

Guatemala Reflection
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It is six months after my journey to Guatemala City, Guatemala. I am still trying to wrap my mind and heart around my experience and the opportunity to be there and to study trauma and mental health.

I am an art therapist and certified trauma therapist who has sometimes worked with people in Spanish when needed, as my small town has not had many other Spanish-speaking mental health clinicians. I felt an increasing burden that, if I were to go beyond providing a safe space for my clients and treat Spanish-speaking individuals for their trauma symptoms, I needed more immersion in the language and culture for my services to be ethical. I had a rusty handle of the Spanish language, a conversation-level ability. My training in trauma was in a white, Western-developed protocol. Was I qualified to treat someone from Central America for trauma?

I did not feel like I had what I needed to do so, ethically. I had too many questions. Did culture affect the definition of "trauma healing" itself? Did using a protocol that used art and writing create barriers if someone did not have any experience with art materials and was not literate? Did the element of being born and potentially raised in an environment with a constant barrage of many types of trauma (including relational, war, environmental, socio-economic, systemic oppression and more) change the brain's Instinctual Trauma Response (ITR). Did it change the potential to have a regulated and internal sense of safety? What did trauma healing look like, if an individual was constantly at risk for deportation from the U.S.? How did their culture's religious beliefs and their individual faith affect their trauma and trauma healing? Could a person really complete trauma processing if the therapist had a limited vocabulary to respond to the specifics of their felt and lived experience?

The questions and doubts were endless, and I knew that the only way to chip away at these boulders was to get as close to an immersive experience as I could. The director at my outpatient practice gave me the time off, and I was given a grant from Mennonite Healthcare Fellowship that would make the opportunity come alive--to study for three weeks at Central America Study and Service (CASAS) and Semilla in Guatemala City. I had learned much of my Spanish there in college and had connections where I could request unique classes that would give me exposure to explore some of my questions.

Although I was excited for the opportunity, I knew that even my dreamy trip had its severe limits. I was getting one perspective: Guatemalan. I would only be there for three weeks--hardly counts as an immersive experience for either deeper insights or improving my Spanish fluency. But it was a huge step that I would not be able to get in my USA world, so I drank it in gratefully with the awareness that I was only scratching the surface.

CASAS was incredible about working with me to design a program for my three-week time that would be intensive and cover my learning objectives. The skeleton outline of my time looked like this:

- I took Spanish-review class for four hours each morning.

- Two days a week, I took a four-hour class (in Spanish) with a retired (but very active) Guatemalan psychologist, Olga, on the themes of trauma and mental health in Guatemala.
- One afternoon a week, I had off to study and lay in the sun.
- One afternoon I went with Olga to visit a mental health agency in Guatemala City to learn about their services.
- One afternoon I returned to the agency, alone, to provide a service for them (at the request of the agency). These services included groups for clients or an in-service for clinicians.
- One weekend I had free, and the other weekend, Olga and I partnered with a team of her peers to provide a trauma-processing workshop for survivors of Volcan Fuego's eruption in June 2018 that buried entire villages in pyroclastic flow.

The time was packed, intense, and rich with information. I am still soaking in all that I learned from Olga, the agencies, and my experiences; I am not sure if I have answers to my questions, or more questions.

I found that those who received me perceived what I had to offer to be amazing and "enough" to be beneficial. My training in art therapy and trauma processing was respected--almost revered. I was invited into spaces that made me question how to ethically engage without actually increasing the risk of emotional damage.

- Is it helpful to provide trauma processing services if I am unable to follow-up with the clients and provide emotional support to make sure any flare-ups are supported?
- Is it ethical to lead people in trauma processing with language barriers and without previous depth of knowledge of their culture and experience?
- Am I better than those who did human experiments in World War II? The comparison feels extreme, I know. But I am also aware, as a professional, how well-intended "help" can often flip into increased issues and emotional damage with the tiny shift of a magnet. And I had some powerful magnets I was messing with.

I am incredibly grateful to Olga who was a bridge for me. She is a trained mental health professional who has responded to numerous traumas of all types. She is an Anabaptist, a woman who had experienced immense amounts of trauma herself, a woman who had family connections to indigenous knowledge as well as a personal history of education. Olga sat in the depths of the questions with me. She opened up my definition of mental health to recognize that an individual's mental health was not singularly defined, but also depended on the community and the environment in which the person lived or was engaged. This definition was significantly different from our USA definition of client-centered psychology that suggests a person's mental health can be independent from their community and environment. Olga seemed to invite me into the community, pushing me to not be scared away by the differences at our cultural boundaries, but to see what I had to offer as something that could help shift the balance in the mental health equations for Guatemalans. I was humbled.

Olga also helped me to peel back the secret to the fierce resilience of the Guatemalan people. She encouraged me to always inspire hope and connection to a person's culture and family when working in mental health. She revealed and modeled to me the importance of talking about

family, spirituality, and culture and of including laughter, singing, and food--all secrets to the resilience of Guatemalans.

Although trauma processing was needed and important in the Guatemalan culture, the most important fruit for me to glean emerged in the development of the fruit itself. This included the importance of engaging in human relationships with the determination to engage in humor and culture, music, art, and laughter--all of which tapped into an endless well of resilience and love.

I don't know if I am more ethically qualified to treat trauma for Spanish-speaking individuals, but I know I have been given a seed. That seed from Olga and from my overall experiences in Guatemala will grow with me through my faith, my practice, and my personal life. It is a seed containing "la buena vida," the good life, living in balance as an individual in community, helping to foster an environment of hope and resilience through love.



Monika Burkholder is a board-certified art therapist, a resident in counseling, and a certified trauma therapist. She earned her BA in Art/Art Studies from Eastern Mennonite University in 2011 and her MS in Art Therapy and Counseling from Eastern Virginia Medical School in 2015. She has worked in a variety of settings in Virginia. At the time of this writing, she was traveling in Ireland.