

# The Practice of Curanderismo: A Qualitative Study from the Perspectives of Curandera/os

David Hoskins

University of California San Francisco and UCSF  
Benioff Children's Hospital, Oakland, California

Elena Padrón

Alliant International University

Curandera/os are practitioners who heal individuals through specialized knowledge of herbs, massage, bone setting, counseling, spirituality, and midwifery. This study focused on Curandera/os who have worked with Mexican and Mexican American communities in California. The aim of this study was to elucidate the philosophical framework and the practices of Curanderismo from the perspectives of Curandera/os themselves, in order to educate mainstream mental health professionals and aid them in becoming more culturally attuned to the underserved population of immigrant Latina/os from Mexico and Central America. A qualitative, phenomenological approach was used to analyze interviews with 8 Curandera/os. The results present a theoretical framework of health and illness in Curanderismo focused on themes of spirit, connection, balance, and mind-body; an additional theme illustrated perspectives on how clients improve, including faith in the practice, a strong relationship with the client, believing in the energy from the healer, uncovering remedies from early childhood, and connecting the client with the healing elements (e.g., medicinal plants). Eight major tenets are presented to explain the principles Curandera/os use to guide their practice. Finally, specific treatments were identified, including that of *susto*, a condition described as a damaged, frightened, spirit. A common sentiment among the Curandera/os was the experience of feeling marginalized and silenced by mainstream professionals. Thus, mental health providers are urged to understand the importance that traditional healers place on religion and spirituality and the significance of tending to the spirit for the many immigrant Latina/o clients.

**Keywords:** Curanderismo, Curandera/os, folk healing traditions, alternative healing practices, Latina/os

Many Latina/os in the United States rely upon health care practices that fall outside traditional Western practices, with reported rates of utilization of alternative healing practices

ranging from 14% to 84% (Applewhite, 1995; Keegan, 1996; Tafur, Crowe, & Torres, 2009). A significant source of alternative health care services among Latina/o communities include the role of Curandera/os, or individuals who practice Curanderismo, which is a pedagogy influenced by elements of the Aztec belief system and Mesoamerican culture at large (Ortiz, Davis, & McNeil, 2008). Curanderismo is a holistic practice that heals individuals with respect to physical and psychological needs through the integration of rituals, religion and spirituality, and the natural and supernatural (Hoogasian & Lijtmaer, 2010). The next section provides an in-depth explanation of Curanderismo.

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David Hoskins, Center for Vulnerable Child, University of California San Francisco and UCSF Benioff Children's Hospital, Oakland, California; Elena Padrón, California School of Professional Psychology (CSPP), Alliant International University.

Elena Padrón is now at Department of Psychology, Saint Mary's College of California.

Correspondence concerning this article should be addressed to David Hoskins, UCSF Benioff Children's Hospital, Center for the Vulnerable Child, 747 52nd Street Oakland, CA 94609-1809. E-mail: [dhoskins@usfca.edu](mailto:dhoskins@usfca.edu)

Curanderismo, a healing practice that has existed within Latin America for centuries. Many Mexican Americans rely upon Curanderismo to meet their health needs (Guillen, 2005). However, despite its popular use among Latina/os, extant literature about Curanderismo is scarce and particularly absent from the psychological literature. As described by Keegan (1996), many individuals of Mexican descent who utilize Curandera/os in the U.S. do so in private—many do not share their use with mainstream mental health practitioners for fear of stigma about their beliefs in Curanderismo.

Hoogasian and Gloria (2015) report that many mental health practitioners lack the training to address spirituality with Latina/o clients. Similarly, Moreno and Cardemil (2013) noted that religious/spiritual individuals often prefer a practitioner who uses religious/spiritual counseling methods over formal mental health services, given their shared worldviews. Given that Curandera/os heal through spirituality, when treating psychiatric disorders in Latina/o clients, mental health professionals would benefit from dialogue with informal providers.

Vega and Lopez (2001) found that many foreign-born as well as U.S.-born Mexican Americans simultaneously sought professional and informal services for their psychiatric symptoms, thus highlighting the importance of creating opportunities for Latina/o clients to discuss the ways they rely upon Curanderismo as these practices may align and/or conflict with traditional psychological practices. Applewhite (1995) reports that while Curanderismo has met critical health care needs for many Mexican and Mexican Americans in the U.S., researchers rarely consider the role of traditional folk healing in the treatment of physical and psychological ailments among Latina/o clients. Furthermore, Applewhite reported that while indigenous providers often refer clients to medical practitioners, that medical practitioners and researchers rarely consider the Curandera/os' role in health and healing. In response to this trend, the focus of the current study was to illuminate the practice of Curanderismo and to make clear its popularity among Latina/os in the U.S.

In the next section, we present an overview of Curanderismo. We begin by describing the historical origins of this practice and some of its major cultural influences, ending with an expla-

nation of the role of Curanderas/os in traditional Mexican healing. We then discuss the view of illness within the framework of Curanderismo, and how healing is achieved from a spiritual perspective. Finally, we provide a summary of previous research regarding some of the specialties within the tradition as well as descriptions of interventions utilized by Curanderas/os.

## Curanderismo

The Aztecs believed that three souls dwelled in distinct areas of the human body—Tonalli, Ihiyotl, and Teyolia—and that health was achieved via a balance of these three life forces (Ortiz et al., 2008). The Spaniards brought Iberian culture to Mesoamerica in the 1500's; Curanderismo was born from a blending of these two cultures—the Iberian and Aztec (Guajardo, 1999). Gruzinski (2002) indicated that the two belief systems were adapted together to comprise a new worldview that included a belief in the supernatural and its activity in the natural world, although the process of Mexican *mestizaje* (the blending of the Spanish and indigenous Mexican culture) gave a particular privilege to the Spanish conceptualization of health and healing, as can be seen with the influence of the catholic prayer (Hendrickson, 2014).

Elements of both Iberian Catholicism and Aztec culture are still evident in Mexico today (Guajardo, 1999). Curanderismo was thus passed down through Aztec culture religious and ritualistic concepts as well as an advanced understanding of medicinal concepts, which included the Aztec's strongly developed use of herbs and plants (Meyer & Sherman, 1995). Meyer and Sherman explained that the Aztecs were superior to their European counterparts in some medical aspects as they were able to set broken bones, treat dental cavities, and perform brain operations. Catholicism holds beliefs of dualism, such as heaven and hell, which are similar to those of Aztec culture. Meyer and Sherman reported that the Aztecs' held a ritual to confess sins, and after satisfying a penance imposed by a priest in the Aztec culture, similar to Catholicism, the sinner was then cleansed. According to Guajardo (1999), another similarity between Aztec traditions and Catholicism was that the Virgin Mary can be seen as similar to the indigenous goddess Tonantzin, the Aztec

god of earth, mother, and nature. It is even argued that Mexico's Virgin of Guadalupe symbolically bears elements of the conqueror and the conquered, and integrates the tensions between *indígena* and Spaniard, along with the blending of the cultures (Carmack, Gasco, & Gossen, 1996).

Krassner (1986) noted that in Mexican traditional healing, Curandera/os are given the title of *Don* to indicate that they were given higher power abilities (God) to heal individuals. Thus, many Curandera/os see their work as a life calling. Krassner described the belief that the Curandera/o is a spiritual figure who receives petitions and allows for positive outcomes. These individuals are typically recognized by other Curandera/os as born with the power to heal and as such, are mentored by family members and the community in the Curanderismo tradition (Hockmeyer, 1990).

## Health and Illness

As described by Hendrickson (2014), many Latina/os share the belief that the soul could partially or completely leave the body in response to fright or trauma, which then causes sickness. Curandera/os are thought to heal supernatural illness by accessing the supernatural, communicating the needs of the individual they are working with, thus leading toward healing individuals in the present world (Hoogasian & Lijtmaer, 2010). While most Curandera/os heal individuals through specialized knowledge of herbs, massages, bone setting, counseling, spirituality, and midwifery, some practice higher levels of healing or invoke altered states of consciousness, such as permeating the realm between the natural and the supernatural (Ortiz et al., 2008).

Zacharias (2006) provided an explanation of health and illness after studying three Curandera/os in Oaxaca, a state in southern Mexico with a high rate of Curanderismo and a large indigenous population. According to these Curandera/os, health and illness include three hierarchical regulatory processes: the religious and/or spiritual realm, the affective-emotional realm, and the somatic process of health and mental illness. The spirit of an individual is viewed as its guardian. The spirit protects mental health and somatic health—the soul and the body. Curandera/os are able to assess the spirit

through the client's dream states, sense of identity, or meaningfulness of life, and through the Curandera/os' own altered states of consciousness. For example, acute dysfunctions of the spirit, when affected by trauma, can cause dissociative processes and/or psychotic confusion. If the spirit is not functioning correctly, the soul can be affected. Symptoms of a malfunctioning soul include an excess of emotion such as intense, pathological feelings of envy, rage, or overwhelming sadness. The emotional processes are subordinate to the mental processes regulating spirituality, religion, and consciousness.

## Practices

A Curandera/o is able to treat using complex methods. Several specialties include *yerberos*, *parteros*, *sobadores*, *hueseros*, and *espíritus* (Garcia, 1998). *Yerberos* heal through herbs, *Parteros* are midwives who have an understanding of the birthing process, and *Sobadores* heal through touch and massage. *Hueseros* are bone-setters while *Espíritus* work at a higher level and have the ability to call upon the supernatural in healing. While some Curandera/os focus on specific aspects of curing, there are some who integrate all aspects of healing (Hendrickson, 2014).

Ortiz and Torres (2007) interviewed Curandera/os who used their healing traditions in the treatment of alcoholism. The Curandera/os learned their trades in Cuernavaca, Actalipán, and Mexico City, and relied upon seven high-referenced interventions: liver detoxification and herbal rebalance, addressing family issues, *temazcal* (sweat lodge), *sobadas* (massage), *limpias* (cleansing ritual), spiritual treatment, and *platicas* (counseling). The Curandera/os also discussed the common use of prayer as a way to initiate forgiveness among their clients.

As discussed by Ortiz and Torres (2007), the Curandera/os in their study relied upon a number of intentional, historically rooted spiritual practices. For example, they often practiced *sobada* (massage) in their healing practice, which involves a traditional rub or healing touch thought to release endorphins (considered natural painkillers) and reduce cortisol, the stress hormone. Furthermore, the Curandera/os used *limpias* to help their clients achieve a state of emotional balance via gentle massage, which

includes washing the individual with an egg or brushing the individual with medicinal leaves. Another highly referenced treatment was *platicas*, which were conversations aimed at exploring clients' emotional issues such as understanding alcoholism from a developmental perspective and addressing possible self-esteem issues.

Hoogasian and Lijtmaer (2010) described two ceremonial interventions utilized in Curanderismo. The first is called *sortilegio*, which is used to treat individuals experiencing negative forces associated with the following difficulties: drinking, rebellious children, infidelity, or unemployment. In the ceremony, four different colored ribbons are used to tie up the negative forces. The participant, directed by the Curandera/o, walks to the ribbon three times reciting a prayer to fight the evil forces. The ribbons are then tied into a knot and placed into a jar, which is then buried or hidden to symbolize the resolution of the problem. The second ceremony, a *barrida*, is intended to counter physical and psychosocial problems; for example, migraines and inferiority complexes. In this ceremony, there is a sweeping done to displace negative forces from an individual to another object and is also used to give a client the strength to enhance recovery. According to Hoogasian and Lijtmaer, individuals who practice Curanderismo believe that the fate of the community is inherently linked to the fate of the individual—the inclusion of loved ones in ceremonies and the development of community are therefore foundational forces of Curanderismo.

### Purpose of the Study

Researchers stress the importance of cultural relevancy in therapy (Alegría et al., 2007; Falcov, 2009). To address this need, we interviewed a group of eight Curandera/os in the Southwest region of the U.S. to highlight the history and practice of Curanderismo, a healing tradition used by many Latina/os in the U.S. and Latin America. Using a phenomenological methodological perspective, the specific purpose of this qualitative study was to describe the sociocultural and historical underpinnings of Curanderismo as well as to make clear the common utilization of Curanderismo among Latina/o clients in the treatment of mental health. Note that this study is part of a larger

research project (Hoskins, 2012), and has been reorganized to focus on the area of interest.

## Method

### Research Team

The research team consisted of four individuals (two who are the first and second author). The first author was a bilingual Mexican American male who conducted this study during the final year of his doctoral program. The second author was a Venezuelan-born Latina associate professor, who is a clinician and researcher with experience working with Latina/o populations, both in the U.S. and abroad; she ensured that coding and generative themes were coherent and followed the set data analysis plan. Lastly, two consultants were utilized to assist with qualitative methodology, data analysis, and interpretation of themes; the first researcher was a Chicana psychologist who is an educator, clinician, and experienced using qualitative methodology, and the second was an African American psychologist who is also an educator, with experience working in communities of color and qualitative research methods.

The first author was exposed to the common practice of Curanderismo among many of his Latina/o therapy clients. In an effort to bring attention to the common practice of Curanderismo among Latina/os, he sought assistance from the second author to construct the study. The second author, who was Venezuelan-born and also familiar with the topic, invited the third team research member who was an African American psychologist knowledgeable about “folk-healing” with African American communities, and who was also an expert in qualitative methodology. Furthermore, this individual had participated in a study about Curanderismo in the past. The fourth research team member was a Chicana female of Chicana who was recommended to the first author by a Curandera in the local community. The fourth team member was vastly knowledgeable about the topic as she had led national conferences in understanding indigenous ideologies and had studied Curanderismo in Latin America.

### Participants

Participants were eight self-identified Curandera/os whose healing approaches were influ-



enced by Iberian and Aztec syncretism. Inclusion criteria for the study was as follows: Each healer had to focus on at least one area of healing: massage, herbs, midwifery, counseling, bone setting, or spiritualism. The Curandera/o must have practiced for more than 5 years; s/he must have learned the trade directly from another Curandera/o; the Curandera/o must have provided treatment within the last 5 years, so that the paradigm was fresh in his or her mind, and; each healer had fluency in Spanish. The fifth criterion was that the Curandera/o had to be fluent in Spanish. Research has found that Latina/os who are less proficient in English are more likely to seek the services of alternative healers, including Curandera/os (Favazza, 2014). Curandera/os are more likely to practice in Spanish-speaking communities and Spanish-language proficiency has specifically been found to be one of the main reasons why Curandera/os' services are sought (Favazza, 2014). Therefore, the criterion of fluency in Spanish was included as a way to obtain a sample that was representative of current trends in service utilization. Finally, the sixth criterion was that the healer had worked with the Mexican/Mexican American community. Each of the individuals stated that they learned their practices from their family and continued learning as an apprentice. Table 1 provides a graph of the participants' demographics.

Measures

We designed an interview guide for the purposes of this study. Despite the fact that Spanish-language ability was an inclusion criterion, we wanted to respect participants' language preferences with regard to being interviewed. Therefore, there were two versions—one in English and the other in Spanish, depending on the language preference of the interviewee. Some of the Curandera/os chose to answer in English despite being bilingual in both English and Spanish. We did not have a translator who spoke an Indigenous language for those who spoke Spanish and an Indigenous language, so they answered in Spanish. Four of the Curandera/os chose to answer in English and four chose to respond to the questions in Spanish. In accordance with phenomenological theory, we prepared open-ended questions to cover specific areas that were underrepresented in the current

Table 1  
Characteristics of Curanderos

	Gender	Age	Years of practice	License	Area of expertise	Languages	Ethnicity of clients	Region
1.	Female	63	30	MT & N	Sobadas	English & Spanish	Mexican, Mexican American, Anglo American	New Mexico; Cuernavaca, Mexico
2.	Female	77	50	Psych	Spiritual & Herbalist	English, Spanish, & Nahuatl	Chicano, Latino, Native of Mexico, Afr. Am., As. Am., & European American	Oaxaca, Mexico
3.	Female	58	35	LMFT & HP	Spiritual & Herbalist	English, Spanish, Nahuatl, & Lakota	Mexican American, Mexican Indigenous, Native American	New Mexico; Michoacán & Oaxaca, Mexico
4.	Female	75	58	None	Midwife	Spanish & Zapotec	Northern Oaxacans, & Mexicans	Northern Oaxaca, Mexico
5.	Male	48	>40	None	All	Spanish & Maya Quiche	Mayans & Latinos	Mayan
6.	Female	57	10	MT	Sobadas, Herbalist, Temascalera, & Ventosas	English & Spanish	Mexicano, Chicano, Native Americans, & Anglos	Jalisco & Morelos, Mexico
7.	Male	63	20	None	Spiritual and Platicas	English & Spanish	Mexicano, individuals from Latino America, & Caucasians	San Luis Potosi, Mexico
8.	Male	60	35	M.A. in psych	Spiritual, Herbalist, & Platicas	English, Spanish, & Nahuatl	Chicanos, Mexicans, & Indigenous	Chihuahua & Aguas Calientes, Mexico

Note. MT = massage therapy; HP = holistic practitioner; N = naturopathic.

literature. The questions were formulated to elicit the personal experiences of the participants. Therefore, we began with the script but asked follow-up questions in order to draw out richer, more detailed personal narratives.

The interview protocol consisted of nine questions. The first asked the Curandera/o to identify important elements of the history and tradition of Curanderismo. Second, the healer was asked about the historical meaning of spirituality and how it was integrated into treatment. The third question was about the initial assessment utilized by the Curandera/o. Then they were asked to describe the commonalities among the individuals who sought services from them. Questions 5 and 6 addressed symptoms that the Curandera/os were more and less comfortable treating. The seventh question identified ceremonies, rituals, and practices that the Curandera/o and other Curandera/os they know use, and asked for examples. The last two questions asked the Curandera/o to explain their beliefs about why Curanderismo is an effective healing practice. The goal of the interview protocol was to generate data that would allow for an examination of the phenomenon of practicing Curanderismo. Because there is a significant dearth of available data on this healing practice, a basic and broad set of questions were posed to the participants with the goal of eliciting open-ended, participant-driven data that would help to define and describe the phenomenon under investigation, that is, the practice of Curanderismo.

## Procedure

**Recruitment.** In preparing for this study, we consulted with the director of a mental health agency in a major urban area in the Southwestern United States, who stated that she had studied Curanderismo for 25 years in Oaxaca, Mexico. She provided contact information on an initial set of Curandera/os. These Curandera/os were contacted by phone; the study was explained to them in either English or Spanish, depending on their language preference, and if they indicated interest they were screened to ensure they met inclusion criteria. A snowball sampling technique was used, and six individuals were not included in the study for failure to meet all eligibility criteria.

**Data collection.** The first author conducted interviews. They were held in person and participants were allowed to choose the location of their choice, including their homes, workplaces, or by telephone due to distance. After each interview, we used a journal to track thoughts about possible themes that needed to be further developed, which informed succeeding interviews for further areas of inquiry. Both the interviews and journals were transcribed. Interviews were recorded and each took approximately 2 hr. In order to compensate participants for their participation in a way that was in line with the cultural practices associated with Curanderismo, Curandera/os were provided with Copal (ceremonial incense) used during healing practice.

**Interviewing the participants.** The process of conducting the interviews revealed some important issues. One of the first interviews when preparing for this study enlightened us to the journey that would be faced in speaking with Curandera/os: "You should be commended if Curandera/os allow you to interview them." Several Curandera/os shared a sense of frustration regarding the questioning of their "professionalism," meaning that the larger mental health community continually marginalized their knowledge and treatment methods. These participants reminded the first author that, while being of Mexican heritage, he was also the product of an "American" education; at times, we found that the terminology used during the interviews lacked cultural sensitivity. This was an important and unexpected lesson. For example, when asking a Curandero about his ceremonies, rituals, and practices that he uses and for what they are utilized, he stated "For me, I do not see it as a ritual, a ritual is almost like a theater presentation . . . it is something sacred."

Interviewing the Curandera/os was thought provoking and humbling. One Curandero asked to meet in person only to interview the interviewer for an hour and then ask him to come back another day to conduct the interview for the study. Another Curandero stated "Well, you know what you are doing with this information and you know what your intentions are. All too often, I am approached for my knowledge only to be taken advantage of for economic gains." Our stance was to listen and be open to their requests and critiques, and remain as flexible as possible, using these instances as educational

experiences that provided important context for this study.

As a whole, participants described numerous accounts of backlash from mainstream professionals and thus carried with them experiences of being silenced and marginalized in the discourses of health and healing. Furthermore, these practitioners have dedicated their lives to healing without asking for compensation for their work. We took this, and similar reports, as a reminder of our responsibility to use the information gathered in an ethical and unbiased manner, to the best of our ability, and to disseminate the information to mainstream professionals who tend to be largely uneducated regarding this topic.

### Qualitative Methodology

**Use of phenomenology.** This study employed a qualitative, phenomenological approach, through semistructured, in-depth interviews. Phenomenology is a method that seeks to explore experiences, meanings, and processes from the participants' perspectives in order to understand what the subjective impact is and how the individuals experience a particular phenomenon (Patton, 2002). Given that limited research exists on Curanderismo, conducting a study in which Curandera/os themselves describe the cultural and healing framework of their practice seemed well suited to our goal of generating data that could be used to educate mainstream mental health professionals regarding the practice of Curanderismo.

**Data analysis.** The data analytic plan followed a process informed by phenomenological methodology (Patton, 2002). The first step was to read all the participants' answers to each question in order to obtain an overall sense of the response to the question. In the second step, meaning units were established in a manner similar to Patton's notion of "bracketing" (Patton, 2002) by placing a slash in the text when a new meaning to a question was noted in the participant's response. In the third step, each participant's meaning units were translated into psychologically relevant expressions to the issue at hand. For example, one participant responded: "We learn how to use it [Curanderismo] over time by learning from people who are elder than we are, who know the practices." This was translated into the psychologically rel-

evant expression: *a Curandera/o is apprenticed*. In the fourth step, a structural description was created by comparing meaning across participants. When meanings were similar, participants' responses were integrated under the same psychological meaning, which served as the larger umbrella. If the two did not coincide, a new cell (psychological meaning) was created. Thus, the overarching goal of the data analyses process was to come to a coherent description of the phenomenon of practicing Curanderismo. In accordance with phenomenological methods (Patton, 2002), we relied on a multistep process to come to a final description of the data.

### Results

A thorough phenomenological analysis revealed several major themes across the data: (a) influences on the practices of Curanderismo, (b) eight major tenets of Curanderismo, and (c) the Curandera/os' worldview—specifically, how they view health and illness. We also present data on the meaning that spirituality holds for Curandera/os and discuss commonalities among clients who seek Curanderismo. In order to present data in a manner that captures the true meaning of this topic from the participants, we provide excerpts from several interviews. Finally, themes are presented in an order the authors deemed presented the most coherent story to the reader, in accordance with the aim of each research question. To be clear, data was not manipulated in any way; rather, descriptive data were presented in a manner that was hypothesized to be parsimonious to explain the phenomenon at hand.

In Table 2 we provide a summary of the common treatments mentioned by the Curandera/os in this study, which includes the number of participants that engaged in each treatment as well as a definition of each treatment.

### Conceptualizations of Health and Illness in Curanderismo

First, a note on terminology should be made. We sought to reveal common symptoms of individuals who utilize Curandera/os, but were corrected for our terminology as Curandera/os stated that they do not use the term *symptoms*; instead, they prefer "understanding the needs of the clients." While we refrained from using the

Table 2  
*Common Treatments Defined by the Curanderos*

<sup>a</sup> No. of providers	Type of treatment—Definition
5	<i>Consejos</i> - Translated as “advice” or “counseling.” Three of the Curanderos doubled as mental health therapists.
5	<i>Limpías</i> - A cleansing ritual in which the Curanderos utilizes a plant or other ceremonial elements to assess a client and/or extract negative energy.
4	<i>Baño</i> - A bath in hot water: herbs or flowers are placed in the water around a person so he or she can soak in their medicinal properties.
4	<i>Tamazcal</i> - Similar to a sweat lodge and is utilized to address physical, emotional, energetic, and spiritual needs.
4	Common ceremonies - Naming, welcoming, partnership, death, and rites of passage.
2	<i>Lunadas</i> - Outdoor spiritual gatherings around a fire under the moon; this ceremony helps women reclaim the female energy and reassess who they are as women.
1	Drumming circles - The National Institute of Mental Health, based on research, has designated the drumming circles as an effective clinical intervention. <a href="#">Winkelman's (2003)</a> article on drumming circles supports her statement.

<sup>a</sup> No. of providers = the number of providers who referenced the type of treatment.

term “symptoms” in the interviews after we were corrected, we will continue to use the term *symptoms* below in order to make our points explicit to the mainstream mental health community.

**Spirit.** A major theme among the interviews was that the Curandera/os tend to the spirit. One Curandera/o described his view of illness in the following way: “All the sicknesses are diseases of the soul.” Thus, when a Curandera/o tends to a client, they will look for the life of the client’s spirit and the quality of their energy body even when the individual presents with a physical ailment. Curandera/os approached the elements with respect in order to create a connection to the spirit, through prayer. When they heal an individual with an element, they are tending to the spirit of that element. In human form, the spirit is responsible for balance and restoration of health.

It is interesting to note that two Curandera/os discussed mainstream misinterpretations of their spiritual worldview. Specifically, they both critiqued the perspective that the Mayans were polytheists, while they argue instead that Curandera/os believe in one God, which is a single energy that is present in all organisms and embodies both the masculine and the feminine. “That’s why when we say our prayers, we say heart of water, heart of wind, heart of micro and macro organisms, we are talking about the same energy,” one Curandero stated. Another Curandera explained that “Everything else that

people have called gods were not gods, they were the elements.”

**Connection.** A philosophical belief of the Mayans that is also inherent to Curanderismo is *In Lak’ech*, which means “we are one.” A Curandera explained that when a human being is living a spiritual life, they are connected to all living creatures, including plants, animals, the earth, the sky, the stars, and the moon; “our connection to everything in the universe.” This individual also explained that the creator placed the elements (air, water, fire, and earth) on earth as a gift, and that ceremony is used to express gratitude for these gifts of sustenance, such as water and plants.

**Balance.** Curanderismo holds a notion that when individuals are dealing with illness, a part of the whole individual has been affected in such a way that the individual is out of balance, or “not in harmony within us or within our environment.” This, in turn, is thought to affect the spirit. An individual’s spirit can be affected in many ways, such as through abuse, depression, or loss of a spiritual connection. One Curandera described that in order to cope with the source of the difficulty and be able to attend to the challenges of everyday life, a part of the spirit may shut down, thereby creating what she termed “soul loss.”

**Mind-body.** Three Curandera/os discussed the impact that emotional difficulties have on the physical body, with specific spiritual conditions being associated with the functioning of



particular physical organs. For example, one Curandera explained

With sadness, the first organ that is affected is the lung. With *susto*, defined by a Curandera as a state of fright that is often caused by abuse, the individual loses their spirit and the first organ that is affected is the kidney.

These four concepts, *spirit*, *connection*, *balance*, and *mind-body*, serve as the basis for how Curandera/o participants in this study approached and conceptualized the individual they are working with. Specifically, the Curandera/o will (a) attend to the spirit, (b) look to see if there is a connection, (c) work to bring the individual back to balance, and (d) assess the body of an individual to trace back the origins of the trauma.

## The Practice of Curanderismo

### Major Tenets

**Tenet #1: Curanderismo teaches clients to heal themselves.** Curandera/os prescribe treatments to their clients with the aim that the clients will utilize the treatments independently at a later time, when they experience similar difficulties. For example, one method of healing the self is putting specific herbs in teas or baths to combat symptoms such as anxiety, nutritional changes, exercise, and emotional remedies. The Curandera/os also teach clients to “protect” themselves from negative energy by utilizing and attending to their own representation of religion/spirituality.

**Tenet #2: Each Curandera/o utilizes his or her unique gift.** The Curandera/os noted that while they share similar methods of curing, each healer has their own gift from the creator—their unique way of approaching healing. One Curandero works with spiritual entities:

Myself, I work a lot with la Virgen de Guadalupe, I also work with some mentors that I had that are not in the earth plane [are no longer alive], but I still turn to them for help, they are very powerful.

Another Curandera was a *temascalera* (an individual who works with a sweat lodge). In her practice, she places herbal remedies in the sweat lodge to assist with the body’s intake of the medicine. Lastly, the *partera*, or midwife, whom we interviewed and who has helped birth more than 5,000 babies stated “Although we

each do a *limpia*, each individual handles that energy differently with each patient.”

**Tenet #3: Curandera/os utilize and understand energy.** Two abilities that all Curandera/os in this study utilized were the understanding and moving of energy, which included physical and spiritual energies. This has several meanings. First, each Curandera/o has the ability to utilize Earth’s elements—water, air, fire, and earth—each of which is thought to have a spirit. One Curandera gave an example:

So, in healing, for example, there is a plant, and that plant has a spirit, and that plant has energy . . . a healer calls upon the energy of that plant, together with their own energy, to bring about a change in the energy of the individual.

Along with utilizing the elements to move energy, the Curandera/os in this study were also able to move the energy in a client through both physical and spiritual methods. A physical means of understanding and moving energy can be through the use of a *sobada*. The literal translation is “massage,” but the healers provided an alternative explanation. Individuals who specialize in sobadas are able to read energy and, using touch, move an individual’s energy to assist them in healing.

**Tenet #4: Curandera/os attend to the whole individual.** The Curandera/os’ approach to treatment is that a human being is one organism—meaning the mind, spirit, body, emotions, and family are all connected. In the process of curing, the Curandera/os attend to all those aspects of the client. They believe that an intervention has to be on various levels, or else the illness, or the impact of the illness, can be locked into the individual. A Curandera gave an example of an individual who had contracted malaria. She explained that she was able to assist the individual in obtaining an herb that aided in the treatment of malaria; however, she stated that they would still have to treat the fear through a spiritual cleansing.

**Tenet #5: Curandera/os use prayer to get centered for their work.** Five Curandera/os discussed their process when they meet with a client. A common theme was that of placing themselves in a meditative-like state in order to access and connect with the client’s spiritual energy. One Curandero noted: “Most people that do this work also have a spiritual practice that they do, every day, that helps them to stay

connected with God, the universe, so you can easily access the energy, the power when you need it.”

**Tenet #6: A Curandera/o is the instrument between the natural and supernatural.** The Curandera/os stated that they are the healing power between the client and the supernatural, which facilitates healing, brings about change, and engages the energy of the client. As one Curandero stated:

I use a prayer, my prayer asks [for] permission and for guidance, my own spirit guides. I initiate it with my creator, call on my ancestors; then, I ask permission from the elements and from the family of the person I am seeing and I am also connecting with their ancestors to see if there is a shadow that is cast on the past that needs to be cleared up.

**Tenet #7: Curandera/os have a gift of intuition.** All the Curandera/os interviewed believed that during the healing process, each healer is influenced by their intuition. However, each Curandera/o described their intuition differently. One Curandera stated that she scans people by watching their reflections—meaning their affective expressions—and gestures. Also, through questions, she is able to come to a conclusion about what is causing an individual distress.

**Tenet #8: Curandera/os do not charge a fee.** The Curandera/os in this study viewed their healing work as a gift from the creator, which impacts some of their views on charging for their services. In the current sample, all eight Curandera/os indicated that they do not ask for monetary compensation for their services. One Curandera stated that she does not charge for the consult but does charge for the treatments, such as herbs that treat physical conditions.

### Conceptualization of Susto

**Definition.** Each of the eight Curandera/os interviewed referenced the term *susto*, which demonstrated a common focus among our sample about the relevancy of this topic within their healing practice. The *DSM-IV-TR* describes *susto* as an experience whereby an individual is “frightened” or traumatized. As described by our participants, causes of *susto* included physical abuse, sexual abuse, emotional abuse, historical trauma, community trauma, abortions, and immigration. One Curandera explained the different levels of severity of *susto*:

*Susto* is some sort of fright, the individual loses their spirit. A long history of abuse, their spirit weakens or leaves the body. If it is caught early enough you can call it back, and in a sense, work with the person on creating a good environment for the spirit to stay in the body and for the person to be aware of their spirit. Over a long period of time of severe abuse, a spirit of a person may refuse to go back into the person with just one *limpia* or session. It takes more work.

**Treatment of susto.** During our interviews, we elicited what we believe to be the first detailed accounts of the treatment of *susto* by the Curandera/os. One Curandero described that he begins his treatment by praying, placing himself in a meditative state, and connecting with his spiritual helpers. Next, he lays the individual down to begin scanning the client’s energy fields. He scans the body and extracts the negative energy using one of the following: a *huevo*, or egg; *plantas*, or a plant; or *pedras*, which he described as crystals. Specific plants that he uses are rosemary, lavender, sage, peppermint, eucalyptus, and *ruda*—a ceremonial plant, also known as rue. Scanning involves detecting energy that is out of balance, searching for different temperatures, strong vibrations, and physical sensations, which he states he can extract with his hand or by “sucking them out.” He keeps a pan of water next to him in which he places the negative energy. He also has other elements present, including candles, family members who are in the spiritual realm, a *sonaja* (rattle), drums, *santitos* (his spiritual helpers), and *la Virgen*. He stated that the individuals in the spiritual realm assist him with an understanding of the individual’s condition. Once he cleans the negative energy from the individual, he also works to bring their positive energies back. He does this by permeating the spiritual realm, finding the individual’s spirit, and bringing back the “essence” that they have lost. This is achieved through a ritual of symbolically blowing into the person’s heart and on top of their head.

A second Curandero incorporates *sobadas* into his treatment of *susto*, particularly when an individual has been physically abused. He stated “[The *sobadas*] can help people dislodge certain pains in different parts of their bodies . . . they are tight, they don’t want anybody to touch them.” His view on physical abuse is that the abuser leaves their *coraje* (anger) in the individual. He explained that the goal of treatment “Is bringing the body, the emotions, the

mind, the spirit, to the present.” Several elements that he uses include eucalyptus, copal, sage, cedar, candles, chants, and the drum to place vibrations into the individual.

A third Curandera discussed her experience with dislodge of the spirit. Again, she places herself in a meditative state to connect with a supernatural entity and then initiates use of the elements, including her massage table and burned *copal* (ceremonial incense). Her treatment includes bodywork, utilizing her *temascal* (sweat lodge), and bringing the client’s emotions back to balance.

### Discussion

The overarching goal of this study was to contribute to the research literature by sharing (a) the history of Curanderismo, (b) a summary of healing practices used by participants in this study, and (c) providing a description of *Susto* as well as its treatment. Furthermore, given that many Latina/os in the U.S. practice Curanderismo (Hoogasian & Gloria, 2015), it was important for us to provide a holistic, systematic description of this healing tradition as a means to broaden knowledge and acceptance in the larger mental health profession.

### Origins and Practices of Curanderismo

Similar to what Saucedo (Concha Saucedo, personal communication, January 19, 2012) described, the participants in our study defined their practices as specific to the indigenous communities of Central America and Mexico—that is, indigenous communities beyond the Aztecs, along with Iberian Catholicism and African culture. Our literature review identified five specialties in Curanderismo, which are: herbalists, spiritualists, bone setters, midwives, and *sobadores* (Ortiz et al., 2008; Ortiz & Torres, 2007). In interviewing the eight Curandera/os in this study, we did not find a homogenous set of practices. Rather, we found *some* common methods used among our participants to treat physical and mental health symptoms that were based on participants’ training and comfort.

Similar to Hendrickson (2014), our data suggest regional distinctions within the practice of Curanderismo. Although all Curandera/os in this sample described similar methods of healing, three Curandera/os from Oaxaca expressed

the importance of utilizing colors when prescribing flowers for medicinal purposes, whereas no other Curandera/os discussed this practice. Similar to Hendrickson’s review of Elena Avila, a Curandera that practiced in New Mexico, we collected data regarding similar uses of *lunadas* among Curandera/os from various regions of Mexico. For example, one Curandera from Oaxaca discussed that the moon is a female energy, while a Curandera from Jalisco stated that she used the ceremony of *lunadas* as a female gathering under the moon. Therefore, due to regional distinctions, if a mainstream mental health practitioner decides to refer a client to a Curandera/o, it is important to assess the compatibility between the client and Curandera/o prior to the referral.

### Spiritual Belief System

The role of spirituality as it relates to the Curandera/os treatment seemed important as the literature identified the role of Catholicism (Hendrickson, 2014) while other researchers have identified a more indigenous view of spirituality (Ortiz et al., 2008; Zacharias, 2006). While one Curandero explained his utilization of the Virgin Mary in his healing, it was more common that each Curandera/o had their own indigenous spiritual belief system. In order to explain the Curandera/os’ conception of spirituality correctly, the data from our study indicated that it is best to state that Curandera/os do not *utilize* spirituality; rather, their approach to life can be characterized as spiritual in nature. Meaning, the role of a creator or God-head is relevant in the work of a Curandera/o. Many work within a spiritual cosmology that guides how they interpret their clients’ needs, which is why they do not charge a fee for their services—they believe that they were given a gift from the creator and their mission is to utilize that gift to heal others.

Similar to Zacharias (2006), our interviews shed light on the notion that the spirit protects an individual from mental and physical illnesses. Furthermore, our participants described human connection from a spiritual sense so that when the human-spirit connection is impacted by an adverse experience (e.g., trauma), the body and spirit are similarly affected. This leaves the individual susceptible to being out of balance with themselves, other individuals,

and/or the environment. As found in Zacharias' study, some of our participants suggested that the client becomes susceptible to mental health difficulties following an adverse event, when the spirit has been affected or left the individual. They also believe that there are common physical ailments that are the direct cause of adverse experiences; participants in our study reported that they were able to predict the type of physical illness an individual will have based upon the early childhood trauma.

### Similarities Between Curanderismo and Mainstream Mental Health Practice

The common explanation in Curanderismo that trauma affects the spirit, which in turn impacts both mental health (top) and physical (bottom) outcomes, is similar to the link between toxic stress and negative physical and mental health outcomes in the general mental health field (Van der Kolk, 2014). Whether attending to a top-down stressor or a bottom-up ailment (e.g., physical injury impacting mental health), it is important for mainstream practitioners to understand that a Curandera/o would attend to the spirit along with the psychological or physical area affected; the Curandera/o would work to extract the illness and restore the person's spirit. Finally, while the Curandera/os' power is to heal a client, they also assert that they teach clients to heal themselves—including through prayer, diet, and the utilization of herbs—for example, in teas, baths, and sweat lodges—for their purported healing properties.

The Curandera/os in this study discussed a worldview that stems from the indigenous communities of present-day Mexico and Central America: *In Lak'ech, tú eres mi otro yo*—in English, the notion that “we are one.” 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. This worldview has been passed down through generations. Guillermo Bonfil Batalla (1996) underscored a similar notion when he highlighted that while racially Mexicanos may be of mixed descent, they continue with their “traditional ways,” which refers to indigenous culture and rituals (Concha Saucedo, personal communication, January 19, 2012).

The psychological community tends to interpret the elements of the worldview described above as cultural values (e.g., personalismo, familismo, comunidad); this community is comprised of people who were educated by an academic environment dominated by a culture external to the origins of Curanderismo, and may therefore yield interpretations that are biased by its dominant culture. Based on our data, we argue that what the psychological community sees as cultural values are more accurately described as a spiritual worldview, with Curanderismo representing a way to return an individual to balance through connection with the spiritual realm. Within this worldview, an individual who has been healed will be able to experience a stronger connection to their family, community, and environment when their spirit has been attended.

Falicov (2009) questioned whether a universal theory could describe the treatment of all disorders or whether it is more feasible to implement a treatment that is derived from the culture being served. In line with this view, each Curandera/o in this study described the existence of *susto*, which the *DSM-IV-TR* refers to as an illness attributed to a frightening event that causes the soul to leave the body. The loss of spirit can be a defense mechanism in which an individual shuts down the spiritual connection with others in order to survive in a violent environment so that they do not feel emotional pain from horrendous acts. The fact that each of the Curandera/os we interviewed treat *susto* highlights the importance of better understanding this condition. We believe that developing greater awareness of the specific beliefs of a culture will assist mainstream mental health practitioners to address the traumas that are specific to its communities—and, therefore, in creating culturally specific treatments.

### Clinical Implications and Suggestions for Future Research

Western providers can utilize the combination of themes to engage an individual in treatment. Similar to Van der Kolk's (2014) guidelines when treating a client suffering from an anxiety disorder or posttraumatic stress disorder (PTSD), a therapist can take either a top-down approach or bottom-up. A top-down approach would include the attention to the spirit of the



individual and bringing the spirit back to protect the mental health and physical health, presumably forging a therapeutic relationship between the client and therapist. A bottom-up approach would target the somatic illness, dislodging the trauma from the body, as one Curandera/o indicated, with massage, and bringing the individual back to balance. Due to legal and ethical guidelines, a therapist would be required to refer to a massage therapist, but this ideally be to someone that has an understanding of the importance of the spirit, balance, connection, and mind-body split.

The Curandera/o's conceptualization of health and well-being and their treatments provide ways that mental health practitioners can utilize an indigenous belief system of holistic/integrative counseling that can address connection, balance, spirit, and mind-body. For example, a point of entry for attending to an individual's trauma is when their connection to others in their environment has been severed, allowing the therapist to attend to that ruptured connection through spiritual means. Within the realm of Curanderismo, treatment requires that the mental health practitioner utilize the spirit and creator to heal the trauma, ultimately fostering the client's connection with others.

The field of psychotherapy encourages practitioners to attend to culturally specific idioms of distress as a cultural response to an experience (see *DSM-IV* Appendix I). When clients present with culturally specific reactions that need to be addressed through culturally specific methods, as Hoogasian and Lijtmaer (2010) noted, therapists may have difficulty conceptualizing and treating these alternative worldviews. The practitioner's lack of effort to understand the client's worldview and incorporate these methods of healing approaches an ethical violation. Similarly, a therapist can possibly invoke further trauma in a client if the therapist does not work to incorporate the client's beliefs. For example, when a client presents as being *embrujado* (bewitched), if the therapist denies this explanation, the therapist may be inadvertently dismissing the cultural view of the client. Therefore, collaboration with or integration of traditional healing practices is a logical step toward more effective care.

It seems beneficial to the American Psychological Association and the U.S. psychological

community at large to dialogue around how exactly professionals tend to clients who present cultural idioms of distress. We are purposefully using the term *professional* to underscore the fact that Curandera/os tend to physical and mental health ailments, which poses a need for a dialogue with physicians, psychiatrists, and mental health therapists. Thus, it would be beneficial to conduct a study that highlights reasons why professionals speak to Curandera/os about their clients. Given the use of medicinal plants in the Curandera/os' healing practices, it seems important for research to document the plants utilized in order to possibly replicate their medicinal properties. Similarly, the field would benefit from a comparative effectiveness study assessing the feasibility and acceptability of a mainstream practice (e.g., cognitive behavioral therapy) in comparison to the practice of a Curandera/o and the combination of the two working in conjunction. This would allow us to understand the legal and ethical issues that may pertain to professionals working in conjunction with a traditional healer.

Hendrickson (2014) noted an all too common contemptuous relationship that Curandera/os have with medical doctors and researchers. We would be remiss if we did not mention the participants of this study were hesitant to participate as well, going so far as to describe the interviewer as a "foreigner" of their close-knit community. Consistent with Hendrickson, it was incredibly important for the interviewer to approach the research participants with humility and a willingness to learn, especially in light of the age gap between the interviewer and participants (i.e., respect for elders). Therefore, if a mainstream provider collaborates with a Curandera/o, it will be important to approach them in the same manner.

### Limitations of the Study

For this study, we incorporated a small number of Curandera/os. Although they provided a deep level description of Curanderismo, their conceptualizations and definitions were limited to the regions from which they emerged and the training they received. Also, although the practitioners had worked with populations in California, there was an obvious selection bias based on the snowball sample strategy. In addition, some of the participants spoke indigenous

languages in addition to Spanish, so it was possible that having them answer questions in Spanish may not have allowed them to thoroughly express themselves. Though both authors have utilized the services of Curandera/os, and self-identify as Latina/o, given our training as psychologists, we may hold biases due to our mainstream emphasis in training as psychologists that we may have been unable to detect and manage, despite our best efforts. Despite these limitations, we believe that this study offers important insights into the practice of Curanderismo, from the perspectives of Curandera/os, and in a way that can be easily integrated and understood by mainstream providers.

### Abstracto

Curanderas/os son aquéllos que curan a las personas a través de su conocimiento especializado en hierbas, masajes, ajuste de huesos, consejería, espiritualidad, y partería. Este estudio se concentró en Curanderos/as que han trabajado con comunidades mexicanas y mexicano-estadounidenses en California. El objetivo de este estudio fue elucidar el marco filosófico y las prácticas del Curanderismo desde las perspectivas de las/os Curandera/os mismos, para educar a los profesionales de la corriente dominante de salud mental y asistirles en sintonizar con la cultura de la población subatendida de latinos inmigrantes de México y Centroamérica. Un enfoque cualitativo y fenomenológico fue utilizado para analizar entrevistas con ocho Curanderas/os. Los resultados presentan un marco teórico de salud y enfermedad propio del Curanderismo, concentrado en temas de espíritu, conexión, balance, y la relación cuerpo-mente. Un tema adicional ilustró perspectivas relativas a cómo se mejoran los clientes, incluyendo la fé en la práctica, una relación sólida con el cliente, la creencia en la energía proveniente del Curandero/a, el descubrimiento de remedios de la infancia temprana, y el conectar al cliente con elementos curativos (por ejemplo, las plantas medicinales). Ocho principios fundamentales son presentados para explicar los criterios que usan las/os Curanderas/os para guiar su práctica. Por último, tratamientos específicos fueron identificados, incluyendo el del Susto, una condición descrita como un espíritu dañado y atemorizado. Un sentimiento común entre las/os Curandera/os fue el de ser marginadas/os y silenciadas/os por profesionales de la corriente dominante de salud mental. Por lo tanto, se les urge a los proveedores de salud mental a que entiendan la importancia que las/los Curanderas/os tradicionales les atribuyen a la religión y la espiritualidad, y el significado que tiene para las/los inmigrantes latinas/os el velar por el espíritu.

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