted in part by the genocide and in part by the prohibitions on social gatherings imposed by the military. More recently, the displacement of large numbers of indigenous people

into slum areas surrounding Guatemala City has challenged communal values such as *solidaridad* (mutual collaboration and commitment when faced with difficult, challenging, or painful situations) and *personalismo* (to treat one another with appreciation, consideration, and respect—born out of a view of one another as "you are I and I am you"). Furthermore, young Mayan refugees who went into exile in Southern Mexico during the civil war have found their homecoming experience very challenging, alternatively appropriating such experience or distancing themselves from it (Rousseau, de la Aldea, Rojas, & Foxen, 2005; Rousseau, Morales, & Foxen, 2001).

The mental health care delivery system in Guatemala is woefully underfunded, representing approximately 1% of the total health care budget. Of this 1%, the psychiatric hospital located in Guatemala City receives over 90% of the funds. This concentration of the services in the city leaves rural areas, where most Mayan people live, significantly underserved, a fact that accentuates the social inequities. In the rural areas, indigenous people are markedly underrepresented among users of the limited ambulatory mental health services (Rodríguez et al., 2007).

One possible explanation among others for such underrepresentation can be attributed to indigenous people relying more on their traditional customs that include the use of spiritual guides. These guides are consulted for and, in turn, provide advice not only on spiritual matters but also on a broad range of personal, communal, and social concerns. This is congruent with a Mayan cosmovision that does not distinguish between the sacred world and the daily living (Tovar, 2001).

To this point and according to Chávez, Pol, and Villaseñor (2005), there are six diseases in the Mayan cosmovision: *Xib´rikil* or *susto* (fright or soul loss), a condition brought about by traumatic events that results in the losing of one's soul; *Paq' ab' Chuch tat,* a condition brought about by transgressions of the social and cultural norms; *Qijalxik,* the suffering encountered by people who do not follow their vocational destiny as derived from the Mayan calendar; *Molem,* somatic manifestations of viral, parasitic, or bacterial processes that can be connected to psychosocial problems including events such as the recent civil war; *Muqu'n o pison',* literally *buried,* a reaction among people who have deceived others; and *Moxrik,* literally *madness,* a consequence brought about by actions that should have been avoided such as envy, rancor, revenge, distrust, jealousy, violence, irresponsibility, gossip, ambition, and thievery.

There are many important resources that can help a practitioner become knowledgeable about relevant contextual dimensions in Guatemala, and familiarity with the content of these resources can shed light into the population where a given patient is immersed. We recommend sources such as the United Nations Development Program (UNDP), with country specific information and projects (www.undp.org.gt) as well as the UNDP's

publications, most notably *Crecimiento con equidad: La lucha contra la pobreza en América Central* (*Growth with Equity: The fight against poverty in Central America)*. Though only available in Spanish, this publication is readily accessible online in its entirety at www.undp.org/latinamerica/docs/Libro_Crecimiento_con_equidad.pdf. In addition, there are periodical United Nations (UN) reports that are helpful in understanding current trends and future policies that could address such trends. We recommend *Diversidad étnico cultural: La ciudadanía en un estado plural* (*Cultural ethnic diversity: Citizenship in a plural state*). This is a comprehensive report that while briefly addressing the ethnic history in Guatemala, it details matters of multiethnic justice, discrimination, and racism, among other topics. The most recent edition was published by the UN in 2006. For information that addresses what has been referred to alternatively as traditional knowledge, indigenous knowledge, traditional environmental knowledge, or traditional ecological knowledge specific to Mayan ways and that underscores important aspects of the Mayan cosmovision as it relates to its view of health and well-being, we recommend highly the following UN publication: *Raxalaj Mayab' K'aslemalil: Cosmovisión Maya Plenitud de la Vida* (*Raxalaj Mayab' K'aslemalil: Mayan cosmovision and life's fullness*). Though only available in Spanish, this publication is accessible online at www.undp.org.gt/data/publicacion/Cosmovisión%20maya.pdf.

Finally, we ask the reader to keep in mind that the narratives on the practitioner, the case, and the treatment that follow are not representative of an entire country. The diversity that characterizes Guatemala, its people, and the mental health professionals who practice in the country is quite large and no single practitioner, case, or treatment could do justice to such diversity. We encourage readers to view the following narrative as a small slice of reality in an overall complex country. This slice is inherently limited by the authors' frames of reference that, in turn, have been shaped by their upbringing, education, training, and experiences. As such, the following account is humbly provided in the spirit of one sharing among others. Therefore we ask the reader to put this single case study into a larger, broader perspective so as to stay away from exoticizing dangers or tendencies.

The Case

Cintia[1] is a 17-year-old Mayan *Tz'utujil* and a high school student who was brought to Marielos by her mother. The school authorities contacted Cintia's mother following her daughter's week-long absence from school. They expressed concern for Cintia's well-being due to what they described alternatively as a "psychotic breakdown" or "dissociative process." At that time,

1. The client's name and some of the circumstances have been altered to protect her confidentiality.

Cintia was attending her last year in high school and was going through a particularly stressful period, feeling pressured by the school authorities to meet her sales quota of organic vegetables, a requirement of the marketing focus of her high school education. Cintia was expected to sell bags of organic vegetables door-to-door in her community, yet she found it challenging because the produce was significantly more costly than other vegetables.

What concerned school authorities the most were reports by Cintia that she had gone through some odd, recurrent, late-evening experiences. Cintia reported to them that after everybody else in her family went to sleep, she stayed up to finish her homework. Shortly after finishing, a light in her bedroom turned on on its own, she felt the presence of "images" or "figures" that tried to "grab" her, and then she experienced the pressure of a hand around her neck.

Cintia reported these experiences to her mother, a nurse at the local hospital; she had Cintia examined by health practitioners there. Cintia was told that her experiences were due to stress, most likely related to "boyfriend or friendship problems," that she needed "to take it easy," "to distract herself" with friends, and that it all would pass shortly. When Cintia did not improve, her mother sought help for her from the local Catholic priest who saw Cintia a few times. Cintia continued to experience the late evening "appearances" and her schooling began to suffer. When the school authorities contacted Cintia's mother, she decided to seek another source of care, turning to Marielos, after a recommendation by the local priest.

Cintia came to the first session looking pale, fearful, and cold to the touch, all serious signs in the Mayan cosmovision followed by Marielos. Cintia was stressed, preoccupied, and frightened. As Marielos learned more about Cintia's story, she asked about her family history, beliefs, and cultural practices. Marielos learned that Cintia's uncle, her mother's brother, died almost a year before. The cause of death was described as an accident, caused by choking on fish bones. Her uncle was a Catholic priest and Cintia was particularly close to him. Cintia's father abandoned the family when Cintia was quite young and Cintia saw her uncle as a father figure. She had two sisters. Cintia's mother's side of the family was very religious, followed Catholic traditions, yet also embraced Mayan customs.

Contextual Conditions

Cintia's community has been significantly impacted by devastating tropical storms, most recently by Hurricane Stan in 2005. Historically, the community has been impacted by decades of civil war that culminated with the peace accords of 1996. Even in the face of such challenges, the community continues to pride itself on its solidarity and the fact that people maintain active social lives that result in high-interpersonal contact.

Various Mayan groups coexist (*Kaqchikel, K'iche'* and *Tzuthuhil*) in Cintia's community; and the community itself embraces a multitude of influences including the Mayan cosmovision that include beliefs such as the presence in the world of *hacedores del mal* (evil doers or *ajitz*) and timekeepers (*ajq'ij*). By destiny, besides keeping time following the Mayan calendar, timekeepers participate in the interpretation of dreams, signals, and challenges as well as in the discernment of the divine energy that individuals possess. Cintia's community is also influenced by religious, predominantly Catholic though also Protestant, beliefs. Many other contemporary perspectives can be found in Cintia's community as well, from those that are modern but dovetail with ancestral traditions such as ecology, to others referred to collectively as *alternative healing practices* that have been incorporated into people's repertoire of help seeking and understanding of health and illness. In the midst of this sizable diversity, members of the indigenous community tend to eschew Western mental health practitioners, in part because of the distrust born out of many centuries of oppression and discrimination culminating with the civil war, and in part because of their preference for traditional Mayan ways. The mental health field has relied on informal syncretisms to bring its work into indigenous communities and on practitioners who have high credibility in the indigenous communities and who are mavericks at integrating the Mayan cosmovision with psychotherapy approaches.

Overall, health in the indigenous community is conceived as harmony between the heart, the mind, and the body that results in the person being able to work and participate in the community. Sickness is construed as an imbalance between thoughts and emotions of the spirit, the mind, and the body that gets in the way of joy, hope, and work. It can be caused by ill desire or negative thoughts, by disobedience to one's mission, by abuse of alcohol or drugs, or by disrespect of the elders.

In this context, Marielos is a recognized healer with an impressive breadth of knowledge who is comfortable with many different traditions. Furthermore, Marielos has occupied several important leadership roles in her community and people look up to her due to her extensive service.

The Treatment

Cintia's difficulties could be organized around the cultural-bound syndrome of *susto* (literally, fright) (American Psychiatric Association, 2000; Chávez et al., 2005). In the Mayan cosmovision, a *susto* is a serious condition that entails sufferers being frightened out of their spirit—referred to as soul loss—possibly losing their capacity to reason, and/or becoming vulnerable to diseases. A *susto* can be brought about by multiple causes such as bad news, an accident, or visitation by a "restless soul." In the Mayan cosmovision, restless souls are those who are not able to rest in peace, died in a

traumatic manner, and are now seeking humans to aid them in achieving their final peaceful rest.

According to traditional beliefs, there are particularly vulnerable times in the day when people may be more prone to accidents, sudden deaths, or visitations by a restless soul. These times are known as *las malas horas* (literally, the bad hours) and are said to occur at midnight, at noon, and at 9:00 pm daily. Reputedly, people are most vulnerable to negative events during those times.

In the same tradition, ways to protect oneself during *las malas horas* include, but are not limited to, bathing in water blessed with certain plants, drinking tea made with similar plants, and engaging in rituals and prayers. The Mayan culture highly values the virtues of gratitude and respect. As such, one must be grateful for one's own fortunes and must honor one's ancestors by remembering them systematically if one wants to guard against the inherent vulnerability during *las malas horas*.

Yet before engaging in such conceptualizations of the presenting complaint and intervening accordingly, in the Mayan tradition, treatment is initiated by an active effort to generate in the first session a shared sense of tranquility, typically predicated on the capacity of the practitioner to enact empathy towards the patient. This empathic connection is achieved when the patient feels that the healer is a well-intended, harmless, cultivated soul. The initial goal is to put the patient at ease, something that Cintia experienced and was able to verbalize to Marielos. Meanwhile, Marielos noted that Cintia looked better towards the end of the first session, seemed more animated, and ready to participate in treatment. In this context, Marielos was able to secure from Cintia a commitment to return to classes immediately, something that Cintia did from there on, throughout treatment, and beyond.

The next phase of treatment is to inquire about the patient's beliefs and cultural frame of reference. Cintia indicated that she and her family believed in *las malas horas,* the supernatural, and a world of souls living among the living. Nevertheless, Marielos assessed for the possibility of any sexual improprieties that Cintia might have experienced at the hands of others, including her uncle. Cintia denied any such experiences or even situations that could have led to a misunderstanding.

Cintia and Marielos then discussed ways in which Cintia's experiences could be overcome. They discussed the utilization of a plant (*ruda* or rue) to clean her home and to bring to church. Meanwhile, Marielos used some of the same plant as a burnt offering. Furthermore, Cintia was to bathe in water blessed by this plant and burn some candles as a way to heal and protect her aura. Cintia and Marielos agreed to pray in their own ways to seek healing for the matter at hand. Their conversation entertained the possibility that the *susto* may have been caused by the restless soul of Cintia's uncle who died traumatically. They together considered this and

agreed to some specific rituals to "send the soul on its way." As such, a mass was arranged and Cintia visited the burial grave of her uncle with her mother shortly after the mass. Furthermore, Cintia went for three consecutive Mondays to a house of worship and lit a certain type of candle for the purpose of honoring her uncle and bringing peace to his soul.

Marielos engaged Cintia in the facilitation of the mourning process. She proposed to Cintia the use of the empty chair technique, which Cintia found disconcerting initially but ultimately embraced. During these sessions, Cintia recounted her appreciation for her uncle, how much he had meant to her, and how distressing his sudden death had been to her. She felt that she had become *huérfana de padre* (orphan of father) for a second time in her short life. Cintia decided to write a letter to her uncle as a way to bring some closure to her uncle's untimely passing.

Evaluation of the Treatment

The treatment extended over six sessions and Cintia seemed to be doing significantly better. Her countenance improved markedly and she was no longer pale or cold to the touch (a troubling sign according to Mayan creation myths). Most importantly, she had not experienced any of the evening "appearances" that brought about the consultation and she attended school regularly since the first session. She did not continue treatment beyond the six sessions on her own accord, most likely due to symptom improvement. Had treatment continued, Marielos would have encouraged Cintia to focus on the pressures she experienced at school and the stress associated with them.

Marielos spoke with Cintia's mother on a few occasions. Marielos met with her during the initial session to gain an understanding of her view of her daughter's difficulties and again during the second session when Marielos sought information about any possible sexual molestation that Cintia may have experienced. Marielos also met with Cintia's mother shortly after the last session with Cintia. The mother indicated that Cintia was doing much better but that she was looking for help for herself concerning the death of her brother whom she missed dearly.

An important follow-up consisted of dialoguing with school authorities about their concerns for Cintia's well-being as well as their perspective on Cintia's struggles. With Cintia's assent and her mother's consent, Marielos made contact with the school authorities for a report on Cintia's performance. Cintia's teachers and the school principal were pleased with Cintia's progress. Based on the questions raised during their dialogue, Marielos offered to do an in-service training for the school personnel to present some more details of her approach, without discussing Cintia's treatment specifically. The training was scheduled to take place following Cintia's graduation.

Recommendations for Treatment

We would like to offer the following recommendations in the case that Cintia were to be a recent immigrant to the United States or another country. The United States is identified as a specific country because its population includes a large group of immigrants from Guatemala. We believe that a thorough understanding of Cintia's perspective on her difficulties is an important place to start the work with her. We would encourage the practitioner to first inquire about Cintia's view of her struggles. We recognize that this phase of treatment might present sizable challenges as Cintia is more likely to focus on some of the physical components of her troubles and to struggle with verbalizing the more emotional aspects of her situation. We would recommend that the practitioner facilitate a discussion about the customs, beliefs, and practices that Cintia's family follows. It would be particularly important to explore any generational differences that may exist between Cintia and her family of origin and the extent to which Cintia sees herself as identifying with the more traditional beliefs and customs. It would also be important to discuss her identification with the majority culture of the host country and any conflict she may feel between her allegiance to her culture of origin and the culture of the new country. Moreover, the experience of immigration itself is worth discussing as many immigrants from Guatemala and elsewhere from Central America have endured extremely challenging, even traumatic, events in their migratory path, not only during the journey but also once at their destination.

We would recommend that the practitioner seek the aid of a cultural broker to help elucidate some of the beliefs espoused by Cintia and her family such as *las malas horas,* the Mayan cosmovision, and the spiritual world, among others. Furthermore, the practitioner should join with Cintia in exploring culturally congruent ways that Cintia and her family believe may help address her difficulties. While the practitioner may not be able to provide all aspects of the treatment desired or sought by Cintia and her family, he or she could build community connections with whom to collaborate to address Cintia's difficulties in manners that are culturally relevant. Nonetheless, an important matter to keep in mind is the close-knit nature of many immigrant communities in the United States and other countries, a phenomenon that can make consultation difficult due to the potential compromising of confidential information and may even present particular challenges within the traditional framework of confidentiality that characterizes mental health professional practice in the Unites States and elsewhere. Another important matter to consider when working with Guatemalan immigrants in general, and particularly when the Guatemalan immigrant clients are Mayans, is the impact that the civil war may have had on them and their family. Finally, majority-culture practitioners in the United States and elsewhere should be cognizant of the unique power that

they possess to help immigrants: the simple, yet profound, human capacity to welcome their immigrant patients and treat them with respect, a counterpoint to marked contextual hostilities their immigrant patients may have experienced in the host country.

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