

A MEXICO CITY–BASED IMMERSION EDUCATION PROGRAM: TRAINING MENTAL HEALTH CLINICIANS FOR PRACTICE WITH LATINO COMMUNITIES

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This article describes the philosophical foundations and educational methods of a Spanish language and cultural immersion program based in Mexico City, Mexico. The program is designed to assist U.S. graduate students in marriage and family therapy and clinical psychology programs to improve clinical service delivery with Latino clients. Utilizing critical pedagogy, the program works with future clinicians to develop multicultural and international competencies; acquire increased Spanish language skills; engage in self-of-the-therapist work; and expand their understanding of the historical and cultural influences shaping the mental healthcare needs of Latin American clients. A report of the themes from postimmersion surveys is provided and the implications for training are discussed.

IMMERSION EDUCATION IN TRAINING CLINICIANS FOR THE GLOBAL SYSTEM

This article describes an immersion education program, informed by Paulo Freire's critical pedagogy, designed to improve participants' clinical service delivery in Latino communities. The world has undergone rapid changes that affect almost every profession, perhaps none more significant than globalization. This reality is leading universities to increase their focus on training students to be internationally competent professionals. Institutions of higher education are progressively incorporating immersion education options within their curricula. A report by NA-FSA (2008), the Association of International Educators, contends that in the globalized marketplace graduates must be knowledgeable about other cultures and languages and "study abroad will become the routine, not the exception, on U.S. college campuses" (p. 13). If we are to be responsive to the demands of today's world, training programs must prepare graduates to understand cultures outside of the United States and to address the needs of international communities.

Graduate programs training mental health clinicians should be forerunners in implementing an international perspective. Future clinicians must be prepared to be internationally competent professionals, even if they plan to only work within the boundaries of the United States. The global context in which therapy is conducted has changed faster than our pedagogical approaches and clinical theories have adapted. Our field now faces the challenge to meet the current needs of society. The highly interconnected and migratory nature of the world has created many new challenges for which clinicians must be trained to address. The field of marriage and family therapy has been charged with the need to train students around issues of race (Hardy & Laszloffy, 1992, 1994; Laszloffy & Hardy, 2000; McDowell et al., 2003; McGoldrick, 1998; McGoldrick & Hardy, 2008); gender (Goldner, 1985; Hare-Mustin, 1978; McGoldrick & Hardy, 2008); sexual orientation (Green & Mitchell, 2002; Long & Serovich, 2003; Stonefish & Harvey, 2005); and culture (Di Nicola, 1997; McGoldrick, 1998; McGoldrick & Hardy, 2008). Yet the influence of a trainee's nationality as a specific emphasis area in diversity training is rarely included on the lists of important contextual variables. Multiculturalism, as taught in the United States, often reflects U.S. centricism. As clinical training programs are struggling to

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identify the best ways to prepare students to address domestic issues of diversity in today's world, mental health educators are also increasingly widening the scope of multiculturalism to include an international perspective (Arnett, 2008; Keeling & Piercy, 2007; Marsella, 1998; Noddings, 2005). Up to this point, U.S. institutions have done poorly in developing mental health perspectives from a global vantage point (Costigan, 2004; Martín-Baró, 1994; McDowell et al., 2006; Sloan, 1990; Wieling & Mittal, 2002). There is a great need for our field to train clinicians to have a global perspective. As [Arnett \(2008\)](#) explains, "The current world population is about 6.5 billion persons. Consequently, by concentrating primarily on Americans, psychological researchers in the United States restrict their focus to less than 5% of the world's population. The rest of the world's population, the other 95%, is neglected" (p. 1). The same critique can be applied to the failure to develop internationally informed training and clinical approaches drawn from non-U.S. perspectives. The inclusion of an international immersion component in mental health training programs is one initial step toward widening the focus of clinical training and addressing the needs of today's interconnected and transnational communities.

In an effort to construct a learning environment aimed at developing increased international clinical competencies, a 5-week Spanish language and cultural immersion program was started in Mexico City. This program recruits both marriage and family therapy and clinical psychology graduate students interested in improving clinical service delivery for Latino communities. Although hosted by one institution, participants come from many universities. The program also draws from the international community of faculty who have specialized knowledge relevant to serving Latino clients. The program's specific focus on Latino communities is based on a profound need for Latino-appropriate services stemming from the seismic demographic shifts that are taking place in the United States. In recent decades the estimated growth of the Latino population has risen to 42.7 million, of which 65.5% identify as Mexican American (U.S. Census Bureau, 2006). The content of the program is specifically aimed at improving mental health delivery to Latino communities, particularly those of a Mexican heritage.

THE PHILOSOPHICAL INFLUENCES OF THE IMMERSION PROGRAM

The common thread running through the philosophical influences of this immersion program is that cultural knowledge is created and passed through human connection. Immersion, from this perspective, occurs through developing relationships and dialoguing with people within the targeted cultures. From this stance, the program has attempted to select pedagogical methods, clinical theories, a self-of-the-therapist focus, the learning of cultural stories, and approaches to language education that emphasizes and promotes relationship. Hence, in each of these areas, as often as possible members of the local cultural communities are involved.

Paulo Freire's Philosophy of Pedagogy

Paulo Freire's critical pedagogy is a prominent influence on the educational approach of this immersion program. The model for engagement in a Freirean educational format is *conscientización*, roughly equivalent to the idea of consciousness raising ([Berryman, 1987](#)) and compatible with a social constructionist view of knowledge (Platt, 2010). Freire, a Brazilian educator, was a fierce critic of banking education, or the idea that teachers should attempt to simply transfer knowledge from themselves to their students ([Freire, 1972, 2007](#); Gadotti, 1994; Hooks, 1994a; McLaren, 2000; [McLaren & Leonard, 1993](#)). In opposition to the banking form of education, the immersion program seeks to utilize a dialogical approach characterized by a collective responsibility among learners, teachers, and the community. This immersion program also attempts to move beyond the banking approaches of common U.S. educational formats, characterized by bullet points on PowerPoint slides, toward a more critical, collective, and collaborative form of knowledge acquisition. Otherwise, "knowledge becomes a gift bestowed by those who consider themselves knowledgeable upon those whom they consider to know nothing. Projecting absolute ignorance onto others, a characteristic of the ideology of oppression, negates education and knowledge as a process of inquiry" ([Freire, 2007](#), p. 72). Freire's critical pedagogy and liberatory education offers an alternative to banking approaches in education,

which helps in avoiding educational colonialism as our field enters new world communities. The demand for standardization, a characteristic of the banking approach, is embedded in U.S. education. This can create challenges to employing a Freirean approach and limit the introduction of significant knowledge. For example, Mexican experts hired to teach courses must often adapt to U.S. educational expectations and norms (standardized syllabi, evaluation methods, interpersonal “boundaries,” and so forth) more than students are required to learn in and of non-U.S. ways and ideas. Given the reality of the state of U.S. education, the immersion program does include Latino-focused courses taught following the increasingly standardized methods required by U.S. universities, licensing boards, and accrediting bodies. Notwithstanding, a Freirean-informed view of education has led the program to consider the coursework as only a small part of the overall educational effort. As McLaren (2000) explains, “For Freire, schools are places where, as part of civil society, spaces of uncoerced interaction can be created” (p. 162). This is the type of environment we have endeavored to create in this program.

Liberation Psychology

The immersion program also incorporates tenets from liberation psychology, which shares many of the principles and agendas of Freirean pedagogy. This approach can be useful for students trained in systemic models to expand the focus of systems theory to more fully attend to the macro system of society and its impact on mental health. For many participants, liberation psychology is the first exposure to a Latin American–originating theory of mental health. Ignacio Martín-Baró, a Jesuit priest and psychologist, coined the term *liberation psychology* for mental health approaches that focused on addressing the impact of dehumanizing societal structures (Hollander, 1997). Emerging from war-torn El Salvador, Martín-Baró’s work argued for the importance of helping individuals develop a critical consciousness of their context and to de-ideologize the powerful messages of repressive social structures. “A liberation psychology aims to facilitate breaking out of oppression by identifying processes and practices which can transform the psychological patterns associated with oppression, and facilitate taking action to bring about changes in social conditions” (Moane, 1999, p. 180).

Differing from the origins of most mental health approaches, liberation psychology is built on a foundation of solidarity with the poor. Ignacio Martín-Baró (1994) critiqued mainstream mental health approaches as being founded on serving the wealthy and suggested that “what is needed is for our most basic assumptions in psychological thought to be revised from the bottom up. But this revision cannot be made from our offices; it has to come from a praxis that is committed to the people” (p. 23). As the world becomes increasingly connected, our field must begin to consider how to better meet the mental health needs of the 2 or 3 billion people living in poverty who have historically been overlooked (Alavi & Shanin, 1982; Sloan, 1990). Although it is a study that does not come from the field of psychology, the research of Deepa, Patel, Schafft, Rademacher, and Koch-Schulte (2000) sheds light on the experience of 60,000 poor women and men from 60 countries around the world. A major theme of their findings revealed that poor people’s lives are characterized by powerlessness and voicelessness, a conclusion with obvious relevance to mental health professionals. To this end, the immersion program attempts to tackle issues of class and privilege, open space for the voices of displaced or marginalized communities, and utilize Freirean activities designed to create knowledge and options for improving clinical service delivery for the poor and underserved populations.

Self of the Therapist

The immersion program has a self-of-the-therapist focus that fits well with the consciousness-raising nature of liberation-oriented theoretical models. The vital role of working on oneself and coming to recognize how the way we think influences our clinical work has been argued by some of the most influential leaders in the field of family therapy, such as Aponte, Bowen, Rogers, and Satir (Baldwin, 2000). In immersion education, a phenomenon occurs as participants move into an unfamiliar context. For many it is as if the experience acts as a mirror in which an increasing awareness of one’s own self and one’s own cultural context takes place. This perhaps occurs because experiencing a different way of being in the world can “assist people in understanding their own realities through a reflection of their own social

experience” (Martín-Baró, 1994, p. 4). According to Virginia Satir (2000), “The person of the therapist is the center point around which successful therapy revolves” (p. 25). Self-of-the-therapist work in clinical training aims to assist students in becoming conscious of their epistemology. Keeney (1983) suggests that “the study of epistemology, in more general terms, becomes a way of recognizing how people come to construct and maintain their habits of cognition” (p. 13). For the most part, self-of-the-therapist work tends to focus on issues such as race, culture, gender, and sexual orientation. The immersion program focuses on these contextual variables, as well as addressing two self-of-the-therapist issues often left unspoken: nationality and social economic class. The influential nature of these aspects of self are vital to include in clinical training. As Freire (2007) explains, “Those who authentically commit themselves to the people must re-examine themselves constantly” (p. 60).

Culture as Shared Stories

The small distinct dots in the pointillism style of painting, used by artists such as Seurat, only become a meaningful picture when enough dots exist and the mind is able to make connections between them. The cultural training component of the immersion program utilizes a pointillism approach in alignment with a social constructionist view of culture. Cultural stories are similar to these dots of paint, and therefore the program is designed to help program participants increase the number of cultural dots they possess. As Mair (1988) suggests, “Stories are habitations. We live in and through stories. They conjure worlds. We do not know the world other than as a story world. Stories inform life. They hold us together and keep us apart. We inhabit the great stories of our culture” (p. 127). Communities and countries have many shared stories that shape the epistemology of their members, or as Bateson (1988) explains, “Epistemology, by definition, attempts to specify how particular organisms or aggregates of organisms know, think and decide” (p. 228). Most members of the United States share, or at least hold, stories about Abraham Lincoln, Rosa Parks, or the meaning of the Fourth of July. Similarly, in Mexico most people would hold stories about Benito Juárez, Sor Juana Inés de la Cruz, and the 16th of September. The shared stories of a culture greatly influence the thinking and behaviors of its inhabitants. Many cultural conflicts in the world arise from a lack of understanding of the stories held outside one’s own culture. The lack of understanding about cultural stories can lead to similar cultural conflicts in therapy. Although 5 weeks is clearly not sufficient time for participants to collect enough points to see the whole picture of Mexican culture, the intention of the immersion program is to enable participants to gain as many cultural knowledge points as possible.

Spanish Language Education as Cultural Training

Language training can be a powerful tool for teaching about culture and issues of social justice. The fastest-growing non-English-speaking group in the United States is the Latino population (U.S. Census Bureau, 2000), and yet there exists significant barriers for Spanish-speaking individuals to connect with competent mental health care ([Anger-Díaz, Schlanger, Rincon, & Mendoza, 2004](#); Bloom, Masland, Keeler, Wallace, & Snowden, 2005). The immersion program proposes that one of the most powerful acts for social justice a therapist can take is to learn another language. Individuals and families who have limited English proficiency are often unable to access competent mental health care in the United States, despite state and federal laws that grant them equal rights to equal access. Hence, ethnic minorities, particularly those facing language barriers, utilize mental health services less than those in the dominant culture. (U.S. Department of Health and Human Services, 2001). This discrepancy is in part because, thus far, mental health services have not been adequate in meeting the needs of many language minority cultures in the United States ([Fiscella, Franks, Doescher, & Saver, 2002](#); Little Hoover Commission, 2002).

One factor that may contribute to the existence of language barriers in mental health care in the United States is the nation’s significant history of xenoglossophobia, or the fear of foreign languages. Clinical training programs need to assist students in addressing how this fear can lead to prejudice and oppression. During the early part of the 1900s, many states had laws that prosecuted those who taught any language other than English to children. Following the

First World War, the teaching of German was particularly targeted (*Meyer v. Nebraska*, 1922). When Japanese citizens were forced into internments during the Second World War, they were often forbidden to speak Japanese (Blair, 2001). Currently, amid the immigration debates, Spanish is often the language being targeted as a threat. Although the United States does not have an official language, there is a common message sent that people should “speak English or get out” (Gonzalez, 2000). This mentality found in many communities within the United States is a message that significantly impacts multilingualism in the United States and also can have mental health implications for Latinos regardless if they speak Spanish. Given this societal context, xenoglossophobia is seen as a topic worthy of attention in the immersion program’s self-of-the-therapist efforts.

THE APPLICATION OF PROGRAM PHILOSOPHIES

Freirean Knowledge Lab

The immersion program strives to create a Freirean knowledge lab that is both an actual physical location and a learning community. Before students arrive for the program, they are asked to engage in virtual dialogues designed to help them develop relationships with one another and to expose them to basic concepts from critical pedagogy. Upon arrival, the first group meeting is aimed at inviting increased familiarity, deepening their understanding of the critical educational approaches, and orienting them regarding the vital role they will have as a member of the learning community. Freire’s emphasis on the vital role of human connection and dialogue in gaining knowledge is supported by research conducted by the National Research Council (2001), which suggests that “much of what humans learn is acquired through discourse and interactions with others” (p. 88). Participants in the immersion program learn that their voices are the tools to be used in constructing knowledge and that they share responsibility in the program’s efforts to develop improved clinical approaches for Latino clients.

The physical space of the Freirean lab includes a number of generative dialogue prompts (developed by all members of the learning community). Participants are asked to write about what these prompts evoke for them, post them on the wall, and build on the points made by others. The prompts might include questions, news articles, and often are simply images. “Unlike traditional visual aids, the function of pictures or photos in a participatory classroom is to uncover themes or to evoke powerful responses” (Auerbach, 1999, p. 36). For example, in one program a photograph of an indigenous girl sitting on a porch with a Coca-Cola sign behind her led students to engage in critical discussions about economics, materialism, colonialism, capitalism, and immigration. Program courses and activities also serve as generative prompts. While recognized thinkers on Latino issues provide their views for working within Latino communities, both program faculty and students seek to share in the co-construction of knowledge. Although critical pedagogy is emphasized in the program, the increasingly rigidified structures of U.S. education and licensure do not allow for the ideology on which critical pedagogy is based to be fully implemented. When the application of critical pedagogy is limited by U.S. educational requirements, this is used as yet another Freirean dialogue prompt.

The Local Communities as Classrooms

In immersion education, context and the local community play a central role in helping students develop critical consciousness. As Shor (1993) explains, “The Freirean pedagogy which tries to develop this critical consciousness is a student-centered dialogue which problematizes generative themes from everyday life as well as topical issues from society and academic subject matters from specific disciplines” (p. 33). The immersion program dialogues frequently emerge from nontraditional learning contexts (the international context, homes, religious sites, markets, historical sites, rural vs. urban, etc.) and out of the knowledge of experts beyond those in academia (i.e., taxi drivers, indigenous healers, the impoverished, religious leaders, home-stay host families, etc.). The program also attempts to engage students with the cultural stories found in the current issues, customs, celebrations, traditions, foods, history, art, politics, religions, and indigenous spiritualities of Mexico. The complex intermingling of the cultural stories embedded in these creates an influential social context, and as Winter (2003) argues, “social contexts

channel the expression of all personality characteristics” (p. 128). Participants also learn how the cultural context has direct clinical relevancy. As Di Nicola (1997) explains, “The family culture will shape its beliefs about how to define the foregoing problems, how and where to seek help, and what solutions are culturally sanctioned and acceptable to them” (p. 75).

The immersion program is intentional about its being located in Mexico City and how participants engage with the communities they visit. It is not uncommon for vacations to Cancun or Cuernavaca to be framed as immersion programs, while participants remain encased largely in a U.S. bubble or solely among Mexico’s wealthy elite. This bubble profoundly limits immersion learning and borders on a colonial approach to interacting with another culture. Ogden (2008) suggests that “the colonial student does his/her experiencing from the veranda and ventures away only occasionally, and then only into well-charted territory” (p. 39). The potential for U.S. educational programs abroad to use their power to influence other cultures, a form of educational colonialism, is significant (Dolan Del Vecchio & Lockard, 2004; Keeling & Piercy, 2007). This immersion program seeks to avoid a colonial approach through experiential learning beyond university classrooms and tourist zones, and participants are encouraged to be vigilant in avoiding acts of colonialism. The objective is to help participants assume a learner’s stance in their engagement with communities outside their own culture and community circles. These interactions greatly expand the thresholds of participants’ critical thinking. As Bateson (1988) stated, “What we, as scientists, can perceive is always limited by threshold. . . . Knowledge at any given moment will be a function of the thresholds of our available means of perception” (p. 29). Giving students an opportunity to study in an international setting and in a variety of contexts outside the classroom and their known experience often jars their sense of reality and can powerfully open opportunities to consider alternative worldviews. A simple example might be an immersion student having a chance to live with a family whose relatives have immigrated to the United States. Living in that home and hearing a non-U.S. perspective of the motives for this decision might open new understandings in a way a textbook or a hotel stay on the beach may never be able to create.

Self-of-the-Therapist and Self-of-the-Educator Work

In her book *Teaching to Transgress*, bell hooks (1994b) suggests that faculty often maintain the status quo of oppressive societal structures by remaining hidden in the role of “all knowing silent interrogators,” whereas “when education is the practice of freedom, students are not the only ones who are asked to share, to confess” (p. 21). The immersion program therefore seeks to recruit critical educators who are open to exploring alternative educational formats. Critical pedagogy challenges educators to risk more and to give up the power of being the only teacher in the room. Critical education also requires professors to acknowledge how systems of domination may have benefited them and to engage in dialogues about how this can sometimes be re-created in the classroom. Given the isomorphic impact that a faculty member’s openness can have on students, significant effort is made to assist faculty in understanding the important role of critical pedagogy in the program. Hence, the program seeks to recruit educators who recognize the need for lifelong self-of-the-therapist (and educator) work and who value the vital and central role it must have in clinical training programs. Gaining an awareness of one’s areas of privilege is of particular importance for clinicians and educators when working outside of their own culture. One of the primary characteristics of privilege is that possessors of it are often not conscious of its existence or impact, and this includes the power that exists in the academic role of professors. The role of the immersion program faculty is best described by the educator Paulo Freire (1992), who asserts that “the role of the progressive educator, which neither can nor ought not be omitted, in offering her or his ‘reading of the world’ is to bring out the fact that there are other ‘readings of the world,’ different from the one being offered as the educator’s own, and at times antagonistic to it” (p. 112). In line with this view, the program recruits faculty who are open to discussing power inequalities and who are willing to engage in critical discussions of course material.

A self-of-the-therapist emphasis for participants in the program begins prior to arriving in Mexico. As an initial assignment, all students are asked to email all the immersion program participants and to share what they anticipate it will be like to live in Mexico. During the 5 weeks

prior to their arrival in Mexico, students participate in an online forum where they are asked to engage in dialogues about images, articles, and the comments of other members. Soon after they arrive in Mexico, students participate in a 2-day retreat in which group process is used to increase dialogue about self-of-the-therapist issues. Throughout the program, frequent check-ins and course discussions also challenge participants to more fully consider self-of-the-therapist issues. In addition, course assignments and personal journaling are used to help participants integrate their reactions and ideas. The experience for all members of this learning community can be intense. Yet as Freire (2007) explains, “Founding itself upon love, humility, and faith, dialogue becomes a horizontal relationship of which mutual trust between the dialoguers is the logical consequence” (p. 91). Each of these activities is part of the program agenda for participants to increase their ability to critically dialogue about differences while also remaining connected.

A Pointillism Approach to Cultural Learning

Rather than simply exposing students to lists of characteristics of Latino culture, students are given opportunities to experientially engage with new worldviews. The program adopts Naugle’s (2002) definition that “a worldview might best be understood as a semiotic phenomenon . . . as a semiotic structure consists of a network of narrative signs that offers an interpretation of reality and that establishes an overarching framework of life” (p. 229). While taking applicable coursework, participants simultaneously engage in activities and dialogues aimed at developing an increased understanding of their own contextual variables: nationality, race, spiritual background, class, gender, sexual orientation, and cultures. There is no such thing as a decontextualized family or family therapist. Therefore, the program has a training agenda consistent with the multicultural competencies proposed by Sue, Arrendondo, and McDavis (1992) to help students increase awareness of their own cultural values and biases, develop awareness of other worldviews, and critically consider what leads to culturally appropriate intervention strategies.

Addressing Xenoglossophobia in Spanish Language Training

The immersion program holds that the lack of multilingualism in the United States is often connected to a history of racism and that this can have significant clinical implications. This fear of the unknown needs to be addressed along with other forms of bigotry in clinical training programs. The way this program addresses the impact of xenoglossophobia is by bringing it out of the shadows as a topic of dialogue. We can also assist by simply helping participants become better acquainted with the Spanish language. The language component of the immersion program attempts to do this by hosting the program in a Spanish-speaking country, through daily Spanish language coursework taught by native Spanish speakers, and through home-stay living arrangements with Mexican families. The Spanish component is also tailored toward an emphasis on mental health-related Spanish language training (intake procedures, family-focused questions, genograms, etc.). Critical pedagogy in language training is also a powerful tool for teaching about culture and issues of social relevancy. Freire (1998) spoke of contextualized language training and its role in increasing critical consciousness: “If I teach Portuguese, I must teach the use of accents, subject-verb agreement, the syntax of verbs, noun case, the use of pronouns, the personal infinitive. However, as I teach the Portuguese language, I must not postpone dealing with issues of language that relate to social class” (pp. 75–76). Participants in the program are challenged to consider in what context it makes sense that language differences occur along class lines and the possible clinical implications.

PARTICIPANTS’ PERCEPTIONS OF THE IMMERSION EXPERIENCE

The feedback from past attendees of the immersion program suggests that immersion education opportunities provide a valuable and unique training experience for clinicians. It also shows that the inclusion of immersion education in clinical training will require additional and ongoing examination. Four dominant themes can be found in the program’s postimmersion surveys: (a) an increased awareness of one’s own culture; (b) challenges resulting from immersion education; (c) increased complexity in how participants perceive Latino culture; and (d)

implications for participants' clinical work with Latino clients. The direct quotes of past program participants illuminate the content and meaning of each of these themes.

Increased Awareness of One's Own Culture

Participants reported that spending time outside of their own cultural and national context led them to consider new facets of their own cultures of origin. In immersing themselves in a different culture, participants reported that the experience also held up a mirror that allowed them to see their own cultures in a new way.

Being aware of the values and struggles of Latin American populations has opened my eyes to my own culture and now I'm able to be more aware of the differences between our values in the United States versus the Latin American system. This is important because I need to see through my lens and recognize my issues before I can see through those of any client.

Before going to Mexico, I had been looking for ways to validate or confirm my Mexican culture. I was proud to be a Mexican, but did not know why or where these feelings came from. Being in Mexico reminded me and confirmed my feelings and I came back refreshed and knowing who I truly am. I no longer feel I need to search for my cultural heritage because it has always been with me.

I am a Central American and before the trip lived in San Diego (40 min from the Mexican border). I mention that because I was aware, or I thought I was aware, of the Mexican culture. I remember that I always thought that my Panamanian heritage was similar to the Mexican culture because we are both Latinos, but I was wrong. In coming back from the immersion program I realized the importance of celebrating the similarities and more importantly the differences. The experience also made me curious about my own heritage and since then I have gone to my family of origin (parents and extended family) to learn more about the legacy that I came from.

For some participants, the immersion experience led them to make connections between Latino cultures and their own cultures.

I have learned that Latino values and culture is far more similar to the Iranian culture than I had originally imagined. I have realized that I want and need to learn more about being Iranian, being an Iranian woman and being an Iranian youth in 2007. Although I do consider myself quite familiar with my culture, traditions, and values, I believe what I have learned is specifically directed to my family and extended family, and I would like to learn about the bigger picture.

Challenges Resulting From Immersion Education

Participants reported that the program caused them to feel a number of different emotional tensions, including feeling overwhelmed, ashamed, and guilty. For many, these tensions were not always resolved during the course of the immersion program.

I realize how much I don't know about other cultures. I thought (intellectually) that I could understand and be sympathetic to minority issues in the U.S., specifically in California, but once I stepped off the plane in Mexico I felt emotions I had never known before. I never knew what that type of vulnerability was—and that was only for 5 weeks in an immersion program, I'm sure it cannot even begin to compare to what immigrants or others face. I realize my ignorance now more than ever.

A number of participants shared how the experience led to negative emotions connected to their U.S. citizenship.

At times, I feel ashamed of the power we hold as U.S. citizens. It's a place of great privilege that is used for all the wrong reasons. I have realized that that power transfers to other cultures in how they view us as individuals. I realized that I would never be able to shirk that privilege as a U.S. citizen for the rest of my life. It has changed me into a person who will wield that power into social action for others. It is almost a sense of guilt.

National identity seems so superficial and unimportant. I have thought, "How can someone deny another human being access to a better life based on political boundaries, these man-made lines that draw out who has privilege and who does not?" I felt ashamed. I love the U.S. and I am proud to be an American, but I now know I take part in a sense of self-righteousness, self-preservation, and individualism. Now I wonder why sometimes.

For many ethnic minority participants, including those from Latino backgrounds, the experience of being seen as a U.S. citizen was challenging. For some participants who had come from marginalized groups in the United States, it was sometimes the first time they had the experience of being seen as privileged.

Being, and looking, Mexican American I never before thought of myself as a "gringa." However, being in Mexico City with my American values visible in some way (other than skin color and features) apparently afforded me this label, one that came as quite a shock. With some Mexicans' overt distaste for Americans, this was not an identity I openly accepted. However, I am forced to realize that I am American first, Mexican second. I was born and raised in the United States. My parents were raised here as well. And, up until recently, I had never even spoke Spanish. Up until this immersion program, I had not even known the culture to the extent I do now. Being in Mexico City has changed all of this.

Another challenge participants reported was the culture shock they experienced upon their return to the United States. Reentry into their own cultures following the immersion program was almost universally reported as difficult.

It's almost overwhelming at this point, 3 days after my return. I was thinking about how to describe it to others—friends, family, my boyfriend—and it's almost like I experienced a trauma, but a positive one. Something significant happened via my experiences with a foreign culture, at the level we were able to engage in it, along with my experiences of the people I shared this with. It turned my worldview upside down and left me not being able to go back home comfortable. Things look differently.

Increased Complexity in How Participants Perceive Latino Culture

Participants reported two main ways that the immersion experience influenced their thinking about Latino clients—their preconceived notions were challenged and they were exposed to new aspects of the culture:

I know now that I had stereotypical views that I wasn't aware of or at least would never have owned before. I am ashamed of them now. I have so much love for the culture, now that I can see where it comes from and understand a piece of why it is the way it is because of various reasons: political, economic, transgenerational, etc. The lectures, the exposure, the personal interactions with families in small villages, etc., all helped me open my eyes.

In my past, I held various stereotypes about the Latino culture that were ignorant, yet it made sense in context. Given the current events in the U.S. surrounding immigration, there is a tendency to believe what the media presents.

I've realized that I had a lot of assumptions of Latino culture. As a Latina, I brought a lot of assumptions with me, many of which were not true. My first hand experience in the culture has also informed my work that I will continue with Latino immigrants in the U.S. Being able to connect with families and those that have family members in the U.S. is so helpful to connect with what is important to immigrants in the U.S.

Implications for Participants' Clinical Work With Latino Clients

Participants identified several differences in how they will approach clinical work with Latino clients, including tuning into contextual factors that may impact Latino communities and being more cautious about imposing their own values.

I have a greater understanding of what are some of the core cultural values. The program gave me an opportunity to interact with so many different types of people from elite academics to minimum wage earning laborers. It was great to be able to get so many perspectives on what their everyday lives are like from their perspective and not the stereotypical perspective promulgated by the media and other uninformed sources.

I know I will be more curious about where, when, and how my Latino clients came to the US. I will strive to be sensitive to issues of immigration and acculturation. I will be more aware of their values and not try to push my own American values on them. I will consider their behaviors or ideas in context to what I learned their culture dictates to them. And I will also remember that even though I had an amazing education on their culture, I still have a lot of learning to do.

The influence this may have on my clinical work is that I am able to step back and see the context in which my clients live—I now think about the social, political, and all those different factors that shape an individual.

DISCUSSION AND TRAINING IMPLICATIONS

A number of benefits can be gained by the inclusion of an immersion education component in mental health training programs. Participants gain increased awareness of how their own cultures influence their worldview. Participants also appear to gain increased awareness of worldviews different from their own. If future research supports the feedback from participants, immersion education would address two of the pressing needs identified by [Sue et al. \(1992\)](#) on the development of multicultural competencies. On the other hand, an examination of the feedback also indicates that a 5-week program is not enough time for participants to become completely immersed in Mexican culture. Perhaps the term *immersion*, which is often paired with and evokes the image of a method of baptism in which an individual is completely submerged, is a misnomer. Although this term is commonly applied to study abroad programs, the mode of baptism where sprinkling occurs might be a more appropriate metaphor. The feedback by participants indicates that they do not completely stop being in the role of observers or visitors.

The finding that engaging in an immersion program led to emotional turmoil or a sense of dissonance between participants' worldviews before and after the program could have a number of training implications. On one hand, this tension may be useful as an impetus for continued growth and change. On the other hand, such tensions could lead to a homeostatic response or participants taking on equally polarized views. For example, the student who never considered the privilege of U.S. citizenship or its role in global affairs may swing to the polarized belief that the United States is evil and does not contribute anything good to the state of the world.

The feedback from minority students about the experience of being seen as privileged also may have important training implications. It may be useful to facilitate learning opportunities that move beyond either/or thinking toward a both/and position around issues of oppression

and privilege. Also, the fact that many Mexicans believe there are cultural distinctions, as well as occasional tensions around privilege, between U.S.-born and Mexican-born individuals is probably useful knowledge for clinicians to gain. This awareness can be a shock for some participants from Latino backgrounds, as well as those from other minority backgrounds, who may have assumed an automatic solidarity. The impact that these experiences can have on the identity of ethnic minority trainees and the possible clinical implications need to be given adequate attention.

Given that much of the learning resulting from immersion education seems to occur upon participants' return to their home cultures, programs may need to structure a meaningful reentry component. A postimmersion aspect of training, designed for dialoguing about reentry difficulties, might be useful to maximize the learning that occurs in an immersion program. It may also be useful for future research to more fully explore the clinical implications of trainees' perceptions regarding nationality and the possible perception shifts resulting from exposure to international communities.

The findings also suggest that immersion education can play an important role in assisting U.S. educational programs in meeting the demands for an increased international perspective. The need for training methodologies that prepare today's clinicians to work in a global community has already existed for some time (Marsella, 1998; Martín-Baró, 1994; McLuhan, 1968, 1989). Immersion education is a promising pedagogical approach for supplementing our current training modalities. To pursue this further, our field can prioritize an increased focus on international issues in our multicultural training, generate increased self-of-the-therapist focus on the impact of one's nationality and class, and create more opportunities for international immersion experiences for students in clinical graduate programs. Immersion education may be one means for meeting the challenge of bell hooks (1994a) when she states:

The call for a recognition of cultural diversity, a rethinking of ways of knowing, a deconstruction of old epistemologies, and the concomitant demand that there be a transformation in our classrooms, in how we teach and what we teach, has been a necessary revolution—one that seeks to restore life to a corrupt and dying academy. (p. 31)

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