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## Integrating Curanderismo into counselling and psychotherapy

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The use of ceremonies, characteristic of many Indigenous healing systems, is an area from which Western psychotherapy still has much to gain. The purpose of this paper is to support the potential for integrating the Indigenous practice of Curanderismo, Mexican traditional healing, into Western psychotherapy by examining three areas of similarity. Throughout each area of similarity, the psychotherapeutic qualities of ceremonial intervention will be explained using research from both Western psychotherapy and Curanderismo. Finally, four processes from Mexican traditional healing and Western psychotherapy will be compared across these areas of similarity to further illustrate the potential for integration.

**Keywords:** Curanderismo; ceremony; transference; countertransference; traditional healing

### Introduction

The boundary between psychological disorder and spiritual practice is one area wrought with complexity (Carr, 2000). Western psychology has struggled with spirituality since its psychoanalytic beginnings (LaMothe, 2003). Throughout the years multicultural psychology and feminist theory has challenged psychoanalytic theory and other theoretical orientations to be more welcoming of clients' spiritual beliefs and practices in therapy (Constantine, Myers, Kindaichi & Moore, 2004; Tummala-Narra, 2009). Despite this growth, however, therapists working within psychoanalytic theory and other orientations continue to struggle with integrating clients' spirituality in therapy (Fauteux, 1997; Lijtmaer, 2009; Sahlein, 2002; Simmonds, 2006; Spero, 1990; Zeiger & Lewis, 1998).

Working with clients who participate in Indigenous healing systems, like *Curanderismo* (Mexican traditional healing) presents Western therapists with heightened levels of uneasiness. Collectivism and individualism, values at the heart of many Indigenous healing practices and traditional Western psychotherapies, influence the discomfort therapists and clients can experience in their work together. In this paper we present not only the areas of divergence between these modalities but also recognize points of similarity. When therapists find areas in which Western psychotherapy and Indigenous healing overlap they will become more at ease with drawing from these clients' spiritual resources in therapy (De Rios, 2002). Indeed, serious attempts are being made to integrate traditional healing practices into counseling and psychotherapy (see Moodley & West, 2005).

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Within this paper, three points of similarity in ceremonial intervention between Western psychotherapy and Curanderismo will be described. Before this discussion, however, a brief overview of the history, ideology, and current prevalence of Curanderismo will be explained. Next, we will express how clients and therapists may experience transference and countertransference in light of conflicting values. Finally, an abbreviated explanation of four processes from both Curanderismo and Western psychotherapy will be compared across the areas of similarity.

### **Curanderismo (Mexican Traditional Healing)**

Throughout history faith traditions have borrowed beliefs, symbols, and ceremonies from one another through a development called syncretism. In the case of Mexican traditional healing, Judeo-Christian concepts, Medieval European sorcery, as well as modern age spiritualism have been syncretized to form the religious and spiritual philosophy of Curanderismo (Trotter & Chavira, 1997). Other influences that have shaped Curanderismo's spiritual and physiological healing practices can be traced back to Arabic and Native American medicine (Trotter & Chavira, 1997).

Curanderismo involves three facets including: faith in both natural and supernatural ailments, a view of God's divine will influencing all areas of a person's life, and the belief that people have the ability to metaphysically wield the powers of healing (Applewhite, 1995). In Curanderismo healers or curandero/as have a special ability to wield the metaphysical gift of healing, called the *don*, which originates from God (Trotter & Chavira, 1997). Ideologically, curandero/as share an understanding of health and illness across three levels: *espíritu* or religious, *alma* or affective, and *cuerpo* or somatic (Zacharias, 2006). The *espíritu* level is a guard that protects the health of the other two levels (Zacharias, 2006); that is, if the *espíritu* level breaks down the affective and somatic levels suffer. Researchers in the field of Curanderismo, as well as others studying Latin American and Afro-Caribbean traditional healing, have found that healers work along the spiritual level in prescribing ceremonies to prevent and treat psychological and physiological problems (Baez & Hernandez, 2001; Sandoval, 1983; Zacharias, 2006).

Curanderismo has provided stability and continuity for Mexican-Americans throughout the generations in light of acculturation, globalization, and urbanization (Falicov, 2009; Trotter & Chavira, 1997). Consulting curandero/as and practicing Indigenous healing methods has allowed for families to hold on to cultural beliefs and identities (Comas-Díaz, 2006) as well as offering access to medical treatment where at times poverty, language, and oppression have created barriers (Trotter & Chavira, 1997). Some researchers have suggested that Latin Americans have sublimated and actively coped with these hardships through cultural traditions (Abraído-Lanza, Vásquez & Echeverría, 2004; Aponte, 2009) like Curanderismo.

Even when Mexican-Americans do have access to Western medicine, today, there seems to be a preference toward consulting healers in cases of less serious illness. Applewhite (1995) found that elderly Mexican-Americans shared a level of distrust for Western medical models because of the impersonality and disrespectfulness of some medical professionals, communication difficulties, and unfavorable treatment outcomes. Aside from these reasons, the elderly in this sample had such a high degree of trust in the healers which they consult because of the two's shared culture and

beliefs, specifically the faith they hold in God as the ultimate healer (Applewhite, 1995; Mull & Mull, 1983).

A number of studies, like that of Applewhite (1995), have been conducted to measure traditional remedies use in Latin American populations. Researchers have found that the use of botanical remedies and belief in the spiritual importance of religious figures in healing are commonly recognized among people of Latin American descent (De la Canela & Martinez, 1983; Gomez-Beloz & Chavez, 2001; Harris, Velasquez, White & Renteria, 2004). Not surprisingly, the use of traditional healing practices among Mexicans and Mexican-Americans, specifically, has been recorded to be between 50 and 75% within some parts of the United States (Tafur, Crowe, & Torres, 2009). With such high rates of use and participation in Curanderismo, some researchers like Zacharias (2006) have turned their attention to the treatment efficacy of Mexican traditional healing for somatic as well as psychological ailments.

In a study by Zacharias (2006) one curandero and two curanderas specializing in psychospiritual, mental illness, and muscular/skeletal healing and midwifery in Mexico traditionally treated eight clients who suffered from: adjustment disorder, panic syndrome/mixed anxiety and depressed mood, substance abuse dependency and schizophrenia. Through pre-testing, post-testing and a 6-month follow-up using self-assessments, observational data, and general assessments from healer and observer, Zacharias (2006) found that in the case of mild to moderate disorders outside of schizophrenia, Curanderismo was effective in alleviating symptoms. Symptoms of Schizophrenia, like delusion and reality loss, were only partially relieved after 42 sessions and 4 months of living within the curandera's home (Zacharias, 2006).

### **Areas of divergence**

Although Mexican traditional healing has been used effectively throughout the generations, many Western therapists continue to have hesitancy in drawing from these clients' spirituality. The often conflicting values of individualism and collectivism are two areas of divergence amid Western psychotherapy and Curanderismo that influence this timidity. In this section of the paper we will reflect upon the transferential difficulties that therapists and clients encounter because of these value differences. Reflection in these areas will help therapists begin to understand and address some of the obstacles to integrating Indigenous spirituality into Western practice.

Research by Lu and Gilmour (2004), Pflug (2009), and Dwairy (2002) has characterized collectivism as finding subjective well-being in relational harmony and interdependence of individuals within an in-group. Collectivism in Curanderismo and individualism in Western psychotherapy is manifested in the beliefs and practices of participants, healers, clients, and therapists. In Mexican traditional healing there is a belief that the individual's healing is influenced by God, spiritual figures, living and departed loved ones, and the curandero/a. This belief manifests itself in the role these actors play in the ceremonial process (God and spiritual figures receive petitions and allow for positive outcomes, loved ones support change through prayer and active involvement, and the curandero/a facilitates healing from diagnosis to post-treatment).

Although ceremony in Western psychotherapy has made room for the involvement of loved ones, individualism is a value that continues to permeate the field. Many models of Western psychotherapy hold the individual responsible for overcoming personal and relational obstacles. Researchers have argued that Western psychotherapy focuses on the egocentricity of the self, viewing the individual as autonomous and accountable for her or his subjective well-being (Dwairy & Van Sickle, 1996; Frank, 2006; Kirmayer, 2007; Lewis-Fernandez & Kleinman, 1994). This value of individualism has certain implications for every level of psychotherapeutic treatment from theoretical conceptualizations of the self to means of measuring progress in therapy. Within the therapeutic work itself, implications of value differences are played out in the transference struggles between clients and therapists.

The contradiction between individualism and collectivism creates a number of transference difficulties for Western therapists and clients from non-Western contexts. In terms of transference, Western therapists become uncomfortable when clients attempt to relate to them as a spiritual peer (Spero, 1985). Similarly, Western therapists may feel anxious with clients who overidealize and overvalue them as omniscient figures (Spero, 1985). This uneasiness about clients' transference is understandable when the conflicting values of individualism and collectivism in Curanderismo and Western psychotherapy are brought into question. Clients may have these reactions because they anticipate interdependence in the relationship between themselves and the therapist; they might see the therapist as an actor (like the curandero/a) whose participation influences healing.

Many times Western therapists have countertransference responses toward clients' spirituality that reflects the different value systems between the two members of the dyad. Spero mentions a few countertransference responses that therapists might have in their work with spiritual clients including: difficulty tolerating a client's spiritual questioning, strong emotional responses to the client's spiritual beliefs, judging the client as being irrational, avoidance of spiritual topics and entertaining intense rescue fantasies (as cited in Zeiger & Lewis, 1998). These reactions by therapists (like those from clients described above) can also be understood in the context of conflicting value differences between Indigenous healing practices like Curanderismo and Western psychotherapy. Some therapists may have these reactions because they are trained to help the client become self-reliant; clients who rely on God or some divine force may be seen as having a weakness that must be overcome.

In taking these areas of divergence under consideration, it is of paramount importance for therapists and clients to explore their own values in the therapeutic process. This reflection and exploration will allow therapists to use their personal, clinical, and theoretical knowledge in collaboration with (rather than in contradiction of) clients spirituality. In order to provide ethical mental health services Western psychotherapists should look to both the areas of similarity and divergence between psychotherapy and Indigenous healing practices. Without carrying out any specific Indigenous ceremonies in session (Lefley, Sandoval, & Charles, 1998), Western psychotherapists might consider collaboratively developing ceremonial interventions that fall into those areas of similarity to be discussed. Affirming clients' relationships with loved ones, discovering symbols that access the unconscious, and engaging intuitive as well as physiological senses in symbolic manipulation are

areas in ceremony where clients from both Western and non-Western contexts can experience positive psychotherapeutic outcomes.

### **Curanderismo and psychotherapy ceremonies**

In order to support the potential for integrating Curanderismo into Western psychotherapy four ceremonial processes will be discussed. These processes, from both Mexican traditional healing and psychotherapy, were chosen based on their strikingly similar nature and function. Below, a short explanation of each procedure will be provided so that the reader can develop a familiarity.

The first process to be considered in this paper is one commonly found in Curanderismo called the *Sortilegio*. This ceremony is usually used when participants are suffering from personal shortcomings due to antisocial magic or negative forces that cause harm (i.e., drinking, rebellious children, infidelity or unemployment) to an individual (Trotter & Chavira, 1997). In this procedure four ribbons (red, green, white, and black signifying different types of magic) are used to tie up the negative forces that are harming the participant (Trotter & Chavira, 1997). The ribbons are placed on the floor and the participant is asked to walk over them three times saying, with the curandero/a, a prayer that rejects the malevolent forces (Trotter & Chavira, 1997). The ribbons are then tied into knots and put in a jar while another prayer is spoken (Trotter & Chavira, 1997). The lid is screwed tight on the jar, as the participant and healer speak a prayer, and then the jar is buried or hidden with confidence that the participant's problems will then be resolved (Trotter & Chavira, 1997).

The second process, taken from Western psychotherapy, is very similar to the *Sortilegio* in the binding and manipulation of negative forces. Kay in her late 20s felt hemmed-in by the demands and expectations of life and loved ones (Roberts, 1999). The therapist in this case suggested that Kay bring in an old piece of clothing to perform a ceremony that might help her de-hem her life. Upon bringing in an expensive suit she had bought for her first job, Kay took scissors, cut-out and tied all the hems into knotted bows (Roberts, 1999). She then draped the bows, over her mirror so that she could be reminded each day of the power she has to shape the expectations that previously had constricted her life (Roberts, 1999).

The next ceremonial process is one commonly found in Curanderismo and has to do with the transfer of negative forces. The *Barrida* is a sweeping, usually done to transfer negative forces or vibrations from the participant to another object (Trotter & Chavira, 1997). The individuals in cases where *Barridas* are used often suffer from physical as well as psychosocial problems from migraine headaches to inferiority complexes (Trotter & Chavira, 1997). It is also used to give a client, who has had other traditional healing, strength to enhance recovery (Trotter & Chavira, 1997). Objects such as eggs and lemons are commonly used in this sweeping to absorb the negative energy and provide strength, while the curandero/a recites a prayer and asks the participant to focus on a divine force (Trotter & Chavira, 1997).

Finally, the last process from Western psychotherapy is similar to the *Barrida* in the transfer of negative forces. Melanie, 7 years old, was suffering from terrible stomach pain that seemed to have no medical explanation (Roberts, 1999). The therapist incorporating ceremony into therapy, decided to have the girl bring in a stuffed animal that she does not play with very often (Roberts, 1999). Upon bringing



in her stuffed giraffe, which she named Bobo, Melanie was told by the therapist that stuffed animals are special and have the ability to hold pain better than humans (Roberts, 1999). The therapist instructed the parents to set aside a special time each day in which they, together with Melanie, could give Bobo the stomach pain to hold (Roberts, 1999). After a few weeks of giving Bobo the pain and spending special time together with her parents, Melanie experienced a great decrease in pain (Roberts, 1999).

### Areas of similarity

Now that the above procedures have been briefly explained, we will present the ways in which each illustrates the areas of similarity between ceremonial intervention in Western psychotherapy and Curanderismo. Mindful of the numerous areas of convergence between each modality outside of those we will discuss in this paper, readers are directed toward Cervantes and Ramírez (1992), Chévez (2005), Comas-Díaz (2006), Baez and Hernandez (2001), De Rios (2002), Finkler (2004), Harris et al. (2004), Zacharias (2006), and Kiev (1972) for further information.

The first area of similarity between Curanderismo and ceremony in Western psychotherapy is participants and clients' ability to affirm their relationships with loved ones. Like many of the ceremonies practiced in Western psychotherapy, it is common for healers in Curanderismo to engage participants' friends and families in the process of healing (Kiev, 1972; Mull & Mull, 1983). Researchers have found that this engagement of loved ones allows: participants to feel supported and cared for, family and friends to recognize the participants' commitment to them, and the loved ones to welcome the participants back into the community (Laderman & Roseman, 1996). The familial community is connected by a bond which Anderson (2009) calls the communal soul. Within this communal soul the group is committed to the well-being of the family unit as well as the development of each individual (Anderson, 2009). The fate of the community, in fact, may be bound up in the fate of individuals.

Even after loved ones have passed away their presence in ceremony can still be used to benefit the participant and client. Participants in Mexican traditional healing, like clients in grief counselling, can affirm their relationships with friends or family even after death (Mull & Mull, 1983; Rando, 1985). Romanoff and Terenzio (1998) and Imber-Black (2009) see ceremonies around bereavement as allowing for a continued intrapsychic connection with the deceased person while at the same time leaving room for the development of new attachments. Similarly, the curandero/a in Mexican traditional healing can help fortify connections between the living and deceased by channeling messages to and from the participant and her or his departed loved one in ceremony (Trotter & Chavira, 1997). In Western psychotherapy, as in Curanderismo, living relatives and friends can help the participant adapt to the loss and offer support (Walsh, 2009).

In the *Sortilegio* and *Barrida* processes of Curanderismo, explained in the previous section of this paper, engagement of family and friends is essential to healing. In these procedures loved ones often locate symbolic objects and take part in many aspects of the ceremonial healing and post-treatment (Trotter & Chavira, 1997). It is also common for family and friends to say prayers

along with the participant and the healer as they perform the ceremony; just as it is recommended that loved ones make sure the participant follows the post-treatment instructions of the healer (Trotter & Chavira, 1997).

In the same way, the ceremonies from Western psychotherapy engage family members in the treatment of clients. Affirming the love they have for their daughter and welcoming her back into the family became the work of Melanie's parents in the transfer of pain procedure. Melanie's stomach pain, a symptom of her intrapsychic disconnection from her family, seemed to disappear when her parents reaffirmed their love and care for her through ceremony. The process of Kay's de-hemming seemed slightly different in respects to affirming clients' relationships with loved ones. In this procedure, Kay's family and friends did not appear to be directly involved in the actual ceremony, yet, their presence is recognized. Many of Kay's beliefs about what she should or should not do came from her family and friends. Thus, in de-hemming and molding those expectations she radically shifted her future interactions and relationship with loved ones.

The second area of similarity between Western psychotherapy and Curanderismo is clients and participant's ability, in ceremony, to discover symbols or objects that carry deep meaning. Symbol discovery can reveal truths otherwise hidden (Parker & Horton, 1996) to the client and the therapist. In Western psychotherapy and Mexican traditional healing, participants and clients find symbols that go beyond rational imagination to become creative revelations (Parker & Horton, 1996). Recorded in the unconscious, symbols are characterized by what Parker and Horton (1996) call *sympatheia*, the Greek word for a psychically powerful intuitive association. This *sympatheia* is the bond linking symbols like the American flag's red stripes to the blood of patriots (Parker & Horton, 1996).

Rando (1985) names an aspect of symbol that is closely bound to this idea of intuitive connection. She describes how symbols can become outlets for clients' emotions. Both physical and emotional associations are channeled or directed through the intuitive connection symbols create (Cole, 2003; Rando, 1985). Symbols allow clients who may be experiencing grief, anxiety, trauma, and family stress to vent their conscious and unconscious emotions through ceremony (Wyrostok, 1995). The symbols involved in the processes mentioned above from Curanderismo and Western psychotherapy engage the clients' intuitive sense in a number of ways. In the *Sortilegio* and *Barrida*, participants form intuitive connections between ribbon and magic, lemons and cleansing, as well as the curandero/a and healing. Similarly in the ceremonies from Western psychotherapy, Melanie and Kay formed intuitive connections between hems and life-demands, a stuffed animal and comfort, as well as parents and safety.

The third area of similarity between Western psychotherapy and Curanderismo is the participants and clients' ability, in ceremony, to experience change through manipulating symbols. The psychotherapeutic potency of symbol manipulation has been studied by a number of researchers. Word and touch are described by Parker and Horton (1996) as key components of ceremony that allow for its effectiveness. Word is a living and creative power that also has the ability to destroy, while touch becomes important as the sole means of experiencing the world for humans as bodily beings (Parker & Horton, 1996). In the same way, Laderman and Roseman (1996) maintain that for a ceremony to be successful the afflicted person must have more than one sense (whether sight, sound, touch, smell, or taste) triggered.



Bi-focality, as described by Zacharias (2006) provides a framework toward understanding the power of symbol manipulation in Mexican traditional healing. Zacharias (2006) explains bi-focality in the shift of therapeutic focus within a ceremony between sensorial experience and abstract-symbolic meaning. Through this shared focus participants encode the experience of healing in the body's memory (Chévez, 2005). Body psychotherapy is one modality that has focused on experiential healing and body memory. Staunton (2002), a researcher in Body psychotherapy believes that smell, touch, sight, and movement can bring feelings, thoughts, and memories out of the unconscious to a client's awareness.

In Western psychotherapy for clients who experienced trauma, there has been much research around multi-sensorial experience and treatment. For example, Williams (2006) and Ogden, Pain, and Fisher (2006) believe resolution of somatic symptoms from unresolved trauma can only come with engaging the client's senses in therapy. Directing client's attention to her/his bodily experience when describing traumatic events aids in separating the cognitive and somatic components of memory (Ogden et al., 2006). This separation of components within traumatic memories allows for containment and processing of past and present experiences.

Each of the ceremonies from Curanderismo and Western psychotherapy engaged participants and clients' senses of sight, sound, touch and smell. Additionally, these procedures involved both symbolic and bodily movement as well as clients' shared focus in bi-focality. The *Barrida*, for example, involves holding the client's focus between the physical feeling of being swept and the symbolic sense of being spiritually cleansed (Zacharias, 2006). In the same way, the Melanie and Bobo ceremony allows the client to hold focus between the physical feeling of giving her stuffed animal the pain and the intuitive sense of releasing pain from her body into Bobo. Bi-focality in the *Sortilegio* and Kay's de-hemming is, likewise, apparent. The client and participant in these two procedures hold focus between the physical manipulation of string and intuitive sense of binding or molding negative forces.

## Conclusion

Whether or not therapists choose to incorporate ceremony into their work, clearer understandings of ceremonial components like affirming relationships with loved ones, symbol discovery, and symbol manipulation will enrich the healing process. Implications for further research around the therapeutic quality of affirming relationships, for example, would include an evaluation and articulation of cultural values in theory and practice. Western theorists and therapists' conceptions of and interventions toward the good life and good society (Prilleltensky, 1997) will be continually challenged as more research uncovers the healing power of community and interdependence.

Similarly, long-held questions about the movement from dysfunction to health can be addressed with a fuller knowledge of symbol discovery and manipulation. Future research that reveals the unique quality of symbol to access the unconscious and physiological may appeal to a number of theoretical orientations and therapeutic modalities. While psychoanalytic and mind-body therapists may be drawn to incorporating symbol, other therapists might remain hesitant. Indeed there can be limitations to using symbol discovery and manipulation in therapy with certain clients who suffer from severe and persistent mental illness. For these clients

and others a combination of techniques like symptom management, medication and therapy that incorporates symbol may be more suitable.

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Ruth Lijtmaer, PhD, is a senior supervisor, training analyst and faculty member at The Center for Psychoanalysis and Psychotherapy of New Jersey. Dr Lijtmaer has done paper presentations and lectures, both nationally and internationally while also working in private practice in Ridgewood, NJ. She has published several articles on multicultural issues, spirituality, transference and countertransference. Her latest publication on spirituality is: "The Patient Who Believes and the Analyst Who Doesn't," *The Journal of the American Academy of Psychoanalysis and Dynamic Psychiatry*, 2009, 37(1), 97–108.

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