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Social Work and Spiritual Healing: Partnering with a *Curandero*

Alonzo Cavazos, Jr. and Catherine A. Faver

University of Texas – Pan American

Alberto Salinas, Jr.

Edinburg, Texas

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Note: The “I” in this narrative is Alonzo Cavazos. Alberto Salinas is the *curandero*, and Catherine Faver collaborated in the research.

Address correspondence to Alonzo Cavazos, Department of Social Work, University of Texas – Pan American, 1201 West University Drive, Edinburg, Texas 78539,

alonso@panam.edu

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Abstract

This narrative chronicles the journey of a social worker and a *curandero* (male spiritual healer) who seek to understand each other's treatment knowledge, values, and practice skills. This endeavor culminates in the collaborative treatment of a client who believes she is demon-possessed. Imbedded in the narrative are essential teaching points for the social work practitioner who aspires to work with Hispanics who adhere to traditional cultural beliefs.

Social Work and Spiritual Healing: Partnering with a *Curandero*

Like many Hispanic children, I grew up believing in spirits. I learned from family and friends to fear *La Lloróna* (The Weeping Woman), *mal de ojo* (evil eye), *susto* (fright), evil spells, and demon possession. I understood that illnesses were just as likely to result from supernatural as from natural causes. If someone stared at you, you could be afflicted with *mal de ojo* (evil eye). Even worse, someone who disliked you could cause you spiritual or physical harm. Fortunately, I learned from my maternal grandmother, Modesta Rodriguez de Montez, that traditional healing beliefs and rituals (*curanderismo*) could protect me from evil.

My grandmother had learned about *curanderismo* from her mother, Gorgonia Villarreal de Rodriguez, who was well known in south Texas as a *curandera* (female spiritual healer) during the 1930s. After her death, Modesta followed in her mother's footsteps. She continued to treat some of her mother's former clients, as well as family members.

Grandmother gave me several *barridas* (one form of spiritual cleansing) when I was a child. Even though I can't remember the symptoms that bothered me, I recall lying on a table as she performed healing rituals. While praying to Jesus and various saints, she brushed my body with branches, possibly from the rosemary plant, which could remove evil energies and spirits. These were magical, mysterious moments wherein Catholicism and spiritual healing converged to produce a spiritually and emotionally soothing sensation.

But the spiritual beliefs and assumptions that I held as a young person gradually shifted as I moved through the formal educational process. My former beliefs about

spirits and traditional healing were replaced with facts and figures and an implicit trust in science and modern medicine. The educational process was so subtle that I am unaware of having made a conscious decision to stop believing in *curanderismo*. Actually, it's not that I stopped believing as such, but that now I had scientific theories that helped me to explain the world around me. By the time I completed high school in the mid 1960s, I had forged a new worldview which relegated spiritual beliefs and healing rituals to the realm of superstition and placebo. Whereas I had once naively believed in spirits and healing rituals, I had gradually matured intellectually, and was now "enlightened."

Encountering *Curanderismo*

Social Worker Meets Curandero

My constricted and disparaging view of spiritual healing went unchallenged for over thirty years, until I formed a professional relationship with a modern *curandero* (spiritual healer). I met Alberto Salinas, Jr., in 1999 at a workshop where he made a presentation on spiritual healing. When we met, Alberto was in his prime: a forty-seven year-old, former law enforcement officer who had practiced *curanderismo* and spirit channeling for over twenty years. At the time, I could not have predicted that this encounter would lead to a collaborative effort that reconnected me with my spiritual roots, challenged my assumptions about professional boundaries, and yielded fresh insight into the meaning of professional integrity in cross-cultural counseling.

At the outset I was impressed with Alberto's vast knowledge of *curanderismo* and spirit channeling, and I was surprised by the ease with which he addressed the workshop audience. He was bright, articulate, and funny; clearly he did not fit my stereotype of a *curandero* which at the time was "uneducated, elderly, and inarticulate." I recognized a

potential opportunity to learn firsthand about *curanderismo*, which is regarded as both the philosophy and the practice of holistic folk medicine (Carrasco, 1990; Cervantes & Ramirez, 1992; De La Cancela & Martinez, 1983; Perrone, Stockel, & Krueger, 1989, cited in Hutchinson, 2003), from a “modern *curandero*.” Additionally, I could help my students to explore an alternative, culturally relevant treatment resource for Hispanic clients. But more importantly, I saw an opportunity to reconnect with a part of my life that I had virtually discarded.

Students' Experiences with the Curandero

After this initial contact, I visited Alberto and his spouse, Lydia, who is also a spirit channeler and card reader, in their modest frame home. Over the next three years, I took several groups of graduate students to meet with Alberto and Lydia. During our visits, some students chose to participate in healing rituals and others simply observed. A full description of their experiences is beyond the scope of this narrative. Nevertheless, several excerpts from students' journals illustrate the significance of their experiences in the quest for cultural competence.

For example, one Hispanic female student was initially mistrustful and skeptical. However, her concerns diminished somewhat after meeting Alberto and watching a National Geographic videotape documentary that showcased his work as an exorcist. Her comfort level increased even further after consulting with *El Niño* Fidencio during the field trip. She wrote:

I can now understand this aspect [*curanderismo*] as being a part of our culture and why it's been around for many years. I feel that as long as people continue to have faith, it will continue to be a part of our culture, especially when faced with

problems that have no medical, scientific, or any other type of explanation. Prior to my [healing] experience, I was very skeptical of such services. Now...I can see how many people believe in it and will continue to use it.

Another Hispanic female student was familiar with *curanderismo* because she had heard countless references to *curanderos*, healing rituals, and herbal remedies while she was growing up. However, no one in her family had consulted with a *curandero*. Because she was curious and eager to learn directly about *curanderismo*, she readily participated in healing rituals during the visit to the *curandero*'s home. After her experience with the healer, she wrote:

I remember the smell of the water, the touch of his hand, the sound of his voice and feel of his skin and clothing as he hugged me...The range of feelings and emotions [experienced during her healing ritual]...couldn't have happened from watching any video or listening to anyone's experience. This could only have had this much of an educational value to me because I was actually able to experience this [*curanderismo*].

Finally, a young Hispanic male student, whose parents and grandparents utilized the services of *curanderos*, was initially hesitant to study *curanderismo* because he was a non-believer. After listening to Alberto's classroom presentation and observing peers engaging in healing rituals, he changed his stance:

Looking back...I realize that it's not important whether I believe in *curanderismo*. It does not matter that it goes against my values or beliefs...I have to be sensitive and respectful to customs, beliefs and values of individuals who seek assistance from *curanderos*. I have to be aware that *curanderismo* exists and not be

judgmental about people who have strong beliefs in the power of *curanderismo*. . . . I am surprised how my fear of the unknown [had previously] prevented me from furthering my knowledge and education [about *curanderismo*].

Observing the Curandero

Often I observed Alberto channeling the spirit of Fidencio Sintora Constantino, who was a legendary healer in northern Mexico during the 1930s. Fidencio's followers affectionately refer to him as *El Niño* (The Child), *El Niño* Fidencio (The Child Fidencio), or *Niñito* (Little One).

I observed dozens of healing sessions, and I interviewed and videotaped several of Alberto's clients, whom he calls missionaries, pilgrims, believers, or followers. Occasionally, I assisted Alberto and *El Niño* Fidencio with the healing rituals. I also spoke at length with Alberto and Lydia about my early childhood experiences with *curanderismo* and about my work as a clinical social worker.

Similarities and Differences between Social Work and Curanderismo

I was not only impressed with the efficacy of Alberto's treatment practices and dedication to helping others, but I was also astonished by how Alberto's practice resembled that of professional healers, especially social workers. It was clear that his treatment followed a process. His healing rituals had a beginning, middle, and an end. He utilized a "client centered" approach during the assessment and the treatment phases. His clients were actively involved in problem definition, assessment, and goal setting. He also involved significant others, usually family members, in formulating cultural diagnoses and treatment plans. Additionally, he made repeated use of "homework

assignments” which served to facilitate treatment between healing sessions. Finally, as social workers often do, he made referrals to resources in the community.

I felt privileged to be able to witness the work of an expert who could help people deal effectively with spiritual maladies, interpersonal conflicts, and assorted hardships in life, such as poverty, health problems, depression, and a multitude of other issues and concerns. During one of our many conversations where we sought to understand each other’s practice, I asked Alberto, “What are the most important things about *curanderismo* that social workers or therapists should know?”

After carefully considering my question, Alberto said, “Social workers and other therapists should know that *curanderismo* is a rich heritage of traditional healing methods that many people live by. *Curanderismo* plays a major part in the culture of many whose paths social workers and therapists will be crossing at one time or another. *Curanderismo* is a valuable treasure of knowledge of ways that many use to deal with life’s adversities and everyday living. *Curanderismo* is everywhere.”

Alberto’s assertion that *curanderismo* is ubiquitous in Hispanic communities may not be transparent to many readers. Quite simply, an experienced observer notices subtle indicators that *curanderismo* has widespread community acceptance. Herbal plants such as rosemary are grown in many gardens and used for healing rituals and taken as teas. Hispanics frequently touch others to ward off evil eye (*mal de ojo*). This occurs both in the home and in public places. Pictures of famous healers, including *El Niño Fidencio*, Pedro Jaramillo, and *El Santo Niño de Atoche*, are often prominently displayed in people’s homes. Without the benefit of training, one or more family members often assume the role of “family healer.” There are herbal stores, called *yerberias*, open for

business in most Hispanic communities. Applewhite (1995) found that eighty-four percent of elderly Mexican Americans received folk treatments from family members, neighbors, or local *curanderos*.

Subsequent conversations with Alberto helped to validate some of what I already knew about *curanderismo*, but I also learned much more, particularly about herbal remedies and exorcism rituals. For his part, Alberto learned about clinical social work, including major differences between our respective healing methods. Social work's concern with client confidentiality is handled differently by *curanderos*. Unconcerned with client confidentiality, *curanderos* generally hold healing sessions in public, unless a believer requests a private session. Indeed, public disclosure of one's problems lends support to the healing process, particularly when external forces are identified as the source of the person's difficulties. Public displays of emotional, spiritual, and physical distress elicit support from other participants, including family members who witness the healing rituals.

Another major difference between clinical practice and *curanderismo* is how we address consent to treatment. While social workers have a responsibility to delineate the treatment process and the techniques that will be employed, *curanderos* do not have a comparable duty. Although I observed Alberto and *El Niño* asking their clients whether they were ready to receive their cure, the clients did not know beforehand what would occur during the treatment process, such as going into an altered state of consciousness.

The Curandero's Spiritual Calling and Vocation

Although there are several paths for becoming a *curandero*, all involve a call from supernatural powers (Treviño, 2001). Typically, people who become *curanderos* are

exposed as children to spiritual beliefs and healing rituals. At some point in their lives, they have a “spiritual experience” which is interpreted as a “calling” from God to heal and to minister to those in need.

As a young child, Alberto was taken to see *curanderos* by his parents. “They took me to see a *curandera* for *limpias* [spiritual cleansings],” says Alberto. “It wasn’t something that was uncommon for *Mexicanos, Hispanos* who were part of a local *barrio* [neighborhood].”

As a young adult, Alberto continued to see healers. “I felt better when I got a cleansing. Whether it was psychological or real, it always worked for me.”

In response to my query as to why he became a *curandero*, Alberto provided the following eloquent description of his spiritual conversion: “Ah...when I saw the spirit of the *Niño* Fidencio manifest in this young Mexican girl...She...ah...the *Niño* Fidencio directed himself to me. And...he was telling me how I needed to say prayer. And the sound and tone of his voice, and his message...just pierced my heart. And it was so...spiritually fulfilling.”

During the past two decades, Alberto has treated thousands of believers for assorted maladies, including demon possession, *mal de ojo* [evil eye], *empacho* [intestinal blockage], *envidia* [envy], *susto* (fright), black magic, bad luck, and a multitude of physical problems that have a spiritual genesis and for which his clients had already been diagnosed by a physician and were receiving medical treatment.

Much of Alberto’s spiritual work is done by means of channeling the spirit of Fidencio Sintora Constantino (*El Niño* Fidencio). After invoking the spirit of *El Niño* through prayer and other rituals, Alberto undergoes a transformation. His eyes, which are

closed, move up and down rapidly, and his voice assumes a childlike quality which is said to resemble Fidencio's voice. For believers who are not comfortable with spirit channeling, Alberto also performs traditional *curandero* healing rituals, including performing cleansings, prescribing teas and herbs, giving advice, and making legal and other community referrals.

Collaborative Agreement

Gradually, Alberto and I recognized that we could not only learn from each other but also collaborate to help particular clients. As Alberto and Lydia learned more about me and social work, they began to trust that I could counsel their clients. Likewise, my trust level increased as I observed their work and interviewed their clients. Even though we were unaware of any prior collaboration between a social worker and a *curandero*, we felt optimistic that we could work together to help certain clients who could benefit from the services delivered in tandem by an indigenous healer and by a clinical social worker. We thought of our work together as a collaborative research project. Our aim was to document the process and examine the efficacy of providing both traditional healing practices and pro bono mental health services to clients who had initially sought help from a *curandero* (Alberto).

Alberto agreed to refer clients who he believed needed counseling, above and beyond the spiritual help that they were already receiving from him. To the extent that it was therapeutically appropriate and feasible, I agreed to observe Alberto's healing sessions, both when he channeled *El Niño* Fidencio and when he did not channel. Additionally, I made my case counseling notes available to Alberto, and we met frequently to assess case dynamics from both healing and counseling perspectives, to

formulate treatment goals, and to plan and evaluate intervention strategies. I also made the case notes available to Catherine Faver who is the other project researcher. She and I also met to discuss the treatment process. The methods of this research project were approved by our university's institutional review board.

Our agreement to collaborate was a milestone, but before we could start working together we needed to overcome a significant obstacle. Many Hispanics feel stigmatized by having to see mental health providers, resulting in significant underutilization of mental health services (Vega et al., 1999; Webb et al., 1987). This type of stigmatization is particularly difficult for more traditional Hispanics who consult with *curanderos*.

To overcome this obstacle I would need to gain the trust of Alberto's clients. It became apparent that to gain this trust, I had to do more than just observe healing sessions. I needed to demonstrate that I honored Alberto's work and took seriously the worldview that underlay his healing practices. I would need to relinquish my passive, comfortable role as an observer and become an active participant in the healing sessions. Meaningful participation in this situation meant nothing less than conversing with a spirit (*El Niño*) and receiving spiritual *limpias*, thereby tacitly acknowledging that I believed spirits existed and could be channeled by mediums.

This step was very difficult for me. Because I initially could not dissociate myself from my roles as university professor and social worker, I felt compromised. Serious doubts crept in. I wondered what my colleagues would think. Would I lose credibility? Would I be hypocritical if I spoke with *El Niño*, while believing that I was actually talking to Alberto in a trance state? Would my sense of professional boundaries be hopelessly breached?

I knew that I had to find a way to suspend my disbelief in the phenomenon of channeling spirits. On several occasions, I reminded myself that I used to be a believer. As a child, I accepted my grandmother's explanations about the influence that evil spirits had in our lives. I hoped that my early experiences with *curanderismo* had prepared me for the upcoming meeting with *El Niño*, because I knew that when I spoke with *El Niño* my interaction must be authentic. I also knew that this encounter would occur in the presence of Alberto's clients, who were now my potential counseling clients.

My dilemma was resolved when Alberto asked me to meet with *El Niño* so that I could formally introduce myself and explain what I hoped to accomplish with the research project. Alberto explained that *El Niño* already knew who I was and that he had approved the research project, and he now wanted to meet me.

The meeting with *El Niño* went well. Two or three clients consulted with him; then it was my turn. With his eyes closed, Alberto (as *El Niño*) spoke very softly in the voice of a child. I mostly listened as he recounted his spiritual communication with Alberto about the research project. I felt awkward, and my responses were formal and brief. After he prayed for me, he thanked me and assured me that the research project would be successful. And as I had anticipated, a potential client was present.

Case Referral

Presenting Problem

The client who witnessed my encounter with *El Niño* was Anita (pseudonym), a single, unemployed, forty-five year old Mexican female. It was particularly fortuitous that she had been present to hear *El Niño*'s "blessing" of my work as a counselor because she mistrusted professional counselors and other mental health providers. As we shall

see, Anita believed herself to be demon-possessed, but not mentally ill. Under ordinary circumstances she would have avoided counselors, fearing that she might be institutionalized or deported to Mexico. But after we consulted on this issue, Alberto felt certain that Anita could overcome this obstacle, especially if the counseling referral was initiated by his spiritual guide, *El Niño Fidencio*.

Previous History

Two years before the referral, Anita had sought assistance from Alberto. She requested spiritual help stating that she felt terribly ill whenever she went inside her church. Within the philosophy of *curanderismo*, her discomfort would be interpreted as the result of an encounter between an evil spirit within her and the holy spirits present in the church. On the other hand, a counselor unfamiliar with Hispanic beliefs about spirit possession might ignore Anita's spiritual beliefs and instead question her about potential psychosocial stressors and behavioral antecedents, such as prior experiences at her church. Anita was growing increasingly desperate because her symptoms were intensifying and past healing rituals and exorcisms in Mexico, dating back more than two decades, had failed to cure her or to provide symptom relief.

After the first healing session with Alberto, Anita had felt better. Alberto recalled that he gave her a "*limpia*" (a spiritual cleansing) to remove evil spells and the presence of evil spirits, which is analogous to prescribing a broad spectrum antibiotic for an unspecified infection. After that, Anita continued coming once or twice weekly for help with the original presenting problem, as well as for more disconcerting and debilitating physical symptoms. She complained later that she was experiencing intermittent, severe abdominal pain and chronic fatigue which kept her from working and being independent.

The abdominal pain started twenty years earlier after she was sexually assaulted by a male acquaintance.

When she had first experienced the pain, she immediately believed that the perpetrator had used black magic to place a curse on her. Fearing rejection from family members and reprisals from the perpetrator, she kept the assault secret. Even twenty years later, Anita was reluctant to share specific details about the assault with her *curandero*, possibly because of cultural prohibitions about sharing sexually explicit information.

Having been exposed early in life to religious beliefs about sin, evil, spiritual beings, *curanderismo*, and demon possession, Anita easily rejected the notion that her abdominal pain had a physical genesis. Her cultural and spiritual belief systems regarding demon possession, which clinicians might diagnose as a mental disorder, were recently validated for Anita when her pain intensified and loud croaking noises emanated from her abdomen during healing rituals. Moreover, when healers, including Alberto, attempted to exorcise her demons, she went into a trance-like state, and she occasionally heard voices instructing her to stop seeing spiritual healers.

Assessment/Diagnostic Considerations

Without a cultural perspective, a social worker would be likely to perceive Anita's symptoms as a mental illness identified in the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR) such as post-traumatic stress disorder, dissociative disorder, schizophrenia, delusional disorder, or borderline personality (American Psychiatric Association, 2000). In contrast, instead of rushing to the conclusion that Anita is afflicted with a mental disorder, a culturally competent practitioner would take

seriously Anita's culturally distinct explanation of her somatic symptoms, as well as affirmations by her immediate family and spiritual healers that she was possessed by a spiritual entity. Confirmation by significant others, including family members and spiritual healers, that the client is spirit possessed is an essential criterion for diagnosing culture-bound syndrome (Paniagua, 1998). After taking into account Anita's spiritual beliefs and practices and corroboration by others that she is spirit possessed, a culturally competent practitioner would consider a diagnosis of a culture-bound syndrome.

Intervention

Spiritual Healing Process

During the two years that Anita was treated by Alberto and *El Niño* Fidencio, she participated in approximately one hundred and fifty spiritual healing sessions that employed the use of multiple healing interventions and rituals. Instead of making a charitable donation, which is customary after consulting with a *curandero*, Anita contributed her services as Alberto's assistant. The majority of the spiritual interventions were performed not by Alberto but by the healing spirit, *El Niño* Fidencio, who manifested in Alberto's body. After Alberto summoned the spirit and allowed the spirit to take temporary possession of his body, the spirit performed exorcism rituals, *limpias* (spiritual cleansings), administered spiritual injections, prescribed teas, herbs, and baths, offered advice and encouragement, and directed Anita to perform healing rituals in her home.

When instructed by *El Niño* Fidencio, Alberto also performed healing rituals for Anita without channeling his spirit guide (*El Niño*). Finally, as Alberto does with clients

who are experiencing physical problems and have not been medically diagnosed, he instructed Anita to see a physician for diagnostic testing and treatment.

But after months of spiritual treatment with *El Niño* and Alberto, she was still demon possessed. Her spiritual health was not improving. She had not complied with Alberto's instruction to see a physician, and Alberto was quite concerned that she might actually have a stomach tumor or other serious medical condition requiring medical attention.

Essentially, Alberto realized that he had reached the limits of spiritual help that he could offer her. Ostensibly, the spiritual treatment had reached a plateau. Anita's condition was not getting worse. It was contained, but the prospects for a "cure" had diminished considerably. It was time for Alberto to augment his work with another intervention. Instead of giving her more of the same, Alberto opted to refer his client for counseling. His decision reflected a substantial paradigm shift in his understanding and acceptance of counseling as a viable adjunct intervention for the psychosocial difficulties that Anita and other clients struggled with.

Anita's healing session with the curandero – June 25, 2004. Saturday mornings are set aside for public consultations with *El Niño* Fidencio, and on most Saturdays *El Niño* sees twenty to thirty followers. Over the past two years, Anita had been consulting with *El Niño* on Saturday mornings and seeing Alberto once or twice weekly. Anita aspired to become a *curandera* someday and had been assuming duties as Alberto's assistant. Thus, before I started counseling Anita, I asked Alberto if we could both see her on Friday mornings. Otherwise, if I saw Anita on Saturdays, she would be pulled

away from her duties as the *curandero*'s assistant and could perceive the counseling sessions not only as stigmatizing but also as an obstacle in becoming a healer.

Anita's healing rituals took place on Alberto's patio which serves as one of several healing sites. On this particular summer morning, after donning a long white gown and praying, Alberto took a lemon and blessed it with holy water. He then gently brushed it against Anita's abdomen, shoulders, and arms. Alberto prayed while making these repetitive cleansing motions.

About halfway through the cleansing ritual, Alberto instructed me to get closer to Anita so that I could hear sounds emanating from her abdomen. I moved my head within inches of her stomach, and I distinctly heard what sounded like croaking. Alberto continued to pray for Anita. He asked God and his spirit guide for assistance to stop whatever was causing Anita's pain, whether cancer or evil spirits. Anita grimaced, moaned, and screamed whenever the lemon touched or got close to her abdomen. She kept her eyes closed during the healing ritual, and her head was bent forward pressing against her chest. She intermittently swayed from side to side giving the impression that she might fall.

Although she appeared to me to be in a deep hypnotic-like trance, Alberto later asserted that she was in a spiritual trance, which was different from a hypnotic trance. Since we had just started working together, I decided not to explore this further. What mattered the most for me as an observer/participant was to understand Alberto's theoretical formulations about *curanderismo*.

After completing the cleansing, Alberto helped Anita to become reoriented. He eased her out of the spiritual trance by asking her questions about ointments that he had

previously prescribed to her. After the session, Alberto commented that it would be counterproductive for him, or by implication anyone else, to contradict her beliefs about being demon possessed. He reiterated his concern about her physical health and not being able to persuade her to seek medical treatment.

Case consultation. Because spiritual cleansings are powerful healing rituals in the *curandero's* repertoire of skills, and given that cleansings were used repeatedly as a spiritual intervention in Anita's case, I asked Alberto to explain this healing ritual.

"There are many different ways that a cleansing may work," said Alberto. According to him, evil forces are unable to withstand Divine Powers that are used by healers to cast out evil, negative and harmful energies from a host and to replace these evil forces with protective energies. Cleansing the body with a live egg yolk picks up and removes negative, unclean and harmful energies from the body.

He explained further that healers use items that have healing power (virtue), like a lemon, a head of garlic, certain herbs, plants, and other things to break up and destroy negative energies and evil forces that harm the host. Additionally, the host can also be healed and protected by showering with an herbal preparation which draws from nature's curative powers. Clients are instructed to boil certain herbs and then to pour the mixture over their bodies. Finally, saturating the host with smoke from burning incense is yet another cleansing ritual for breaking up negative, evil and harmful energies and expelling them from the host.

Hoping to understand how he differentiates between demon possession, which is Anita's primary complaint, and mental illness, I asked Alberto, "How can you tell the

difference between someone who is possessed by one or more spirits and a person who is mentally ill?”

“After being exposed to holy objects, the person who is possessed reacts negatively, violently, or painfully. The mentally ill person does not react negatively to holy positive energies,” says Alberto.

Counseling Process

First counseling session with Anita – June 25, 2004. I met with Anita after she finished consulting with Alberto. After I explained why Alberto and *El Niño* wanted me to see her for counseling, I asked her to sign several consent forms (disclosure of information, consent to treatment, and limits of confidentiality).

She reported feeling sleepy during the first fifteen minutes of our session. She stated, “I am like this after I see Alberto.” She stressed that her stomach symptoms were real and not imagined. She attributed her abdominal pain and croaking sounds to evil spirits and to the spiritual healing process. She inquired whether I had heard her stomach sounds during her treatment with Alberto. It was important to her that I understood that, except for one or two instances, these symptoms are only present during healing sessions.

In retrospect, I didn’t understand why it was so important for her to point out the spiritual dynamics noted above. I didn’t understand that the evil spirit (and possibly more than one) which resided in her body was frightened and felt tormented when Anita’s body came into contact with a holy object (the lemon which had been blessed by Alberto). More importantly, I didn’t know why Anita was still “demon possessed” after having undergone more than one hundred exorcism rituals.

As I became conscious of feeling insecure, of not knowing where the interview was going, I reminded myself, “Start where the client is.” For the rest of the interview, I embraced this piece of practice wisdom. I told myself, “She needs support, support, and then more support.”

Because Alberto was concerned about Anita’s refusal to see a physician, I asked questions about her health care practices. Her last medical evaluation took place about two or three years ago as part of a required immigration physical. According to her, the exam results were negative. Though obese, she did not voice concern about her weight or about health problems associated with obesity. She was unaware of having any physical problems, and she implied that she did not believe in preventive medicine, such as periodic breast exams or physical checkups. When I asked whether she had a breast exam, she stated, “I don’t have any pain or symptoms.”

She asserted that she was content with her life despite evidence that might suggest otherwise, such as not having personal goals, being chronically unemployed and financially dependent on her sister, and living in a crowded trailer home. She also prided herself in “never having felt any anger towards anyone.” She stated that she wasn’t interested, at this time, in having a heterosexual relationship. But she didn’t rule out the possibility of someday becoming involved in a relationship or having children. When asked whether she had questions for me regarding counseling, she stated, “I come to listen to you.” From her response, I realized that she needed help making the transition into the role of client and in understanding the significance of self-determination in the helping process, which would be a major shift from the paternalistic benevolence that she was accustomed to receiving.

Before she could identify a problem, I provided generous amounts of unconditional positive regard and validation of her personhood. Toward the end of the session she identified *desidia* (procrastination possibly based on apathy) as having been a problem for her in the past. This was a major breakthrough because she had repeatedly stressed that she didn't need counseling. I felt guardedly optimistic because this admission suggested that she might be willing to explore this issue or other issues in subsequent meetings. She agreed to attend from eight to ten counseling sessions.

Consultation with the curandero. A few days later, Alberto reported that he had consulted with Anita two days earlier. Anita appeared more comfortable than usual, and she was more alert and attentive to those around her.

He described Anita as being a very religious person, and added that she has her own healing altar in her sister's home. He reported that Anita prayed daily and that she occasionally performed healing rituals for relatives. After having treated her for only a few months, he recognized that she felt inspired to become a *curandera*. On several occasions, he had observed her going into spiritual trances and demonstrating signs that a divine spirit was channeling through her.

Even though Anita appeared to be following an established path for becoming a healer, Alberto was experiencing serious misgivings about her capacity to channel spirits. On one hand, he viewed her desire to become a *curandera* as a positive development. He had treated clients who exhibited symptoms similar to those of Anita, and some of these clients had become healers when they finished their spiritual treatments.

On the other hand, Alberto was worried because there was a distinct possibility that Anita was open to all spiritual influences, good and evil. Finkler (2001) refers to this

spiritual diagnosis as an “open cerebro” [cerebrum] which makes the individual susceptible to repeated attacks by perturbed spirits. Contemplating a worst case scenario for someone like Anita who wanted to be a *curandera*, Alberto said, “She may never reach a point where she would not be at risk or in danger of going into a spiritual state and not be susceptible to the influence or temptation of the spirits of darkness transmitting through her.”

“For some unknown reason, Anita remains an open and unprotected medium [spirit channeler],” said Alberto as he reflected on Anita’s spiritual impasse. “I believe this is one of the reasons she refuses to see a doctor and why she continues to live in a state of pain and suffering.” Reflecting further on this issue, Alberto continued, “The influence of the spirit of darkness from her past continues to have a hold and will not entirely let her go. She hears a voice telling her that she should not come to see the healers. Lydia and I believe it may be the same voice that tells her not to see a doctor.”

Case summary. Over the course of six months, I saw Anita for nine sessions and one follow-up interview. During this period, she also consulted with Alberto once or twice weekly. Seemingly without preference, she participated in healing rituals when Alberto was channeling *El Niño* Fidencio and when he wasn’t. Additionally, she functioned as a *curandero*’s aide during healing sessions and, at my suggestion, she received weekly didactic instruction on spiritual healing from Alberto.

Although her condition improved dramatically after the first two sessions, she continued to experience intermittent pain. She did not seek medical help, and she saw *El Niño* or Alberto once or twice weekly for *limpias* and occasionally for exorcisms. She accepted Alberto’s explanation that she is an “open cerebro” and that she was not yet

ready to become a healer. In response to increased concerns about her health, she initiated an exercise program (walking around her neighborhood), but she was unsuccessful in her attempt to lose weight.

Follow-up visit with Anita – December 8, 2005. One day while visiting with Alberto, Anita dropped by and requested to see El Niño. During her consultation with *El Niño*, she described a recent dream that troubled her. She dreamt that she couldn't wake up from a very deep sleep. In the dream, Alberto tried unsuccessfully to wake her, and he wept. Although Anita didn't explicitly request an interpretation, I surmised that she was hoping that *El Niño* would interpret her dream. Instead of responding to the dream, *El Niño* asked her how she was doing, perhaps intimating that he was more concerned with the status of the spiritual crisis that initially brought her into treatment. Anita smiled and responded that she continued to do well. "I am almost cured," said Anita.

After the healing session, Alberto happily announced that Anita's condition had improved significantly. Alberto said, "She hasn't had an attack in months." Clearly she was no longer in crisis and her healing was now in a maintenance phase.

But beyond Anita's treatment, her referral helped Alberto and me establish a working relationship and finalize the treatment protocol for the other clients that would be referred during the research project. In the ensuing months, I received seven additional client referrals. Our work with these clients produced many positive therapeutic results and provided additional learning opportunities. Discussion of the work with these clients is beyond the scope of this paper.

Conclusion

As a result of partnering with two spiritual healers, Alberto and Lydia, I realized that there was much more to the knowledge base of *curanderismo* than I was exposed to as a child. But our project involved more than just learning about beliefs, rituals, and healing practices; I also experienced excitement, confusion, wonder, enlightenment, and fulfillment. These meaningful experiences occurred principally because I consulted extensively with project colleagues, questioned assumptions, redefined professional boundaries, confronted personal and ethical dilemmas, and gradually became more adept at suspending disbelief. These strategies allowed me to venture deeper into unfamiliar territory, thereby enhancing the experience.

As described elsewhere in the literature (Finkler, 2001; Treviño, 2001), our collaborative team similarly observed that culture-bound syndromes can be appropriately diagnosed and treated by *curanderos*. But as a new development, we demonstrated that a culturally competent social worker can provide adjunct counseling services for clients who are consulting a *curandero*. We also found that some clients experience difficulty making the transition into counseling, particularly clients who feel stigmatized by mental health practitioners and who associate mental illness with personal failings.

Based on our observations, our team concluded that social work practitioners can obtain vital cultural knowledge and experience through observation and direct participation in traditional healing practices. As an unanticipated outcome, I discovered that Hispanic practitioners can reclaim knowledge and experience that was once valued and later labeled as “superstition” and excluded from consideration in assessment and treatment.

Even though I acquired most of my new knowledge about *curanderismo* during conversations with Alberto, my most valuable learning experience was through my role as observer/participant in the spiritual healing sessions. Direct observation and client interviews elucidated the spiritual treatment process and helped me assess clients' responses and treatment outcomes, as well as Alberto's efficacy as a healer.

Observations of multiple healing sessions provided a foundation from which *curanderismo* could be compared and contrasted with clinical social work practice. This comparison was invaluable because perceived similarities served as a cultural bridge from which I could learn to trust and appreciate Alberto's knowledge and practice skills.

My participation in the healing sessions also neutralized the negative associations or stereotypes that my *curandero* collaborators and prospective clients had regarding mental health providers, including social workers. To them, I was still a counselor, but there was an implicit understanding that because I reverentially participated in the healing rituals, I had a connection with them that would surely affect how I perceived and treated them. My participation honored the culture and the clients' beliefs. Clients felt freer to disclose because they did not fear that I would label them as mentally ill based on the symptoms of their spiritual malady. This was certainly true in Anita's case.

In short, both *curanderos* and prospective clients need to feel assured that you the social work practitioner are "with them" in their worldview. They want to be assured that you will be using their worldview when they are evaluated. They would prefer that you share their beliefs, but if not, they need to be assured that you won't challenge their own understanding of their spiritual condition.

Practitioners aspiring to become culturally competent for work with clients steeped in traditional belief systems must understand and acknowledge those clients' beliefs about healing. Although reading about *curanderismo* is a necessary first step toward achieving cultural competence, it is not enough. Yet, the prospects of observing or becoming an active participant in healing rituals and practices may seem as impractical or even impossible to someone who does not speak Spanish fluently or at all. It may even be difficult to locate a traditional healer. Moreover, personal and professional dilemmas and awkward moments will likely occur in interactions with *curanderos* and their clients.

Still, as the Hispanic population grows in the United States, social workers must be willing to move beyond these real or perceived barriers. To be culturally competent a social worker must do more than simply read about others' cultural beliefs or passively observe cultural practices. Mexican-Americans who are less acculturated into American society are unlikely to seek mental health services (Vega et al., 1999; Wells et al., 1987). Thus, social workers who desire to meet the mental health services needs of Mexican Americans must reach out actively and devise innovative ways to gain the trust of these potential clients. Our project suggests that it is possible to engage clients through entering their life space, participating in their traditions, and showing respect for their worldviews. This process requires openness and flexibility, but yields enormous returns through honoring the social work value of respect for diversity and fulfilling social work's mission of service to oppressed and vulnerable populations.

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