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Phenomenological Experience of Mexican Curanderismo

Yoseline P. Lopez-Marroquin
Antioch University Santa Barbara

PHENOMENOLOGICAL EXPERIENCE OF MEXICAN CURANDERISMO

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Yoseline Paulett Lopez-Marroquin, M.A.

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Dissertation Committee:

_____

Brett Kia-Keating, EdD, Dissertation Chair

_____

George S. Bermudez, PhD, PsyD, Second Reader

_____

David Hoskins, PsyD, M.A.S, External Expert Reader

ABSTRACT

This qualitative research design focused on the various treatment dimensions of *Curanderismo* and explored it as a possible compliment with traditional Western psychotherapy. The principal investigator gathered information about the treatment provided in *Curanderismo* and gained a deeper understanding of participants' lived experiences during such healings. This study also aimed to understand how individuals made the choice to seek treatment with a *curandero/a*, as well as if a deeper understanding of such treatment could help the mental health field be better informed care providers to the Latino/a community. Phenomenological research methodology was used in efforts to grasp how the participants, as individuals, experienced Mexican *Curanderismo*. Through a semi-structured life world interview, data was collected from eight participants: four *Curanderos* and four non-*Curanderos*, both sets represented by two males and two females. The central research questions were as followed: 1) How do *curandero/as* and clients of *curandero/as* describe *Curanderismo*? 2) What is the lived experience of *curandero/as* when they are providing treatment to a client? 3) What is the lived experience of a Latino/a being treated by an American trained clinical psychologist? 4) What are the traditional assessment and treatment protocols of *Curanderismo*? 5) What are the positive and negative perceived societal views of *Curanderismo*? 6) How can *Curanderismo* be integrated in Western mental health to better serve Latino/as? Twelve themes were the foremost emergent themes throughout this research study as it encompassed much of the combined lived experiences of the eight research participants. The themes that emerged were as follows: 1) *La Terminología* [The Terminology]; 2) *El Don* [The Gift]; 3) *Auto-Cuidado* [Self-Care]; 4) *Los Guías* [The Guides]; 5) *Puro Cerebro* [Pure Cerebral]; 6) *La Farmacología* [The Pharmacology]; 7) *Pura Magia* [Pure Magic]; 8) *La Conexión* [The Connection]; 9) *Es Brujería* [It's Witchcraft]; 10) *Es Comercio* [It's Commercialization]; 11)

Nueva Generación [New Generation]; and, 12) *Dar Oportunidad* [Give Opportunity]. This research study, and future research studies, can serve as a tool to break that pattern, as there is a great need for validation, integration, and continuation of Mexican *Curanderismo* in westernized mental health. This Dissertation is available in Open Access at AURA: Antioch University Repository and Archive, http://aura.antioch.edu and OhioLink ETD Center, http://www.ohiolink.edu/etd.

Keywords: *Curanderismo*, *curandero*, *curandera*, *curanderos*, *curanderas*, Mexican, indigenous, folk, healing, healers, Latino, Latina, Latinos, Latinas, *don*, *brujería*, *brujo*, *bruja*, brujos, *brujas*, magic, *magia*.

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"*Clama a mi, y yo te responderé, y te enseñare cosas grandes y ocultas que tu no conoces.*"

Jeremías 33:3

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CHAPTER I: INTRODUCTION

Sparked Interest

Sunday school instilled in me that praying to objects and idolizing religious statues, murals, and portraits was a sin. I was never allowed to wear a necklace with a cross or bracelet or anything that had Jesus' name written on it, since those were representations of a religious image. This proved to be a difficult thing for me since all my childhood friends were Catholic and received many gorgeous gifts on their birthdays and other celebrations. Those religious gifts were precious, had meaning, and symbolized love, family, and God. I wanted those precious objects; I wanted to demonstrate to others the symbols that showed my devotion to family and faith. Not to say that I did not receive gifts with those meanings, but as a child I was considered odd because I was not a Catholic, and that affected my relationships. Being different from others only made me want to learn more about their religion to better understand why so many were devoted to it. My neighbors would express their pride in being a Catholic through their devotion to the Virgin Mary and the many religious statues, posters, and articles in their environment for protection and guidance.

I was curious about their cultural practices, but what most captivated my attention was that despite their hyper religiosity, they were still willing to seek alternative healing for health and emotional issues. I witnessed neighbors adore and praise *santos* [saints] such as, *San Martin de Porres* [Saint Martin de Porres], and saw them decorate elaborate altars with colorful offerings of candles and flowers. I also witnessed those colorful altars become altars for the dead; *Día de Los Muertos* [Day of the Dead] was a representation of divine praying and protection from the other side, which was something out of the ordinary for me. I listened to stories of miracles, salvations, and cures that were conducted and granted, not only by *La Virgen*

de Guadalupe [Our Lady of Guadalupe] and *santos*, but also by traditional folk healers known as *curanderos/curanderas* [male and female indigenous folk healers]. Even at a young age, I recognized that Catholicism had a different religious code—and its images and mysticism fascinated me. Christianity, particularly the Pentecostal church, taught me to beware of those who practiced black magic, as the power of Christ was the only thing that could save us from our sorrows. On my mother's side of the family, *Curanderismo* [indigenous folk practice] was considered black magic. I thought to myself, "If Catholics are not being punished for the 'sins' they are committing, and they are actually feeling better about themselves, then why is turning to *Curanderismo* considered a 'sin'?"

Since my father was the only Catholic in our household and the only member of his family that lived in the United States of America [USA or US], my mother and her family dominated my upbringing. From a young age, Salvadoran and Pentecostal Christian traditions were instilled in me, and there was no denying that females dominated the household. We did not celebrate Mexican and Catholic holidays, nor did we practice their traditional customs such as *El Bicentenario de la Independencia de México* [Mexican Independence Day], *Las Posadas Navideñas* [The Inns during Christmas], or as mentioned before, *Día de Los Muertos*. This was a struggle for me because of the high percentage of Mexican-American classmates in the schools I attended, as well as the large Mexican population that surrounded our neighborhood. There was no escaping the judgmental faces when I was not familiar with these traditions. My mother's strong personality and character always pushed me to be proud of my upbringing and to become a unique individual. Yet, I did not hold the same biases as my mother and her tough love was a threat to my interest in the cultural and religious traditions of Mexico and Catholicism. My childhood curiosity led me to learn more about these traditions, and it is also how I became

closer to my father. Learning the history of Mexico and its Catholic traditions opened the door to the dark side that was so feared by my maternal side of the family. To them, learning about *brujería* [witchcraft], *La Llorona* [legend of the crying woman], *hechicería* [sorcery], and *curandero/as* [traditional folk healers], was unnecessary because it only glorified evil spirits. Through questioning it, I intended to inform myself about this feared dark side of Mexican culture to learn how to challenge the stereotypes of mysticism and enchantment, related to its traditions.

In the beginning phase of my exploration, my curiosity and questioning were a challenge for me because of the expectations that were instilled in me as a young girl. Since I was the first-born daughter and granddaughter in a Latino/a family, I was expected to be a role model for the rest of the family's children, and the grandchildren to come. I was taught to never talk back, question, or disrespect any family elders. I was expected to do as I was told and to complete fully any tasks given to me by my elders. Whether it was in school or in church, I was to learn what was presented to me and not question why. Furthermore, asking my grandmother why she believed that *Curanderismo* was not accepted by the church as a means of salvation, was too much for her to bear. Asking my mother about her views on our neighbor's *limpias* [cleanse ritual] became a simple matter-of-fact statement. I was given too many speeches on what the bible stated and on how I was not respecting the traditions that were instilled in the family by God. I found myself becoming frustrated with the situation and thought to myself, "Why it is that my Christian family finds *Curanderismo* to be so evil?" The rebel inside of me wanted to keep pushing the subject and wanted to find a connection between my family and these infamous practices.

My interest in healing has led me to pursue the path of clinical psychology. The misconception that many Latino/as and non-Latino/as have towards *Curanderismo,* as well as the power of trust and faith many individuals of Mexican and/or Catholic descent have towards *curandero/as*, was part of my interest. In psychology, one should be open to the cultural folk tales, myths, and legends. Understanding this valuable and historical context can help clarify misconceptions that might have emerged from fear, ignorance, and/or poverty. I believe that educational ignorance and poverty of resources are limitations in clinical psychology because they prevent Latino/a mental health from growing, thus making this an inherent issue in Western psychology. Many families in the culture I was brought up in, believe that *Curanderismo* exemplifies evil because of the stories that, unfortunately, made *Curanderismo* infamous in their eyes. However, stories of *brujería* and *mal de ojo* [evil eye], demonstrate the positives that come from seeking alternative medicine. Rogers' 2010 study found that many Mexicans and Mexican-Americans continue to believe in their traditional and conventional forms of care, as these practices stem from a long cultural tradition with which they are familiar and comfortable with. For example, "The most important diagnoses [in *Curanderismo*] are *susto* [magical fright], *mal aire* [negative air/vibrations], *mal de ojo*, *envidia* [envy of others], *sentimientos fuertes* [vehement feelings], *brujería*, and *falta de fe* [lack of faith]" (Zacharias, 2006). These diagnoses were passed on from generation to generation along with faith-based remedies that are supported within the culture and within many Latino/a families.

In my family's case, there was a failure to accept *Curanderismo* due to the difference in faith and nationality. My family's prejudice exists within many other Latino/a families, and is reflected in the prejudices of Western society. In the US, for example, we see families being judged simply because of their skin color and/or socioeconomic status. This lack of awareness is

due to an unwillingness and/or fear to learn about a different culture. As mentioned before, my El Salvadorean maternal side of the family did not take time to understand my Mexican paternal side of the family, much less their Catholic belief—demonstrating the complex relationship dynamic between individuals of the same race. My mother and her sisters endured racism as teenagers during high school, after immigrating from El Salvador in the 1980's—a time where Mexicans and Salvadorean culturally clashed. My grandmother and her sisters also endured racism in their work environment when they immigrated to the US in the 1970's. All of their experiences influenced their need to separate from Mexican customs and traditions, as an act of self-defense.

Ignorance prevails because it is difficult to break away from cultural predispositions, especially in regard to Mexican and/or Catholic families where *familismo* [a sense of independence, collectivism, and inclusiveness among family members], *marianismo* [women who are passive and sacrifice themselves for the family—the expected role of the Latina woman], and *machismo* [excessive masculinity], are dominant ways of living. Women are more likely responsible for the healthcare within the family and housewives are more likely to learn the use of herbal remedies as they are past down from generation to generation (Mayers, 1989). Within my family, one clearly dominated by women, *Curanderismo* still was rejected as not all women accept the full array of folk medicine, "These women appear to pick and choose which Mexican culture health beliefs to believe in [and] their acceptance of a given folk belief appears to depend upon past health-illness experiences" (Mayers, 1989).

If individuals become open to consider the practices of other traditions, they could understand that *Curanderismo* also derives from Judeo-Christian beliefs as, "The bible has created the basic guideline of the healing power of the supernatural and remedies provided by the

Earth's offerings: God's healing powers and plants for medicinal use" (Trotter & Chavira, 1980). This statement is evidenced by a passage in the bible,

> In each of us the spirit is manifested in one particular way, for some useful purpose. One man, through the Spirit, has the gift of wise speech, while another, by the power of the same Spirit, can put the deepest knowledge into words. Another, by the same Spirit, is granted faith; another, by the Spirit, gifts of healing, and another miraculous powers, another has the gift of prophecy, and another ability to distinguish true spirits from false; yet another has the gift of ecstatic utterance of different kinds, and another the ability to interpret it. But all these gifts are the work of one and the same Spirit, distributing them separately to each individual at will (I Corinthians 12: 7-11, The New King James Version).

Hoogasian & Lijtmaer (2010) distinguish what they see as the more collectivistic healing practices in *Curanderismo* from the more individualistic approach of Western therapies. They draw a contrast in the beliefs and practices of each approach, as the source of cure in Mexican traditional healing is the collaborative work of God, spiritual figures, living and departed loved ones, and the *curandero/a*—while in Western psychotherapy the individual is responsible for overcoming personal and relational obstacles. "God and spiritual figures receive petitions and allow for positive outcomes; loved one's support change through prayer and active involvement, and the *curandero/a* facilitates healing from diagnosis to post-treatment" (Hoogasian & Lijtmaer (2010).

My interest also lies in the meaning making that both client and *curandero/a* share during a treatment session. The components of trust and faith enable this process, and that to me is so fascinating! Meaning making is defined as, "Compatible with current theory in perception and

cognition, in which even visual percepts are generated according to a wholly empirical strategy that signifies to the individual the empirical significance of the stimulus rather than its properties as such" (Purves, Lotto, & Nundy, 2002). *Curanderismo* incorporates candles, herbs, chants, incense, and prayer into its sessions, thus, making *Curanderismo* a holistic form of therapy (Ortiz & Torres, 2007). Those materials are the first level of *Curanderismo*, while the second level is the spiritual, and the third level is the mental (Trotter & Chavira, 1980). The spiritual level involves a medium, which is the person that facilitates the healing process, while the mental level is where the psychic healing takes place (Trotter & Chavira, 1980). In *Curanderismo*, the healer believes in his/her capacity to heal based on their own knowledge of health, psychopathology, and various treatment interventions.

My curiosity and interest in *Curanderismo* led to constant struggles with my family. My first impression of *Curanderismo* was that it was *brujería*. I had those beliefs because I grew up listening to those stereotypes from my family. I was too young to distinguish *Curanderismo* from *brujería*; I was too young to understand that my family had different views; and I was definitely too young to understand what *Curanderismo* was. During my teenage years, I listened to many stories from my father about *Curanderismo* and how it helped cure his family member's ailments. I vividly recall my father emotionally sharing with my brother and I the struggles endured by his alcohol and drug addicted father. Drugs and alcohol viciously consumed my paternal grandfather; his life story is a representation of the good and evil that encompasses *Curanderismo*. In the bible and in *Curanderismo* the common theme is the duality between good and evil—and the power struggle waged between them (Trotter & Chavira, 1980). "On the human level the *curandero/a* heals and the *brujo/a* [male or female witch] harms; on the spiritual level benevolent souls and saints can bring luck, health, and contentment, while malevolent souls

and demons bring misfortune, illness, and misery; on the highest level of existence, God (the light and giver of health) opposes Satan and his evil works" (Trotter & Chavira, 1980).

In the view of a *curandero/a*, my paternal grandfather was *embrujado* [bewitched/haunted] and was the victim of black magic carried out by past lovers who were motivated by greed, jealousy, and hatred. This of course, was the presumption of my family. In the beginning stages of his poorly understood troubling behaviors, and/or illness, a *curandera* was solicited for *limpias* to remove any negative spirits that he might have carried. My grandfather frequented the same *curandera* because even though he felt better just after a cleanse, he still believed that negative thoughts forced him to drink, consume, and fail. As my grandfather's illness continued, the *curandera* determined that a negative force, that was only understood by *brujería*, was controlling my grandfather's actions. Since the *curandera* worked with white magic, she was only able to use her knowledge of health, psychopathology, and treatment interventions to a certain extent. My father sadly describes it, "*La brujería venció a mi papa*" ["Witchcraft defeated my father"]. In the case of my grandfather, the dark and notorious side of *Curanderismo* was the dominating factor in the trauma filled historical background that my father and his family had to endure—highlighted with his death. Stories such as this personal one struck me and only made my curiosity grow. As a young child, this made me wonder why the *curandera* could not stop this process. I knew that seeking a *brujo/a* was not an alternative due to my family's Catholic faith, and thus, I grew to become even more scared of the powers of *brujería*. I therefore witnessed how faith in religion and in *Curanderismo* were enough to grant my family protection and sanity, as there was no fear or doubt in the actions taken during the tumultuous time of their lives.

Anecdotes of people healed by *Curanderismo* can be found when speaking to someone in confidentiality, as there is a hesitation in sharing these experiences. "Their [*curandero/as*] existence is a closely guarded secret to outsiders and even to many residents of the community" (Applewhite, 1995). The limited research on *Curanderismo* has made it difficult for knowledge of its practices to reach Western audiences despite there being a, "Two millennia history of remedies for hangovers, intoxication, decreasing alcohol use, and alcohol dependency," that would benefit many who seek medical and mental health treatment (Ortiz & Torres, 2007). Current research data has demonstrated that at least some of the elements of *Curanderismo* healing such as, "The use of herbal treatments, massage therapy, sauna use, hydration, spirituality, and meditation," (Ortiz & Torres, 2007), are effective in improving psychiatric symptoms.

Ortiz & Torres (2007) focused on nine healing techniques for alcoholism known as *curandero/a remedios* [remedies] that might be of benefit to patients who are not able to achieve sobriety by the application of typical Western approaches. The first three remedies are massage (which has been scientifically proven to help reduce heart rate in order to control stress and sleep), as well as meditation and spirituality (Ortiz & Torres, 2007). The next four are herbal remedies that have demonstrated capacity to heal. These include, *pasiflor* [passion flower], *valeriana* [valerian], *tila* [linden flower], and *sauco* [elderberry], which serve as sedatives, relaxants, and immunizations (Ortiz & Torres, 2007). The last two remedies are herbal teas and/or water, as well as a *temazcal* [sweat lodge], which all serve as means of hydration and detoxification (Ortiz & Torres, 2007). In a different study (mentioned in detail in the literature review section), Zacharias (2006) found that *curandero/as* who used *remedios* similar to those described in the Ortiz's & Torres' (2007) study, were able to achieve complete remission in six

clients who suffered from disorders such as schizophrenia, dependency syndrome, panic disorders. Hoskins & Padrón (2017) articulated the perception that, "The spirit protects an individual from mental and physical illnesses," sustaining Zacharias' (2006) findings that, "The client becomes susceptible to mental health difficulties following an adverse event, when the spirit has been affected or left the individual."

Below is a testimonial from a Registered Nurse [RN] and Licensed Professional Counselor [LPC], from Boulder, Colorado, who turned to *Curanderismo*, having received *limpias* and lectures from a cultural educator and *curandera*, Griselda "Grace" Álvarez Sesma. The testifier's name will not be disclosed to help preserve anonymity.

> During the healing, I felt as though the weight of all of my clients was lifted from my shoulders and I felt light in spirit and grounded at the same time. Grace created an atmosphere of learning as she gently prayed for me and requested healing to come to both of us and performed the beautiful ritual of cleansing with aromatics, aromatics and flowers and aromatics with a fertilized egg. Before the healing she spoke with me in a heart-to-heart fashion and explained what she was guided to do for me and afterward she was open to my many questions. The time with Grace left me feeling very blessed by spirit and by nature. I was incredibly clear-headed driving back down the mountain to my home and was able to make some important decisions for my future that had previously felt very confusing. I continue to feel very grounded by the experience all these months later. I would highly recommend Grace as a teacher and a healer. She has dedicated her life to this work and I would trust her with my life (Álvarez Sesma, 2013).

Just as the RN described her own self-care practice, Elena Avila, a RN and a *curandera*,

describes in her book the intricate stories of clients she has seen in medical offices, struggling to balance Westernized diagnosis with *curandero/a's* advice.

> I occasionally see clients who are in denial about their illness, and hope that a *curandera* will give them a more acceptable diagnosis. Some clients want to believe that the strange behaviors and thoughts that they or their loved ones are producing are the result of a curse. I have seen many people diagnosed with the chemical imbalance of schizophrenia who are frankly psychotic but want to believe that they are sick because someone has put a hex on them. I have assisted many of these individuals by helping them accept their illness and find creative ways to live their lives (Avila, 1999).

Definition of *Curanderismo*

Curanderismo is derived from the Spanish verb *curar* [treat/cure/heal], and one who practices the art of healing is considered a *curandero* or a *curandera*. A *curandero/a* may also be called *mujer/hombre de conocimiento* [woman/man of knowledge] or *mujer/hombre de medicina* [medicine woman/man]. Each *curandero/a's* style of practice is unique—primarily because their practices can be informed by family traditions, their tribe, and/or their community (Álvarez Sesma, 2013). Forms of *Curanderismo* can be found in a number of different countries, as it is considered to have Catholic, Sephardic, African, Aztec, Mayan, and magico-religious influences (Álvarez Sesma, 2013). This dissertation research, however, focuses on Mexican *Curanderismo* and the usage of *medicina del campo* [field medicine].

Curanderismo is a, "Mesoamerican healing system which believes that diseases are caused by social, psychological, physical, environmental, and spiritual factors; a disharmony of the body, mind, and spirit" (Álvarez Sesma, 2013). Health care professionals, physicians, educators, students, and homemakers use this holistic approach, as it has been used in the

Americas for hundreds of years (Álvarez Sesma, 2013). There are many modalities used in *Curanderismo* and they change from *curandero/a* to *curandero/a*, yet, the most common ones used solely, or in combination, during a session are: *oraciones* [prayers], *platicas* [heart-to-heart talks], sacred instruments, *sobadas* [bone setting/massages], breath and song, *copal* [copal incense], as well as remedies mentioned earlier (Alvarez Sesma, 2013; Tafur, 2009). *Curanderismo* is used to treat cancer, physical chronic pain and illnesses, emotional and spiritual needs, life failures, troubles with pregnancy, Post Traumatic Stress Disorder [PTSD], alcoholism, addiction, and other maladies (Álvarez Sesma, 2013).

There are three central components of the *Curanderismo* perspective on illness that can be compared to the primary perspective of Western models of mental health, they are:

1) "Illnesses have both natural and supernatural sources";
2) "It is a natural and powerful way to treat ailments and other problems of a spiritual nature";
3) "It is known to shift and reconfigure energy patterns" (Álvarez Sesma, 2013).

The first component indicates that evil spirits and *brujo/as* are powerful forces that can have control over an illness and a person. *Brujo/as*, for example, are known to be, "Practitioners of magic, who may take the form of owls, coyotes, cats, and turkeys" (Álvarez Sesma, 2013). In Western psychotherapy, this component may be seen as a bizarre belief, since in Western models of psychological illness, biological, psychological, and environmental factors are seen as the primary causal factors determining how illnesses arise. A study done by Scheppers (no date), used different case models in order to compare clinical interpretations of *curandero/as* and Western practitioners, and discovered that, "*Curandero/as* tended to view what we (non-Mexicans) might consider sick, crazy, or insane as not so abnormal or actually as normal" (Weclew, 1975).

The second component suggests that *Curanderismo* is natural and powerful because it aims to achieve removal of obstacles, relief from physical pain, and other issues having to do with spirituality—thus, the spiritual aspect of maladies is directly attended to. Western psychotherapy tends to leave the spiritual element out of the therapeutic treatment, and considers it as a specialty to learn rather than a required element of graduate training in clinical psychology. If elements of spirituality were included as a higher priority, Western psychotherapy would come closer to the perspective adhered to in *Curanderismo* as exemplified by the statement, "Good health implies that an individual is in good balance with God and with the customs of people, which focus around the family, the church, and one's fellow man" (Weclew, 1975).

The third and final component indicates that human energy and energy patterns can be a factor in soul fragmentation and illness (Álvarez Sesma, 2013). In comparison to Western psychotherapy, *Curanderismo* concerns itself more directly with what is termed as "human energy," taking as its focus, human cognition and behavior. Here, we see a parallel with current theories that hold a powerful place in Western psychotherapy such as Aaron Beck's and Albert Ellis' Cognitive Behavioral Therapy.

These three components of *Curanderismo* can guide Western psychotherapists to better treat Latino/as because many Latino/as seek the services of *curandero/as* due to their holistic approach (Álvarez Sesma, 2013). Scheppers (no date) advocates for cooperation between Western practitioners and *curandero/as* because, "*Chicano/as* [a person of Mexican origin or descent in North America] associate clinics, doctors, and hospitals with the incurable, stigmatized, hereditary idea of *locura* [insanity]" (Weclew, 1975). Some scholars argue that within the Latino/a community, "*Curanderismo* is much more personal and much less

dehumanizing, and…it occurs within the context of other social relationships and not in a separated and highly specialized form of relationship ordered by universalistic, rational, and scientific criteria" (Weclew, 1975).

The aim of this study was to illuminate indigenous epistemology and alternative healing paradigms—more specifically the healing tradition of Mexican *Curanderismo*. The practice of *Curanderismo* is important to understand because it sheds light on a deficit in our current understanding of cultural competence. This qualitative research design focused on the various treatment dimensions of *Curanderismo* and explored it as a possible compliment to traditional Western psychotherapy. The direct focus was to gather information about the treatment provided in *Curanderismo*, to gain a deeper understanding of participants' lived experiences during such healings, and to lay the groundwork for culturally aware treatment modalities. These modalities are advocated by scholars such as Krassner, namely to compare *Curanderismo* and Western psychotherapy in a manner that ensures that, "Effective features of therapy have been presented based on examining aspects of different forms of therapy in cross-cultural practices" (Krassner, 1986).

Hispanic and Latino/as account for 39.1% of the population in California, 45.6% in Santa Barbara County, and 48.6% in Los Angeles County, as of 2018 (US Census Bureau, 2018). The US is reported to have a Hispanic/Latino/a population of 18.1%, and it is predicted that the percentage will rise to 48% by the year 2060 (US Census Bureau, 2014). The growth of this ethnic population points out the need for competent Latino/a mental health specialists. Cultural competency should resonate in clinical psychology programs—and other fields as well—in an effort to proactively support the mental health needs of Latino/as. It is argued that previous attempts at cultural competence—approaches that acknowledge the culture-boundedness of

differing ideas of illnesses—have been inadequate. The DSM-5 (2013) lists in *Appendix: Glossary of cultural Concepts of Distress*, three Latino/a specific disorders: *Ataque de nervios, Nervios,* and *Susto*. An *Ataque de nervios* is defined as, "Symptoms of intense emotional upset, including acute anxiety, anger, or grief; screaming and shouting uncontrollably; attacks of crying; trembling; heat in the chest rising into the head; and becoming verbally and physically aggressive" (APA, 2013). *Nervios* is defined as, "Symptoms of emotional distress, somatic disturbance, and inability to function" (APA, 2013). *Susto* is defined as, "An illness attributed to a frightening event that causes the soul to leave the body and results in unhappiness and sickness, as well as difficulties functioning in key social roles" (APA, 2013).

Empacho, Mal de Ojo, and *Cólera* are Latino/a specific disorders listed in the DSM-IV-TR (2000) version that should not be overlooked when learning about *Curanderismo*. An *empacho* is defined as, "Clumps of food formed during digestion and causing pain" (APA, 2000). A *mal de ojo* is the same concept as the Mediterranean belief of the "evil eye" in which children are susceptible to, "Fitful sleep, crying without apparent cause, diarrhea, vomiting, and fever" (APA, 2000). Lastly, *cólera* is known to be experienced during anger or rage and is believed to disturb core body balances (APA, 2000). In *Curanderismo*, "Diagnostic ability depends more on the intuition, sensitivity, and spiritual power of the healer than on the precision of a particular diagnostic technique" (Cohen, 1998).

Curanderismo empowers Latino/as to make use of a treatment modality that is true to their own culture and values, as it is a "culture-specific therapy" (Falicov, 2009). In psychology, there has been a push for "universalistic" and "cultural adaptations," using the common factors of, "Empathy, trust, and the positive quality of the therapeutic alliance" (Falicov, 2009). Despite these attempts, many Latino/as drop out of therapy. One factor that makes it more difficult for

Latino/as to find the treatment approaches of Western therapists helpful, is what is referred to as, "immigration paradox," namely that Western trained, "Therapists may unwittingly cause stress by encouraging rapid acculturation to new ways of thinking or behaving in the belief that a good societal fit will benefit the immigrant family" (Falicov, 2009). There are models that are culture-specific and have a contrary effect such as, "The Latina/o Skills Identification Stage Model [L-SISM] intended to shape therapists' focus and responsiveness to some core issues that are facilitative in the therapeutic process, but not exhaustive" (Gallardo, 2012). The L-SISM has the same effect as *Curanderismo*, "Interventions targeted to a specific cultural group, such as Latino/as were four times more effective than interventions provided to groups of clients of different cultural backgrounds…interventions conducted in clients' native language were twice as effective as those conducted in English" (Falicov, 2009). It is believed that *Curanderismo's* assessment, treatment protocols, and interventions can help the field of Latino/a mental health grow.

As I explored my own family's cultural practices, I realized that there were some healing methods that have been passed down from generation to generation that were similar to the alternative healing methods I learned from my neighbors. The usage of *Agua de Florida* [Florida Water] was practiced in my household to treat fever. The *Agua de Florida* would be poured on my mother's soft hands to warm up the fragrant liquid, and soon after, she would rub it onto my brother's or my shivering body. My mother's warm hands would gently massage our backs and she made sure to always rub the *Agua de Florida* on the antecubital and the popliteal regions, as if those physiological locations carried the energy of the fever. I always considered it a medicine such as Vick's VapoRub or rubbing alcohol, but after reading the label and seeing it at a neighbor's house, I was shocked and thrilled to learn that it was also used in sessions with

curandero/as.

Another practice that seemed very normal to me was seeking assistance from a *sobadero/a* [male or female bone setter/masseuse] when my brother endured a sports injury or when my father was hurt while working in the field of construction. Paying a fair price to have someone set their body straight was well worth it for my family. I always assumed that because someone was working with the human body, and they were not chanting anything out of the ordinary while doing so, it was a "normal" thing to do. It was not until I paid attention to the *pomadas* [pomades] the *sobadero/a* was using, that I realized how similar the fragrant smell was to the *Agua de Florida*. The herbal aroma and massage techniques were very similar to the care my mother provided for a high fever.

Through close observation and connection, I found out that my rigid Christian family was also making use of alternative healing methods. I felt a sense of relief when I recognized that my grandmother and mother were not so inflexible in their beliefs. It helped me become more open with them about these traditional practices. At the same time, it helped them become less guarded once their traditional healing methods were understood to be linked to what they once devalued as alternative healing methods. This personal connection gave me an understanding as to why they did things the way they did, and it helped me understand their genuine opinions on religion and traditional folk healing. Due to the personal connection I have with *Curanderismo*, I believe that the power of trust and faith are the prevailing healing factors of *Curanderismo*.

CHAPTER II: SELECTED LITERATURE REVIEW

Historical Findings

Lambarri Rodriguez et al. (2012) posited that since the beginning of time, magic and religion have been used by human beings to respond to sickness and danger. "In traditional Meso-America, sickness was believed to have four different causes: the breaking of natural laws, the will of the gods, the dates on the calendar, and the actions of human beings" (p. 123). These beliefs are a mixture of the healing traditions of the indigenous peoples of Mexico, Central and South America, the influence brought by those of Spanish Christian heritage, and the magical-religious beliefs of African slaves, all of which contributed to the current traditional practices of indigenous people in Mexico (Lambarri Rodriguez et al., 2012). Researchers in the heritage of early Mesoamerican culture, have differentiated between magic, religion, and science—with magic meaning power against the forces of nature, religion referring to petition and prayer devoted to the divine, and science reflecting empirical knowledge established by means of experience and recorded observations (Lambarri Rodriguez et al., 2012). Despite the negative label that traditional medicine carries, the strong continued support from many Mexicans suggests that it may have merit.

Parsons' (1931) work appears to be the earliest scholarly study on the subject of *Curanderismo* and in 1968, Kiev seems to be the first researcher to produce a comprehensive study of *Curanderismo* with the Mexican-American population. Mayers (1989) details the emergence of *Curanderismo* along with the various cultural influences that have impacted its development. He describes *Curanderismo* as a kind of melting pot. It emerged as a blend of the Spanish *conquistadores*' [conquerors] advanced medical knowledge, Judeo-Christian religious beliefs, Arabic health practices, and Native American knowledge of herbal remedies. Even

though Mayer's research study was presented in 1989, it referred to even older literature that was anthropological in nature and labeled *curandero/as* as rural people who treated people who did not seek services from the dominant culture—thus minimizing the progressive and diverse elements blended into *Curanderismo* knowledge (Mayers, 1989). The earlier literature on *Curanderismo* also presents some contradictory findings, as some research articles note a large percentage of *curandero/a* believers, and others see non-believers as more the norm. In addition, differences in use of *curandero/as* were noted across various states. It was reported, for example, that in the 1970's less than 1% of Mexican-American households in California resorted to *curandero/as* to treat illnesses or behaviors, while in the 1960's more than 97% of Mexican-American households in Texas were familiar with *Curanderismo* (Mayers, 1989).

Indigenous Roots

Cervantes' (2010) development of the '*Mestizo* [person of combined European and Indigenous American descent] spirituality' model was born because of the lack of theoretical frameworks that reflected and respected different cultural lifestyles, belief systems, and healing paradigms of non-white, non-European populations. As evidenced-based practices add on to the difficulty of precisely describing critical issues that ethnic minorities face such as poverty, oppression, racism, and diversity, meaningful therapeutic models for Latino/as do not emerge (Cervantes, 2010). '*Mestizo* spirituality' encompasses indigenous, '*mestizo* spirituality', and Catholic perspectives that allow traumas, emotional/physical insults, joys, and the sufferings of life to play out in a person's spiritual journey (Cervantes, 2010). Key concepts of Cervantes' (2010) '*Mestizo* spirituality' are: 1) awareness, responsibility, respect, and kindness for the sacredness of one's life journey; 2) review and renewal of one's religious/spiritual beliefs, traditions, and rituals; 3) forgiveness of one's past wrong doings and reaffirmation of one's

connections to a larger cosmic reality; 4) learning to become a person of knowledge/becoming impeccable, or having the ability to speak from one's heart; and, 5) realization that service to others is the natural order of things. Cervantes (2010) is trying to give credit to an all too often aligned approach and while he has his way of making sense of it through his concept of '*Mestizo* spirituality', this research study sought, through extensive interviews with practitioners, *their* way of understanding what they do.

'*Mestizo* spirituality' connects with *Curanderismo* in the therapeutic relationship component, the bond between the client and the therapist, as the therapist becomes a guide and co-journeyer who incorporates intuitive and creative therapeutic techniques that are useful and available (Cervantes, 2010). This is one understanding that this research study evaluated: namely, how both therapist and *curandero/a* link psychological problems with the spirit of the individual and obtain a respectful stance towards their client, holding the belief that both are equals in the learning and growing, and how that is the heart of the therapeutic process. The therapist and *curandero/a* are aware that they are co-participating in the healing of the client's spiritual maladies, hence, co-journeying. They also acknowledge their own emotional and spiritual wounds that emerge through the course of healing. "Within the *Mestizo/a* framework, treaters facilitate a balance between mind-body-spirit experiencing that shifts energy and intention toward creating homeostasis" (Cervantes, 2008). In a *curandero/as* practice, the mind-body-spirit paradigm is incorporated to strengthen the therapeutic relationship as the *Nahaul* [Mayan personal guardian spirit] saying goes, "En la' kesh," translated to, "I am another you/we are one" (Cervantes, 2010). "This worldview suggests that humans have a spiritual connection to everything around them—family members, the community, the elements, the stars, the moon, the sun, and the universe" (Hoskins & Padrón, 2017). This therapeutic experience increases

enlightenment and tolerance for diversity as it helps create an atmosphere where individuals can find peace in healing of self and for others (Cervantes, 2008). "Other principles and perspectives recognize the forgiveness of past wrongs, interconnectedness of the community, a commitment to the service of others, and an openness to diversity" (Hoskins & Padrón, 2017).

'*Mestizo* spirituality' shares holistic, psycho-spiritual, and energetic therapeutic components with *Curanderismo*. Coincidentally, Cervantes' (2010) '*Mestizo* spirituality' is an interpolation of a mixture of indigenous and Western ideas such as the term, "wounded healer," a term coined by the psychoanalyst, Carl Jung. It can appear that Cervantes' thinking has been impacted by psychodynamic notions such as this one, and that Cervantes' understanding may be an interweaving of all of these traditions—much of which this research study will explore in the *curandero/as* descriptions of their process.

Religion & Spirituality

The field of psychology has sought to include epistemologies and world-views beyond the Western paradigm to create and implement multicultural competencies, however, "Spirituality has historically been omitted, despite research trends, scholarly writings, and clinical movements that call for the consistent inclusion" (Ocampo, Hoogasian & Gloria, 2015). As there is little research on the connection between spirituality and Latino/as perception of medical encounters and Reyes-Ortiz et al. (2009) conducted a research study that examined the association between spirituality healing and self-reported perceptions about the medical encounter. They define spirituality as being more individualistic and self-determined and religion as being a connected community with shared beliefs and rituals (Reyes-Ortiz et al., 2009). "Spirituality is an essential avenue of study in the field of psychology generally, and psychotherapy in particular, because of its marked impact on clients' quality of life (Swatzky et

al., 2005, as cited in Ocampo, Hoogasian, & Gloria, 2015), personal adjustment and psychological symptoms (Kelly, 1995, as cited in Ocampo, Hoogasian, & Gloria, 2015), ability to cope with struggles, (Ano & Vasconcelles, 2005, as cited in Ocampo, Hoogasian, & Gloria, 2015), and centrality to one's worldview and identity (Comas-Diaz, 2012, as cited in Ocampo, Hoogasian, & Gloria, 2015)," (Ocampo, Hoogasian & Gloria, 2015). Latino/as commonly use both spiritual and religious components of mind-body healing as alternative forms of therapy, most often because of barriers to obtaining care, dissatisfaction with conventional treatment, having desire for control over health, philosophical congruence, cultural beliefs, physician-patient relationship, trust, and the language barrier (Reyes-Ortiz et al., 2009). "[*Curandero/as*] clearly regard the patient's religious faith as an essential part of the curing process" (Alegria et al., 1977).

Krassner's (1986) study aimed to discover essential features of a healer's therapeutic process during the initial phases of treatment in order to understand the lack of collaboration between Western medical doctors and *curandero/as*. It is essential to understand that spirituality and higher power guide *Curanderismo*, its healers, and its receivers. Kiev (1968) discovered that in the *curandero/as* worldview, the disease and the healing individual work out their issues on the personal and social levels, despite the disease being caused by God or by the evildoing of others (as cited in Krassner, 1986). Bach-y-Rita (1982) reiterated the power of religious faith in people's view of the disease process, and how many believe illness is a part of "God's plan." Through these cultural and faith-based beliefs, it is assumed that the more paraphernalia around the home of the healer and the one receiving the healing, the more likely one believes that they are going to get cured since the greater the connection with God, the better the healing. Higher power and religious paraphernalia indicate better results for *curandero/as*. Thus, the core of

Curanderismo lies in the connection with spirit, through the symbols and paraphernalia presented as jewelry have religious or spiritual meaning (Tafur et al., 2009). Amulets are believed to symbolically protect people from outside negative influences and serve as reflectors of undesired energies (Avila, 1999). Meyer et al., (1981), "Confirmed that the power to heal comes with the ability to mediate God's power…trust is thus increased by the fact that the healer is closely identified with religious beliefs." "The belief in God and spirituality overrides all; there is no preoccupation with 'control' over the natural world as in science" (Madsen, 1964). The healer presents the individual with techniques for maintaining harmony and balance with nature. Davis et al.'s (2011) study found that when treating Mexican adults diagnosed with diabetes, they highly preferred, "Use of prayers in managing diabetes and [an] interest in a diabetes program that incorporates religion and/or spirituality."

The literature on *Curanderismo* has stressed fundamentally effective features of therapeutic healing that can be cross-culturally applied such as shared worldview, personal relationship, high regard on respect, hope, and the power of suggestibility (Krassner, 1986). An individual plays a vital role in understanding the value of healing. As Diaz-Guerrero (1977) revealed, the value is in being actively self-assertive because it can determine how people adjust to their difficulties. Assertiveness for inclusion of religion and spirituality in the treatment of their well-being are essential features that can help push for a better understanding of *Curanderismo* in efforts to be inclusive of history, indigenous roots, religion, and spirituality.

Curanderismo

Gafner et al. (1992) described the five major components of C*uranderismo* as: 1) the belief that God heals through *curandero/as* and people with a *don* [special gift]; 2) the existence of naturalistic folk conditions amenable to cure; 3) the existence of metaphysical diseases; 4) the

belief in three levels of health and illness (material, spiritual, and mental); and, 5) the use of medicinal herbs and specific rituals for healing. Many of these components are either used exclusively or partially, meaning that healing is either exclusively done by *curandero/a* or a combination of a physician and a *curandero/a* (Gafner et al., 1992).

Applewhite (1995) surveyed attitudes of a small group of Latino/a participants and found that the majority believed that *Curanderismo* had to do with the use of home remedies and herbs, bone and muscle manipulation, *parteras* [midwives], faith healing, spiritualism, Tarot card reading, witchcraft, praying, and the use of religious icons and paraphernalia for spiritual and other related purposes. A large percentage of them also admitted to having used a *curandero/a* to heal their young child from common conditions such as colic, locked bowels, fright, evil eye, and fallen fontanel (Applewhite, 1995).

According to the participants in Applewhite's (1995) research, *Curanderismo* can help an individual stop fretting over medical health conditions. The powers of a *curandero/a* can help an individual believe that they can seek someone else to cure them from their physical pain. Applewhite's (1995) research illuminated participants' beliefs that both good and evil spirits might be conjured during a healing session with a *curandero/a*. A majority of the participants did not worry about the supernatural forces or conditions that might arise; what was most important to them was that they found a way to be cured. Applewhite's (1995) research revealed that the use of herbal remedies was more widely accepted by individuals, rather than the role of a spiritual connection in healing. The use of herbals was seen as a more reliable means of a healing as compared to the unpredictable connection with an unknown spirit.

Individuals often base a decision about whether to go to a *curandero/a* or a medical doctor on the severity of the illness. According to Applewhite (1995), *curandero/as* are used to

heal small pains such as the ones mentioned above for young children, as well as back pain for adults, chronic headaches, digestion problems, among many other minor medical issues. The majority of the participants stated that they would seek consultation and help from an experienced medical doctor for serious illnesses such as tumors, cancer, and other chronic debilitating conditions. It was interesting to note that Mexican-Americans shared a level of distrust for medical practitioners citing, the lack of respect and rudeness—which they feel is often shown by medical professionals—the language barriers due to limited number of Spanish speaking medical doctors, as well as what they felt as unfavorable treatment outcomes (Applewhite, 1995).

Applewhite (1995) found that indigenous providers refer clients to medical practitioners, but medical practitioners and researchers in general rarely consider a traditional healer's role in health and healing—a point of view that is shared in the field of psychology to this day. This perspective limits the ability of Latino/as, who believe in *Curanderismo*, to receive a form of culturally competent treatment that integrates both forms of care. "Folk practices…may provide lessons for the reform of modern medical practice and health care service delivery" (Applewhite, 1995).

Zacharias (2006) was able to inform Western medical practitioners what *Curanderismo* is and how it can be an effective ethno-therapeutic treatment practice. Building a bridge between Western psychotherapy and non-Western psychotherapy practices has been difficult because of barriers such as language, location, acceptance, belief, and cultural biases. Zacharias (2006) set aside those boundaries and immersed herself in the world of *Curanderismo*. In her study, she conducted three interviews of *curandero/as* in Oaxaca, Mexico. Oaxaca is the southernmost state in the Mexican region and it is home to many indigenous *curandero/as*. Zacharias (2006) had a

sample size of eight patients, all of which were observed, interviewed, and analyzed to get a better understanding of how *curandero/as* diagnose and treat their patients. The patients had a range of mental illnesses, from panic disorders to the severe psychiatric disorder of schizophrenia (Zacharias, 2006). This longitudinal case study involved a six-month follow-up after their treatment intervention.

According to the study, there were three types of diagnostic methods: 1) empathic and spiritual perception; 2) an oracle method; and, 3) verbal information (Zacharias, 2006). Through empathic and spiritual perception, a conscious *curandero/a* may be able to gain insight into an individual through tactile information, such as pulse, and through evoked perceptions (Zacharias, 2006). Through an oracle method, a *curandero/a* may be able to acquire information using raw egg, corncobs, or candle wax, all of which are considered divination practices (Zacharias, 2006). Through verbal information, a *curandero/a* may acquire information by simply having a therapeutic conversation with the client (Zacharias, 2006).

Zacharias (2006) also learned that *curandero/as* assess the spirit of a client through what the client states about their dreams, desires, and sense of identity. It is believed in *Curanderismo* that a spirit guardian protects a person. The three *curandero/as* stated that health and illness include three regulatory processes: 1) the religious and/or spiritual dimension; 2) the somatic dimension; and, 3) the affective-emotional dimension (Zacharias, 2006). These concepts are known in Spanish as, '*espiritu, cuerpo y alma*.'

Zacharias' (2006) study revealed that six of the patients showed complete remission of their symptoms, with two showing partial remission. *Curandero/as* were able to provide therapeutic knowledge and competence to their clients, which, in turn, helped the majority of them heal from their mental illnesses. This small sample study demonstrated some strengths in

using *Curanderismo* healing techniques, suggesting that Western medical practitioners might benefit from learning about and perhaps making use of these practices with particular clients—in other words, if more emphasis were given to the topic of ethnopsychotherapy. "The use of spirituality as a therapeutic resource and the rediscovery of the therapeutic use of altered states of consciousness should be of particular interest to Western psychotherapists" (Zacharias, 2006). This research study explored this specific belief in efforts to highlight *Curanderismo's* effective healing paradigms as experienced by *curandero/as* and receivers of *Curanderismo*.

Lambarri Rodriguez et al. (2012) presented a socially based interpretation of what they see as the central feature of *Curanderismo*, and defined five categories: 1) conceptualization of health and sickness; 2) characteristics of traditional medicine and *curandero/as*; 3) forms of detecting health issues, treatment techniques, and materials utilized; 4) supporting arguments from users of traditional medicine; and, 5) the relationship between traditional medicine and occidental medicine. In the first category, the researcher's key argument was that a healthy lifestyle is impeded by sickness, which for most Mexicans, is not only classified as physical problems, but also ones that go further than organic symptoms such as: emotions, economy, love, and/or unexplained sensations (Lambarri Rodriguez et al., 2012). In the second category, it was discovered that many illnesses were seen as derived from evil intentions of others (Lambarri Rodriguez et al., 2012). Although finding an explanation for an illness can give an individual a piece of mind, it would be interesting to explore the notion of blame and the parallel it has with the teachings of the bible, especially for religious followers who also seek help from *curandero/as*.

In the third category, the researchers explored the techniques of *un trabajo* [work done], on somebody whether it be with black magic or white magic (Lambarri Rodriguez et al., 2012).

In the fourth and fifth category, the researchers reinforce the fact that the unbreakable bond between a Mexican and her/his culture cannot be completely ignored. From this perspective, illness has a strong symbolic representation that is more magical, sacred, and biological, than occidental medicine currently believes (Lambarri Rodriguez et al., 2012).

"The relationship of man with his world is measured by the set of beliefs, values, and signs, that he has con-constructed with the culture of which he is part of and in which he compromises the personal meaning of his life, choosing what is accessible, understandable, useful, and rewarding, but above all, close to the way of his thinking" (Lambarri Rodriguez et al., 2012). The more reason to further understand the phenomenological experience of individuals who seek a treatment approach in line with Mexican *Curanderismo*.

Statistical Findings

Research conducted by Keegan (1996) discovered that individuals of Mexican-American descent seem reluctant to disclose that they utilize *curandero/as*, suggesting that the actual rate at which Mexican-Americans use *curandero/as* is likely higher than has been identified. The Mexican-American population believes that their regular use of herbal medicine may not be widely accepted by Western practitioners and thus, Mexican-Americans would rather avoid the "scolding" from a medical doctor. Keegan's (1996) research also posited the notion that there is a need for more Latino/a mental health clinicians and in the meantime, the mental health field is doing a disservice to Latino/as by not providing culturally-sensitive therapeutic treatment modalities. Despite the 23 years that have passed since Keegan's 1996 research, it seems that society continues to struggle with this issue. Keegan (2000) reported that 67% of Mexican-Americans used prayer and 28% used spiritual healing in 1999, concluding that spiritual healing and prayer are important and common practices used by Latino/as. Tafur et al., (2009) reported

that between 50% and 75% of Mexican Americans in the US, practice or hold some values consistent with *Curanderismo*.

Reyes-Ortiz et al. (2009) claim that a weakening of confidence is presented in patients whose practitioner does not speak their language, as well as a lack of trust in the physician's competence. The results indicated that about six percent of the study participants admitted to having used a *curandero/a*, a number lower than other studies whose results have ranged around the 20th percentile (Padilla et al., 2001 & Lopez, 2005). Another interesting statistic that emerged from this study was that foreign-born Latino/as were less likely to consult a *curandero/a* compared to a US born Latino/a (Reyes-Ortiz et al., 2009).

Acculturation to the US culture and mastering of the English language proved to be factors that motivated an individual to reach out to a *curandero/a*. Roeder (1988) stated that the percentage of people not seeking services from a *curandero/a* healer has increased because the communication between family and friends on *Curanderismo* healing techniques has increased, meaning that before seeking aid from a *curandero/a* it could be that *abuelita* [grandma] knows first (as in Tafur et al., 2009).

The incongruity in the percentage of participants who reported seeking a *curandero/a* compared to other studies may be the result of the definition utilized by Reyes-Ortiz et al. (2009). In their research, the description they utilized to refer to *curandero/as* was someone who has, "Special powers to heal the sick" (Reyes-Ortiz et al., 2009). Due to misconceptions of individuals who have "special powers" and the association with witchcraft or black magic, it is important to note that these negative associations can weigh heavily. As they noted, in other studies such as the one conducted by Palinkas & Kabongo (2000), when definitions of *curandero/as* are expanded either by adding *sobadero/as*, *hierbero/as* [male or female

herbalists], spiritualists, and others, the number of Latino/as admitting to using a *curandero/a* increase.

Specific Populations

In the field of gerontology, it is important to build a personal relationship with the client, as the initial connection is what sets the tone for the rest of the healing process. Gafner et al. (1992) discovered in their research that acting quickly with the elderly is essential in treating them because of their stereotypical beliefs regarding mental health. They discovered that incorporating cultural beliefs in treatment, such as folk myths, had a positive effect in the elder's healing (Gafner et al., 1992). The notion of reminiscence is undervalued and holds powerful therapeutic healing for the elderly, as they are able to reconnect with their own recollections of cultural beliefs and traditions (Zuniga, 1989). "Mental health care professionals can separate myths from realities to serve elderly Mexican Americans more effectively" (Applewhite, 1995). However, practicing with elderly Mexican-American patients may prove to be a difficult task as, "Most…live way below the poverty level and are dependent on others for such things as transportation" (Mayers, 1989). Taking a deeper look at its intricacy, the children in whom the elderly patients depend on may not follow through with folk healing for two reasons: 1) "They may not be familiar with the wide variety of herbal remedies," and, 2) "They are less supportive of these informal methods" (Mayers, 1989).

Gafner (2016) continued to expand the integration of *Curanderismo* through his work with war veterans who believed they were cursed. Gafner (2016) recounted the case of 37-year-old Maggie—a Mexican-American, past-Army mortuary worker—whose traumatic emotional reaction resulted from having pulled a crucifix from the rectum of a mutilated soldier's body. Gafner (2016) understood that with the help of Maggie's mother, Maggie's priest, and a

community *curandera*, Maggie's symptoms of fear, helplessness, horror, guilt and shame, decreased.

Ortiz and Torres (2007) posited that *Curanderismo* could be an effective tool when trying to cure an individual who suffers from alcoholism. Six teachers of *Curanderismo* were interviewed to see how they would treat an individual who suffered from alcoholism. There were seven interventions: 1) liver detoxification and herbal rebalance; 2) addressing family issues; 3) *temazcal*; 4) *sobadas*; 5) *limpias*; 6) spiritual treatment; and, 7) *platicas* (Ortiz & Torres, 2007). Ortiz and Torres (2007) discovered how important certain practices are to *curandero/as* and uniquely shared, "Low reference treatment modalities," to exemplify how collaborations with Western medical practitioners can increase the chances of an individual to recover from alcoholism by better serving the needs that only medically trained physicians and nurses can tend to. Examples of this incorporation can be something as simple as a *curandero/a* wearing, "Gloves when examining a patient with hepatitis" (Ortiz & Torres, 2007). This idiosyncratic collaborative approach is, "Very widespread and common in Asian medical practice" (Ortiz & Torres, 2007). Although the actual practices of *curandero/as* may vary widely, it appears that what connects them together is the common ground of being able to help an individual heal in a platform that is accepting of their treatment modalities.

Clark et al. (2010) found that there is minimal research on the combination of *curandero/as* and issues on Latino/a childhood overweight. They conducted a study to explore the connection between the two. Unfortunately, their research proved to be difficult due to their cultural backgrounds, as a majority of the researchers were not of Latino/a origin, thus, tensions rose between the researchers and the practicing *curandero/as*. However, in their findings, Clark et al. (2010) learned about two resolutions that can further develop the collaboration of

curandero/as with Western practitioners in the treatment of childhood obesity: 1) teaching home skills and healthy meal preparation to low-income families; and, 2) further exploring the "*Mijito* [term of endearment for son] Syndrome," in order to divide the responsibility of food intake between caregiver and child. Although Clark et al.'s (2010) research was aimed to help medical treatment, the mental health field can apply both resolutions since serious mental health issues such as low self-esteem, depression, and eating disorders can be associated with obesity.

Meanwhile, what remained prevalent in their research was the tension that rose between the researchers and the *curandero/as*, which captured the main issue that many non-Latino/a mental health clinicians have, to date. Clark et al. (2010) were confronted with *curandero/as* that spoke their mind even if it was insulting to the researchers, yet, as much as the researchers were trying to remain professional, they failed to connect with the *curandero/as*. One of the ethical considerations that arose during this study involved payment of human subjects in research, as Clark et al. (2010) described, "Contradictory to our intention of recognizing expertise, the payment could also be perceived as establishing an employer-employee relationship, with a fee-for-service expectation that could jeopardize a free exchange of information by reestablishing a colonialist hierarchy of patronage." Clark et al. (2010) felt coerced to provide a larger than IRB-approved monetary amount to the research participants. The second ethical consideration that arose during this study remained, "Difficult to resolve…the recognition of *curandero/as* by name in our research process" (Clark et al., 2010). Despite the research participants having given consent to use their name in the research study, Clark et al. (2010) decided to eliminate their names out of worry that, "Naming the *curandero/as* could actually be viewed as another example of stigmatization and victimization," and, out of uncertainty, "If they would agree with the results and conclusions drawn from their collective interviews."

Stereotypes

Alegria et al. (1977) believed that *Curanderismo* was not being studied in-depth and that some important factors were missing. They argued that firstly, individual *curandero/as* have not been studied separately, and secondly, that *Curanderismo* had not been studied by individuals of the same ethnic and cultural background. Alegria et al. (1977) were Mexican-American researchers who were raised with similar beliefs regarding *curandero/as* and *Curanderismo*. In their naturalistic study, Alegria et al. (1977) decided to present and then evaluate the validity of four stereotypes about *Curanderismo* and *curandero/as* so that scholars and the community could be better informed of who *curandero/as* were and why they practiced as they did.

The first stereotype was that *Curanderismo* would cease to exist. Alegria et al. (1977) found that the majority of the elderly *curandero/as* believed that this would be the case, despite the fact that many of their clients were young. Alegria et al. (1977) however, did mention that most of the *curandero/as* were, "Sensitive, shy, and careful of their work," which supports the notion that despite the cultural similarities between the medical doctors and the *curandero/as*, a resistance was present when conducting interviews due to their level of comfort. Knowing how to build rapport with the *curandero/as* is critical if the data the study generates, captures a more in-depth understanding of *Curanderismo*. In the 42 years since Alegria et al.'s (1977) research was published, many people continue to seek out the services provided by *curandero/as.* There has been legal progression since this article was published as *Curanderismo* was illegal in the state of Texas when this research study took place (Alegria et al., 1977).

The second stereotype that was addressed was that *curandero/as* only treated Mexican-American indigenous illnesses such as: *mal de ojo*, *empacho*, *susto*, and other folk maladies (Alegria et al., 1977). Instead, it was found that *curandero/as* also treat somatic illnesses (e.g.

headaches and back pain), psychological disorders (e.g. depression and anxiety), as well as medical issues (e.g. gastrointestinal problems and diabetes) (Alegria et al., 1977). Another later study (Davis et al., 2011), found an association with preserving Mexican culture and endorsing a more holistic approach for treatment of diabetes. The Mexican adults in the study believed in, "How one feels in one's heart is as important as the body, [and a] higher likelihood of consulting a *curandero/a*" (Davis et al., 2011). Although the majority of the *curandero/as* interviewed did not have a degree or a license to support their work, they remained loyal to their scope of practice and ethical standards, which is connected with the next stereotype.

The third stereotype, that Mexican-Americans view *curandero/as* as folk psychiatrists, was found to not be true, as Mexican-Americans did not view *curandero/as* as folk psychiatrist. *Curandero/as* were usually a patient's second choice when it came to major illnesses and psychological disorders, something *curandero/as* knew and respected (Alegria et al., 1977). *Curandero/as* would warn their clients that they did not promise a cure and they did not diagnose and treat major illnesses (e.g. epilepsy and psychiatric issues) (Alegria et al., 1977). These actions demonstrated a humanistic approach on behalf of the *curandero/as*, by being honest and aware of the harm that they might inflict when treating others. Alegria et al. (1977) supports the notion that *curandero/as*' humane and genuine characteristics are traits that have been an aspect of this treatment across time.

The final, and last, stereotype that was mentioned was left as a suggestion—that *Curanderismo* be incorporated into the health care system—a matter that has not occurred since the Alegria et al.'s (1977) research was published. Despite the strong points made by Alegria et al. (1977)—stating that *curandero/as*' role is comparable to that of a medical general practitioner—*curandero/as'* scope of practice and scope of competence is neither considered

equivalent nor accepted as a legal and ethical form of treatment in standard care. The research highlighted that *curandero/as* did not receive the support and respect from the general society that they deserve as human beings and as professionals (Alegria et al., 1977). Alegria et al. (1977) suggested that in order to advance beyond these stereotypes, *curandero/as* should know about their local community's health care agencies, as well as learn the medical symptoms for illnesses and psychological diseases. Even though Alegria et al. (1977) claimed that these suggestions were realistic, to this day very few schools have incorporated holistic approaches that teach *Curanderismo*.

Integration

The research of Kreisman (1975) provided an early example of scholarly efforts to integrate the practice of *Curanderismo* into Anglo-American psychiatric treatment. This work examined Mexican-American schizophrenic patients to chart their degree of improvement in symptoms after a long treatment process (Kreisman, 1975). It is interesting to compare the modern-day struggle to become culturally competent health care practitioners with the struggles faced during the 1970's. In both periods, it seems that developing integrated care is not only a process of learning *Curanderismo* but a process of building rapport with a client and their family. Other members of the family should not be ignored as *padrinos/madrinas* [Best Man/Maid of Honor or Godparents] and *compadres/comadres* [Godparents of someone's children], "May have strong religious responsibility attached to their respective roles…uncles, aunts, and cousins also have an important cultural significance to the Mexican American" (Dominguez-Ybarra, 1977). Kreisman's (1975) study proposed the theory that Mexican-American families sought external services to deflect from the painful perception that a mental illness was a hereditary defect—a theory which continues to find support in the present-day attitude of the Mexican-American

community towards mental health. Despite the passage of 44 years ago, Mexican-Americans continue to believe more in the power of a *curandero/a* than the power of a Western medical practitioner. Research, of course, does not support *Curanderismo* to date, however, future researchers further examine and question this cultural phenomenon in efforts to ignite millennials/generation Y and centennials/generation Z to learn more about their ancestral traditions.

Hoogasian and Lijtmaer (2010) focused on the countertransference that mainstream psychotherapists encounter when treating a client who holds indigenous beliefs. It seemed to Hoogasian and Lijtmaer (2010) that the client's belief in *Curanderismo* did not become apparent in such treatments, which they argued was unfortunate. Hoogasian and Lijtmaer (2010) explained that *curandero/as* can assist clients with death and dying by exercising trance-like rituals that involve the supernatural world; channeling messages to and from clients and their departed loved ones, thus, allowing the client to affirm their relationship with friends or family members after death.

Hoogasian and Lijtmaer (2010), argued that Western psychology has struggled with the role of spirituality in treatments and the lack of contribution to psychological disorders since its psychoanalytic beginnings. The new-found awareness of practices such as *Curanderismo*, did not put this bias to rest. They suggested that it is difficult for mental health clinicians to work comfortably with individuals who believe in *Curanderismo*. May this be part of the reason why many Latino/a individuals do not seek help in mental health agencies? Hoogasian and Lijtmaer (2010) focused on a way to find a connection between these two parties so that Western psychology can expand and integrate *Curanderismo*. Incorporating three main components of ceremonies into therapy sessions allowed for an enriching healing process: 1) affirming

relationships with loved ones; 2) symbol discovery; and, 3) symbol manipulation (Hoogasian & Lijtmaer, 2010). Hoogasian and Lijtmaer's (2010) research explored the correspondence between the practices of *Curanderismo* and those evident in a Western psychotherapy session.

Hoogasian and Lijtmaer (2010) also described two ceremonial interventions used by *curandero/as*: 1) *sortilejio* and, 2) a *barrida*. A *sortilejio* is used to treat negative forces such as alcoholism, rebellion, infidelity and adultery, while a *barrida* is intended to help an individual heal from physical and psychosocial problems such as migraines, shyness, low self-esteem, and other personality complexes (Hoogasian & Lijtmaer, 2010). These rituals can assist not only an individual, but also a community that has either suffered a tragic natural disaster or faced a political turmoil, either in the past or in the present. Hoogasian and Lijtmaer (2010) emphasized community development and hope that others see what they see: individuals creating their own faith and their own community.

Latino/a Community

Falicov (1998) argued that Western mental health practitioners fail to consider the point of view of minorities specifically, Latino/a clients, which may appear in extended family conflict but may simply be life stressors. Western philosophies would prompt a clinician to link these disorders with anxiety-based treatments without capturing the true essence of the client's problem. Not only is it crucial for mental health professionals to master the Spanish language and be culturally competent, but also, understanding another's cultural trauma can strengthen the relationship between the client and the therapist. It is not insinuated that to be able to work with the Latino/a population, one had to have suffered from a traumatic experience, but it can really facilitate the rapport building and the healing process if the therapist has done their personal trauma work. Being culturally competent not only provides an understanding that helps a client

explore and face their ethnic identity issues, but it also helps the clinician further their individual knowledge on how to work with Latino/as. One change Falicov (1998) recommended is that Latino/as clients would benefit from a little more self-disclosure from the therapist—to strengthen the therapeutic alliance. Since Falicov published this article 21 years ago, there have been a great deal of articles written in contemporary journals, particularly within the relational and intersubjective psychological traditions, that speaks to the value of self-disclosure and the need to self-examine biases on both sides of this issue. "Despite my critique of the impossibility of interviewers '*being* facilitative and neutral' in any traditional sense…you cannot escape from the interactional nature of interviews [self-disclosure]…the 'data' are collaboratively produced" (Rapley, 2001).

Falicov (2009) suggested a cultural adaptive system that would allow Latino/as to feel more comfortable while seeking assistance from a mental health agency. She believed that decreasing the gulf between these two worlds, indigenous healing and Western philosophies, would increase the participation of Latino/as in their treatment as well as Latino/as interested in helping in the mental health field. By making indigenous healing better known, respected, and accessible to the population, collaboration would be enhanced between mainstream health and alternative treatment (Falicov, 2009).

An example of how that would be possible would be for traditional healers to work in community agencies, crisis centers, support shelters, and other public spheres of mental health. The community should be encouraged to decide between the different types of services made available to them. The goal of therapy is to find a form of treatment that will do just that, *treat*, the client in a positive manner. Falicov (2009) believed that by using a culturally adaptive system, the Latino/a communities would be able work through their traumas which include:

political warfare in native countries, ill effect during immigration, racism, low socioeconomic status, loss of assets or family members, and other negative disturbances that affect their day-to-day activities.

Constantino et al. (2009) suggested that strategies for increasing cultural sensitivity and effectiveness have a lot to do with matching a client to a therapist that is most similar in racial or ethnic group, age, gender, that understands the language and the culture, and is open to spiritualism. The effectiveness of this suggestion would be evidenced by the Latino/a communities' support and participation. Constantino et al. (2009) believed that these factors also play a role in the client's decision to "drop out" of therapy when there is no compatibility. Many Latino/a communities claim to have somatic symptoms to their life stressors (Constantino et al., 2009), and by finding the perfect modalities for their treatment, a Latino/a client will feel at ease to share personal information, to attend to their sessions, and to progress in their healing process. Constantino, et al. noted that for the past 20 years, there have been many articles that support the notion of helping the Latino/a community, yet not much action has taken place (Constantino et al., 2009). Such care has been lacking in the mental health field and it could be due to many factors such as monetary funding, lack of awareness, and/or educational ignorance.

Integrating the cultural practice with traditional psychotherapy, Hoskins' (2012) dissertation research was not only designed to learn about the origins of *Curanderismo* and how it is used by *curandero/as*, but the researcher was interested in identifying the best practice methods for collaboration between *curandero/as* and mental health professionals. As stated before, the Latino/a population is in dire need of mental health professionals that can relate to them through their language, their cultural experience, and their cultural trauma. Unfortunately, there are not a lot of Latino/as who consider counseling and/or therapy as their number one

resource to solve their issues. Reasons vary from not having money, to fear of being judged, and/or to not having faith in the professional's work. "The idea persists that necessity creates magic and guarantees its satisfaction, that is, if it is not believed, the results are not good" (Lambarri Rodriguez et al., 2012). In the Latino/a culture, there is a stigma that judges mental illness as a weakness or other sign of personal difficulty, thus, making it a challenge to acknowledge mental health problems. This stigma leads to treatment being sought through different avenues—such as care for the physical manifestations (aches and pains or *ataque de nervios* rather than the root cause). "The negative stigmas are there and will always be there," but Hoskins (2012) was determined to find out how both *curandero/as* and mental health clinicians can collaborate to find a better solution for the Latino/a population. Hoskins (2012) found that the key to developing an effective collaboration was to ask the *curandero/as*, and the mental health psychotherapists themselves, to describe collaborative efforts that would benefit both parties. Having a first-hand look how each form of therapy, indigenous or Western, heals clients, was key to learning how to bring them together in efforts to form one effective technique. Integration was difficult because of the cultural setbacks and countertransference, for this reason it is difficult to bring together cultures that have clashed historically.

This difficulty is examined in Hirai et al.'s (2015) study on acculturation and enculturation in Latino/a college students. The complex relationship among these two paradigms suggest that cultural setbacks and countertransference are not the only paradigms mental health professional should be aware of. Another critical task is to assess if the individual is acculturated or enculturated. Acculturation, known to be as assimilation to a different culture, typically the dominant one, plays an important role in determining treatment preferences (Hirai et al., 2015). Hirai, et al. (2015) suggests that more acculturated Latino/as prefer Western psychotherapy,

compared to less acculturated Latino/as who would prefer culturally relevant religious treatment, such as *Curanderismo*. On the other hand, enculturation—known to be as the gradual acquisition of the characteristics and norms of one's own culture—is a paradigm that is not sufficiently researched in understanding the treatment preferences of Latino/as (Hirai et al., 2015). It is suggested that enculturated Latino/as would prefer culturally relevant religious treatments, such as *Curanderismo*, since the paradigm in and of itself, "implies the maintenance of one's own cultural values" (Hirai et al., 2015).

Moreover, modern research has delved into the paradigm of stigmas and its impact in the Latino/a community. Hirai et al. (2015) highlighted how deeply rooted stigmatization is in the Latino/a culture, much so that it plays a key role in determining treatment preferences and behavior. "Empirical evidence suggests that Latino/as in the United States, including immigrants from Mexico, associate stigma with mental illness" (Hirai et al., 2015). The lived experiences of individuals who are acculturated or enculturated create rich literature that highlights the complexity and stigmatization of mental health in the Latino/a culture.

Cultural Competence

Rogler et al. (1987) provided a theoretical model for integrating modern day modalities into cultural modalities, and concluded their study by pointing to three main areas for integration. The first suggestion was finding congruence between Western mental health practitioners and indigenous folk healers (Rogler et al. 1987). An example was a referral system where a client can be referred to a *curandero/a* if the mental health clinician finds that he/she cannot serve the client. Another example was having a *curandero/a* work in community agencies so that in turn, the community was being helped, and other mental health clinicians could see the benefits of being treated by *curandero/as*. The second form of integration was that the mental health

clinician attempted to treat the patient with a standard of care that is unique and individualized (Rogler et al., 1987). In order to have a successful therapeutic relationship and case conceptualization, the mental health clinician had to abstain from picking a theoretical model before getting to know the client as a unique individual. Once the mental health practitioner understood the client's distinct needs, the third form of integration was to incorporate the cultural values, beliefs, and/or practices of the client into the therapy treatment (Rogler et al., 1987). Rogler et al. (1987) suggested utilizing specific cultural terms in the therapy session, such as *dichos* and *cuentos*, known as shared family or cultural sayings and stories often used to communicate values and behavioral norms expressed. This model would be an example of how traditional indigenous beliefs are accepted and thus, they can create a referral system where Latino/a clients are comfortable expanding their knowledge by sharing their personal stories. Sanchez (1971) discussed the Chicano/a way of *barrio* [neighborhood] life in relation to mental health services and advocated for the adoption of an informal, personal approach with a heavy emphasis on the utilization of neighborhood personnel, a similar style as in *Curanderismo* (Weclew, 1975). Western mental health practitioners may feel that it would be impossible to learn everything about different cultures, or some might believe that there is no need if the symptomology lends itself to a clear DSM-V diagnosis. The researchers respond by simply reminding the mental health clinician that in order to treat an individual, one does not have to know the client's culture fully, but rather focus on integrating the client's cultural values into the treatment (Rogler et al., 1987).

Fishman et al. (1993) focused on Mexican-Americans, highlighted how strong their traditional beliefs were and ignited cross-cultural awareness in health and illness. In order to improve the services provided to Mexican-Americans and other minority groups such as African-

Americans, Fishman et al. (1993) proposed that cross-cultural care could help raise acceptance of health care, compliance, and treatment outcomes in the lives of Mexican-Americans. The social isolation of minority groups can increase by the difficulties they have receiving adequate health care that they can afford, understand, and need, to which they have access to. According to Fishman et al. (1993), factors that contributed to this social phenomenon were: socioeconomic (lack of assimilation, poverty, unemployment, and education), behavioral (chemical abuse), cultural (perceptions of health and illness, and relationships between patient and providers), and access to medical care (utilization of services, availability and appropriateness). For example, Marin et al.'s (1983) study focused on 100 Mexican-Americans in Los Angeles and found that the two most important reasons cited by them for not seeking health care were: money and medical insurance.

Among these factors, cultural beliefs appeared to be the strongest form of traditional thinking to pull Mexican-Americans away from mainstream assimilation. Their view of health and illness connected with religion and an imbalance with God and nature—and the constant fear of entering the realm of evil (Fishman et al., 1993). In constant struggle to maintain proper balance, attention was also focused on the equilibrium between hot and cold as it proved to be necessary for good health. Awareness of the importance of *fatalismo* [fatalism] in Latino/a culture—believing that one is at the mercy of the divine or the environment—was another cultural component that could help a therapist determine what the outcome of treatment will be (Fishman et al., 1993). Fishman et al. (1993) also suggested concepts therapists should seek to better understand about members of a minority culture, to serve in their determination of what constitutes appropriate and acceptable mental health care for members of minority groups. These concepts included: what is health and illness; what causes illnesses; what systems of health care,

treatment modes, and practitioners are acceptable and accessible; what is the relationship between patient and provider; who makes the medical decisions; and, what is the role of the family? Fishman et al. (1993) described *curandero/as* as practitioners who seemed to have a better understanding of their scope of practice and who demonstrated their respect for other healing traditions. *Curandero/*as referred their clients to other treatment providers whenever they knew they could not help them, despite being an expert who has been trusted by the client's own family.

Arredondo et al. (2006) detailed steps in learning how to understand the culturally diverse by examining personal beliefs, assumptions, and biases about a given cultural group. Building knowledge to develop helpful understanding of what issues to address to determine an effective diagnosis and treatment plan, five core values were mentioned: 1) *familismo*; 2) *personalismo* [importance of personal relationships and mutual holistic sharing]; 3) *simpatía* [maintaining dignified and pleasant interactions]; 4) *respeto* [respect]; and, 5) *dichos y cuentos*, all of which orient a person's life (Arredondo et al., 2006). Although Arredondo et al. (2006) did not touch on *Curanderismo*, it was important to note the core values served as the backbone of *Curanderismo* as they constituted faith in God and in the family.

Need for More Research

In 1977, Dominguez-Ybarra & Garrison denounced 'The end of the melting pot' theory, claiming it to be a, "Racist [theory] in that it is based on the assumption that the members of every minority group should be striving towards the 'ideal' cultural style of the majority." The melting pot theory believed that, "Important differences between ethnic groups would disappear within three or four generations, as the new arrivals became acculturated to the dominant majority" (Dominguez-Ybarra, 1977). Since the publication of their article, three and four

generations have passed and *Curanderismo* continues to be prevalent in the Latino/a community—and it continues to be a phenomenon not understood by Westernized mental health, thus, pushing for a more inclusive research approach.

Mayers (1989) detailed six reasons why the literature on *Curanderismo* failed to advance: 1) lack of replication of previous studies; 2) varying locale of the studies and the differing time spans over which they are done; 3) social changes that have occurred over time; 4) sociocultural dimensions; 5) continual legal and illegal immigrants; and, 6) respondent's hesitation to answer truthfully. Although Mayers (1989) noted this 30 years ago, these six reasons appear relevant today as well. LeVine and Padilla (1980) beautifully stated,

> The extent to which folk medicine is practiced today by Hispanics is not clearly established. Probably its popularity varied in different regions of the country…But the one thing that is definite is that faith healers are a part of the Hispanic culture and that some Hispanics do utilize their services. This alone should be reason enough to look to faith healers as a potential reserve when considering the most effective ways for providing help to Hispanics.

Weclew (1975) studied *Curanderismo's* nature, prevalence, level of awareness, and ramifications in efforts to understand why many viewed this approach as irrelevant. Distrust, language barriers, inaccessibility, class, culture, and caste orientation were too powerful for Mexican clients to go beyond their contact with the existing health system (Weclew, 1975). Mental health programs that appeared to be of common Latino/a descent, began controlling their own discovery of mentally ill by using *Curanderismo*, and community mental health centers adopted different ways of understanding traditional folk healing to better serve the Latino/a population. In Mexico, the first hospitals for the mentally ill were built yet, many Mexican families residing in the US found mental health programs to be a new phenomenological

experience for them (Weclew, 1975). Stigmatization toward psychological disorders was and continues to be a key factor in the acceptance of it all (Hirai et al., 2015).

Some of the first *Curanderismo* studies focused on the conceptualization that highlighted the opportunity *curandero/as* gave towards the very often culturally deprived: freedom of expression, need for intimacy, dependency, and aggressive needs (Weclew, 1975). A complete bio-psycho-social history of the client, as well as participation of the family, facilitates the *curandero/a's* healing mechanisms that allows many Mexican-Americans to feel personally connected and human. A universal adaptation of *Curanderismo* can allow for further collaboration between Westernized evidenced-based practices and supernatural, personal healing styles to inform and structure community mental health agencies and practitioners. The difficulty in meeting this goal is the inconsistency of information that is distributed in the educational field and in the community. However, given the cultural power of *Curanderismo* and the number of clients still seeking this form of treatment, *Curanderismo* remains a critical form of treatment; a paradigm to be reckoned with.

Kay (1979) stated that there are three levels of treatment that Mexican-Americans seek depending on who prescribed the treatment: 1) *remedios caseros* [home remedies]; 2) *recetas del medico* [doctor's orders]; and, 3) *remedios de la farmacia* [pharmaceutical prescriptions]. As time is progressing, Mexican-Americans appear to use certain components of *Curanderismo* but fail to give full credit to *Curanderismo* since they also use Westernized services. This is a theory that was first stated in the 1960's, but research that has since followed, seems to coalesce around studies supporting *Curanderismo* or those that disapprove of it. With very few studies seeking to find a way to fuse the two approaches into an integrated model of mental health care delivery,

the research out there can misinform researchers as studies vary in statistical information (Martinez and Martin, 1966).

Tafur et al. (2009) concluded that further investigation was needed in the field of *Curanderismo* to understand its effectiveness and impact on quality of life, and to ascertain its impact on activities of daily living and on overall social participation. As research in *Curanderismo* has become locked in repetition, this research study is intended to understand the phenomenological experience that a giver and receiver of *Curanderismo's* traditional healing techniques have before, during, and after a *Curanderismo* healing session, in efforts to compare experiences described by individuals. The research is necessary because our current healthcare system and immigration system under President Donald Trump's administration, have made it difficult for minority groups, especially of Latino/a descent, to receive mental health care benefits that are culture-specific and/or culturally-sensitive. This addition to the existing literature will enhance our understanding of how *Curanderismo* can complement traditional Western psychotherapy via an attempt to gain information and deeper understanding of the lived treatment experiences of people Latino/a descent. This study is needed to move the field forward because it will compare modern-day experiences described by individuals of Latino/a descent who have received both forms of treatment, *Curanderismo* and Westernized mental health, as a way to better grasp their similarities and differences. This research study is intended to better inform mental health practitioners and to contribute to the betterment of the Latino/a mental health community in present-day.

CHAPTER III: METHODOLOGY

Overview of Phenomenological Research Methodology

Phenomenological research focuses on grasping how human beings as individuals living within differing cultures or social groups experience life world phenomena. This form of research directs attention to understanding the perspective, the point of view, and the inner experience of individual human subjects (Brinkmann & Kvale, 2015). According to Giorgi (1975), "Phenomenology is the study of the structure (and the variations of structure) of the consciousness in which any thing, event, or person appears." The assumption in phenomenological research is that whatever humans perceive their experiences to be, is in fact the most important source of data in seeking understanding. The focus is to interpret with the utmost respect the meaning of the phenomena described by the participant, and to understand it in context. This research study sought to present a phenomenological description of the experience of being treated by *Curanderismo*. By drawing on the shared words of people who have sought treatment from practitioners of *Curanderismo*, it attempted a modern-day detailed understanding of this lived experience that is underrepresented in the current literature.

Latino/a culture, specifically Mexican-American culture, places great value on physical and mental health. Due to this belief, it is difficult to admit that one is feeling ill, and/or even more difficult to seek assistance from a medical doctor. Instead, spirituality or physical remedies are sought after in efforts to brush off mental set-backs. This research allows one to learn and understand the thought process that occurs in individuals seeking assistance from a *curandero/a*. Understanding the belief common to many people of Mexican ancestry, namely that good derives from God and bad derives from evil, is something that can only be understood with real immediacy and intimately via an appreciation of Mexican cultural heritage. "The maintenance of

health is tied to being in accord with God, and illness may be a punishment for evil thoughts or deeds, or just bad luck" (Fishman et al., 1993, p. 161).

Another cultural phenomenon that is essential to be mindful of is the lived experience of the role a *curandero/a* plays within the community they share with their clients. "*Curanderas* are integrated members of the Mexican-American community, typically living within their patients' neighborhood and sharing a common language and socioeconomic status, making them more accessible than conventional medical practitioners" (Fishman et al., 1993, p. 162). Using a phenomenological approach is imperative because the topic of *Curanderismo* is a delicate one that deserves undivided attention. Raising awareness, granting knowledge, and providing skills for other clinicians is what is needed in order to provide culturally responsive services to our clients (Fishman et al., 1993). The level of awareness required for clinicians to be able to treat people of Mexican heritage requires self-reflection on biases, assumptions, and the lack of a critical knowledge base—being cognizant of these pitfalls is a crucial first step in building a therapeutic relationship with patients from this cultural heritage. Without knowledge, one cannot advance; therefore, it is important that Western psychotherapists challenge themselves and become immersed in Latino/a culture and its healing paradigms, even when such approaches seem foreign to them.

Description of Participants

Eligibility criteria were based on six categories: 1) age; 2) gender; 3) of Latino/a descent; 4) sought help with a *curandero/a* and/or a Western clinical psychologist; 5) language; and, 6) have practiced within the last five years—all of which were determined after completing the Eligibility Questionnaire (Appendix B). Four adult *curandero/as*—over the legal age of 18—were interviewed: two male *curanderos* and two female *curanderas*, as well as four Latino/as:

two males and two females who have sought help from a *curandero/a* as well as having been seen by a Western trained clinical psychologist for the same problem and/or a related problem. The *curandero/as* and the non-*curandero/a* participants were bilingual in English and Spanish. A *curandero/a* would qualify as someone who has self-identified or has been identified by the community as a *curandero/a* and has healing approaches from Aztec and Mayan syncretism. The focus of the *curandero/a's* healing methods may range from midwifery, bone setting, massage, herb cleansing, and heart-to-heart talks via counseling or spiritualism. The *curandero/as* included in the study have been practicing for at least five years and have practiced within the last five years. It was ideal that both genders, male and female, were represented in this study because *curanderos* and *curanderas* treat gender specific ailments, such as pregnancy for females and prostate cancer for males. Their individual experiences added value to the phenomena of lived experiences with *curandero/as*. The socioeconomic status of the participants was not controlled since many *curandero/as* worked for donations and also had different sources of income on the side. The age was also not a controlled factor for this research, however, based on prior studies, it was expected that many of the *curandero/as* would be middle aged.

Procedures for Selecting Participants

Participants were identified and enrolled through snowball sampling (also known as chain sampling), which utilized well-informed people, such as professors and instructors in the field of psychology and *Curanderismo*, to identify critical cases or informants who have a great deal of information about this phenomenon (Cohen, 2006). Working as a chain system, snowball sampling was intended to allow the researcher to obtain assistance from professionals in the field of *Curanderismo*, by identifying other individuals who are also prominent in the field of *Curanderismo*. This process was simple, cost-efficient, and voluntary. The snowball sampling

was initiated by sending out a mass Recruitment Email/Post (Appendix A) to the National Latino/a Psychological Association [NLPA], the California Latino/a Psychological Association [CLPA], and the American Psychological Association's [APA] Division 35: Society for the Psychology of Women Section III: Concerns of Hispanic Women/Latinas listservs; all associations of which the researcher is a member of. The researcher also reached out to the Facebook community groups, "*Curanderismo*, Folk Healing & Shamanism," "*Curanderismo*: Traditional Medicine (study group)," and, "Latinas Completing Doctoral Degrees." It was a probability that the majority of participants would be affiliated with University of New Mexico's [UNM] annual summer course, "Traditional Medicine without Borders: *Curanderismo* in the Southwest and Mexico" as many of them are also members of the mentioned associations and community group.

The Recruitment Email/Post included a short introduction in which the researcher described herself, the purpose of the study, and the criteria for participants needed. Once interested participants responded, they were contacted via telephone and/or email to determine if the person was an appropriate candidate for the research study. Upon final confirmation that the interested candidate would be a participant of the study, an interview date was scheduled. The setting for the interview was offered to be at a location that was comfortable to the participant, such as a school, an office, a home, a local coffee shop, a telephonic conversation, or an online conversational forum such as: iPhone FaceTime, Skype, Zoom, or Google Hangouts. "The 'drop-in' experience is not uncommon to *Curanderismo*" (Krassner, 2009). If need be, the participants were asked follow-up questions via telephone and/or email in order to clarify things discussed in the interview that the researcher either did not hear or was unable to fully understand.

Qualitative Procedures

The method used for this research was phenomenology. Through this qualitative study, participants who were associated with *Curanderismo* were approached in order to collect data that enabled the researcher to grasp, with a nearly subjective immediacy, their lived experiences of working as a *curandero/a* or with a *curandero/a*. Along with this information, the researcher obtained information about the sense of power that *Curanderismo* has or has not given them. Thomas Groenewald (2004) noted that human beings make a different meaning out of their experiences. This research was dependent on the many lived experiences that individuals had with *Curanderismo*, not solely on the lived experience of an individual who claims to know a *curandero/a*. *Curanderismo* epistemology is fascinating because it not only includes personal cases, but also a broad range of knowledge of *curandero/as* and *Curanderismo* that are far away from statistics. "Holloway (1997) states that researchers who use phenomenology are reluctant to prescribe techniques." The different experiences make up a unique shared experience in the way individuals view and interpret the mysticism of *Curanderismo*. "The aim of the researcher is to describe as accurately as possible the phenomenon, refraining from any pre-given framework, but remaining true to the facts" (Groenewald, 2004, p. 5).

A phenomenological approach was also helpful to use when trying to obtain a skeptic's point of view, especially as *Curanderismo* relies on what many would perceive to be "supernatural" powers. This study may help many skeptical mental health clinicians understand their patients; more so, it is aimed to help Latino/a patients who are not only seeking help from traditional Western psychotherapists but also help from a *curandero/a*. It may be that a Western mental health practitioner could remain skeptical of the notion that the *curandero/a* is making use of supernatural powers yet still be respectful of this healing art via the understanding the

researcher provided of the *curandero/a's* client's lived experience of the treatment they received from the *curandero/a*. For example, being that religion is paramount in *Curanderismo*, Spero's (1990) research, depicts five, "Counter-transferencial responses that therapists might have working with spiritual clients." They are:

1) difficulty tolerating client's spiritual questioning;
2) strong emotional responses to the client's spiritual beliefs;
3) judging the client as being irrational;
4) avoidance of spiritual topics; and,
5) entertaining intense rescue fantasies (Spero, 1990).

The researcher envisioned this research study might help break the stigmatization of *Curanderismo*. This research study aimed to understand how individuals make the choice to seek treatment with a *curandero/a*, as well as if a deeper understanding of such treatment can help the mental health field be better informed care providers to the Latino/a community. The researcher hoped to act as an interpreter who brought their participant's experiences more to life for the readers, including using her bilingual skills in the Spanish and English language. It was crucial that throughout this procedure, there was a checks and balance of the researcher's inherent bias to help mitigate the degree to which her own personal subjectivity may have led her to misinterpret the other's lived experiences. Although the researcher self-identifies as a Latina, she is an American who is currently a Doctoral Candidate in Westernized mental health. As mentioned before, she is also a Latina who was raised not to believe in *Curanderismo*.

Phenomenological Strategies for Inquiry

The primary instrument for gathering data was a semi-structured life world interview; an approach that is more commonly utilized in qualitative/phenomenological research as it obtains

descriptions and interprets their meaning. The term 'life world,' "Refers to the world of concrete experience as it is lived by people" (Langdridge, 2007). This form of qualitative interview attempts, "To understand the world from the subjects' point of view, to unfold the meaning of their experiences, to uncover their lived world prior to scientific explanations" (Brinkmann & Kvale, 2015). *Curanderismo* was the common interest between the interviewer and the interviewee and that allowed for an "inter-action" that then led to an "inter-change" of views (Brinkmann & Kvale, 2015). Within this process, there were two things that occurred, the personal interrelation and the interview knowledge that led (Brinkmann & Kvale, 2015). The researcher controlled the semi-structured life world interview, and this created an inequality between the researcher and the interviewee. Not only was the language used had to be culturally sensitive, but the researcher and the interviewee had to build significant rapport if the interview was truly to embody such a phenomenological approach. It also was important to keep in mind that a power struggle was an inescapable element of the interaction, as the researcher was the one who controlled the topic of conversation and made the choice of what aspects of the interviewee's answers to follow up on. However, the interviewer maintained her stance of seeking to respect and to learn about the lived experience of the interviewee.

This research is culturally relevant and for this reason it, "Requires delicate balance between the interviewer's concern for pursuing interesting knowledge and ethical respect for the integrity of the interview subject" (Brinkmann & Kvale, 2015). Researchers, Valle and Mendoza (1978) invented a methodology that is considered, "Culturally relevant and sensitive to data collection." The *platica* methodology is a heart-to-heart conversation that was approached with delicacy and friendliness. "It enables researchers to first establish a sense of *confianza* [in confidence], *respeto*, and *personalismo*—critical concepts in the culture—before moving toward

task-oriented activities" (Applewhite, 1995, p. 3). The researcher utilized this methodology in an effort to establish rapport with a population that was known to be guarded. Due to the negative stereotypes that surround *curandero/as*, it was useful to use personal feelings and projections, such experienced interpretations, to better interview *curandero/as*. Those personal thoughts and emotions ranged such as, the negative emotions that came from being in the presence of a *curandero/a,* as he or she might have been able to feed off fear and/or take advantage of the vulnerability that may or may not be present in people's eyes. As Sennett (2004) stated, "To probe, the interviewer cannot be stonily impersonal; he or she has to give something of himself or herself in order to merit an open response…the craft consists of calibrating social distances without making the subject feel like an insect under the microscope."

The goal of the research was to further investigate *Curanderismo* by applying personal thoughts, beliefs, understanding, and learning how they were perceived by *curandero/as*. "It further enables researchers to gain an insider's perspective about *Curanderismo* based on life experiences, folk and spiritual beliefs, language preferences, and culturally specific behaviors" (Applewhite, 1995, p. 3). The interviews also provided stability and congruency as the *curandero/as* might have found that to be necessary to open up about their own personal practices. "The interviews provide structure, consistency, and flexibility, allowing the interviewer to make adjustments in the interview and ask additional questions in selected areas" (Applewhite, 1995, p. 3). The semi-structured life world interview was not an open everyday conversation, nor was it be a closed questionnaire. Instead, it was a balance between the two. Some questions were strictly demographic and/or factual such as identified gender, age, birthplace, etc., as indicated in the Demographic Questionnaire (Appendix C). "In accordance

with phenomenological theory, we prepared open-ended questions to cover specific areas that were underrepresented in the current literature" (Hoskins & Padrón, 2017).

The study's central research questions were as follows:

1) How do *curandero/as* and clients of *curandero/as* describe *Curanderismo*?
2) What is the lived experience of *curandero/as* when they are providing treatment to a client?
3) What is the lived experience of a Latino/a being treated by an American trained clinical psychologist?
4) What are the traditional assessment and treatment protocols of *Curanderismo*?
5) What are the positive and negative perceived societal views of *Curanderismo*? And,
6) How can *Curanderismo* be integrated in Western mental health to better serve Latino/as?

In the second and third questions, the researcher planned to learn, in detail, the personal lived experiences of Latino/as who have been treated by both a *curandero/a* and a Western clinical psychologist. The researcher planned to distinguish the differences and similarities of both personal lived experiences, and planned to see if these experiential differences had anything to do with the traditional assessment and treatment protocols, as evidenced by question number four. In question five, the researcher planned to understand how the societal views of *Curanderismo* positively and/or negatively affected *Curanderismo*. The last question was to finalize findings from questions one through four in efforts to inform the reader of them. It was the researcher's hope that the literature review, as well as the data gleaned from the interviews and observations, would provide more updated information on *Curanderismo*, alas, aiding mental health practitioners to better serve Latino/as clients.

Phenomenological Data Collection Procedures

After reviewing and obtaining signed Informed Consent forms (Appendix D), the data collection process of this qualitative interview was to obtain personal descriptive accounts of the life world from the interviewees. If need be, interview follow-ups were held in order to obtain shared information as accurately as possible, to capture their meaning correctly, and to balance the asymmetrical power dynamic that presented.

All interviews were conducted by the researcher and the interviews were recorded via an electronic audio recorder. There were no time limits on the interviews, as rapport was an important component for the phenomenological research and it ensured that the information collected was sufficient. Participants were compensated for their time monetarily and/or with a white sage bundle(s). If recruitment resulted in too few participants, snowball sampling was used again.

To assist interviewees who found it difficult to remember past personal accounts, six strategies adopted by Thomsen and Brinkmann (2009), were used:

1) Assuring that difficulty to recall past events is normal and allow more time;
2) Providing concrete cues;
3) Providing content categories to derive concrete cues;
4) Asking for specific memories;
5) Using relevant extended timeline and landmark events to aid in recall of older memories; and,
6) Asking for a free and detailed narrative of the specific memory.

Phenomenological Data Analysis

The analytic focus in phenomenological research was the lived experience—the 'what.' Interpretative phenomenological analysis involved two-stages for interpretation: the first, being the participant's interpretation of the lived experiences recalled; and the second, being the researcher's interpretation (King & Horrocks, 2010). These two-stages shed light to the difficulty the researcher had when interpreting participants' lived experiences without applying their personal biases—known as a 'double hermeneutic' (King & Horrocks, 2010). "IPA assumes that what people say in an interview to some extent reflects their actual lived experience, although not in a simple and transparent fashion" (Smith & Osborn, 2008). "IPA researchers realize this chain of connection is complicated—people struggle to express what they are thinking and feeling, there may be reasons why they do not wish to self-disclose, and the researcher has to interpret people's mental and emotional state from what they say" (Smith & Osborn, 2003). To give meaning to the data, according to King & Horrocks (2010), there were four steps taken in the analysis of a single transcript:

1) Familiarization with the data;
2) Identifying themes;
3) Clustering themes; and,
4) Constructing a summary table.

Validity and Reliability of Phenomenological Research

The validity of these lived experiences was also something to consider while learning from this research, as subjects could have been influenced by the researcher: "Emphasis on validation is not inspection at the end of the production line but quality control throughout the stages of knowledge production" (Brinkmann & Kvale, 2015). A quality product required

constant monitoring of what was being developed; the researcher engaged in an honest process of checks and balance to push out biases and incorrect interpretations. This research followed the seven stages of phenomenological research from Brinkmann & Kvale (2015):

1) Thematizing an interview project;
2) Designing;
3) Interviewing;
4) Transcribing;
5) Analyzing;
6) Verifying; and,
7) Reporting.

Strengths and Limitations of Phenomenological Research

This research was not designed to prove anything other than to have people describe their subjective experiences. There were many limitations to this study and one limitation was that the findings may not be generalizable due to the small sample population. It is understood that the experiences of four *curanderos* and *curanderas*, and four male and female Latino/as, will not represent that whole population of *curandero/as* around the world, Mexican *curandero/as*, or Latino/as in general. Another limitation to this study was that, "It did not allow the assessment of the impact of the participants' level of acculturation on their knowledge, beliefs, and practices" (Applewhite, 1995).

An additional limitation to this research was, "The nature of qualitative, ethnographic research, which emphasizes individual perspectives of cultural phenomena" (Applewhite, 1995, p. 4). Because many *curandero/as* were perceived to be reluctant to share their personal stories, one limitation to this research could have been the accuracy of the descriptions given. Glaus

(1988) stated, “Many times people avoid mentioning their use of alternative health care practices that differ from those provided by their established, conventional practitioner.” As discovered in the literature review of *Curanderismo*, many previous study participants, “Seemed reluctant to disclose the fact that they had visited a *curandero*” (Keegan, 1996, p. 287). “*Vergüenza* [embarrassment/shame] is common among poverty-level Mexican Americans but presents distinct problems to persons of any economic class who are in the initial process of acculturation” (Dominguez-Ybarra, 1977). *Curandero/as* are a group that have received a lot of backlash from mainstream mental health professionals, therefore, many have tried their best to guard and preserve their culture. “Our inability to modify our personal, visible, and linguistic markers of difference meant that our presence in an interview situation with *curanderos* indexed abuses of power and colonialism” (Clark et al., 2010).

Interpretative phenomenological research offered a clear procedure for exploring one’s life world phenomenon. “It presents itself as complementary to other traditions in psychology, rather than as standing in overt opposition to them” (King & Horrocks, 2010). With respect to a changing society and an integrated psychological approach, there was more allowed flexibility in data interpretation when using the lens of interpretative phenomenological research. However, in regards to issues of acculturation and cultural shift as a relevant to the validity of this research, “As of yet, little detailed consideration has been presented as to how this is to be achieved within the procedures offered by the method” (King & Horrocks, 2010).

Ethical Issues in this Research

This research study was completed in accordance with the Code of Federal Regulations, Title 45 Public Welfare, Department of Health and Human Services, Part 46 Protection of Human Subjects, Policy 46 (2009). Every subject participating in this research obtained a written

and verbal informed consent that was in understandable and free of exculpatory language, allowing the participant sufficient opportunity to consider participation. "Research involving the collection or study of existing data, documents, records, pathological specimens, or diagnostic specimens…publicly available or if the information is recorded by the investigator…subjects cannot be identified, directly or through identifiers linked to the subjects" (45 CFR 46, 2009, p. 3).

Additionally, all records obtained during this research study, including interviews and archival data, will be retained for at least three years upon completion of the research (45 CFR 46, 2009, p. 7). All records will be accessible for inspection and copying will be allowed to any authorized agent or department at a reasonable time and manner (45 CFR 46, 2009, p. 7). The records were stored in a filing cabinet with a lock, in a private and safe location, under the responsibility of the researcher, and will be for a minimum of seven years. Lastly, "The probability and magnitude of harm or discomfort anticipated in the research are not greater in and of themselves than those ordinarily encountered in daily life or during the performance of routine physical or psychological examinations or tests" (45 CFR 46, 2009, p. 4). This study may help many skeptical mental health clinicians understand their patients, more so, it may help Latino/a patients who are not only seeking clinical help but also healing from a *curandero/a*. The hope is that the literature review, as well as data gleaned from the interviews and observations, will have provided more updated information on *Curanderismo* and to aid mental health practitioners in better serving Latino/a clients. Participants may have experienced new insight regarding important themes in their personal and professional lives by further applying personal thoughts, beliefs, understanding, and learning how it is perceived by *curandero/as*. Simultaneously, some participants may have experienced an increase in self-esteem by

improving personal and/or professional relationships.

The researcher's role in this research study was as an observer-participant. The instrumentation of a semi-structured life world interview allowed her to understand the different thought processes that others have towards *Curanderismo*, as it provided rich material that may or may not have been known before this research study. "The researcher is required to communicate the perspective(s) from which they approach their work…it becomes necessary to reveal the situatedness of the researcher so that the audience can appreciate the position from which they write" (King & Horrocks, 2010). Having attended a two-week course on *Curanderismo* at UNM in the summer of 2014, "Traditional Medicine without Borders: *Curanderismo* in the Southwest and Mexico," allowed the researcher to immerse herself to the ancient culture that may be in the process of becoming extinct. As Western society finds *Curanderismo* to be a paradigm too indigenous and its practices too extreme, outdated information and ignorance have led many to oppose the use of this practice. Dr. Eliseo Torres, a prominent Latino/a scholar and expert in the topic of *Curanderismo*, took on a more integrative approach to medicine—as evidenced by his establishment of the summer course. The course featured demonstrations incorporating *Curanderismo* with various traditional and holistic health techniques. The course used healers and health practitioners from UNM, Mexico, and the Albuquerque, New Mexico community as instructors, to provide information on the history of *Curanderismo* in the Southwest and Mexico.

Although the researcher has no personal relationships with the participants or with any of the individuals from the course at UNM, instructors included, there was a mutual understanding of the shared worldview and interest in *Curanderismo*. However, these relationships did not overpower one another, as they were equally held as powerful qualitative information, since their

individual phenomenological experiences added value to the culture and to the purpose of this research study. Clearly, the researcher has an interest in this topic, as the study is focused on how to better treat Latino/as in Westernized mental health agencies by using *Curanderismo*, but opposing views were used and analyzed in this research with equal value to understand their shared world views. Counterviews served as a great tool to further investigate what *Curanderismo* lacks or offers enough of, at the same time balancing biased opinions that may have emerged from this investigation.

CHAPTER IV: RESULTS

Purpose of the Study

This qualitative research design focused on the various treatment dimensions of *Curanderismo* and explored it as a possible compliment to traditional Western psychotherapy. The principal investigator gathered information about the treatment provided in *Curanderismo* and gained a deeper understanding of participants' lived experiences during such healings. Also, to have a deeper understanding on how such treatment can help the mental health field be better informed care providers to the Latino/a community.

In this study, qualitative, semi-structured interview questions (Appendices B and C) led to a thematic analysis of the six overarching research questions: 1) How do *curandero/as* and clients of *curandero/as* describe *Curanderismo*?; 2) What is the lived experience of a *curandero/as* when they are providing treatment to a client?; 3) What is the lived experience of a Latino/a being treated by an American trained clinical psychologist?; 4) What are the traditional assessment and treatment protocols of *Curanderismo*?; 5) What are the positive and negative perceived societal views of *Curanderismo*?; and, 6) How can *Curanderismo* be integrated in Western mental health to better serve Latino/as? Using interpretive phenomenological research allowed participants to disclose their own personal lived experiences with *Curanderismo* and Western mental health.

Demographics of the Participants

Eight participants agreed to be interviewed for this study. Five of them reached out to the researcher through the online recruitment process via Facebook community groups (Appendix A): "*Curanderismo*, Folk Healing & Shamanism," "*Curanderismo*: Traditional Medicine (study group)," and "Latinas Completing Doctoral Degrees." Two of the remaining three were referrals

from one participant and were contacted by the researcher via Facebook. The eighth participant was contacted by the researcher via Facebook. Ten additional individuals were reached out to or were referred for the study but they either did not qualify, declined to participate, did not respond to the recruitment, or did not respond in time.

To maintain confidentiality, all participants were identified as either being a *Curandero/a* or a Non-*Curandero/a* (receivers of *Curanderismo* and Western Mental Health), followed by a number one through eight. The eight participants consisted of four *Curandero/as* and four Non-*Curandero/as*. The targeted participants were two females and two males for each set group, however, one participant was not sure what they identified as at the moment of their interview. To keep the presentation of genders balanced, pronouns she/her/hers will be used for participant Non-*Curandera* 5. All participants were over the legal age of 18, of *Latino/a* descent, bilingual in English and Spanish, and engaged in *Curanderismo* and/or Westernized mental health within the last five years (Table 1). Additional identifying information such as: generation living in the US, religion, occupation, highest level of education, and number of years practicing *Curanderismo* (for *curandero/as*), were also recorded (Table 2). All eight individuals fulfilled three required parts for research participation: 1) Eligibility Questionnaire (Appendix B); 2) Demographic Questionnaire (Appendix C); and, 3) Informed Consent (Appendix D). Their interviews were used collectively to answer the six research questions posited for the study, in efforts to learn their phenomenological experience of Mexican *Curanderismo*.

Table 1

Eligibility Identifying Information

Participant	Gender	Age	Ethnicity	Language	Last Session
***Curandera* 1**	Female	56	*Chicana*	English & Spanish	This morning
***Curandera* 2**	Female	58	*Mexicana* [Mexican female]	English & Spanish	This week
***Curandero* 3**	Male	39	Mexican American	English & Spanish	This week
***Curandero* 4**	Male	58	Mexican	English & Spanish	This week
Non-*Curandera* 5	Unsure	30	Mexican American	English & Spanish	Two weeks ago
Non-*Curandera* 6	Female	43	*Chicana*	English & Spanish	Two years ago
Non-*Curandero* 7	Male	31	Mexican American	English & Spanish	August 2018
Non-*Curandero* 8	Male	54	Mexican American	English & Spanish	This week

Table 2

Additional Identifying Information

Participant	Generation	Religion	Occupation	Education	Years Practicing
Curandera 1	First	Indigenous Spirituality	Consultant	Doctorate Degree	30
Curandera 2	Immigrant	Catholic	Leadership Development Specialist	Doctorate Degree	18
Curandero 3	First	Earth-Based Indigenous	Substitute Teacher	Master Degree	7
Curandero 4	Second & Fourth	None	Transformational Healer	General Education Development	7
Non-Curandera 5	First	Spiritual	Student	Pursuing Bachelor of Arts Degree	N/A

Non-Curandera 6	First	None	Dean at Community College	Pursuing Doctorate Degree	N/A
Non-Curandero 7	First	Catholic	Student	Pursuing Doctorate Degree	N/A
Non-Curandero 8	Third & Fourth	Earth-Based Spirituality	Aerospace Chemical Processor/Verifier Sr.	Vocational Certification	N/A

Participant Responses

Over 900 minutes of audio recordings were transcribed in an effort to thematize more than 62 cumulative years of *curandero/a* experiences, and a lifetime of *Latino/as* memories of healing. Three out of the eight participants were interviewed in person in their homes. The other five participants were interviewed via Zoom video chat forum. In an attempt to do justice to the participant's perceived lived experiences, excerpts from all of the interviews were included to capture the participant's personal meaning of Mexican *Curanderismo*. All of the interviews were conducted primarily in English, with the exception of some Spanish words and sentences. However, interesting to note, the two participants who identified their religion to be Catholic, were the ones whose interviews were predominantly in Spanglish, a fusion of both the English and Spanish languages. In those excerpts, the researcher summarized long Spanish statements but translated short Spanish words, as done in previous chapters, to the best of her ability. The data was not manipulated in any way and the researcher presented direct descriptions of the

participant's phenomenological experiences after thorough analysis and verification that led to the identification of reoccurring themes. Each central research question was broken down in two common themes and presented in the order that the researcher perceived to be important and meaningful to the participants.

Research Question 1: How do *curandero/as* and clients of *curandero/as* describe *Curanderismo*?

***La terminología* [The terminology].** The most prominent concept that individuals need to understand about *Curanderismo*, is one that has repeated itself over generations: *Curandero/as* are named by the community not by themselves. One simply cannot call themselves a *curandero/a* no matter how great they believe their own powers are to be. *Curandera* 1 shares,

> It's uncomfortable to use the word *curandera* because I know what a real *curandera* is and I'm not there yet. Yes, I have some gifts and I'm comfortable using the word 'healer' but I'm not comfortable using the word '*curandera*.' Maybe it's because the word 'healer' in English doesn't have the same spiritual connotation that '*curandera*' has in Spanish.

Curandera 2 shares the same respect for the term,

> *Creo que cuando se usa ese termino es cuando la persona practica varias cosas, no solamente una. Porque hay gente que solamente soba y hay gente que solamente hace hierbas. Entonces hay gente que usa varias disciplinas simultáneamente*.
> [I believe that the term [*curandero/a*] is used when the individual practices various things, not just one. Because there are people who only massage and there are people who only use herbs. So, there are people who use various disciplines

simultaneously.]

For her, a *curandero* is a healer that can master many different forms of healing—not solely mastering in one area. *Curandero* 3 recognizes the responsibility it takes to be named a *curandero*.

> I don't consider myself a traditional curandero (…) more of holistic life coaching with Curanderismo being my base (…) Traditional curanderos see many people daily. That's not the way I practice.

Non-*Curandero/a* participants also echoed the same belief: in their own search for healing, they are weary of individuals who claim to be *curandero/as*. Non-*Curandero* 8 states,

> I didn't grow up in a traditional culture, but I have those kinds of values, you know, old school. If you look now, every other person has a website saying they're a *curandero* or a *curandera*. They're doing ceremonies there, which in a sense, it's good, but in a sense, how is it going to be watered down by people who are not qualified to do it, who really don't have the training or the respect for the tradition?

The term *curandero/a* carries a lot of responsibility and should not be used loosely as not everyone is gifted with special healing abilities.

***El don* [The gift].** "Folk saint *El Niño Fidencio* [The Child named Fidencio], [was] a very highly venerated non-canonical saint (i.e., he was elevated, while still living, to the status of folk saint by common consensus of his followers, rather than canonized by church decree)" (Torres & Sawyer, 2005). Torres & Sawyer (2005) depict Torres' lived experience towards this venerated so-called saint and his emotional transformation after first-hand experiencing,

> The sacrifices (…) made me more sensitive not only to my own body and its suffering, it had awakened a greater appreciation in me for the will in others to suffer for a higher consciousness.

Unlike Torres' (2005) "own pre-existing skepticism," Non-*Curandero* 7 grew up believing in *El Niño Fidencio* since he could remember, as his mother was a woman with the *don* to channel the spirit of *El Niño Fidencio* through mediumship.

Fidencistas [believers of *El Niño Fidencio*] call those individuals who are able to channel the spirit of *El Niño Fidencio*, *Cajitas* [literal translation: boxes] or *Materias* [literal translation: matters], and their purpose is to channel a message in regards to an individual's physical and/or mental ailment concerns in regards to self, family, and/or others. Non-*Curandero* 7 stated,

> *Niño Fidencio* only speaks in Spanish. He will tell you, '*Tome un vaso de agua o límpiese con un huevo para que se caigan las energías*.' ['Drink a glass of water or cleanse yourself with an egg to rid energies.'] '*Vaya a su iglesia para que consigue agua bendita y así pueda curar su casa*.' ['Go to your church to get some holy water and that way your house can be cured.'] They will even foretell things that might happen, '*Prepárense porque a lo mejor alguien de su familia va a fallecer. Se les avisa para que esten preparados*.' ['Prepare yourselves because someone in your family may pass away. You are warned so that you can be prepared.']Then eventually somebody would pass away, like within six months or something.

Non-*Curandero* 7 recognizes that to many, this seems impossible to believe, however, he points out how special it is to be on the receiving end of such a beautiful and sacred gift from God.

"Either *tienes el don porque Dios te dijo, 'ahora si te voy usar como un instrumento de mi para que llegues a las otras personas*,' or, *te chingaste*!" ["Either you have the gift because God told you, 'Now I am going to use you as my instrument so that you can get through to others,' or, you're screwed!"].

Curandera 1 pointed out, "If you're a *curandera* it's a tradition that's passed down from your family to you or from spirit to you. It's a natural evolution." *Curandero* 3 recalled that as a child he always felt different since he was always very compassionate of others. It was not until he was an adult where he began exploring with other alternative healing methods, "I started having visions in that [Neurolinguistics] class (…) At first, the ego kind of took over, you know, like, 'Oh, wow! I have these feelings and these sensing gifts! It's special.'" However, he found a teacher that began to guide his new path—away from the ego.

> Traditionally, they [*curandero/as*] would be brought up that way in families or in the community. With me, because of the *conquista* [conquest], people lost it. I haven't found it [ancestry of *curandero/as*] in my family yet, but I know it has to be in there somewhere.

Similar to all of the other *curandero/a* participants, *Curandero* 2 began practicing his *don* at a later part of his life. However, he vividly recalls how it would manifest as a child,

> My beginnings were at a very young age, but that was snatched away from me at eight years old. I was flunked, detached from my tribe in second grade. In second grade I was already banging on the desk. Drumming was innate in my nature. Apparently, I was already nurturing my nature at that age. Then there was a disconnect. I went back to drumming as an eleven-year-old kid and I've been

> playing music in that way. I was drumming as a musician, but not in medicine. Fast forward years later, I got trained [medicine healing].

His marked life experiences helped him realize what he was meant to do in life—heal others using his *don*. His own mother had the *don* of healing with her hands as a *sobadora* but there was never a moment where his own *don* was encouraged, or explained to him by his family.

> A lot of what I know wasn't from my training from this lifetime, but training from other lifetimes, in my lineage for this lifetime. The only training, I really have, has been the training from the hard knocks of life.

Curandera 2 affirms,

> *Si es tu don* [If it's your gift] then it will manifest and if not, it doesn't. No matter how much you want to do it.

Research Question 2: What is the lived experience of *curandero/as* when they are providing treatment to a client?

***Auto-cuidado* [Self-care].** Inevitably, life has taught all of the *curandero/a* participants that in order to help others, they must help themselves first. All four *curandero/as* divulged with much vulnerability their struggles in coming out as a healer—they disclosed the difficulty it was to confront their own fears and setbacks in efforts to save themselves. *Curandera* 1 explains,

> Before you go out and heal others, you need to heal yourself. We are all wounded healers. It's important that we do the work and that we treat this field with respect.

She further explains,

> The reason why people will get a psychology degree is because they're kind of crazy themselves and they're working on their issues. Same thing with *curanderos*. If you're really called to it, you probably went through a lot of trauma. We are broken healers that are healing the world. We're just sharing what's worked for us with others.

Her most recent trauma was losing her home and dog in a house fire. The struggle to find an affordable home in the US, led her and her husband to move to Mexico. While there, she began working with the indigenous Huichol community and was introduced to psychedelics such as *sapito* [frog poison]. This ten-minute experience was her most recent form of self-care.

> It's like a visit with your creator. A visit with your soul. Whatever pains you, comes out. It comes out in different forms. You don't see it but those around you see it because it's done one at a time. Some people scream. Some people vomit. Some people dance. It's their psychedelic trip. You come out of there feeling like you released tons (…) For me, my house fire was my most recent large trauma and I hadn't healed from that. (…) This *sapito* experience was so powerful. It did what a lot of talk therapy couldn't do. It literally allowed me to empty out the physical manifestations of my emotions. So, all of the illness that I was feeling physically, was a result of the emotions that I was holding inside my body and this medicine allowed me to release it.

As *Curandera* 2 was sharing the beginnings to her journey towards practicing *Curanderismo*, she interestingly mentioned that memories were coming to her as she was sharing. "¡*Que interesante! ¡Cuando uno empieza a recopilar la historia, empieza a ver otras cosas* that you never had before!" ["How interesting! When one begins to recollect history, they

begin to see other things that you never had before!"]. She continued, in amazement, to open up about her past,

> I was 28 or 29 when my memories started to come back. I'm a survivor of incest and child sexual abuse and so, it was about that same time when my memories start to come back. They started to come back in a dream that I had, that was very powerful, and it was about the same time. So, it's interesting that my own healing path began almost at the same season in my life where I have this dawning that I'm supposed to heal.

When he was flunked and scolded for drumming on classroom desks, *Curandero* 4 suffered a lot of abuse by the nuns.

> I got pinched on my arm, ear and hair pulled, hit with knuckles on my head, and got yelled at in an ugly way. The way they graded papers was you were either an Angel or a Devil. Wow! What a message to send to a child.

Ironically, when he began to do self-healing work with spiritual medicine and was taking classes to become an energy healer, his classes took place in the same school where he was continually abused as a child.

> At five years old was when I started to get abused by people, so when I got there [school] and looked at that steep driveway, I thought, 'How am I going to get through this?' I drove into that driveway. I had come full circle with that energy. I had to heal that child in order to be able to do what I do with others. I had to understand and be awakened to all of it. The good times, the bad times, the pains, the wounds, the hurt, the shames, the traumas. I really had an understanding of why that happened, and no one taught me that part of it. I just innately knew in my core

what I knew. As I started getting the calling for shamanic practices, drumming, or whatever it was, I just said, 'Yes.'

Curandero 3 reflected that it was important to always keep himself in check—in efforts to be a better healer for him, his loved ones, and his students.

> I started with self-care learning practices to help me integrate those into my life, and I think, you know, right now I do them all the time. I just don't realize I'm doing them because they have become such a part of my life, but it's definitely, you know, something you do daily to create alignment within so that you can then work with others. If I don't feel aligned, if I feel like I'm off, I definitely, you know, I stop or I reschedule people, or I tell people. You know when it doesn't feel right for some reason.

To him, it is important to balance the four bodies: physical, emotional, mental, and spiritual. All of the other *curandero/a* participants echoed how central it is to living a full life. *Curandero* 4 claimed,

> What the healing is going to be is in the how you live with those things in your life. You can be tormented or you can be in your power and say, 'This happened to me. It doesn't happen anymore.' How great is that?

***Los guías* [The guides].** From parents, grandparents, childhood *curandero/as*, ancestors, teachers, spirit guides, God, higher beings, and even their own patients/students—all of the *curandero/a* participants came to their profession with the help of others. Their continuous work is always guided by them and at many times it's something that they cannot describe or hardly share. *Curandera* 2 disclosed something that she does not often share with others—she has a spirit guardian that guides her through her sessions as a teacher.

Esto no lo cuento. Ahora lo cuento porque estamos en ello y se debe de contar. Mayormente hay un guardián fuerte que yo tengo. Que yo lo veo (...) Sentía yo que el era el que me estaba encellando en el sentido de que, 'No se te olvide hacer esto.' 'Va a necesitar esto.' 'Dile tal cosa.' Casi como que si tuvieses a ese maestro que estaba junto de uno acordándole que era lo que debía uno de hacer.

[This I do not share. Now I am sharing it because we are on it and it needs to be told. For the most part, there is a strong guardian that I have. I see it…I felt that it was him that was teaching me, in the sense that, 'Don't forget to do this.' 'They're going to need this.' 'Tell them this.' It is almost as if you had that teacher that was next to one, reminding one what it is that one needs to do].

Curandero 4 accepts what is being given to him without understanding the phenomenon fully.

I also speak, what I have been told by a Navajo grandmother, what is called a spirit language or light language. Those are what the songs that I sing are downloaded to me in that language and that's how I sing them. I decipher them later; the meaning of them comes later from my experience and what information pops up as I'm talking to somebody or talking with somebody through whatever it is they're going through. It's quite interesting; there are people that go, 'What does that mean?' I'm like, 'I don't know!' (…) What happens is, I'll be talking about something, I'll get excited and I'll say, '*O Shenawana Honata! O Shenawana Hae!*' What that means, '*O Shenawana Honata*,' 'Thank you, great spirit!' '*A'ho Shenawana Hae*,' 'Thank you, brothers and sisters!' But I didn't know that when that started coming out of my mouth. I was like, 'What is that?' And everybody else was wondering what that

was too. So somewhere, someday, I'll probably be living in a village or some place, and somebody will speak to me in that language and I'll go, 'Oh!'

For *Curandera* 1, using her spirituality through prayer is where she feels the most guidance.

> Prayer through the whole process is extremely important. From the moment the client walks through the door to the moment they leave, I'm in constant prayer asking for guidance from my ancestors of spirit, of course, so that I could just be an instrument of healing. Many times, it's not that I know, necessarily, what's going to happen or what I need to do. I'm being guided to do something and I stay very much attuned to spirit. Sometimes my hands flow to the area that needs healing.

Curandero 3 recalled being raised by a mother that was ever-so fearful of everything that was unknown to her, to the point that he too grew up to be a fearful child himself. His own healing and practice evolved through the help of his own students.

> It's funny how the universe works. People come through and they're going through certain experiences that I may be going through in my own personal life (…) It's interesting how we get those lessons through people that we're working with, you know, it's like I'm telling them, 'You know, this is what you could do,' and then I'm like, 'Oh, that's for me too' (…) We are student healers.

Research Question 3: What is the lived experience of a Latino/a being treated by an American trained clinical psychologist?

***Puro cerebro* [Pure cerebral].** "I feel like there is a difference between a *gringo* [English speaking male foreigner from the perspective of a Latino/a] therapist and a culturally responsive therapist, a Latino therapist (…) It [therapy] was just very dry. I felt dismissed."

Non-*Curandero* 7 is a firm believer in having culturally sensitive therapists for Latino/a mental health. Through his negative experiences with therapists who would not understand his cultural identity, as a Doctoral Student in Clinical Psychology, he strongly advocates for cultural validation.

> How do you fix oppression? How do you deal with it in a way that makes your soul feel better? (…) I could not feel that spiritual connection (…) Even the way he [Westernized therapist] presented was incongruent to my cultural identity.

Despite some reservations from all of the participants, two participants did express some favorable benefits of being treated as a Latino/a by a Westernized mental health practitioner. Westernized mental health's outlook in behavioral modification has assisted some participants to be able to make sense of their emotional reactions towards life stressors. Growing up in a Latino/a community, Non-*Curandera* 6's interpersonal struggles after having a hysterectomy procedure, did not allow her to integrate this new path she chose for herself with her traditional Latino/a family. She suffered through a lot of drastic emotions and she could not make sense of nor were her analytical needs met, that is, until she went to a Westernized therapist.

> My [Western] therapist helped me realize that I've always had anxiety and depression. But in our community, that's not logical. You're told you just have to keep going. You don't have another choice. You just have to get up every day, go to work and do what you have to do and you don't talk about it.

She further explains that *Curanderismo* has aided her healing process but it has not been sufficient, as her analytical mind still needs a Westernized point of view in efforts to act valorous for her own self-worth. Knowing that she will not be able to bear children, her Westernized mental health therapist presented a metaphor that has been an instrumental tool for her. She takes

on this new chapter in her life remembering that metaphor,

> What was the moment in which you chose to stop riding a horse? You can't just sit on a horse. You ride. You actively ride a horse and if you're not actively keeping your anxiety and depression in check, then that's when you can fall off the horse—or fall into depression.

She added,

> I just remember walking out of there thinking, like, that was so genius! (…) It showed me that he was trying to help me (…) He was logical (…) He was the one who helped me see the light.

During *Curandera* 2's healing process, her experience with Westernized mental health was positively marked. Evidently, she is more aligned with *Curanderismo* and believes that Westernized mental health is a long pathway to recovery, at the same time though, she appreciates the space it provided her during her own period of recovery.

> I started talk therapy. Wonderful, wonderful therapist. Amazingly beneficial in my life. I mean, I to this day, I thank God for her in my life. She just pushed the healing so much (…) I cannot thank God enough for those nine years. I learned so much about myself. It was part of the journey.

She too, shared a metaphor that gave her succor in her time of need,

> I think being in recovery is like needing glasses. You're always going to need your glasses but you put them on, you're fine. So just as long as you don't lose your emotional glasses you won't fall back into the insanity of those early years of recovery—when you're pulling all this crap out and you think you're going to die again.

***La farmacología* [The pharmacology].** Pharmacology can be a very stigmatized topic, especially in the Latino/a culture, where it is frowned upon by older generations and deemed as a coping mechanism only for inept individuals. Three participants shared their experience with medication during their most difficult times, as well as the relationship dynamics that emerged. Non-*Curandero* 8 began taking medication when,

> I was so low that I would sleep all the time. I was eating poorly, lots of sugar, lots of cake, lots of *pan dulce* [sweet bread], lots of ice cream, and missing work (…) The medication basically would just bring me to a level where I could function. I didn't feel super high or super low but it made it to where I could get up every day and do what I needed to do to survive.

Non-*Curandera* 6 shared the differing viewpoints that her *curandera*, her parents, and her Westernized mental health therapist had towards the medication she was being prescribed for her mental health needs. While she has accepted the fact that she needs them in order to function, she found herself trying to balance her *curandera's* uneasiness towards them, her parent's rejection of them, and her therapist's perceived criticism of her culture, despite his tremendous help. In regards to her *curandera*,

> We've talked about medication. We talked about our struggles with accepting. Knowing that healing can come in various forms and not feeling embarrassed to take medication.

In regards to her parents,

> You take blood pressure medication, what makes this any different? If someone saw you having symptoms of a heart attack, they would take you to the hospital. So, you have to explain this to your family and friends in a way that they

understand. If they see you regressing and not wanting to go out or not answering the phone, they need to intervene into your life.

She shared that it was actually her therapist that guided her and helped her to be bold and courageous with her family—for the sake of her emotional well-being. Yet, despite his guidance, Non-*Curandera* 6 initially found it difficult to allow him to do so. She described,

> The stigma, especially in my world; that was part of accepting and that was something I never talked to him about. I was seeing him and that was challenging for me. Being a *Chicana* from a family that just expected me to just keep it together all the time (…) I wanted to protect my family (…) Our community has some ass backward ways of doing things. I don't want someone else being critical of that. I know what it is.

Non-*Curandera* 5 has been diagnosed with: complex Post Traumatic Stress Disorder, Bipolar Disorder, Anxiety Disorder, and Depressive Disorder, upon witnessing at an early age domestic violence. Unfortunately, she dealt with many mental health professionals such as the Department of Child Protective Services, but her grandmother (a *curandera* herself) was with her through everything. In addition to rendering her acts of healing, Non-*Curandera* 5's grandmother would also take her to other *curanderas* for extra support and guidance.

> She would feel my whole body. She would say, 'It's really not working.' I was like, 'There's no other way that I can fall asleep.' She would say, 'I understand that but that's not helping.' (…) I've been on a lot of medicines because my psychiatrist would say, 'This is not working,' and they would switch the dosage or medicine. It's always a trial and error type of thing. It did take my body a lot; being switched over, taken off, put on one and then another. *Las* [The] *curanderas*, were telling me

that it was doing more harm than good.

Non-*Curandera* 5 found it difficult to decide on whether or not she should continue taking her medication. She ultimately came to the decision to stop the medication due to the constant negative experiences she encountered with her Westernized mental health doctors. Despite her *curanderas* acknowledging her own *don* of hearing and seeing spirits, her Westernized doctors,

> Would say, 'You shouldn't be hearing things. You shouldn't be seeing things' (…) They would put me on antipsychotics (…) I have had a good five to six hospitalizations (…) One time, when I was hospitalized, the psychiatrist I was seeing straight out laughed. He said, 'It's not real. It's not a thing' (…) I stopped telling them because they just saw it as an issue.

Research Question 4: What are the traditional assessment and treatment protocols of *Curanderismo*?

***Pura magia* [Pure magic].** A common response by the Latino/a participants on the receiving end of *Curanderismo* when they simply could not express the techniques used by *curandero/as*, was the word 'magic.' Non-*Curandera* 6 sheepishly admitted,

> I know this is going to sound really funny. There's magic in those people, in their spirit, they can draw that out of you. That's where I'm always conflicted by it being right or not. Oh, not conflicted, but, I've learned to see them for what they're worth. But it's like, it—I can't explain it. There's no science behind it. There's love and care and a want or desire to connect in that way because it's almost like they know that if they can connect with you in that way, they can help you. They can heal you and they can help you heal, or at least identify that you need healing. Yeah...

Non-*Curandero* 8 expanded on the mutual feeling as,

> I felt deep love and appreciation for her [his *curandera*] and from her. I felt listened to, respected. I was more than my physical body and my mind. I was magical. She called me a magical person and that made me feel happy.

Religion was a common paradigm used in the assessment and treatment and Non-*Curandero* 7 never ceased to be amazed by the healing powers *curandero/as* brought to the healing room.

> They [*curandero/as*] would also pray to a certain saint and it was a saint that I was familiar with, whether that be *La Virgen de San Juan de Los Lagos* [Our Lady of San Juan de Los Lagos] or *La Virgen de Guadalupe*, or *San Miguel Arcángel* [Saint Michael the Archangel], like all these powerful saints that would intervene for me to ask God for protection or guidance. Right? And so, it seemed to me that they always had like, this magical power to be able to connect or serve as a medium to connect between me, them, and God or the saints.

In describing the moment when his aunt (a *curandera* herself) healed him from the *susto* he suffered after a traumatizing car accident,

> She was saying a prayer to call back my spirit, to reconnect with me again because it was disbalanced from the fright. Then she got some *agua bendita* [holy water] and some *Agua de Florida*, which we call it *loción* [lotion], and mixed it. It's magical. I'm just kidding. But it is, it is!

After sharing a laugh with the researcher, Non-*Curandero* 7 continued his anecdote, recalling how his aunt had him laying down on the sofa with his face covered with a *guardia* [a secret

cloth used for cleansing ceremonies].

> I imagine that she was getting some of the *Agua de Florida* and holy water and putting it in her palm and then *rozándome* [sprinkling liquid mixture on someone] *pero bien fuerte* [but very hard]! (…) The prayer made me go into a sleep that when I felt the water hit my forehead, or the top of my head, I just remember like a jolt, you know, and the next thing I hear is her running out and she throws up outside! (…) She was like, '*¡No, pues me querian golpear!*'['No, well, they wanted to hit me!'] (…) She conceptualized it as, 'You got scared. Your spirit is not in your body so other negative energies were trying to get you. This is why you were feeling sad and depressed and down because your spirit had created space for other negative energies that were not supposed to be part of you.' (…) When she was curing me, the spirit came out of my body and hit her and made her throw up. When she took off the cloth, she held it up and it was so weird that you could see the car! It was the shape of the car on the cloth from the water! Kind of like a scary thing coming out of it.

While Non-*Curandero/as* participants described their experiences as something magical, three of the *curandero/a* participants highlighted that *Curanderismo* is more than just a magical phenomenon.

> In some ways, people want to hear that [they're possessed] because then if it is, it is magic that I can magically take away from you. If I tell you no, it's because it's your own shit. You have to work that.

Curandera 1 explains,

I'm very concerned about the vulnerability of people that come and ask for services when you don't have that maturity and that consciousness. It's not magic. It's beyond magic. There's a spiritual practice that goes behind the work (…) It's divine. I find it to be a sacred act, a divine act. It really bothers me when it's put in the category of witchcraft, or black magic, or something negative, something dark. That's not what it's intended to be. It's intended to be a ritual, a spiritual practice that helps you go deep into your soul and find healing within. That's it.

Curandero 4 echoed,

A lot of times, people go to *curanderos* for broken relationships. They are looking for a magical fix, the magical potions. There aren't any magical potions! If we are willing to listen at what the *curandero* says and how he directs us—because I believe *curanderos* are divinely inspired; the universe inspires us through the stars, planets, trees, water, animals, fire—if we are willing to listen to something different than what we are accustomed to, then your life can change profoundly, physically, spiritually, and emotionally. I believe that if a *curandero* can lead you through emotional aspects of the life you haven't experienced yet, because he/she points you in that direction, your life can be transformed in so many ways. Because you chose to be in that light.

To further explain how *curandero/as* work the way they do, *Curandera* 1 imparted her life world experience on her own philosophical approach towards other's healing journey,

I'm intuitive. Sometimes the greatest healer is the person who can just sit and listen.

> I'm not a magician. I don't consider myself as someone with special powers or anything like that. I'm just a person that accompanies people on their journey when they're sick, that holds their hand, that helps them find the best solution for themselves.

La conexión **[The connection].** All eight participants during the interview process opened themselves up to sharing their own need to feel connected, not only to power elements and other human beings, but also to higher beings much greater than they could fully prove their existence. *Platicas*, is where it all begins in the healing paradigm. *Curandero* 3 delineates,

> Really, my main tool as a *consejero* [counselor] is the *platica*, the heart-to-heart. You know how to really feel a person out. *Platica de corazon a corazon* [heart-to-heart talk]. I think that would be enough. People *se desahoga* [they vent], they release, and then we talk about what it is they are calling in. We do it in a sacred space.

Curandero 4 has learned the power of saying 'yes' to everything that life presents to him, in efforts to always speak his authenticity—one that was very strongly disapproved of as a child. As he began to speak his truth during his recovery years, he was no longer stuck in the fifth chakra of vibration, speech, and communication—the chakra he believes most people are stuck in. Currently, he reports that 95% of the people who seek his services are women, and he revealed,

> Many of them are abused, many are still being abused, and many of them are abusing themselves, by choosing the relationships that they choose. When you call them on it, 'You choose it,' they get upset. They get upset because they don't understand why they keep choosing that, 'cause society and the church tells them

to choose that. No one says you can say 'no' to that, because they are indoctrinating us the whole time. They come to me in their low self-esteem. I'm here to teach you how to go from gu to ru. To guru. I am not a guru, but I'm here to help you come out of the stinking thinking of the story you keep telling yourself so that you can come out to the light of your soul, the light of your being, the light of your *fuego* [fire] that you don't have.

He continued to passionately elaborate,

> They don't know how to connect to themselves because they have been so disconnected from themselves by others. 'Oh, this is my little *mija* [short for *hija*, daughter]' and they are secretly molesting their little *mija*, or someone else is molesting her and that little *mija* starts shutting down emotionally because they don't know how to talk about it. There is so much shame, recourse, hurt, wound. It's a secret they carry, and they don't know how to talk about it.

He voiced a sensitive remedy that has worked for him, a simple *platica*,

> What I try to do is get them to talk about their wound, their hurt. I try to get them to be in their emocean [emotion and ocean connected]. Direction of the west, direction of great grandmother, full moon, direction of autumn, falling of the leaves. I try to get them to talk about that; be in the emotion of what happened to them. There is safety with me. I'm not chasing tail with them. I'm not here for that. People feel safe with me. For the first time, they feel safe with a male that doesn't want anything from them. What I tell them is, I don't want anything from them, 'I want everything for you.' *A'ho* [Lakota meaning for "All our Relations"]!

Curandero 3 affirmed that the men that come to his practice also find it difficult to express their feelings,

> There's a part of us that's connected to the bigger source, God, Great Spirit, or whatever you want to call it. When you can begin to help people feel aligned, and slow it down, and really feel themselves, they can start to feel that connection to the bigger being that we are. To me, God is this huge thing we can't understand. We are all a part of that, in my personal experience and in my teachings, and in everything that I do. That's what I know it is.

Non-*Curandero 8* reiterates,

> We still have our hang-ups about our ethnic *machismo*. Even in the American culture, you know, men are not taught to be open with their feelings. But part of me getting healthy has been the understanding that by talking honestly and openly, and sharing what's really in my heart, has really been my medicine.

Research Question 5: What are the positive and negative perceived societal views of *Curanderismo*?

***Es brujería* [It's witchcraft].** The most common theme addressing the misconceptions of *Curanderismo* is that it can easily be regarded as *brujería* and unfortunately, every participant in this study has had their fair share of encountering skeptical, fearful, and/or ignorant individuals. All eight participants felt in their own way and in their own right, "bothered" by these misconceptions since their perceived notion of this practice is that it is extremely sacred and only works with the divine light. In defense of his practice, *Curandero* 3 stated,

> Whatever work we do is done with free will. We have to give people the free will to do whatever it is they want to do. We never do it without permission and we also

> do it for them, not for them to get someone else to bring to them. They have the *altares* [alters], to come to them, or send bad energy to them. To me, that's not *Curanderismo*, I would never do that. *Curanderismo* to me is helping people truly find what they are about, really align with their purpose.

Non-*Curandera* 5 has had to defend why she goes to a *curandera* by simply correcting others that is it not "voodoo." Non-*Curandera* 4 states,

> I think we are afraid to believe in something that we can't prove (…) I think ultimately nobody wants to think that they participate in what, I used to hear my grandma call it, witchcraft.

Curandera 1 believes that it is not a time in history to deem them so negatively since it is not appropriate. She believes this applies to individuals who are learning the art of *Curanderismo* and want to create new names for themselves. There is a lot of pain in that action and she passionately defends,

> The witches were persecuted for being different. I think that putting that stigma on a *curandera*, you're setting yourself up to be persecuted. WE don't need that because we've suffered already enough. Why would we want to put ourselves in that same category? Why do we want to even open that door? The perception of being *brujas* and witches is one that reinforces negative, misinterpretation of the practice of healers.

Curandero 3 explains, "Because of the Spaniard experience and the way they made it look like it was sorcery, witchcraft, like something that was not good, it has a stigma." *Curandera* 1 reinforces,

> *Curanderas* are seen as quacks, as crazy women, and as illegitimate. Even though

there may be Latinos saying this about their own folk practices, it hurts because I see it as internalized racism and them not seeing that they have totally bought into colonialism. They're speaking from a colonized mindset.

Curandera 2 pointed out how society accepts healing paradigms from other countries but when it comes to Mexico, its indigenous roots, they are immediately rejected and negatively deemed simply as, "Superstitious dumb Indians."

> *Una de las cosas que saber es importante, que la tradición mexicana es muy profundo y muy fuerte. Apenas empezamos a rascar. Porque si es tradición china, ooh. Si es tradición japonesa, oooh. Si es hindú, ooooh. Pero lo nuestro propio lo mal apreciamos. Menos apreciamos.*
>
> [One of the things that is important to know is that the Mexican tradition is very profound and strong. We are barely scratching the surface. Because if it is Chinese tradition, 'Ooh.' If it is Japanese tradition, 'Oooh.' If it is Hindu, 'Ooooh.' But what is ours, we do not appreciate it. We underappreciate it].

In her recollection of childhood experiences living in Mexico, she shared how at the young age of eight, her uncle made her understand that her ancestry is not, in anyway, stupid, as their Mayan ancestors built grandiose pyramids. "*Nos lleva a las pirámides, a Chichén Itzá, y nos para en una de las plataformas y nos dice, 'Hijos, esto, todo esto, nuestros ancestros los hicieron. Es que nunca dejen que les digan que son indios tontos*.'" ["He took us to the pyramids, to Chichen Itza, and he makes us stand on one of the platforms and he tells us, 'Children, this, all of this, our ancestors did it. That is why, never allow them to tell you that you are dumb Indians'"]. She advocates that society, especially people of Mexican descent, should stop reinforcing those misconceptions and recognize how strong Mexican tradition really is as it

has immense powers. She continues that in a sense, one has to learn about their own indigenous culture by the same token as to accept the person of indigenous descent sitting next to them.

> *Y hay tantísima gente en México que sabe tan poquito. Y hay tantísima gente en México que están muy orgullosos de las pirámides y de nuestro glorioso pasado indígena. Pero odian al indio que esta sentando junto de ellos en el camión. Entonces eso también hay que ver que no nomás es saber la historia si entiendes que esta persona es la descendencia de eso.*
>
> [And there are a lot of people in Mexico that know very little. And there are a lot of people in Mexico that are very proud of the pyramids and of our glorious indigenous past. But they hate the Indian that is sitting next to them in the bus. So, that too, we need to see that it is not just knowing the history, but it is understanding that that person is a descendant of that].

Es comercio **[It's commercialization].** "You've heard about the Age of the Aquarius, right?" *Curandera* 2 asked. "It's an age of awakening at a spiritual level," she explained. "I think some of the ways in which we see people trying to learn different metaphysical disciplines and thought has to do with that, the human need. The human heart, body, and spirit, needs more than the pragmatic physical world." This positive upsurge in seeking answers has caught the attention of many. For example, *Curandero* 3 shared, "As the Mayans and Toltecs and Aztecs said, 'we're shifting.' We're going into a new time when we believe that these last 2,000 something years were very outer experiences of how we were going to experience our world. Now, we're going back to a more inner experience for the next 2,000 something years."

From a young age, Non-*Curandera* 5 recalled how much her grandmother would be "flocked" by other individuals wanting to learn *Curanderismo*. "Even other *curanderas* that say,

'Teach me, teach me,' and she's like, 'No. You have to be chosen.' Fast forward to current day and age, Non-*Curandera* 5 sees the appeal of it on social media platforms, such as Instagram, and online certification programs from different schools of thought. Interest in indigenous folk practices have emerged and is now marketed more for the interest of this generation than for what it really stood for in the past. Alas, this positive rise in learning about *Curanderismo* has its cons. *Curandera* 1 fiercely defends,

> Unfortunately, right now it's become so popularized among a certain generation that they're misinterpreting the whole tradition, and rather than helping, they're kind of giving it a bad name because it's becoming commercialized. You know, *brujería*, *Las Brujas Chicanas*, and all of that *onda* [fad/wave]. It's like, that's great that you want to go back to your ancestral roots but please don't do it like a new age fad. People are co-opting it and making it very commercial. Which is great! It's accessibility, but it loses its strength and the sacredness of the knowledge of the ancestors.

Non-*Curandero* 8 sees the future of *Curanderismo* in two ways: 1) "How do we keep the values and respect for the ancient traditions, without it becoming so prolific that everyone is doing it?"; and, 2) "How do we maintain it in its traditional form but bring it into the modern era, without losing its true essence?" Both *Curandera* 1 and Non-*Curandero* 8 mentioned the Disney company. She stated, "We are at an age where Disney has copyrighted the African '*hakuna matata*' [Swahili meaning for "No problems"] and now they want to copyright *Día de los Muertos*. They're discovering indigenous practices and they are being co-opted by mainstream society, and they're being monetized." He added, "Pretty soon Disney is going to take it [ancient traditions]." *Curandera* 1 highlighted an area of commercialization that merged into the

proceeding central research question, by shedding light to a far worse outcome than commercialization—detachment.

> Remember that they do not have access to online marketing. They don't have colleges set up for *Curanderismo*. What they tell you here is, 'If you want to learn, then hang out with me.' Go to the *sierra* [mountain range]. Try to live like a *curandero* here and it's not easy (…) That's the age we're in. The reality is that the guardians of *peyote* [a hallucinogenic drug prepared from a small soft blue-green spineless cactus native to Mexico and the southern US containing mescaline] are dying. The people with the medicine need money to survive and there's no money going there. The people who are actually doing the work, the front line, they're not being supported in any way, shape, or form.

Research Question 6: How can *Curanderismo* be integrated in Western mental health to better serve Latino/as?

***Nueva generación* [New generation].** Don Miguel Ruiz has been an instrumental Toltec story teller primarily through his wisdom book, "The Four Agreements" (1997). *Curandero* 3 and Non-*Curandero* 8 alluded to Ruiz's powerful impact to their personal transformational healing. *Curandero* 3 encapsulated one of Ruiz's wise tales,

> In the introduction [Four Agreements, 1997], Don Miguel Ruiz has a story about a man who went up to a mountain and did some practices and got connected. He got answers that he was looking for, and he was like, 'Oh, wow! I'm going to go back and tell everyone how this works and how they can do it. Things are going to be great and people are going to just know.' So, he went back to the community and he tried to share his teachings with them—shared his realization he had just come

> to. Nobody could understand them and nobody would listen to him. It got to the point where he just eventually gave up and went back to the mountain. He just let it all go. He just realized it wasn't time or it wasn't going to happen. I can say that I felt like that in the past before, you know, like people weren't ready to listen to these things that I was bringing to people. I realized I was bringing it to the wrong people, you know. When people are ready for it, those people are going to come, and they're going to show up. Those people are going to bring more people and that's the way it's been happening.

This upsurge in others wanting to learn more about *Curanderismo,* motivated some participants to begin within their own family dynamics, such as *Curandera* 1 shared,

> I raised my sister's kids and they saw me, from the time they were babies, conduct moon ceremonies for women. I would say, 'Ok, boys, get your candles, it's time to make your wishes and intentions for the moon.' They are in their 20's now and I think they are more open because they don't see it as a bad thing. They just see it as part of spirituality, part of their growth, part of what you do. You move with the cycles of the moon.

Being a former elementary school teacher by training and education, *Curandero* 3 had first-hand experience in communicating and integrating with the minds of young children. He noted,

> Kids are very connected, very connected to these practices if you just begin to have some conversations with them (…) I'm always having those conversations with my

daughter. Five years old and she's starting to experience things that another parent or somebody else would say, 'You shouldn't be experiencing that,' 'What are you talking about?' or, 'You're just imagining that.' I'm trying to tell her, 'Hey, you're seeing these animals around you; it could be that they may be your spirit animal.' 'What is that, dad?' 'Well, there are these beings that are there to support us, to guide us, to protect us, you shouldn't fear them. They're there to support us, think about it—did they scare you?' I'm having these conversations with her so these practices are going to be available for the whole family.

Dar oportunidad **[Give opportunity].** Non-*Curandero* 8 took from Ruiz (1997) an important life lesson, "Listen but be skeptical." When he was allowing for change to occur in his own personal life, he remained skeptical of the *Curanderismo* practice, concluding,

> The thing about *Curanderismo* and Shamanism that I liked about it, was they said that you have to learn for yourself. It's experiential. Someone can tell you what it is but for you to know what it is, you have to experience it. That resonated with me because I didn't know what it was but I was willing to explore and I've come to find out, it worked for me (…) That allowed for the potential to be there. I didn't have to buy it, I didn't have to reject it, but my heart just kept leading me in that direction.

Curandera 2 suggested on ways that *Curanderismo* can be integrated in Western mental health to better serve Latino/as,

> Is to, if possible, experience the *limpia* themselves, the *sobadas*, the *limpia*. First, just be open to it. There are other ways of doing medicine. People have been keeping themselves happy and healthy for thousands of years before psychological

therapists emerged. How the heck were they doing it? So, begin with there. There are other forms of taking care of the need that science by itself is not the answer to everything.

Non-*Curandera* 5 concluded in her interview,

It's very different when you learn something through a book or a workshop, than when you grew up with it. It may be controversial to have white people incorporate *Curanderismo* into their practice (…) I would love to see it. Especially in neighborhoods in Chicago that go through gun violence and trauma. How great would it be to go see a curandera and heal all these traumas that involve our community?

CHAPTER V: CONCLUSION

Significance

This qualitative research design focused on the various treatment dimensions of *Curanderismo* and explored it as a possible compliment to traditional Western psychotherapy. The principal investigator gathered information about the treatment provided in *Curanderismo* and gained a deeper understanding of participants' lived experiences during such healings. This research study is intended to better inform mental health practitioners and to contribute to the betterment of the Latino/a mental health community. Twelve themes were the foremost emergent themes throughout this research study as it encompassed much of the combined lived experiences of the eight research participants. The themes that emerged are as follows: 1) *La Terminología* [The Terminology]; 2) *El Don* [The Gift]; 3) *Auto-Cuidado* [Self-Care]; 4) *Los Guías* [The Guides]; 5) *Puro Cerebro* [Pure Cerebral]; 6) *La Farmacología* [The Pharmacology]; 7) *Pura Magia* [Pure Magic]; 8) *La Conexión* [The Connection]; 9) *Es Brujería* [It's Witchcraft]; 10) *Es Comercio* [It's Commercialization]; 11) *Nueva Generación* [New Generation]; and, 12) *Dar Oportunidad* [Give Opportunity]. Latino/as are considered to be an underserved population within mental health services and this research study can serve as a tool to break that pattern, as there is a great need for validation, integration, and continuation.

Limitations

Finding up-to-date research information about Mexican *Curanderismo* proved to be limiting due to the small amount of literature published. There are limited researchers who have chosen *Curanderismo* as their topic of interest, including dissertation and thesis writing. Even more limiting is the research that is out there that specifically focuses on Mexican *Curanderismo*. The researcher found that some of the literature was outdated and inconsistent to

how the Latino/a population presents today. The oldest literature out there about Mexican *Curanderismo* was from Parsons (1931), with articles on the subject rising in the 70's, 80's, and 90's, and slowing down in the 2000's. It was interesting to see, however, an upsurge in dissertations focusing on Mexican *Curanderismo* in this recent era. As participants noted, there is a curiosity to connect to one's past and it shows in the academic literature that has published recently. The small sample size in this study (eight participants) is a limitation to the broader realm of Mexican *Curanderismo*. Despite the plethora of knowledge that all of the participants provided, it is a mere example of the overall population, and therefore, the findings may not readily generalize to Mexican *curandero/as* in Westernized countries or in Mexico. The eight participant's lived experiences include their own perceptions and definitions to certain terms and incident of events, which can be limiting considering that other's may interpret and define terms and life incidents differently.

During the recruitment process, the researcher found it difficult to obtain male participants for the study. The researcher posted multiple times the research study recruitment letter in efforts to obtain more participants. Snowball sampling proved to be instrumental as both *curandero* participants were referred to the study by one of the *curandera* participants. In the same effect, the researcher found herself having to explain more about the purpose of the research as both *curanderos* inquired about what the process entailed and if they themselves would qualify. The researcher noticed that the female participants were surer about their qualifications for participation in the research study, than the male participants were of themselves.

The researcher had to interview two participants twice due to technical difficulties. Both participants reacted very understandingly and offered their assistance selflessly. Though not

limiting, the researcher found herself disclosing more about herself during those—and many other—unexpected set-backs. These moments proved to be of utmost importance as it helped with the relationship dynamic between researcher and participant. This, in turn, allowed for the exchange of study participation—sage bundles and monetary compensation—to be an understanding and smooth transition. One *curandera* even gifted the researcher an organic, home-made pomade, she called, "*La Milagrosa* [The Miraculous]." It was important for the researcher to develop rapport and be sincere with her intentions behind the compensation, as she had learned from the literature reviews about the sensitivity to this exchange.

Implications

In regards to the first central research question, 'How do *curandero/as* and clients of *curandero/as* describe *Curanderismo*?' there were two teachable moments from every participant: 1) *La Terminología* [The Terminology] and, 2) *El Don* [The Gift]. The terms used to identify *Curanderismo* proved to be a sensitive topic, as many participants wanted to make sure that others knew exactly how careful one has to be when interacting with someone who proclaims to be a *curandero/a*. Every participant highlighted how a *curandero/a* is someone that is given the title to by their community. In the same regard, it was important that the participants mention how divine *don* is, as it carries a gift full of ancestral knowledge and representation. Both areas were instrumental in the approach of this research study.

In regards to the second central question, 'What is the lived experience of *curandero/as* when they are providing treatment to a client?', there were two dominant experiences: 1) *Auto-Cuidado* [Self-Care] and, 2) *Los Guías* [The Guides]. The prominent component of being able to do the work, was conceded with a lot of self-care. Simply, if one cannot take care of themselves, then it would be a disservice to humanity to try to take care of others. Another component to

their lived experiences, is the *Curandero/a's* constant guidance received from spirit guides, family, friends, teachers, their own clients/students, and even the universe. As mentioned in the literature review, religion and spirituality play a dynamic role in *Curanderismo* as they are the prominent components of healing (Reyes-Ortiz et al., 2009). The guides that many of the research participants shared, derive from religion and spirituality, thus, fortifying their strong faith and trust. Without these guides, their work would not be efficient and genuine.

In regards to the third central research question, 'What is the lived experience of a Latino/a being treated by an American trained clinical psychologist?', there were two common topics of discussion: 1) *Puro Cerebro* [Pure Cerebral] and, 2) *La Farmacología* [The Pharmacology]. There was a common thread in the dullness and lengthy process of healing through the Western paradigm. It was deemed by all of the participants as too focused on logical thinking, thus, being a barrier for some to fully connect to their therapist. On the other hand, some participants favored behavioral modification therapy as it was able to help balance their spiritual needs and analytical mind. Pharmaceuticals was also an area that was deemed as acceptable in the realm of Westernized mental health. While on one hand, some participants were opposed to the idea of medication helping with day-to-day functioning, other participants felt that pushing the agenda onto the Latino/a's cultural acceptance of medications, would be able to validate individuals who are struggling.

In regards to the fourth central research question, 'What are the traditional assessment and treatment protocols of *Curanderismo*?' there were two power elements depicted: 1) *Pura Magia* [Pure Magic] and, 2) *La Conexión* [The Connection]. The implication that it is purely an act of magic, can be seen from two different perspectives: one from the receiving end of *Curanderismo* and the other from the giving end of *Curanderismo*. Non-*Curandero/as* used the

term ‘magic’ as a way to describe their experience in *Curanderismo*, however, the *curandero/as* participants felt the need to voice how their work is not magical as it is not an instantaneous healing consultation. The primary tool in any *Curanderismo* session is rooted in the simple context of connecting with others through heart-to-heart talks. A tool that provides an indescribable connection to another individual. This tool was instrumental in the approach to this research study. The literature review highlights the needs of the Latino/a community as many individuals do not connect with therapists due to their ignorance of the Latino/a culture. The research participants acknowledged that without therapists self-disclosing, a connection with the client cannot occur (Falicov, 1988; Constantino et al., 2009).

In regards to the fifth central research question, ‘What are the positive and negative perceived societal views of *Curanderismo*?’, there were two universal topics: 1) *Es Brujería* [It’s Witchcraft] and, 2) *Es Comercio* [It’s Commercialization]. It appears there is a limited understanding of Curanderismo, and all other indigenous folk practices for that matter, as evident by its highly claimed stigmatization. Importance should be placed on learning how to decrease the stigma of *Curanderismo* as it is rendered to be witchcraft. *Curandero/a* participants passionately voiced how these views taint their indigenous practices. Despite there being a great interest in alternative healing practices, participants felt disrespected once boundaries were crossed and their indigenous traditions are being marketed. Its commercialization should be carefully monitored and regulated through education and understanding.

In regards to the final and sixth central research question, ‘How can *Curanderismo* be integrated in Western mental health to better serve Latino/as?’, there were two concepts: 1) *Nueva Generación* [New Generation] and, 2) *Dar Oportunidad* [Give Opportunity]. Integration of *Curanderismo* in Westernized mental health—it’s importance—should be placed on teaching

new generations the Spanish language, the Latino/a culture, and indigenous folk practices, such as Mexican *Curanderismo*. This research study provides a list of glossary terms (Appendix E) in efforts to guide practitioners who would like to incorporate *platicas*, or other appropriate techniques to their healing sessions. Giving opportunities to *curandero/as* in community mental health agencies is an eminent component for the Latino/a community to feel capable of addressing their physical, mental, emotional, spiritual health needs.

Recommendations

Education is eminent in this area of study as it opens the door to new paradigms of acceptance. The researcher recommends that mental health practitioners challenge themselves to learn about *Curanderismo* in efforts to efficaciously treat Latino/a mental health. The researcher believes that by the same token, c*urandero/as* themselves should be open to the notion that a new wave is surging from underneath them. This new mainstream goes in hand with modern day's advocacy for having everything organic, all natural, and holistic, as it serves as a strength. Guarding and protecting Curanderismo's indigenous traditions and culture is a reaction the researcher empathized with, however, these traditions must be passed down regardless of cultural background. Granted, it would be wise for individuals who are interested in partaking in *Curanderismo* and are not of Latino descent, to not take this on as an anthropological moment in their lives.

On the contrary, genuine and heartfelt interest must unfold in order for gatekeepers of *Curanderismo* to feel a sense of validation, respect, and trust. There are no scientific measures that detect genuineness and heartfelt intentions, but it is assumed that the guides that *Curandero/as* shared in this research, can. *Curandero/as* have, and will always have, the final

verdict as intuition guides them and there is no fooling that. *Curandera* 2 mentioned how she had not processed some things she was becoming aware of and reflected,

> I've been challenged to open myself up to other things and other ideas (…) To step out a little bit more and to say this is who I am, and this is what I know, this has been my experience. Sitting here and telling you and doing the teaching on *son esto, esto, y esto* [it's this, this, and that].

Curandero 4 shared,

> It's my wish for everybody, every person of an indigenous nature, to find what that is. If you're Roman, find the medicines of that place. If you are from Greece, find and nurture the medicines of that place. If you are Mexican, don't just scratch the surface, ask the questions, and that information will rise to the top. If you are a native person and you don't know where you are from, ask. If you don't know where to start, sit and listen to the breeze. Listen to what they have to say. Get really quiet in your heart. It's the most important aspect of healing and coming to.

Further Research

The researcher's lived experiencing documenting the lives of the eight participants was a profound one. Every story that was shared with her, every vulnerable moment, and every tear is loaded with intense context that screams for more in-depth analysis of it. The phenomenological experience of Mexican *Curanderismo* is not one that can easily be attained and understood through a series of literature reviews—one must experience it themselves. With this reflection, future research can include researcher's experience in having *limipias*, *sobadas*, *barridas*, and other ceremonial acts, done to themselves. In fact, there were many other subthemes that were presented such as: history of *Chicano* movement, religion, Tarot/Oracle card readings, Latino/a

rights activism, physical ailments, food, signs and dreams, hand work/Reiki, other mental health ailments, Shamanic practices, Native American history, drumming/chanting/singing, addictions, hypnotherapy, meditation, and many other healing tools such as: crystals, herbs, tinctures, teas, oils, pomades, candles, and soaps, to name a few. Needless to say, *Curanderismo* is a realm full of vast knowledge.

Non-*Curandera* 5 shared how in her hometown, a local community agency has a non-Latino/a staff that is fully trained to be culturally sensitive, in efforts to fill in the gap to the needs of the Latino/a community. Much so is their ability to connect with their clients, they refer individuals to other culturally-sensitive agencies to further assist them in the needs that are out of their scope of practice. *Curandero* 4 shared how he has been called to do healing circles for employees at the Department of Children and Family Services in his hometown. This integration of helping healers heal themselves has proven to be a highly coveted need that his agenda is already booked. Both participants illuminate a progressive movement that is slowly taking place but needs more advocacy. Agencies such as Instituto Familiar de La Raza in northern California and National Compadres Network in southern California, are exemplary to agencies wanting to heal communities with cultural tools, *La Cultura Cura* model [The Culture Heals].

The researcher also recommends that a longitudinal study be conducted as it can also serve as an instrumental piece in demonstrating the efficacy of treatment to individuals who chose to live a life full of *Curanderismo*'s healing paradigms. Zacharias' (2006) can serve as a great reference study, in efforts to provide substantial data—with a similar and larger case study—that would ignite a platform of advanced research to provide evidence that Western medical and mental health clinicians would find it a strength to include, *"espiritu, cuerpo y*

alma" in their practice. Approaching a problem from these three perspectives allows the individual to express what it is that is affecting them without feeling judged or persecuted.

To the researcher's surprise, many *curandero/a* participants were highly educated, something that contrasts the traditional ideology that *curandero/as* are the oldest and wisest individuals from the communities. Many times, stereotyped to be individuals coming from a low-income household; obtaining money and food from their own patients/students. The researcher was motivated to witness such educated Latino/as who do their best to incorporate *Curanderismo* in modern-day society. As in the literature review, statistical findings were never congruent as many individuals would not report factual data (Keegan, 1996; Tafur et al., 2009); Padilla et al., 2001; & Lopez, 2005). Future research in this new era of *curandero/as* can assist other researchers, especially, doctoral students who find themselves limited to the amount of information that currently exists out there, to find literature that is up-to-date and in its most modern form of *Curanderismo*. What is the percentage of Latino/as seeking *Curanderismo* for healing?

Non-*Curandero* 7 shared,

> I remember talking to Brian McNeill one time, and I'll give him credit for that because I am not going to take anybody's intellectual property. But I remember him saying that he wanted to do, by law, a code of ethics for Latinos in therapy and what it would mean to actually go with them to a church, or go to a *Curanderismo* session, or to pray with them in session, or to maybe even do a *barrida* with them in session. Or *leer la baraja* [Tarot/Oracle card reading] or not have to worry about, 'Oh, I should have to touch my client or not?' 'Can I hug them?' 'Can I give them…' 'Can I expect tamales or anything?' So, I feel like he had a really good

> idea and I would like to echo his idea if he decides to do it or anybody else decides to do it.

In the epilogue of McNeill and Cervantes' (2008) textbook, "Latina/o Healing Practices: *Mestizo* and Indigenous Perspectives," this idea is voiced as their suggestions for redefining ethics in clinical and counseling practice.

Many participants expressed their gratitude over this research study and even offered their own advice through suggestions in areas of research, literature books to read, and referring out to other individuals who are known to be *curandero/as* by the community. It may be that the researcher's dominance in the English and Spanish languages, as well as her identification as a Latino/a, further inspired the participants to share their own experiences. Nonetheless, what was of utmost importance when being interviewed was the researcher's *respeto hacia la cultura indígena* [respect towards the indigenous culture]. Respect and trust were dual dynamics that encompassed the interview process.

Non-*curandero* 8 beautifully stated,

> These traditional paths, at least for me so far, has really been about my awakening, about me going from being strictly in the physical world, to recognizing my connection to everything. Once I realized that the plants respond to me. The trees respond to me. The rocks and water respond to me. I am part of that. Unity consciousness, I guess there is another of saying it, that we're all connected.

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Appendix A Recruitment Email/Post

Hello! My name is Yoseline Lopez-Marroquin and I am a Doctoral Candidate in the Clinical Psychology PsyD program at Antioch University, Santa Barbara. My dissertation study will focus on the Phenomenological Experience of Mexican *Curanderismo*, supervised by Dr. Daniel Schwartz, PhD.

The purpose of the study is to focus on the various treatment dimensions of *Curanderismo* and explore it as a possible compliment with traditional Western psychotherapy. I hope to gather information about the treatment provided in *Curanderismo*, and in particular to gain a deeper understanding of participants' lived experiences during such healings. It is intended to understand the experience that a giver and receiver of *Curanderismo's* traditional healing techniques have before, during, and after a *Curanderismo* healing session, in efforts to compare experiences described by individuals as a way to better grasp their similarities and differences. This study also aims to understand how individuals make the choice to seek treatment with a *curandero/a*, as well as if a deeper understanding of such treatment can help the mental health field be better informed care providers to the Latino/a community.

I am seeking FOUR *curandero/as* (two males & two females) and FOUR individuals (two males & two females) who have sought help from both a *curandero/a* AND a Westernized Clinical Psychologist for a related and/or similar problem. Eligible participants must be at least 18 years of age and will be interviewed on their experiences for about 1-1.5 hour. Participants will be compensated for their time monetarily or with white sage bundles. Location will be of participant's preference or over electronic communication. Identifying information will be kept confidential.

If you or anyone you know is interested, please have them contact me to further conclude study participation with a short Eligibility Questionnaire. Once eligible, full study participation includes: completing a Demographic Questionnaire as well as Semi-Structured Interview noted above. Thank you very much in advance!

Sinceramente,

Yoseline Lopez-Marroquin, M.A.

xxxxxxxxxx@antioch.edu

Appendix B Eligibility Questionnaire for Curandero/a

1) Possible Participant ID:
2) Date:
3) Languages Spoken (Spanish a must):
4) Language Preferred:
5) Age (must be at least 18 years of age):
6) Gender:
7) Ethnicity or Indigenous Heritage:
8) Nationality:
9) Brought Up/Raised In:
10) State of Residence:
11) Places lived in the US and/or if from other country, places lived in that country:
12) Generation (i.e. First, Second, or Third Generation):
13) Religion:
14) Occupation Title:
15) No. of Years Practicing:
16) No. of Clients Had:
17) Age of last practice (must have practiced within the last 5 years):
18) Age Realized Don:
19) Age Began Practicing:
20) Who Identified as *Curandero/a*:
21) Type of Work Practiced as a *Curandero/a*:

22) Any history of collaborating or referring to Westernized Clinical Psychologist and/or Medical Professions:

23) History of *Curandero/as* &/or Mental Health Professionals in Family:

24) Sought Help from a Curandero/a:

25) Additional Info Want to Share:

Eligibility Questionnaire for Non-Curandero/a

1) Possible Participant ID:

2) Date:

3) Languages Spoken (Spanish a must):

4) Language Preferred:

5) 18 Years Old or Older:

6) Gender:

7) Ethnicity or Indigenous Heritage:

8) Nationality:

9) Brought Up/Raised In:

10) State of Residence:

11) No. of Years Living in the US:

12) Generation:

13) Religion:

14) Occupation Title:

15) Sought Help from a *Curandero/a*:

16) How Many *Curanderismo* Sessions:

17) Last time worked with a *Curandero/a* (must be within the last 5 years):

18) Sought Help from a Westernized Clinical Psychologist (must be for related &/or similar problem):

19) How Many Westernized Clinical Psychology Sessions:

20) Last time worked with a Westernized Clinical Psychologist for related &/or similar problem (must be within the last 5 years):

21) History of *Curandero/as* &/or Mental Health Professionals in Family:

22) Additional Info Want to Share:

Appendix C Demographic Questionnaire for Curandero/a

1) Participant ID:
2) Date:
3) Languages Spoken:
4) Language Preferred:
5) Age:
6) Gender:
7) Sexual Orientation:
8) Ethnicity or Indigenous Heritage:
9) Nationality:
10) Brought Up/Raised In:
11) State of Residence:
12) Places lived in the US and/or if from other country, places lived in that country:
13) Generation (i.eg. First, Second, or Third Generation):
14) Religion:
15) Relationship Status:
16) Children:
17) Occupation Title:
18) Highest Level of Education:
19) No. of Years Practicing:
20) No. of Clients Had:
21) Age Realized Don:

22) Age Began Practicing:

23) Last time practiced *Curanderismo*:

24) Who Identified as *Curandero/a*:

25) Type of Work Practiced as a *Curandero/a*:

26) Sought Help from a *Curandero/a*:

27) Sought Help from a Westernized Clinical Psychologist:

28) History of *Curandero/as* &/or Mental Health Professionals in Family:

29) Any Life Influencers:

30) Describe the Presence of *Curanderismo* in Your Life:

31) Describe Nature of Training & Beginnings:

32) Describe Your Healing Style:

33) Any history of collaborating or referring to Westernized Clinical Psychologists and/or Medical Professions:

34) Any Westernized Influences in Your Work of *Curanderismo*:

35) Challenges of *Curanderismo*:

36) Benefits of *Curanderismo*:

37) Describe How Culture Plays A Role in *Curanderismo*:

38) Future Thoughts for *Curanderismo*:

39) Additional Info Want to Share:

Demographic Questionnaire for Non-Curandero/a

1) Participant ID:

2) Date:

3) Languages Spoken:

4) Language Preferred:

5) Age:

6) Gender:

7) Sexual Orientation:

8) Ethnicity or Indigenous Heritage:

9) Nationality:

10) Brought Up/Raised In:

11) State of Residence:

12) Places lived in the US and/or if from other country, places lived in that country:

13) Generation (i.eg. First, Second, or Third Generation):

14) Religion:

15) Relationship Status:

16) Children:

17) Occupation Title:

18) Highest Level of Education:

19) Sought Help from a *Curandero/a*:

20) How many *Curanderismo* sessions:

21) Describe Problem(s):

22) Type of Work they Practiced:

23) Describe Their Healing Style (if multiple, describe all forms of healing styles experienced):

24) Last Time worked with a *Curandero/a*:

25) Any Westernized Influences in *Curandero/a's* Work:

26) Sought Help from a Westernized Clinical Psychologist for same &/or similar problem:

27) How many therapy sessions:

28) Describe Problem(s):

29) Type of Work They Practiced:

30) Describe Their Healing Style (if multiple, describe all forms of healing styles experienced):

31) Last time worked with a Westernized Clinical Psychologist:

32) Any *Curanderismo* Influences in Westernized Clinical Psychologist's Work:

40) Any history of collaboration between *Curandero/a* and/or Western Clinical Psychologist/Western Medical Professional:

33) History of *Curandero/as* &/or Mental Health Professionals in Family:

34) Any Life Influencers:

35) Describe the Presence of *Curanderismo* in Your Life:

36) Challenges of *Curanderismo*:

37) Benefits of *Curanderismo*:

38) Describe How Culture Plays A Role in *Curanderismo*:

39) Future Thoughts for *Curanderismo*:

40) Additional Info Want to Share:

Appendix D Informed Consent

Department of Psychology
Informed Consent Form
Informed Consent for Participants

Study Name: Phenomenological Experience of Mexican *Curanderismo*
Principal Investigator: Yoseline Lopez-Marroquin, M.A.
Faculty Supervisor: Dr. Daniel Schwartz, PhD.

PLEASE READ THIS DOCUMENT CAREFULLY. YOUR SIGNATURE IS REQUIRED FOR PARTICIPATION. YOU MUST BE AT LEAST 18 YEARS OF AGE TO GIVE CONSENT TO PARTICIPATE IN THIS RESEARCH. IF YOU DESIRE A COPY OF THIS CONSENT FORM, YOU MAY REQUEST ONE AND IT WILL BE PROVIDED.

The policy of the Department of Psychology is that all research participation in the Department is voluntary, and you have the right to withdraw at any time, without prejudice, should you object to the nature of the research or feel uncomfortable with anything that is asked of you. You are entitled to ask questions about the study in advance and also receive an explanation after your participation.

Purpose of the Study:
This qualitative research design will focus on the various treatment dimensions of *Curanderismo* and explore it as a possible compliment with traditional Western psychotherapy. The principal investigator hopes to gather information about the treatment provided in *Curanderismo* and gain a deeper understanding of participants' lived experiences during such healings. As research in *Curanderismo* has become locked in repetition, this research is intended to understand the phenomenological experience that a giver and receiver of *Curanderismo's* traditional healing techniques have before, during, and after a *Curanderismo* healing session, in efforts to compare experiences described by individuals. This study also aims to understand how individuals make the choice to seek treatment with a *curandero/a*, as well as if a deeper understanding of such

treatment can help the mental health field be better informed care providers to the Latino/a community.

Procedures to be Followed During Study:
If you agree to participate in this study, you will be asked to sign this Informed Consent Form. If you desire, you can receive a copy for your records. Next, you will be interviewed by the Principal Investigator through a Demographic Questionnaire and a Semi-Structured Interview. You will be recorded during the interview and the records will be stored in a filing cabinet with a lock, in a private and safe location, under the responsibility of the researcher for a minimum of seven years. If need be, interview follow-ups will occur in order to obtain shared information as accurately as possible, capture their meaning correctly, and to balance the asymmetrical power dynamic that was/is present. There will be no time limit on the interviews. This is to ensure the information collected is sufficient and to ensure you feel comfortable with all aspects of what is asked of you. However, the interview should last on average between an hour and an hour and a half. Participant will be compensated for their time monetarily or with white sage bundles. Location will be of participant's preference, which can include conducting the interview over electronic communication.

Possible Risks & Benefits:
"The probability and magnitude of harm or discomfort anticipated in the research are not greater in and of themselves than those ordinarily encountered in daily life or during the performance of routine physical or psychological examinations or tests" (45 CFR 46, 2009, p. 4).
This study may help many skeptical mental health clinicians understand their patients, more so, it may help Latino/a patients who are not only seeking clinical help but also healing from a *curandero/a*. The hope is that the literature review, as well as data gleaned from the interviews and observations, will provide more updated information on *Curanderismo* and so will aid mental health practitioners in better serving Latino/a clients. Participants may experience new insight regarding important themes in their personal and professional lives by further applying personal thoughts, beliefs, understanding, and learning how it is perceived by *curandero/as*. Simultaneously, some participants may experience an increase in self-esteem by improving personal and/or professional relationships.

Confidentiality:
You have a right to privacy. Participants' responses in this study will be completely anonymous. Each participant will be assigned a number at the beginning of the study, which will not be linked to identifying information. Following completion of the study, participants will have the option to provide their names and email address in order to receive results of the study. This is optional. Results from this study may be published in scientific journals or presented at professional meetings; however, all identifying information will be kept out of such presentations.

Participant's Rights and Research Withdrawal:
Your participation in this study is completely voluntary. You may refuse to participate, decline to answer any questions, or withdraw at any time without negative consequences. This research has been reviewed and approved by the Institutional Review Board (IRB) at Antioch University, Santa Barbara, which oversees the protection of individual rights for research participants. If you

have any further concerns, you may contact the IRB Chairperson, Dr. Brett Kia-Keating at xxxxxxxxxx@antioch.edu.

Other Questions:
It is important that you understand the details of the study; therefore, if you have any further questions, or would like more information before deciding, please feel free to contact the Primary Investigator, Yoseline Lopez-Marroquin, M.A. at xxxxxxxxxx@antioch.edu. You may also contact the Faculty Supervisor for this study, Dr. Daniel Schwartz at xxxxxxxxxx@antioch.edu.

Signature & Acknowledgement:
My signature below indicates that I have read the above-stated information and that I have had a chance to ask questions to help me understand what participation will involve. I agree to participate in the study, until I decide otherwise. I acknowledge having access to a copy of this agreement. I have been told that, by signing this consent form, I am not giving up any of my legal rights.

Printed Name: _____

Signature: _____

Date: _____

Appendix E Glossary

A'ho: Lakota meaning for "All Our Relations"

Abuelita: grandmother/grandma

agua bendita: Holy water

Agua de Florida: Florida Water; also known as *locíon*

alma: affective-emotional/soul

altares: alters

Ataque de Nervios: (DSM-V) symptoms of intense emotional upset, including acute anxiety, anger, or grief; screaming and shouting uncontrollably; attacks of crying; trembling; heat in the chest rising into the head; and becoming verbally and physically aggressive

Auto-Cuidado: self-care

barrida: help an individual heal from physical and psychosocial problems such as migraines, shyness, low self-esteem, and other personality complexes

barrio: neighborhood

El Bicentenario de la Independencia de México: Mexican Independence Day

es brujería: it's witchcraft

Brujo/a(s): male or female witch(es)

Cajitas: literal translation-boxes; individuals who are able to channel the spirit of *El Niño Fidencio*

Chicano/a(s): male(s) or female(s) of Mexican origin or descent in North America

Colera: (DSM-V) experienced during anger or rage and is believed to disturb core body balances

Comadre(s)/Compadre(s): male or female Godparent(s) of someone's children

es comercío: it's commercialization

la conexión: the connection

confianza: in confidence

Conquista: conquest

Conquistadores: Spanish conquerors

Consejero/a(s): male or female counselor(s)

copal: copal incense

corazon a corazon: heart-to-heart

cuentos: shared family or cultural sayings and stories often used to communicate values and behavioral norms expressed

cuerpo: somatic/body

Curanderismo: indigenous/traditional folk healing

Curandero/a(s): male or female indigenous/traditional folk healer(s)

curar: treat/cure/heal

dar oportunidad: give opportunity

se desahoga: they (person) venting/releasing

Dia de los Muertos: Day of the Dead

el don: the special gift

dichos: shared family or cultural sayings and stories often used to communicate values and behavioral norms expressed

embrujado/a(s): male(s) or female(s) bewitched/haunted

empacho: clumps of food formed during digestion and causing pain

envidia: envy of others

espiritu: religious and/or spiritual

falta de fe: lack of faith

familismo: a sense of independence, collectivism, and inclusiveness among family members

la farmacología: the pharmacology

fatalismo: fatalism

Fidencistas: believers of *El Niño Fidencio*

fuego: fire

gringo/a(s): English speaking male or female foreigner(s) from the perspective of a Latino/a

guardia: a secret cloth used for cleansing ceremonies

los guías: the guides

hakuna matata: Swahili meaning for "No Problems"

hechicería: sorcery

hierbero/a(s): male or female herbalist(s)

La Llorona: legend of the crying woman

leer la baraja: Tarot/Oracle card reading

limpia(s): cleansing ritual(s)

locíon: lotion; another term for *Agua de Florida*

locura: insanity

machismo: excessive masculinity

Madrina(s): Maid of Honor(s); Godparent(s)

mal aire: negative air/vibrations

mal de ojo: (DSM-V) fitful sleep, crying without apparent cause, diarrhea, vomiting, and fever; evil eye

marianismo: women who are passive and sacrifice themselves for the family—the expected role of the Latina woman

materias: literal translation-matters; individuals who are able to channel the spirit of *El Niño Fidencio*

medicina del campo: field medicine

Mestizo/a(s): male or female of combined European and indigenous American descent

Mexicano/a(s): male or female from Mexico; Mexican(s)

mijito/a; mijo/a: term of endearment for son/daughter

la milagrosa: the miracolous

mujer/hombre de conocimiento: woman or man of knowledge

mujer/hombre de medicina: medicine woman or man

Nahual: Mayan personal guardian spirit

nervios: (DSM-V) symptoms of emotional distress, somatic disturbance, and inability to function

El Niño Fidencio: The Child named *Fidencio*

nueva generación: new generation

onda: fad/wave

oraciones: prayers

Padrino(s): Best Man(men); Godparent(s)

pan dulce: sweet bread

partera(s): midwife(wives)

pasiflor: passion flower

personalismo: importance of personal relationships and mutual holistic sharing

peyote: a hallucinogenic drug prepared from a small soft blue-green spineless cactus native to Mexico and the southern US containing mescaline

platica(s): heart-to-heart talks

pomada(s): pomade(s)

Las Posadas Navideñas: The Inns during Christmas

pura magia: pure magic

puro cerebro: pure cerebral

remedio(s): remedy(dies)

remedios caseros: home remedies

remedios del medico: doctor remedies/doctor's orders

remedios de la farmacia: pharmaceutical prescriptions

respeto: respect

rozándome: sprinkling liquid mixture on someone

San Martin de Porres: Saint Martin de Porres

San Miguel Arcángel: Saint Michael the Archangel

santos: saints

sapito: frog poison

sauco: elderberry

sentimiento(s) fuertes: vehement feeling(s)

sierra: mountain range

simpatía: maintaining dignified and pleasant interactions

sobadas: bone setting/massages

sobadero/a(s): bone setter(s)/masseuse(s)

sortilejio: treat negative forces such as alcoholism, rebellion, infidelity, and adultery

susto: (DSM-V) an illness attributed to a frightening event that causes the soul to leave the body and results in unhappiness and sickness, as well as difficulties functioning in key social roles; magical fright

la terminología: the terminology

tila: linden flower

un trabajo: work done

valeriana: valerian

vergüenza: embarrassment/shame

La Virgen de Guadalupe: Our Lady of Guadalupe

La Virgen de San Juan de Los Lagos: Our Lady of San Juan de Los Lagos