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***CURARSE EN SALUD:***  
**MEXICAN CURANDEROS' ROLE IN MENTAL HEALTH**

By

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**SUBMITTED TO SCRIPPS COLLEGE IN PARTIAL FULFILLMENT  
OF THE DEGREE OF BACHELOR ARTS**

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**ABSTRACT**

Also known as traditional folk healers, Curanderos' name stems from the word "*curar*" which means "to heal" in Spanish. Curanderismo is the practice and Curanderos are the practitioners. Prior research has found there are significant barriers Latinx communities face when seeking mental health care in the U.S. Reasons include institutional barriers such as language, citizenship, and socio-economic status and cultural barriers such as lack of cultural competency by practitioners. Because of the holistic healing nature Curanderismo emphasizes, extensive research has been conducted to understand why these marginalized communities seek Curanderos' treatment. Culture and psychopathology have a significant relationship because psychiatric disorders can manifest differently across cultures. Curanderos can be used to bridge disparities for this community, because they have the cultural competency and understanding of complex paradoxes experienced by patients. Curanderismo does not look at different aspects of health individually but utilizes a holistic approach. The three main aspects of health are the mind (*alma*), body (*cuervo*), and spirit (*spiritu*); the emotional, physical, spiritual, and mental health. Spirituality can play a huge role in a person's cultural background; an aspect of health Curanderos understand extensively but often overlooked in psychology research. Curanderos are not an "alternative," a term used mainly to describe this treatment, but as "the standard". This proposed study is to comprehend the role it has for health within Mexican communities, specifically in the U.S. The proposed methodology chosen will be qualitative constructivist grounded theory (Charmaz, 2014). 20 participants; 5 Curanderos and 15 people who have been treated by Curanderos will be interviewed. Practitioners will be asked the same 9 questions. People who have been treated will have a different set of questions but will all be asked the same 9 individually in 1 hour interviews. At the end, conceptual development and theory construction

will be created to answer the central aim question. I anticipate the opportunity to listen to multiple rich personal accounts from the participants, through CGT (Charmaz, 2014). This approach to data collection will help to understand what role Curanderismo plays in the mental health care for Mexican communities living in the U.S. Through my proposed study, it can open a conversation about using more qualitative methodologies in research of Curanderismo and emphasize culturally sensitive frameworks in treatment and diagnosis. Utilization of CGT (Charmaz, 2014) does not compare or measure effectiveness of Curanderismo to another medical practice but understands the impact it has on its own community by gaining rich personal accounts from people themselves.

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Curarse en Salud: Comprehending the Role of Curanderismo in Mental Health for Mexican  
Communities Living in the U.S.

“Mother that glows in the dark, help me ride this weird energy mine until your luminous, magnetic heart transforms me into love. For I truly want to love. Truly.” (Avila and Parker, 1999, pg. 253). A Curandera cites that prayer often to Coyolxauhqui, the Aztec cosmic mother before she proceeds with treatment for her patients and heals them of their ailments. Curanderos', also known as traditional folk healers, name stems from the word *curar* which means “to heal” in Spanish. Curanderismo is the practice and Curanderos are the practitioners. Curanderismo does not look at different aspects of health individually, but utilizes a holistic approach. The three main aspects of health are the mind (*alma*), body (*cuervo*), and spirit (*spiritu*); the emotional, physical, spiritual, and mental health (Zacharias, 2006). These three aspects influence each other and are interconnected through harmony, equilibrium and balance in order to maintain ultimate health. This entails human beings, animals, plants, minerals, water, earth, air, and fire because all are part of the living earth system. Alongside a holistic perspective, Curanderos strongly utilize instinct for treatment in each individual case to heal the patient and have a specialty in adaptability (Avila and Parker, 1999). Because of the vast history of Curanderismo, there are many avenues and paths a Curandero can pursue for treatment, which is why it can be case by case. They are seen across Latin American cultures (Maduro, 1983, Zacharias, 2006), including within Mexican culture, who fulfill healing roles within communities that are tied by common, foundational beliefs of health across several practices. This paper references common practices of Mexican Curanderos and will overlap with other practices by Curanderos across Latin American cultures. Terms such as Latine and Latinx are gender neutral when referencing people

of Latin American origin or descent. Because Curanderos are highly sought after in their communities to treat a wide variety of health issues, there has been research conducted to understand why Latinx communities seek the traditional healers (Maduro, 1983, Zacharias, 2006, Kiev, 1972, Roeda, 1988).

The history of Curanderismo is enriched with different cultures that come together to make what is studied and understood now in literature. It has many influences from different parts of the world due to colonialism and immigration. Avila and Parker (1999) explain it as a “three-headed serpent;” Spaniards, Indigenous people of Mexico, and enslaved Africans have contributed to the basis of Curanderismo (pg. 15). Avila (1999) specified the Aztec *Wewepahtli* (Greatest Medicine) “had a profound and complex understanding of the healing and maintenance of the body, soul, spirit and emotions” (pg.16). After Spaniard conquests, Indigenous systems and customs were disrupted and destroyed by Spanish conquistadors, and Spanish medicinal knowledge of herbs began to mix with Indigenous practices (Roeda, 1988). Spaniards gained their knowledge from the Greek, Roman, and Arab worlds, and these different influences can be seen in illnesses Curanderos treat such as *mal ojo*; “evil eye” in Islam (Kiev, 1972). The Spanish medicine along with what was left of the Indigenous Mexican systems of medicine then started to incorporate with knowledge and practices of enslaved Africans through the Atlantic slave trade (Avila and Parker, 1999). Mexican immigration to the U.S also had a stake in what we understand Curanderismo is today. After the U.S. conquered parts of North Mexico, now known as the southwest of the U.S, Mexicans had to assimilate to American culture. Trauma and forced assimilation made Mexicans turn to the healing practices of Curanderismo (Kiev, 1972). With all of that said, there are accounts in literature about the history of Curanderismo that are very important to note. Authors like Kiev (1972) and Trotter & Chavira (1975) argue a big part of

Curanderismo is Spaniard's extensive medicinal knowledge; however, this displaces an emphasis on Indigenous Mexican practices that largely constitute the cultural rationale and existence of these medicinal approaches.

Such erasure of Indigenous cultural knowledge and communities is crucial to understand the cultural, historical, and colonial contexts of Curanderismo. As Avila and Parker noted:

There was a need to develop a medicine that could heal the pain and immense *susto*, soul loss, that resulted from the cultural destruction, enslavement, and rape that occurred during the Spanish Conquest of the Americas" (Avila & Parker, 1999, p.28).

The authors explained that many illnesses come from internalized oppression and the envy of the power of the oppressor. The historical context of Curanderismo's birth is important to take into account to understand why it is widely utilized and highly sought by Mexican communities in the U.S. The history pushed it to what is researched by scholars today, so there should be careful considerations on how history is included in researchers' works.

A common gap for literature on this topic is Western psychologists try to understand Curanderos' practices through a Western lens that does not take into account the history and context of the medicine. Although Zacharias' (2006) study's direction was supporting Curanderismo's complex knowledge systems, they describe their results to be interpreted as the first "empirical indications" that show Curanderismo's effectiveness of treatment is similar to Western mental health care. The author uses the lens of Western psychology to measure the "effectiveness" and "efficacy" of Curanderismo (pg. 396). Another gap is a lack of inclusion for culturally sensitive frameworks for mental health services/treatment. Although illnesses specific to Latinx culture are highlighted and recognized, researchers still use Western diagnosis and treatment for Latine patients (Kopelowicz, 1997). It is important to choose methodologies that tailor to the cultural context of what is researched, which is why constructivist grounded theory



method has been chosen for this proposed study. Guided by CGT (Charmaz, 2014), my central aim/question for the study is; What is the role of Curanderismo for mental health in Mexican communities living in the U.S?

### **Epistemology of Curanderos**

Mexican Curanderos understand health and illnesses as manifestations of three main dimensions of well-being that interact with each other; “religious and or spiritual dimension”: spirit (*espiritu*), affective-emotional dimension”: soul (*alma*), and “the somatic processes of health and illness”: body (*cuervo*) (Zacarias, 2006, pg. 387). These three dimensions are inseparable as opposed to the approach Western psychology uses that partitions each aspect of health; mental, physical, spiritual, and emotional (Maduro, 1985). Curanderismo emphasizes definitive balance for ultimate health. If one of the dimensions is not properly functioning, then other dimensions are severely impacted. The main goal is “supreme equilibrium” according to Aztec medicine, which is one of the origins of Mexican Curanderismo (Avila and Parker, 1999, p.34). The spiritual aspect of Curanderismo originates from Indigenous communities in Mexico; they believe an individual is spiritually connected to everything surrounding them, and everyone is one. An individual’s spirit can greatly influence the balance and restoration of health, and the body and spirit are at a greater chance to be disrupted when faced with adversities (Cruz et.al., 2022). Although spirituality takes a big stake in the knowledge system, Curanderos are sought after for any abnormality in an individual’s social, physiological, and physical health (Maduro, 1983).

### ***Illnesses and Diagnoses***

Imbalance and a wounded soul are breeding grounds for illnesses and diseases. This brings us to the questions: what happens when there is imbalance, and how do Curanderos

classify illnesses? Three culture specific illnesses of Mexican/Latinx culture that are mainly studied are *Ataque de Nervios*, *Locura* and *Susto* (Nogueira et. al., 2015; Asociación Psiquiátrica de América Latina, 2004; American Psychiatric Association, 2000). *Ataque de Nervios* translates to “attack of nerves” in English, and it is an acute episode described by people having a “loss of control” or “agitation” or is a reaction to stressful events. Symptoms can appear as tremors, fainting, epileptic episodes, dissociative symptoms, crying, uncontrollable shouting, and suicidal gestures (Keough, Timpano, and Schmidt, 2009, pg. 17; Nogueira et. al., 2015; American Psychiatric Association, 2000). *Locura* means “craziness” in English and can be described as incoherence, agitation, auditory and visual hallucinations, social dysfunction, erratic behavior, and possibly violence. It is attributed by vulnerability during stressful and difficult times (*Apa Dictionary of Psychology*, 2022). Lastly, *susto* is a chronic psychosomatic illness produced by intense fear experienced through a supernatural occurrence and is “soul loss” or “fright” (Nogueira et. al., 2015, pg. 172, Mysyk, 1998, pg. 187). Soul loss occurs when parts of an individual’s soul leaves their body due to a traumatic or frightening event (*Apa Dictionary of Psychology*, 2022). Symptoms are described as fever, loss of appetite, restlessness, insomnia, mental confusion, apathy, and depression (Nogueira et. al., 2015). Treatment for *susto* is reintegration of the soul that was once fragmented (Mysyk, 1998). Curanderos not only treat Mexican/Latinx illnesses, but they also treat any illness that can be considered as “Western illnesses” such as “eating disorders, diabetes, heart problems, cancer, chronic back problems, hypertension, and just about anything that a medical doctor treats” (Avila and Parker, 1999, pg. 41). They are also able to treat “shyness, a broken heart, nightmares, loneliness, rage, sexual problems”, etc. (Avila and Parker, 1999, pg. 42). One example of an emotional ailment that can cause a disorder by affecting other aspects of health can be *bilis*. *Bilis* means rage and can cause

digestion problems in a patient because of its toxicity. This rage can cause *susto* (soul loss) because the individual becomes violent and aggressive (Avila and Parker, 1999). Curanderos treat a wide variety of illnesses that are complex with layers of emotions and issues an individual can experience.

The complex understanding Curanderos hold is a very important influence on their perceptions of a patient and their decisions to proceed with a specific treatment plan. In a study researchers created to understand how Curanderos perceive psychopathology, they saw Curanderos diagnose individuals as less seriously ill and dangerous and were very familiar and confident in treating the individual in comparison to Western therapists. The researchers state Curanderos are less likely to tell the patient to isolate themselves since they perceive the individual as not “very dangerous”, as opposed to a Western therapist who would call for isolation if a person is a danger to themselves and people around them (Arenas et. al., 1980). However, based on cultural values, Curanderos firmly believe in reintegrating the individual into their community as opposed to prescribing isolation (Maduro, 1985, Zacharias, 2006). This is an example of differences of treatment and the thought process behind a chosen treatment plan Curanderos may have in contrast to Western practitioners.

### ***Treatment***

Once a Curandero understands the illness, how do they choose treatment in each individual case, and what will treatment look like? Hendrickson (2014) states Curanderismo has a wide variety of practices and specialties. It’s “intraethnic diversification” creates many different paths for treatment which helps with choosing therapy on a case by case basis (Maduro, 1983). A couple of subtypes of Curanderos are *sobadores*; they perform massage therapy to treat constipation and musculoskeletal pain, *yerberos*; they prescribe herbal teas, baths and cataplasms

for physical and mental illnesses, *hueseros*; treat sprains, muscle pulls, and reset broken bones, and *espiritualistas*; they utilize faith, spirituality, and rituals to heal the soul (Cruz et. al., 2022, pg. 413). Another subtype can be a *partera*, a midwife (Avila and Parker, 1999). Each subtype may overlap but these are the most popular.

Therapeutic methods, chosen by the Curanderos, approach disorders and ailments with a multidimensional perspective (Zacharias, 2006). Zacharias (2006) states a large part of Curandero therapy treatments are spiritual because it is the spiritual dimension that regulates the health-illness processes. There are three types of diagnostic methods for Curanderos; “empathic and spiritual perception of health status and problems of the patient, an oracle method, and verbal information gained through incidental conversation with the patient” (Zacharias, 2006, pg. 389). The first method is understood based on how the Curandero perceives and diagnosis the patient through gained tactile information and visual impressions. The Oracle method is the use of symbolic objects: “method of divination through the use of raw egg, maize or corn cobs, or candle wax” (pg. 390). Along with spirituality, Curanderismo uses religion for treatment, specifically Catholicism; pictures, statues, saint medallions, crosses, holy water, altars, and prayer can be used (Cruz et. al., 2022; Sanchez, 2018).

When a Curandero chooses treatment, it can be made up of different parts to help a problem that is not singular. An example of this can be *platicas*. They are an informal conversation where a person can explain what they believe is wrong and the root cause of their illness. They are important to establish a trust and bond between patient and practitioner. Most people are hesitant to share their ailments for the fear of judgement, but Curanderos do not “put judgements on people or force them into neat categories of diagnosis” (Avila and Parker, 1999, pg.150). These conversations create a welcoming environment for the patient to feel comfortable

to share the nature of their illness and its impact on them. A Curandera recalls a story about a mother who lost her son and healed her through soul retrieval and a *platica* (Avila and Parker, 1999). The mother suffered “seizure-like activity” and “fainting spells” (pg. 213). She had gone to doctors but no one knew what was wrong. The Curandera had learned she started to experience her illness after her son was murdered through a *platica* with the mother (Avila and Parker, 1999, Loera et. al., 2009). The Curandera explained the mother was suffering from soul loss/*susto*, because the mother left a piece of her soul with her son. Her body told her she needed to go to her son’s grave where she had left her soul. Once they were there, the mother cried and wailed. The Curandera explained the mother “couldn’t bring him back into her womb and give him life again, so her soul had wanted to die with him (pg. 214). By recognizing that, the mother let herself express the grief she was suppressing that was harmful and was able to retrieve a lost part of her soul. The Curandera recognized the ailments in the mother’s health and understood the problem was not singular but interconnected to the physical illnesses she was experiencing. Chaves (2016) highlights the special personal relationship between the Curandero and the patient and acknowledges humanistic values in their treatment. The healer acknowledges numerous paradoxes a patient feels through *platicas* which represents a fundamental value for a humanistic counselor.

Another example of treatment is a *limpia* which translates to “a cleanse” in English. It is a “spiritual cleansing” that can treat PTSD and rebalance emotional ailments that cause a disruption to the equilibrium of an individual (Loera et. al., 2009). The cleansing can take different forms, and one of the forms is an egg cleansing ritual (Sass and Alvarez, 2021). This ritual can either be used as a diagnosis or as treatment with its use of a “symbolic object” (Torres, 1984, pg. 20). The ritual involves gently rubbing the egg on the patient’s body then

cracking the egg into a glass of water. The water “traps the negative energy” and it “cannot escape from the glass” (Sass and Alvarez, 2021, pg. 3). Manifestations of the negative energy can be seen through marks/flaws on the contents of the egg, discoloration, or small bubbles forming (Sass and Alvarez, 2021). These manifestations can explain the cause of bad energy that is infecting the individual (Sass and Alvarez, 2021, Torres, 1984). There are many other practices of healing a Curandero can do, but they ultimately aim to treat the imbalances of a patient.

### **Mental health in Mexican Communities living in the U.S**

Western mental health care has been under utilized by Latinx populations in the U.S. Reasons include institutional barriers such as language, citizenship, and socio-economic status and cultural barriers such as lack of cultural competency by practitioners. On average, Hispanic populations are of lower income status and education attainment, and this causes people to receive lower paying jobs that are highly unlikely to progress to an occupation that offers health care benefits (Escarce and Kapur, 2006). On top of the economic disadvantage, a majority of mental health care facilities in the U.S. do not create space in treatment to accommodate and understand a patient’s cultural background (Brach & Fraserirector, 2000). Understanding Curanderismo is crucial in a modern context where mental health and mental illness remains understudied among Mexican communities in the U.S. (Barrera and Longoria, 2018; Cabassa et al., 2014, Keyes et al., 2012, SAMHSA, 2015). Rogler and colleagues (1989) find two major barriers for Mexican communities living in the U.S; institutional barriers and cultural barriers. Institutional barriers concern language, citizenship, socio-economic status, gender, race, etc. Cultural barriers entail a lack of knowledge by practitioners for Mexican values and norms. Because of cultural values, like *familialismo*, Mexican patients turn to alternative resources like family, their social network, and folk healers. Another article hypothesizes cultural beliefs can be

signifiers for mental health seeking behaviors (Villatoro et al., 2014). More specifically, researchers find a pattern of high family support increases the likelihood for Latines to seek informal mental health services or religious services as opposed to formal services such as therapy. There is a potential relationship between cultural values and mental health seeking behavior for Latines in the U.S. Use of cultural frameworks are emphasized to improve mental health services and encourage help-seeking behaviors. Another article that emphasizes this finding is a study by Garcia & Saewyc (2007). Researchers found Mexican immigrant adolescents have unique mental health stressors that can inhibit them from seeking mental health resources. For Mexican immigrants, there is cultural stigma for mental illness and help seeking behavior, because their outreach can be seen as negative. Hardship struggles can be perceived as negative as it is a result of failure of adjustment to life in the U.S (Loera et. al., 2009). Another example of cultural stigma are the negative connotations attached to people with mental illness. They are seen as *loco* (crazy) and are a threat to their community (Martinez and Acosta, 2005). Economic and cultural contexts for Mexican communities in the U.S are important to note as they affect decisions to pursue treatment in Western health care system.

### **Manifestations of mental illnesses/distress**

Ignorance to cultural competence and understanding can cause disparities for marginalized communities. As stated by Brach & Fraserirector (2000), patients who hold a minority identity are most often treated by healthcare workers with identities held by the majority. Through literature, they have come to find minority Americans experience healthcare very differently even with the same medical conditions and insurance as Americans who are not a part of a marginalized community. The authors emphasize cultural competent techniques help remediate racial and ethnic disparities in health care.

Illness is strongly intimate with socio-cultural norms and entails the clinical reality of a patient that is constructed by culture. Clinical reality is the cognitive constructed reality of an individual to understand what is wrong and how it should be treated. This is based in cultural schemas that have been built through an individual's relationship and experience with mental illness (Castillo, 1996). The foundation of a clinical reality are the schemas that have been constructed by the individuals' culture. Castillo (1996) explains mental illness has four different meanings to an individual: symptom to symptom, cultural significance, personal and social meanings, and explanatory models (pg. 33). Symptoms are indicators of an illness, and this can look differently to different people. When a person "cognizes" the symptom, they create an interpretation that is their "cognitive construction" (pg. 33). This is where cultural significance has meaning, because a symptom is constituted by cultural schemas to help an individual indicate the symptom to an illness. There is cultural significance attached to the illness which can lead to stigma or knowledge of an illness (pg.34) The third meaning specifies the connotations and explanations of an illness from interpersonal relationships between the individual and their community that adds knowledge or further stigmatizes the illness of an individual (pg.35). Last meaning is explanatory models of illnesses; it is the process towards understanding the cause of a specific illness that is constructed by a patient and acknowledged by the practitioner (pg.35). Kleinman, Eisenberg, and Good (1978) understand the process in "the cultural construction of clinical reality" in different domains of health care (pg.254). Explanatory models of illness, often referred to in cross-cultural research, is a framework that helps a therapist understand the subjective lived experience of an individual and how they perceive their mental illness (Kleinman, 1980). The model can look differently to different people. For example, in health care environments the health care professional brings their own model that can possibly conflict



with a patient's. If they do not share the same value systems and beliefs, then there can be a discrepancy in "cognitive content as well as therapeutic values, expectations, and goals" (Kleinman et al., 1978, pg.254). This can be problematic as they move forward to treatment, and can contribute to the huge disparity for minority Americans mentioned earlier.

What may look healthy and normal in one culture, can be viewed as uncommon and valued differently in another. Ritts (1999, Rhoades Jr., 2006) clarifies the connection between culture and psychopathology, because psychiatric disorders can manifest differently across cultures. These manifestations can be called Culture Bound Syndromes; a recurrent pattern of abnormal behavior and mental distress that can be unique to an ethnic or cultural population (American Psychiatric Association, 2000). These culture specific disorders can show similar symptoms as diagnostic categories in the DSM, but they cannot be subjected to the latter. The DSM-IV stands for The Diagnostic and Statistical Manual of Mental Disorders- Fourth Edition, and it is widely used as a framework by psychologists to diagnose psychological disorders. In their article, Strongman et. al., (1999) critique the definition of mental disorder in the DSM-IV as it centers a biomedical approach and paradigms that do not take into account different manifestations of symptoms in different social groups. A constructivist definition of mental disorder alleviates the shortcomings of the rigid definition from the DSM-IV. Constructivism is grounded in real world subjective experiences (Strongman et al., 1999). Humans construct their experiences and explanations, which occurs in a sociocultural context. Every individual case of mental disorder is unique because it centers around the "self," because that is where the "construction takes place" (pg. 858). Constructivists use tools such as explanatory models of illness to understand the patient's unique personal interpretation of their psychological disorder. These tools are used more specifically to interpret certain phenomena, for example, culture

bound syndromes e.g. *susto*, *ataque de nervios*, and *locura*. These illnesses share similarities with panic attacks or dissociative disorders, but they are rooted in Latinx/Mexican culture. What differs the syndromes from Western diagnoses is the cultural context and significance. Mexicans and Mexican Americans firmly believe in these illnesses, and Curanderismo can be a mechanism for healing them (Zacharias, 2006).

Western psychology utilizes a “one size fits all” rhetoric with diagnosing disorders and treatment for patients without careful consideration of the historical context of colonialism’s influence on BIPOC cultures. Colonialism has had a direct influence on the mental illnesses experienced widely now. Hegeman (2013) confirms colonialism’s hand in causing disorders and gives three ethnographic studies across three cultures that share illnesses similar to dissociation as a response to oppression. The culture specific illnesses draw resemblance with dissociative disorders that put the individual in a trance. In the trance, people undergo a spiritual possession that helps them break free from norms of the dominant culture. Because spirits are not bound to oppressive structures created by colonialism, they help the individual create a new identity without harming their reputation. Utilization of tools with cultural competency that aligns with the complex cultural background of communities impacted by oppressive structures can be very helpful for a patient in treatment.

### **Culture and Treatment**

Barrera and Longoria (2018) presented the argument that Curanderos are not an “alternative,” a term used mainly to describe this treatment, but as “the standard” for Mexicans living in the U.S suggesting their connection to explanatory models of illness in Mexican communities (pg.7). Latinx people are descendants of civilizations that sought treatment from Curanderos first, which created the withstanding trust and bond between Curanderos and their

community (Galarraga, 2007, Barrera & Longoria, 2018). Generational status also has an influence on the frequent usage of a Curandero by a Latine. Acculturation and assimilation influence whether or not a Latine immigrant will use Western health care. Galarraga (2007, Barrera and Longoria, 2018) found first generation immigrants frequent Curanderes more. Curanderes understand huge cultural influences on treatment and illness. For example, *fatalismo* is a cultural belief that gives religious purpose to adversities that happen in life since it is determined by fate and destiny, and life is mostly out of humans' control (Interian & Diaz-Martinez, 2007; Paniagua, 2005). Religion can play a huge role in how Latines perceive mental illness and treatment to cure ailment. It is believed praying can help cure an illness, so religious healers in the communities, such as a Curandero, are trusted to help in treating Latine patients (Barrera and Longoria, 2018 Paniagua, 2005).

Psychology research overlooks the relationship between spirituality and ethnic minorities. Spirituality can play a huge role in a person's cultural background. "*Spirit* is the incorporeal, animative principle and energy that reflects the essence and substance of all matter" (Nobles, 1998, Cervantes & Parham, 2005, pg.71). Cervantes and Parham (2005) further explain Spirit is the foundation of all existence and is the energy life force that gives humans their "beingness" (pg. 71). Spirituality affirms a sense of power and purpose in an individual's life. While Curanderismo holds spiritual and religious beliefs, spirituality should not be conflated with religion. Religion is "institutionalized moral values about God or a Higher Power and involvement in a faith community", while spirituality is subjective, intuitive, enlightening, and refers to more transcendent beliefs and practices (Walsh, 1999; Cervantes & Parham, 2005, pg.71). Cervantes and Parham (2005) noted the use of spirituality by people of color is manifested by ethnicity and culture and linked with racism, oppression, and discrimination. It is

even seen in research as an alleviator for “socially oppressive circumstances” experienced by ethnic minorities (Simoni & Ortiz, 2003, Cervantes & Parham, 2005, pg. 73). Spirituality can have a significant place in treatment for people of color due to the value of it in their ethnic and cultural backgrounds. Loera et. al. (2009), also recognizes spirituality’s role as a coping strategy in mental health. The authors describe *La Fe de la Gente* framework as a useful tool in therapy for anyone of Mexican descent. The framework analyzes a patient’s faith (*la fe*) and their life (*la vida*); *la fe* understands the patient’s spiritual beliefs and their interaction with spirituality while the *la vida* entails relationships with their community and support system and the effect of spirituality on their life (Villa, 2011; Loera et. al., 2009). Curanderismo affords comfort to Latine patients because it provides a familiar conceptual framework to illnesses and treatment that restructures patients’ “experiences within their cultural reality” (Arenas et. al., 1980, pg. 408). Frameworks and approaches like these are important for psychologists to understand the factors that play into a person’s perception of their mental health and their preferred method of healing for treatment. Therefore, this constructivist grounded theory study is guided by the following central question, “What is the role of Curanderismo in mental health for Mexicans living in the U.S?”

## **Methods**

### ***Current Study***

This proposed study recognizes the need to use more qualitative methodology to understand more complex knowledge systems of marginalized communities with the use of non-western perspectives. Alternative methodologies such as constructivist grounded theory (Charmaz, 2014) help build complex understandings of Curanderismo which has often been misunderstood or overlooked in literature due to its spiritual and religious roots (Zacharias,

2006). With the complex understanding, there will be less questions of its “efficiency” and “efficacy” and more knowledge of Curanderismo’s withstanding role for communities who are often underserved in mental health care in the U.S. This knowledge can then be applied in treatment and create space in psychology to recognize the colonial history for BIPOC individuals with psychological disorders. With the methodology chosen in this study, we also are able to understand personalized, first-hand accounts and experiences from participants that are often lost in quantitative data. CGT (Charmaz, 2014) can be healing for participants mentioning traumatic topics, because they are given the space to be heard. It brings forth an in-depth understanding “from the participants' standpoint through a more flexible procedure of negotiations of meanings or interpretations of shared experience” (Priya, 2019, pg. 1). Research utilizing this approach to study complex knowledge systems can help us start somewhere to incorporate these methods of healing into institutional mainstream mental health care. This also more than emphasizes the need for psychologists to have cultural competency.

### ***Participants***

Participants will be recruited via flyers and advertisements that will be posted in community centers such as recreational centers, church boards, locally owned business boards, etc. in areas that are densely populated with Mexicans or Mexican Americans. Snowball sampling will be used to reach out further into the Mexican community living in Houston, TX. The population will be Mexicans living in the U.S, so this recruitment path will help to reach out to different people in the Mexican community through word of mouth, etc. However, there will be certain inclusion criteria for participation. Purposive sampling will be used to recruit participants with specific experiences such as being treated by a Curander/o/a/e or are a Curandero/a/e. Participants will need to specify when they were treated, but it will not matter if

they are being treated at the same time as the study happens or if they were treated a while before the study. The same can be said for Curanderos/as/es who might have treatment happening at the same time or not as data is being collected. Ideally, participants who have or are seeing a Curandero/a/e recurringly will help to provide deeper answers in interviews as opposed to a participant who was treated once for something minor. Curanderos/as/es participating would need to have treated at least one patient before or while the study is conducted. Novices will be able to participate, but diversity in expertise will be very important to include. There will be no requirement for language; Spanish and English will be accounted for. This study will include a heterogeneous sample of immigrant and generational status; there will be no requirement for either because both will impact the lived experience of the participant. I am most comfortable conducting my study in Houston, TX because of my background (Mexican and Houstonian) and knowledge of the communities there. With all of this in mind, the sample size will be 20 participants. Ideally, half would be Curanderos/as/es and the other half is patients, but the study will need at least 5 Curanderos/as/es to obtain theoretical adequacy. The sample will include both Curanderos/as/es and patients for a deeper understanding of the medicinal practices for practitioners and patients. Participants will be given pseudonyms if they chose to for anonymity and analytic purposes. They also will be compensated \$100 for their time and energy for the study.

### ***Measures***

Scales or surveys will not be needed because nothing will be measured. To collect data, intensive interviews will be conducted with the participants. Participants will choose where they are most comfortable when interviewed. Online interviews can be helpful for accessibility reasons, but researchers will try to stray away from them because they do not feel as personal as

sharing a physical space with someone. However, if participants feel inclined to have the conversation online that would be okay as well. Each interview will be semi-structured with open ended questions to guide the participant to share what they are comfortable with and to also gain knowledge for what Curanderismo means to them.

### ***Procedure***

Once participants have shown interest and have met the inclusion criteria, interviews will take place lasting at least an hour. Interviews will be conducted accordant with a semi-structured interview protocol administered individually to initiate a conversation while also attempting to elicit personal answers that bring the participants' views and experience into the conversation. Initial questions will start the interview then intermediate ones such as more specific follow up questions then ending/closing questions. Practitioners will be asked 9 questions. Patient questions will be different, but will be asked the same 9 questions to account for variability in the heterogeneous sample and elicit different responses. The questions that will be asked are below:

Patients:

1. How have you become familiar with Curanderismo?
2. How do you view it? How does your family, friends, and community view it?
3. How did you go about choosing whether to go to a Curandero or a doctor who does not believe in Curanderismo?
4. What was your first time being treated by a Curandero like?
5. What was going on in your life at the time? What led you to see a Curandero?
6. Could you describe a typical day for you when you are healthy? Now tell me a typical day for you when you are sick.
7. How did you feel after being treated by a Curandero?
8. What were the negative aspects of seeing a Curandero?
9. How have you grown as a person since seeing a Curandero? Tell me the strengths you developed or discovered through treatment.

Practitioners:

1. How have you become familiar with Curanderismo?
2. How do you view it? How does your family, friends, and community view it?
3. What was your first time treating a patient like?
4. What led you to choose this path of life?
5. How have you gained experience?
6. Could you describe a typical day of a Curandero?
7. Can you tell me how you go about treating a sick person?
8. Can I ask you to describe the most important lessons you learned through being a Curandero?
9. After having these experiences, what advice would you give to someone who has just discovered Curanderismo?

All questions that will be asked in the interviews are centered around the main research question: What is the role of Curanderismo in mental health for Mexicans living in the U.S.? Each interview, with the permission of the participants, will be recorded to be transcribed word for word. Interviews can be conducted in English and/or Spanish, but every transcript will need to be English to be coded later on. Spanish interviews will be translated into English. These will be checked for translation accuracy by a second translator.

### ***Analytical Plan***

For data analysis, I will be using theory coding. This process is meant for constructing a theory based on iterative cycles of coding data from the interviews with my participants. I will also not have a research hypothesis, because I am not predicting correlations or causation. These processes are accordant to Charmaz's constructivist grounded theory (Charmaz, 2014).

Data collection and data analysis will happen iteratively as well. As the intensive interviews are reviewed and analyzed, I will create ideas that will lead my theoretical direction and produce theoretical centrality for coding. After coding, there will be constant comparative



analysis to determine the extent of theoretical adequacy. Accuracy is not prioritized in the process of coding, but whether or not the interview statements are theoretically plausible will be prioritized. CGTM (Charmaz, 2014) elicits the participants' definitions of terms, situations, and events to try to tap into their assumptions, implicit meanings, and tacit values. This will be sought when we go forward in the process of coding interviews. Categories and subcategories will be created to construct the theoretical direction and the final theory eventually. CGT (Charmaz, 2014) is the opposite of linear. Although there are steps to the methodology, analysis will happen iteratively and repeatedly. Initial coding will be first. Analytic sense of statements, stories, and observations will be made. This will create fragments of what was said in the interview and meaning will be constructed from it. Due to the methodology's flexible nature, analytic ideas can be created at any moment in the process. Codes will be actively constructed as I define what I interpret as significant from the interview and describe what I believe is occurring. After the initial code, there will be focused coding and axial coding which reassembles data that was fragmented in initial coding for cohesion in the proceeding analysis. To develop my theory, I will use interpretive theory. Again, this does not look for causality but prioritizes abstract understanding rather than explanation. Hierarchical and oppressive structures will be used critically as they influence the context of how people experience their lives in society. Tools that will be used throughout the process are "sensitive topics" which give researchers tentative ideas to pursue. It is not used in actual data analysis, but it can be utilized as a start. At the end, conceptual development and theory construction will be created. Smaller fragments of phenomena are linked together to understand the overarching constructed theory. However, theoretical renderings created are interpretative and therefore not to be seen as "exact."

***Researcher Positionality***

For CGT (Charmaz, 2014) the researcher's ideas, belief systems, previous knowledge and biases influence the data collected greatly. Researcher will have to ensure the meaning derived from question responses is authentic to the Mexican community, which is why the collaborative aspect of data collection with the patient is very important. The researcher has a unique relationship with the data and will ultimately determine its contributions to the fields it is a part of. That is why this methodology is not observational; the researcher is objective with data collection, but CGT (Charmaz, 2014) recognizes the subjective position researchers possess throughout the entirety of the study, and even after. It is important for the researcher to have some alignment with or knowledge of the community they will collaborate with. It is important to know if the scholar is an "insider" or "outsider" within a community they are collaborating with, so researchers understand the extent of their knowledge of a given community/cultural background. This influences positionality, because scholars will need to understand cultural nuances of the community. This will lead to asking questions such as, "Do they understand the culture and its historical context? What measures have they taken to understand their position?"

Growing up Mexican-American and Christian, my parents strayed away from Curanderismo for its spiritual aspect, but I was still able to gain some knowledge from living in an area in Houston that is densely populated with Latinx people and from my grandma. My positionality in the study is very important to reflect on. My own belief systems, judgment, and practices influences the scale for which I am open to receiving information, and for how I analyze it. At the beginning of my time in undergrad, I was reluctant to believe in Curanderismo. I asked questions that attempted to measure its "efficiency" in comparison to Western health care, but my questions started to ask more about the historical context and Curanderos' important

role for the communities I am a part of as I continued my research. Questions like these have opened my mind and changed my biases when thinking about the foundations of my proposed study. Communities are not homogenous, and each individual within a community has a complex lived experience. Scholars should take their time to understand their position and the implications of it when they collaborate with communities for research.

### **Ethical Considerations**

Data collected will be confidential. Sensitive information will not be disclosed in the research such as name, birth date, specific locations that will be mentioned, etc. Since interviews are one on one, only the researcher will know the names of participants and it will not be shared. Participation will be completely voluntary, and participants will have the option, until the end of the study, to stop participation altogether if they do not feel comfortable. There will also be checkpoints in the beginning, middle, and after the interview to ensure the participant feels comfortable and wants to keep participating. Although there will be no deception in the study, there will be an above minimal risk because individuals will be asked why they sought Curanderos which entails their history of mental illness/psychological disorders. This can touch on sensitive topics e.g., private health information, immigration status, illegal activities, sexual orientation, stigmatized emotion, gender orientation, etc. that can trigger or cause mental distress from certain traumatic events in their life, including ones that are ongoing. There will be an assessment to make sure a participant is not in the throes of their mental illness and are able to make clear rational decisions, if they choose to partake. Curanderos are health practitioners so sensitive issues and mental illness will go hand in hand with the experiences that will be mentioned by the Curanderos and people who have been treated by Curanderos. This will be handled with care as it is sensitive and very personal information.

The benefits of this study outweigh the risks. However, to minimize risk and protect the participants' well-being there will be a debriefing process and an informed consent process. This will confirm the participant is informed of every step that will happen, the risks and benefits of their involvement, and the implications of the study. Each step will be extensive to protect participants, and there will be constant collaboration and communication between participant and researcher if a situation were to arise. Resources will be given such as Curanderos that have been interviewed and culturally competent therapists that include mechanisms of healing like curanderismo in their treatment. The researcher will be very careful to maintain a safe environment.

The study will involve vulnerable populations. The vulnerable populations are communities who are marginalized and underserved in mental health care in the U.S. Their participation is essential to understand how to change oppressive structures that misunderstand and overlook knowledge systems of healings in marginalized communities, and evolve psychology to be more inclusive of diverse cultures. However, anything that is said during the interviews can be mentioned in the study, so any identifiable information of participants will deliberately be hidden to ensure as much confidentiality as possible. There has been careful thought to ensure participants can be supported in any and every way to ensure their psychological distress is not greater than when they started participation.

### **Anticipated Results**

I anticipate the opportunity to listen to several personal accounts from the participants through this method. This approach to the data will help to understand what role Curanderismo plays in the mental health care for Mexican communities living in the U.S. First, I expect the results to answer the question as to why Curanderos are sought after in their communities.

Building on authors Barrera and Longoria (2018), there will be an important and unique relationship between Curanderos and Mexicans through the individual experiences of participants. We will gain a deep understanding of the patients' and practitioners' point of views on the world around them. Questions that will be asked during the intensive interviews can give an extensive account of the contextualized relationships between the participants and the world they interact with. Different identities of patients can also influence their own lived experience, and the qualitative nature of the methods can help recognize the intersections of the identities that thus influence Mexicans' overall health and decision to seek a Curandero. Personal accounts help scholars and practitioners understand nuances and circumstantial importance stemming from the substantial role Curanderismo may have for methods of healing in Mexican communities living in the U.S. Curanderos not only treat the patients, but they also remediate the disparities and discrimination experienced by the Mexican community while utilizing Western medical institutions in the U.S. Cultural competency can bridge gaps faced by underserved communities in U.S mental health care (Brach & Fraserirector, 2000).

I also anticipate learning different methods of how Curanderos are found in their communities. Connected to these methods, this study will illuminate the forms of communication within the community for Curanderos to continue practicing and for patients to continue seeing them. The results and theory constructed at the end of the study will also explain the cultural importance Curanderos hold in their communities. I anticipate Curanderismo holds numerous aspects. One to mention is the religious and spiritual concerns patients have. Curanderismo incorporates religion and spirituality into healing and recognizes the position of it in peoples' own lived experience, something that is often overlooked by Western practitioners. I also anticipate the tension between Western and Traditional medicine.

### **Scholarly Merit and Broader Impacts**

There is more research to be done on traditional healers that strays from Eurocentric approaches to conducting research on BIPOC communities. This will help researchers deeply understand the context of phenomenons in society such as culture specific illnesses and sought after traditional healers. Comprehending contexts puts us on the path to creating bridges in gaps and disparities of marginalized communities living in the U.S. Curanderismo is often overlooked by Western medicine because of its approach to health. Historically, it has been persecuted by Catholics for its psychospiritual practices. As a result, Zacharias (2006) states “this important medical resources remains underestimated and underresearched” (pg.383). With the growing Latinx population in the U.S., there should be more careful consideration to treating barriers experienced by the community that hinder their outreach to mental health care systems in the U.S. Through my proposed study, it can open a conversation about using more qualitative methodologies in research about Curanderismo, and emphasize culturally sensitive frameworks in treatment and diagnosis. Curanderos' frameworks for healing can be used to treat underserved Latine communities who seek health care in the U.S. Specific qualitative methodologies can create enriching and deep data that is constructed by participants themselves, with collaboration between the researcher. The use of cross-cultural qualitative research mechanisms help understand the rich knowledge systems that are often measured against Western medicine or understood through the lens of Western medicine.

Utilization of CGT (Charmaz, 2014) does not compare or measure effectiveness of Curanderismo to another medical practice but understands the impact it has on its own community by gaining personal accounts from people themselves. This also includes understanding culture bound syndromes experienced by the Mexican community in the U.S.

Although Mexican culture-specific psychological disorders are similar to Western diagnoses like schizophrenia, anxiety, etc., cultural schemas make these illnesses different from what is normally treated in Western health care (Castillo, 1996). Psychologists recognize the similarities but still treat the Western diagnoses with Western practices. However, understanding culture's huge role in treatment and diagnosis can lead to bridging the disparities experienced by marginalized communities little by little. This will not only benefit local communities but the broader community for Mexicans living in the U.S. This proposed research can help underserved communities by recognizing traditional healers importance for and impact on mental health care.

### Reference List

- American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders* (4th ed., text rev.).
- American Psychological Association. (n.d.). *Apa Dictionary of Psychology*. American Psychological Association. Retrieved November 15, 2022, from <https://dictionary.apa.org/locura>
- Arenas, S., Cross, H., & Willard, W. (1980). Curanderos and Mental Health Professionals: A Comparative Study on Perceptions of Psychopathology. *Hispanic Journal of Behavioral Sciences*, 2(4), 407–421. <https://doi.org/10.1177/073998638000200408>
- Asociación Psiquiátrica de América Latina (2004). *Guía Latinoamericana de Diagnóstico Psiquiátrico – GLADP*.
- Avila, E., & Parker, J. (2000). *Woman who glows in the dark : a curandera reveals traditional Aztec secrets of physical and spiritual health* (1st trade pbk.). J.P. Tarcher/Putnam.
- Barrera, I., & Longoria, D. (2018). Examining Cultural Mental Health Care Barriers Among Latinos. *Journal for Leadership, Equity, and Research*, 4(1). Retrieved from <https://journals.sfu.ca/cvj/index.php/cvj/article/view/35>
- Brach, C., & Fraserirector, I. (2000). Can cultural competency reduce racial and ethnic health disparities? A review and conceptual model. *Medical Care Research and Review*, 57(4), 181–217. <https://doi.org/10.1177/107755800773743655>
- Castillo, R. (1996). *Culture and the Clinical Reality of Mental Illness*.



- Cervantes, J. M., & Parham, T. A. (2005). Toward a Meaningful Spirituality for People of Color: Lessons for the Counseling Practitioner. *Cultural Diversity and Ethnic Minority Psychology, 11*(1), 69–81. <https://doi.org/10.1037/1099-9809.11.1.69>
- Charmaz, K. (2014). *Constructing Grounded Theory*. SAGE Publications Inc. (2nd Edition) ISBN 978-0-85702-9133.
- Chávez, T.A. (2016), Humanistic Values in Traditional Healing Practices of Curanderismo. *The Journal of Humanistic Counseling, 55*, 129-135. <https://doi.org/10.1002/johc.12029>
- Cruz M.L., Christie S., Allen E., Meza E., Na'poles A.M., and Mehta K.M. (2022). Traditional Healers as Health Care Providers for the Latine Community in the United States, a Systematic Review. *Health Equity, 6*(1), 412-426. <http://doi.org/10.1089/hec.2021.0099>
- Escarce J.J., Kapur K.(2006)Access to and Quality of Health Care. In: National Research Council (US) Panel on Hispanics in the United States; Tienda M, Mitchell F, editors. Hispanics and the Future of America. Washington (DC): National Academies Press (US). 10. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK19910/>
- Garcia, C. M., & Saewyc, E. M. (2007). Perceptions of mental health among recently immigrated Mexican adolescents. *Issues in Mental Health Nursing, 28*, 37-54.
- Hegeman E. (2013). Ethnic syndromes as disguise for protest against colonialism: three ethnographic examples. *Journal of trauma & dissociation : the official journal of the International Society for the Study of Dissociation (ISSD), 14*(2), 138–146. <https://doi.org/10.1080/15299732.2013.724340>
- Interian, J., & Diaz-Martinez., M.A. (2007). Considerations for culturally competent cognitive-behavioral therapy for depression with Latino patients. *Cognitive and Behavioral Practice, 14*, 84–97.

Keough, M.E., Timpano, K.R. and Schmidt, N.B. (2009), Ataques de nervios: culturally bound and distinct from panic attacks?. *Depress. Anxiety*, 26: 16-21.

<https://doi.org/10.1002/da.20498>

Kiev A. (1972). *Curanderismo: Mexican-American Folk Psychiatry. The Free Press, New York.*

Kleinman A., (1980). *Patients and healers in the context of culture. Berkeley: University of California Press.*

Kleinman A, Eisenberg L, Good B (1978). Culture, illness, and care: clinical lessons from anthropologic and cross-cultural research. *Annals of Internal Medicine*.

Feb;88(2):251-8. doi: [10.7326/0003-4819-88-2-251](https://doi.org/10.7326/0003-4819-88-2-251).

Loera S., Muñoz L. M., Nott E., Sandefur B. K. (2009). Call the curandero: Improving mental health services for Mexican immigrants. *PRAXIS*.;9:16–24.

Maduro R. (1983). Curanderismo and Latino views of disease and curing. *The Western journal of medicine*, 139(6), 868–874.

Mysyk, A. (1998). SUSTO: AN ILLNESS OF THE POOR. *Dialectical Anthropology*, 23(2), 187–202. <http://www.jstor.org/stable/29790573>

Nogueira, B., de Jesus Mari, J., Razzouk, D., (2015). Culture-bound syndromes in Spanish speaking Latin America: the case of Nervios, Susto and Ataques de Nervios.

*Archives of Clinical Psychiatry*. 42.5-6 (6): 171–178.

doi:[10.1590/0101-60830000000070](https://doi.org/10.1590/0101-60830000000070).

Paniagua, F. (2005). *Assessing and treating culturally diverse clients: A practical guide.*

Thousand Oaks, CA : *Sage Publications*

Rhoades Jr., G.F., PhD (2006) *Cross-Cultural Aspects of Trauma and Dissociation,*

*Journal of Trauma Practice*, 4:1-2, 21-33, DOI: [10.1300/J189v04n01\\_03](https://doi.org/10.1300/J189v04n01_03)

Roeder, B. A. (1988). *Folklore and mythology studies: Chicano folk medicine from Los Angeles, California*. Los Angeles: University of California Press. 34

Rogler, L. H., Malgady, R. G., & Rodriguez, O. (1989). *Hispanics and mental health: A framework for research*. Krieger Publishing Company (ISBN 13: 0894642480; ISBN 10: 9780894642487).

Sanchez A (2018). An examination of the folk healing practice of curanderismo in the Hispanic community. *J Community Health Nurs*. 35:148–161.

Sass, L., & Alvarez, E. (2021). Metaphor, magic, and mental disorder: Poetics and ontology in Mexican (Purépecha) curanderismo. *Transcultural Psychiatry*, 1-18.

<https://doi.org/10.1177/13634615211043769>

Strongman, K. T., Thakker, J., Ward, T. (1999). Mental disorder and cross-cultural psychology: A constructivist perspective. *Clinical Psychology Review*, 19(7), 843-874.

[https://doi.org/10.1016/S0272-7358\(98\)00077-4](https://doi.org/10.1016/S0272-7358(98)00077-4).

Torres, E. (1984). *The Folk Healer: The Mexican-American Tradition of Curanderismo*. Distributed by ERIC Clearinghouse. ISBN-9612008-1-2

Trotter, Robert T. & Chavira, Juan Antonio. (1981). *Curanderismo, Mexican American folk healing*. Athens: University of Georgia Press

Villa, R. F. (2001). Social work evaluation with Mexican Americans. In R. Fong, & S. Furuto,

(Eds.), *Culturally competent practice skills, interventions, and evaluations* Boston: Allyn & Bacon. 370-383.

Villatoro, A. P., Morales, E. S., & Mays, V. M. (2014). Family culture in mental health help-seeking and utilization in a nationally representative sample of Latinos in the United States: The NLAAS. *The American journal of orthopsychiatry*, 84(4), 353–363. <https://doi.org/10.1037/h0099844>

Weiss, M. G., Doongaji, D. R., Siddhartha, S., Wypij, D., Pathare, S., Bhatawdekar, M., Bhave, A., Sheth, A., & Fernandes, R. (1992). The Explanatory Model Interview Catalogue (EMIC). Contribution to cross-cultural research methods from a study of leprosy and mental health. *The British journal of psychiatry : the journal of mental science*. 160, 819–830. <https://doi.org/10.1192/bjp.160.6.819>

Zacharias, S. (2006). Mexican *Curanderismo* as Ethnopsychotherapy: A qualitative study on treatment practices, effectiveness, and mechanisms of change, *International Journal of Disability, Development and Education*, 53:4, 381-400, DOI: [10.1080/10349120601008522](https://doi.org/10.1080/10349120601008522)