

# **Mexican *Curanderismo* as Ethnopsychotherapy: A qualitative study on treatment practices, effectiveness, and mechanisms of change**

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This article reports the results of a qualitative field study of the ethnotherapeutic treatment practices of *curanderos*, the practitioners of traditional Mexican medicine, and their effectiveness in the treatment of mental illness. Three healers and their patients from the southwestern state of Oaxaca participated in the study. The patients had a number of psychiatric disorders, including panic and dependency syndrome and schizophrenia. The evaluation of treatment practices was based on a systematic analysis of the psychotherapeutic significance of the healers' central beliefs, such as concepts of mental illness and diagnosis. The psychotherapeutic outcomes of 8 patients were evaluated in a longitudinal case study with a 6-month follow-up. 6 of the patients showed complete remission of symptoms, and 2 patients had partial remission. The results were interpreted as evidence for the clinically significant effectiveness of Mexican *Curanderismo* in the treatment of mental illness. The psychotherapeutic effectiveness could be mainly explained by specific treatment characteristics, such as the extensive use of spirituality, altered states of consciousness, and the bifocality of ritual interventions.

*Keywords: Effectiveness; Ethnopsychotherapy; Mental illness; Mexican Curanderismo; Outcomes; Transcultural psychotherapy; Treatment practice*

## **Introduction**

In the past four decades, scientific evaluations of therapy outcomes have become a central preoccupation of western psychotherapy research. This intense research

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interest was provoked by the famous assertion by prominent psychologist Hans Eysenck, who in 1952 put into doubt the belief that rates of psychotherapeutic change outweigh the effects of spontaneous remission. Clearly, there have been fewer studies evaluating the effectiveness of indigenous treatment approaches. However, in a globalised world, dominated by hegemonic ideologies, concepts, and discourses, there is also an increasing need for traditional healing systems to participate in the transcultural discourse legitimising their essential positions and interests. Transcultural and ethnotherapeutic research in the field of medicine and psychotherapy can play a central role in achieving this goal.

Traditional Mexican medicine is known colloquially as *Curanderismo*, a word with its literal origins in the Spanish “*curar*”, which means “to heal”. Its practitioners are the *curanderas* and *curanderos*. Mexican traditional medicine has been defined as a “system of knowledge, beliefs and practices which are intent on the prevention and treatment of illnesses or the management of causes of misbalance, which is perceived as pathological for the individual or the social group” (Instituto Nacional Indigenista/Secretaría de salubridad y Asistencia, 1993, p. 45)—a system with roots in precolonial Indian, European, and, to a lesser degree, African heritages. The traditional medical system of *Curanderismo* is not unique to Mexico but can be found in very similar forms in Middle and South American countries due to the common historical background and the powerful influence of Indian cultures in those regions.

Mexican *Curanderismo* contains a range of therapeutic disciplines, practiced either by distinct specialised healers or therapists (or by one healer/therapist) who are widely acknowledged within their social contexts. The highest recognition is accorded to practitioners in the field of psychospiritual therapies, who are the archetypal *curanderos*.

### **The Social Position of Mexican *Curanderos***

The healers’ therapeutic services are essential for the health care of a large number of Mexicans, the majority of whom have few socioeconomic resources. For example, about 20–30% of the Mexican population does not have access to public health services. Likewise, psychiatric and psychotherapeutic services are among the least developed in the Mexican public health system. The local *curandero* often represents the sole health resource that is reliably accessible to the general public (Medina-Mora et al., 1997).

Quite surprisingly, the clearly significant care provided by *curanderos* is rarely acknowledged by the hegemonic system of western medicine. For example, Mexican law recognises the practice of *curanderos* as culturally important, but not medically valid. Likewise, Mexican *curanderos* are hindered in their practice by persistent prejudices or ignorance by the governing classes and a weak political lobby. In addition, the small social groups that support a broader recognition of *Curanderismo* as a medical resource are clearly more focused on its somatotherapeutic aspects, such as the use of herbs or the practice of midwifery, and less on *Curanderismo* such as psychotherapy (Zacharias, 2005).

## The Historical Context of Mexican Curanderismo

Historically, Mexican *Curanderismo*—with its use of ritual therapy—was persecuted, especially by the Catholic inquisitorial movement (Quezada, 1989). As a result, the psychospiritual practices, like oracle methods, working with dreams, and rituals using hallucinogenic substances, became more and more a “medicine of the underground”. The dominant attitude in public discourse concerning the symbolic aspects of *Curanderismo* has been one of rejection. This continues to be the case due to the growing influence of biomedicine in Mexico (Menéndez, 1990). In regard to Mexican medical policy, this lack of recognition has led to a situation where this important medical resource remains underestimated and underresearched.

## Research on Psychotherapeutic Aspects of Mexican *Curanderismo*

The ethnopsychiatrist Kiev (1972) was among the earliest researchers to investigate the efficacy of *Curanderismo* as ethnopsychotherapy. After interviewing four *curanderos* in a community of Mexican immigrants in the Southwest of the United States, Kiev attested to the fact that *Curanderismo* methods were as effective as western psychotherapy for the treatment of psychiatric disorders of mild or moderate severity disorders. For the more severe psychiatric disorders, like schizophrenia, he found that *Curanderismo* was less effective when compared with western psychotherapy. His method of research, however, was impressionistic and may have lacked the rigour expected of comparative treatment efficacy studies.

Several studies on the *Curanderismo* ethnotherapeutic tradition have dealt with what is probably the most popular diagnosis used by *curanderos*: the “*susto*”, often translated as “magical fright” or less precisely as “soul loss” (Gillin, 1948; Marsella, Friedman, Gerrity, & Scurfield, 1996; Rubel, O’Neill, & Collado, 1985). The therapeutic application of hallucinogenic substances in healing rituals, especially hallucinogenic mushrooms, is another area of research, although it is dominated by more psychopharmacological and ethnographical perspectives, rather than focusing on psychotherapy (Hofman, 1987). While ethnopsychiatric research from the past five decades supports the clinical significance of *Curanderismo* in the field of mental health, controlled studies evaluating psychotherapeutic treatment outcomes with *Curanderismo* are sorely missing.

Research on the practice of indigenous therapies presents some challenges, including the fact that the sacred context of traditional healing is especially sensitive to the intrusive nature of most scientific research. From an organisational standpoint, the less formalised ways in which traditional healing services are provided, coupled with the short-term character of treatments, introduce notable difficulties for controlled studies or for the gathering of catamnestic data. Furthermore, judging the outcome of psychotherapy is a particularly subjective endeavour, and the few outcome studies that do exist are weakened by low concordance between different evaluators about the therapeutic effect of the same treatment or case (e.g., Kleinman, 1984). Western psychotherapy research in recent decades shows that the chosen criteria have a

strong influence on the outcome data—as does the perspective (patient, therapist, observer) and the selection of more “objective” (i.e., mostly symptomatic) criteria versus more subjective and generalised criteria, such as patients’ satisfaction or general well-being (Garfield, 1986; Michalak, Kosfelder, Meyer, & Schulte, 2003). However, criteria divergence is an essential aspect of the phenomenon being studied (Lambert, Shapiro, & Bergin, 1986), and research on indigenous healing should recognise the complex and highly subjective character of therapy outcomes through the selection of diverse criteria and emphasis on the judgements of the participants.

### Goals of the Study

A primary task of this study was a systematic psychological description of the psychotherapeutic knowledge and methods of Mexican *curandero*, and to relate these findings to the already known culture-specific concepts and practices of the *curanderos*. The goal was to make sense of the disparate theories concerning the psychotherapeutic aspects of Mexican *Curanderismo*. In doing so the author hopes to: (a) develop a homogeneous and practice-oriented level of theoretical reflection, which would illustrate the particularities of indigenous healing practices; (b) categorise the different aspects of the therapeutic system itself; and (c) identify *Curanderismo*’s functional commonalities and differences with western psychotherapy and other psychotherapeutic systems. The investigation is the first systematic empirical study of the psychotherapeutic effectiveness of Mexican *Curanderismo*. Data from the study would allow the hypothesis that Mexican *curanderos*’ treatments have evidentiary clinical relevance for the curing of mental illness to be tested for the first time.

### Methods

#### *Participants and Setting*

The field investigation took place during the period from 1998 to 2001 in the State of Oaxaca, a State in Southern Mexico with the highest rate of *curanderos* per capita. In total, 68% of Oaxacaneans have Indian heritage, which is the highest percentage nationwide. A notable proportion is still mono-lingual, exclusively speaking the indigenous language (Instituto Nacional Indigenista/Secretaría de Salubridad y Asistencia, 1993). The socioeconomic structure of Oaxaca is characterised by the central role of agriculture, practiced mainly as a means of economic self-sufficiency, while incomes are supplemented with fishing, tourism, and handicrafts. With respect to economic income, as well as hygienic and educational standards, the State of Oaxaca ranks extremely poorly in comparison with other Mexican federal states. For example, about 61% of Oaxacanean households still lacked basic hygienic necessities in 1995 (Gobierno del Estado de Oaxaca, 1995).

Two cultural communities were chosen for the data collection, with the intention of investigating Mexican *Curanderismo* within different socioeconomic and sociocultural contexts. One sociocultural context was found in a rural community in the

Northeastern mountain region of Oaxaca, called “Mazateca”. Culturally this region is dominated by the Mazatec ethnic group. The traditionally influenced community sample is also characterised by low socio-economic status, and had one experienced male healer, about 70 years of age, and his patients. A second type of sociocultural context was an urban community in Oaxaca’s capital city of the same name. The urban community sample included two experienced female healers, 43 and 60 years old, and their patients. The chosen *curanderos* had high social status within their communities, manifested, for example, in their engagement in organisations for professional *curanderos* at local or national levels. Randomised observational and interview-data were collected from a group of about 40 patients. Eight patients (four from each setting) were then recruited for the longitudinal case study of outcome evaluation.

The *curanderos* from the two samples mainly practiced in designated parts of their private homes. The urban healers tended to work in separate sections of two or three rooms within the houses, specially designated for their therapeutic practice. The *curandero* from the rural sample used a corner of the main room of his house for his treatments. The rural healer also made house calls to his patients as needed. For all three healers the work as *curandero* did not comprise their only source of economic income.

The three healers showed some differences concerning their therapeutic specialisations. The rural healer defined himself as a *curandero*, working nearly exclusively at the psychospiritual dimension of illness, called “Shuta-Chiné” in the Mazatec language. The two urban healers included somatotherapeutic treatment services (i.e., muscular and skeletal treatments, midwifery) to a greater extent. The younger of the two *curandera* specialised exclusively in the treatment of mental illness.

The evaluation of therapy outcome was based on a small sample of eight patients (four from the rural setting). Three of them were male and five were female. Seven patients were adults, with an average age of 30 years (range, 21–37 years), and one patient was a girl of nine. The sample size was limited by the high number of selection criteria; specifically, the willingness of the patients to participate in the study, idiomatic barriers with patients who lacked Spanish fluency, the need for a sufficiently high degree of self-reflection, and the availability of the patients for the follow-up.

The patient sample included various psychiatric disorders and all degrees of severity of psychiatric illness. Applying the diagnostic guidelines of the International Classification of Disease (10th edition, Chapter 5: Research criteria) (World Health Organization, 1997), the patients were diagnosed as four cases of adjustment disorder with a mild or moderate severity of psychiatric symptoms (anxiety, depression, psychosomatic symptoms), one case of panic syndrome and mixed anxiety and depressive mood, one case of pain syndrome combined with mixed anxiety and depressive mood, one case of dependency syndrome with multiple substance abuse, and one case of schizophrenia.

All the adult participants consented to take part in the study. A parent consented for the minor to participate.

*Instruments and Procedures*

Due to the complexity of the ethnopsychotherapeutic processes investigated in this study, and the crucial role of subjective informants, this study was designed to follow the qualitative methodological approaches of the social sciences. It consisted of two relatively separate methodological parts, each dedicated to one of the study's goals. The following methods were used for data gathering and data analysis, and for the systematic description of *curanderos* psychotherapeutic treatment practice and outcomes.

*Measures used to investigate Curanderos' practice.* The measures used in this study included the following: (a) field observation of the treatment practices of the three healers in cases of mental illness (i.e., approximately 40 treatments), including the use of various protocol techniques; (b) a semi-structured interview with the three healers designed to explore their understandings concerning the treatment of mental illness (with reference to the meta-concepts of the psychotherapeutic process, such as concepts of mental illness and health in general, the main diagnostic categories and therapeutic methods, and the concepts of therapeutic success or curative factors); (c) a focused short-term interview following observed treatment sessions to clarify the healers' general therapeutic concepts; and (d) the Structuring Content Analysis by Mayring (1997), a method of text analysis, for the systematic analysis of observation-based and interview data.

*Treatment outcome measures.* To evaluate treatment outcomes, the study was developed as a combination of a qualitative case study and a longitudinal treatment evaluation (pre-testing, post-testing and 6-month follow-up). Treatment data were collected through multiple methods:

1. A semi-structured interview with the patients about their life histories and their current situations, including their illnesses, now as well as before beginning treatment with the *curandero*;
2. Observation of the external characteristics of the individual treatment process;
3. A semi-structured short-term interview about the patients' experiences during the treatment process, including verbal evaluation of the treatment results;
4. Diagnostic guidelines of the International Classification of Diseases criteria (World Health Organization, 1997);
5. A 30-item short version of the General Health Questionnaire (Goldberg & Hillier, 1979), adapted for the Mexican population (Castro, Medina-Mora, & Martínez, 1982; Ezban, Padilla, Medina-Mora, & Gutierrez, 1985), which asked test-takers to self-assess their psychiatric symptoms, and was used in the study to screen for patients in need of treatment;
6. The General Assessment Scale (Endicott, Spitzer, Fleiss, & Cohen, 1976), used as a rating scale for external assessment by the healer and observer concerning the patients' level of functioning and quality of general mental health; and

7. An ordinal rating scale for the patients' self-assessment of their degree of distress from specific symptoms and their general state of mental health. This scale compares pre-treatment and post-treatment data, and pre-treatment and catamnestic data, defining degrees of therapeutic change as "deteriorated", "unchanged", "partially improved", and "fully or very improved". The different outcome criteria were summarised using a 4-point scale to promote qualitative evaluation of therapeutic change. As an additional step the study examined the degree of concordance among the three different perspectives of patient, healer, and observer.

It should be noted that at the beginning of the treatment process, patient, healer, and observer agreement was very low, in comparison with the moderate and high degrees of concordance observed immediately after treatment, and the high degree of concordance at the 6-month follow-up. Furthermore, higher degrees of concordance seemed to be associated with complete improvements, whereas in the cases of only partial improvement the concordance of opinions was typically only moderate. These differences indicate that the patients' and healers' judgements of therapy outcome were not independent, but were related to the process of therapeutic change itself. Furthermore, the higher level of agreement at the end of successful therapy demonstrates that a successful therapeutic change process is an event of intersubjective validity.

## Results

The text analysis of the interview data showed that Mexican *curanderos* are predisposed to an elaborated conceptual schema on the nature of the psyche and its role in the processes affecting states of health and illness in general. Furthermore, the study found a group of highly differentiated conceptions of mental illnesses (*curanderos* nosology), and an equally sophisticated set of diagnostic and therapeutic methods for the treatment of those illnesses. A comparison between the healers demonstrated a high concordance of concepts between the *curanderos*, but also some differences. The conceptual variations seemed to be related to the origin of the sample (rural/traditional versus urban/modern). The descriptions that follow capture the essence of the results obtained through the text analysis of the *curanderos*' responses.

### *Curanderos' Understanding of Health and Illness*

Mexican *curanderos* understand health and illness as a manifestation of an interactive process between three main dimensions of regulatory processes; the religious and/or spiritual dimension, the affective-emotional dimension, and the somatic processes of health and illness. This multidimensionality is expressed via the three concepts of "spirit" (*espíritu*), "soul" (*alma*), and "body" (*cuero*). The three levels are connected by interactive processes that represent a hierarchical schema as shown in Figure 1.

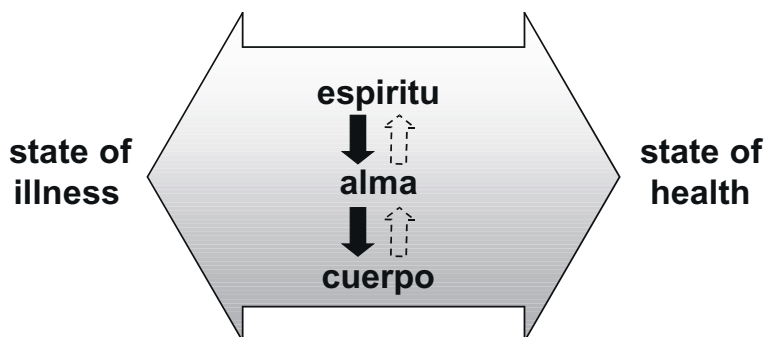


Figure 1. The Mexican *curanderos*' concept of health and illness

The concept of *espíritu* plays the central role in the *curanderos*' understanding of health and illness in general, and of mental health and psychiatric disorders in particular. When analysed from a psychological perspective, the *espíritu* concept of Mexican *curanderos* possesses a clearly religious, non-psychological significance. Through their therapeutic applications of the *espíritu* concept, the *curanderos* expand the importance of religious practices and beliefs into everyday life. Furthermore, the *curanderos*' perception of spiritual processes and spiritual illnesses involves an extraordinarily well-defined understanding of different functions and malfunctions of human consciousness. Mexican *curanderos* understand dream states, altered states of consciousness, and recognise having a sense of identity and meaningfulness as manifestations of a properly functioning *espíritu*. Dissociative processes evoked by trauma and states of psychotic confusion are viewed by the *curanderos* as severe spiritual dysfunction or pathology (Zacharias, 2005).

The properly functioning *espíritu* of a person is described by the healers as a "guardian" of mental and somatic health. If the *espíritu* is not able to fulfil its protective function because of absence or weakness, the lower level of psychic regulation—the *alma*—is affected. The most frequent types of dysfunction or distortion of the *alma* that the healers mentioned were the excess of emotions felt by individuals such as an intense, pathological feelings of envy or rage, or an overwhelming sadness. Functionally, these emotional processes are clearly subordinate to the mental processes regulating the dimension of spirituality, religion, and consciousness.

Diagnosis of mental illness by Mexican *curanderos* reflects the three-dimensional structure of general health–illness processes, and usually includes causal assumptions about the pathogeny. The most important diagnoses are *susto* (magical fright), *mal aire* (negative air/vibrations), *mal de ojo* (evil eye), *envidia* (envy of others), *sentimientos fuertes* (vehement feelings), *brujería* (illness caused by witchcraft), and *falta de fé* (lack of faith). Furthermore, in the urban sample, some diagnostic concepts were found to reflect the influences of modern life and western medicine and psychotherapy, such as the concept of lack of self-esteem or reactive psychiatric problems caused by relational conflicts and developmental crises.



In contrast to the cultural specificity of *curanderos*' concepts of psychiatric illness, the symptoms described by the *curanderos* are similar to those of western psychotherapeutic practice. Thus, the analysis of the psychiatric symptoms named most frequently during the interviews (see Figure 2) demonstrated a striking concordance to the profile of psychiatric symptoms and syndromes of patients in western psychotherapeutic practice.

*Curanderos' Treatment Methods for Mental Illness*

Like the diagnostic concepts, the *curanderos*' therapeutic methods are characterised by a multidimensional approach to the disorder or problem to be cured. Ritual healing methods typically integrate spiritual and other symbolic interventions such as sensory and corporal stimulation. The treatment methods also reflect the healers' conception of the health–illness processes as comprising multidimensionality, and hierarchical relations (as in Figure 1).

Beyond the therapeutic focus on pathology, the *curanderos* also respond to questions of maintenance of mental health through their therapeutic practice. *Curanderos* offer or recommend therapeutic activities for the prevention of mental illness. The preventive interventions are mostly realised via spiritual practices. This fact confirms the primacy of the spiritual dimension to the *curanderos* concerning the regulation of the health–illness processes

The study identified several diagnostic and therapeutic methods applied by the *curanderos* in the treatment of mental illness. The healers' description of treatment methods showed a high concordance. The schema in Figure 3 provides an overview of the main treatment methods.

In preparing a treatment plan for a specific patient, each *curandero* tended to use the following three types of diagnostic methods: empathic and spiritual perception of the health status and problems of the patient; an oracle method; and verbal information

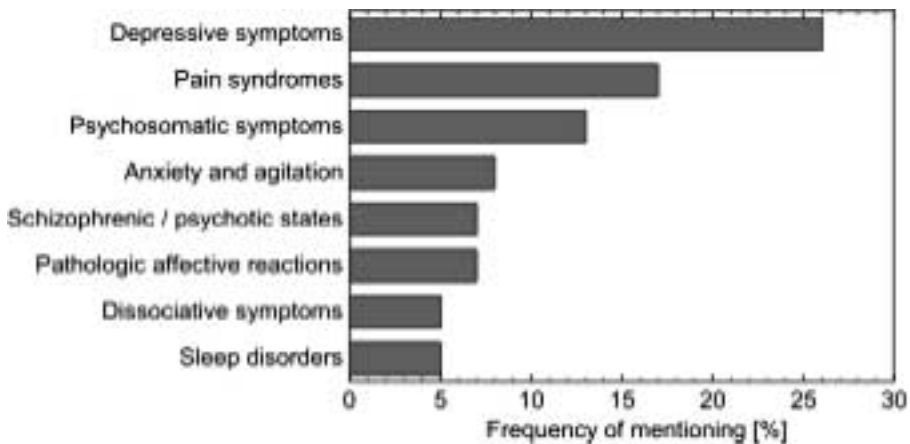


Figure 2. Psychiatric symptoms and syndromes of the Mexican *curanderos*' patients

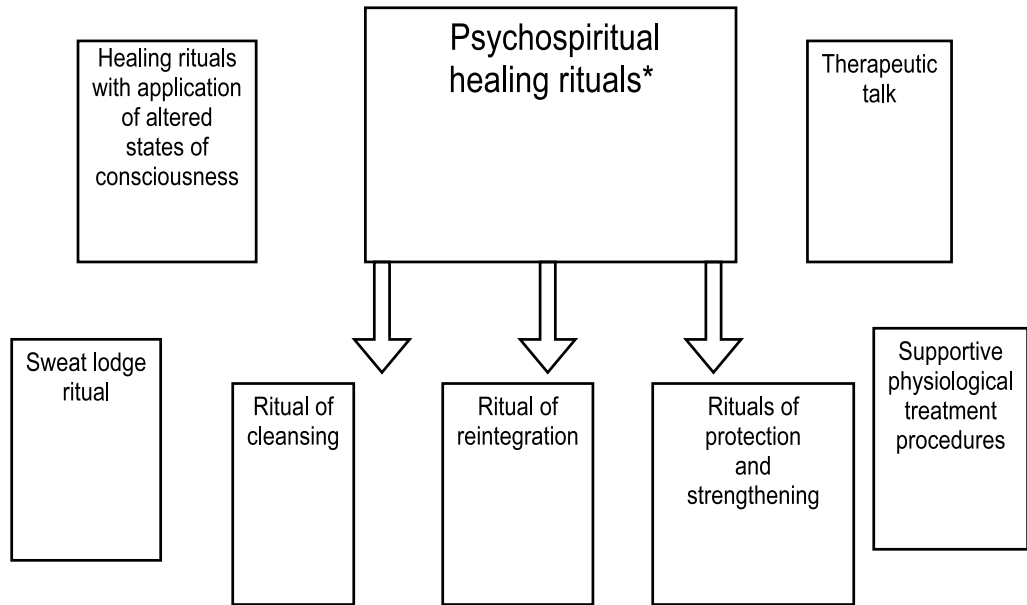


Figure 3. Schema of the treatment methods used by the Mexican *curanderos*. Note: \*without explicit application of altered states of consciousness

gained through incidental conversation with the patient. Empathic and spiritual perception was realised by a synthesis of visual impressions, tactile information (i.e., gained from pulse or other forms of tactile diagnosis, and perceptions evoked in states of milder or more profound alteration of the *curanderos'* consciousness). An oracle method is a method of divination through the use of raw egg, maize or corn cobs, or candle wax. Figure 4 shows schematically the highly elaborated diagnostic procedure of one of the urban *curandera* who specialised in the treatment of mental illness.

However, differences among the *curanderos* in the diagnostic and therapeutic procedures and related concepts were also found. Some of these were clearly delineated by the *curandero's* own professional biography, which was influenced by his or her own master or teacher, the local customs, and his or her personal tendencies. For example, *curanderos* who used altered states of consciousness tended to specialise in the healing of mental illness, and *curanderos* from the urban sample tended to stimulate and reinforce emotional cathartic reactions and also included interventions on a somatic level (as well as the use of interventions on a somatic level; e.g., massage).

#### *Follow-up Study on Curanderos' Treatment Outcome for Mental Illness*

Table 1 presents an overview of the evaluation data, including the diagnosis following the guidelines of the International Classification of Disease, 10th version (World Health Organization, 1997) and each *curandero's* diagnosis, some external treatment

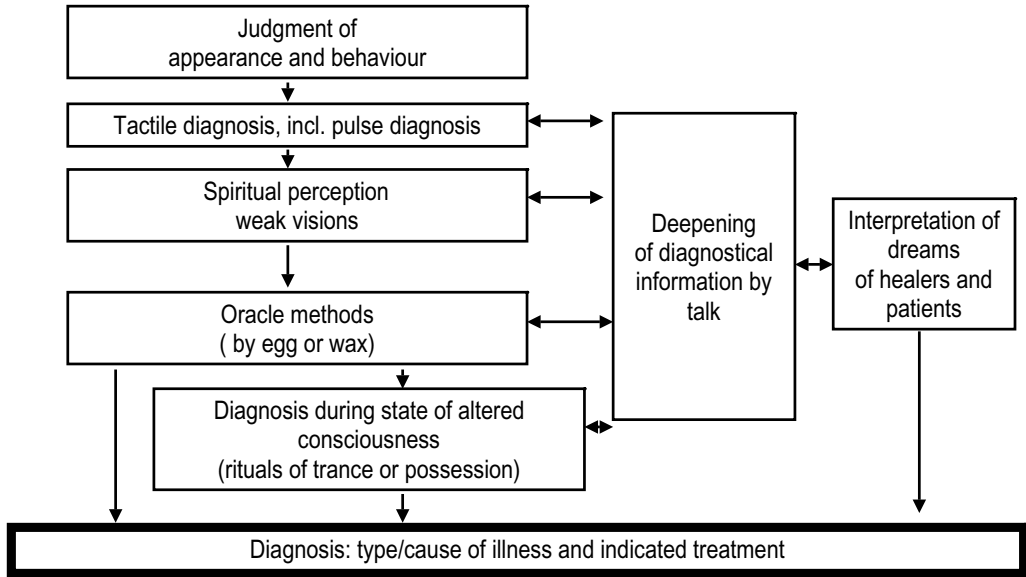


Figure 4. Schema of the diagnostic process used by one of the *curandera* from the urban sample

data, and the summarised evaluation of outcome after the initial treatment and at the 6-month follow-up.

Based on these data, it can be concluded that the Mexican *curanderos'* treatment of mental illness of all different kinds and degrees led to a complete recovery in six cases, and to partial improvement in two cases. In the cases that showed complete improvement immediately after treatment, the therapeutic effect remained at the 6-month follow-up. In one case, which was characterised by a relatively short course of treatment (Case 6), the improvement immediately after treatment was only partial, but was evaluated as complete at the time of catamnesis. For the two other cases in the sample, evaluators assessed only a partial improvement immediately after treatment. For different reasons, catamnestic data were not available or was not appropriate for collection for these two cases. In Case 2, the patient left treatment after a duration of 2 months, citing lack of success, and began treatment involving alternative medicine (homeopathy). At the follow-up complete improvement was evident, although it was obviously only partially caused by the treatment of the *curandera*. In Case 3, the time-consuming treatment of a young, severely disturbed woman with schizophrenia was supplemented by a unique form of social therapy (living with the *curandera's* family), but this led only to a partial improvement. Unfavourably influenced by a troubled home life, the patient denied the researcher contact at the time of follow-up.

### Discussion and Conclusions

The study provided evidence for Mexican *Curanderismo* as a clinically significant health care service in the diagnosis and treatment of mental illness. The systematic

Table 1. Case-related outcome evaluation for *curanderos'* treatments of psychiatric disorders

| Patient (sample) | Diagnosis                                       | Curanderos   | Treatment   |   | Extent (times, duration)                                 | Outcome evaluation (degree of improvement) |                         |
|------------------|---|--|---|---|--|--|-------------------------|
|                  |   |  | Type  |   |  | After treatment                            | 6-month follow-up       |
| 1 (urban)        | Dependency syndrome with multiple substance use | Magical fright/loss of the spirit  | - Diagnosis by empathy and oracle   | - Additional diagnosis by trance ritual ( <i>sesion espiritual</i> )  | 10 sessions; 1 additional weekend workshop over 6 months | Complete                                   | Complete                |
|                  |   |  | - Repeated application of combined cleansing ( <i>limpia</i> ) and reintegration ritual ( <i>ritual para el susto</i> ) | - Combination of sweat lodge ( <i>temazcal</i> ) and ritual use of hallucinogenic mushrooms ( <i>ritual de hongos</i> ) |  |  |                         |
| 2 (urban)        | Panic syndrome and depression                   | "vehement feelings" syndrome ( <i>sentimientos fuertes</i> ) caused by anger and anxiety | - Additional phytotherapeutic treatment   | - Diagnosis by empathy and oracle   | 15 sessions over 2 months                                | Partial                                    | No valid data available |
|                  |   |  | - Repeated application of combined cleansing and reintegration ritual   | - Additional diagnosis and therapy by a trance ritual   |  |  |                         |
|                  |   |  | - Repeated therapeutic talks  | - Additional phytotherapeutic treatment and massages  |  |  |                         |

Table 1. (continued)

| Patient (sample) | Diagnosis   | Curanderos  | Treatment  | Extent (times, duration)  | After treatment | Outcome evaluation (degree of improvement) |
|------------------|---|---|--|---|-----------------|--|
| 3 (urban)        | Undifferentiated schizophrenia  | Delusion and "loss of reality" caused by witchcraft ( <i>brujería</i> ); sadness  | Type<br>- Diagnosis by empathy, oracle and trance ritual<br><br>- Repeated application of combined cleansing and reintegration ritual<br>- Extended ritual called "spiritual operation" with use of trance, enactment and dream analysis<br>- Additional phytotherapeutic treatment and massages | 42 sessions over 4 months; period of residence with the healer and her family | Partial         | No valid data available                    |
| 4 (urban)        | Adjustment disorder with mixed anxiety and depressed mood                 | Anxiety and sadness ( <i>miedo y tristeza</i> ) as a form of "vehement feelings" syndrome ( <i>sentimientos fuertes</i> ) | - Diagnosis by empathy and oracle and massages   | 6 sessions over 6 months  | Complete        | Complete                                   |
| 5 (rural)        | Persistent somatoform pain disorder with mixed anxiety and depressed mood | Illness caused by witchcraft  | - Repeated cleansing and reintegration rituals<br>- Additional phytotherapeutic treatment and massages<br>- Diagnosis by oracle  | 3 sessions over 1 month   | Complete        | Complete                                   |

Table 1. (continued)

| Patient (sample) | Diagnosis  | Curanderos   | Treatment   |                          | Outcome evaluation (degree of improvement) |                   |
|------------------|--|--|---|--------------------------|--|-------------------|
|                  |  |  | Type  | Extent (times, duration) | After treatment                            | 6-month follow-up |
| 6 (rural)        | Adjustment disorder with mixed anxiety and depressed mood; somatoform autonomic dysfunction (gastrointestinal) | Illness partially caused by witchcraft and envy of others          | - Combination of cleansing and sacrificial ritual with candles                              | 2 sessions over 2 weeks  | Partial                                    | Complete          |
|                  |  |  | - Ritual use of hallucinogenic mushrooms  |                          |  |                   |
| 7 (rural)        | Adjustment disorder with impairment of other feelings  | Primary preventative treatment for better coping with a life event | - Additional dietetic counselling and recommended self-monitoring of dreams after treatment | 1 session                | No valid data available                    | Complete          |
|                  |  |  | - Combined cleansing and sacrificial ritual   |                          |  |                   |
|                  |  |  | - Extended sacrificial ritual   |                          |  |                   |
|                  |  |  | - Additional dietetic counselling and recommended self-monitoring after treatment           |                          |  |                   |
|                  |  |  | - Diagnosis by oracle   |                          |  |                   |
|                  |  |  | - Combined cleansing and sacrificial ritual   |                          |  |                   |

Table 1. (continued)

| Patient (sample) | Diagnosis ICD-10  | Curanderos  | Treatment  |                          | Outcome evaluation (degree of improvement) |                   |
|------------------|---|---|--|--------------------------|--|-------------------|
|                  |   |   | Type   | Extent (times, duration) | After treatment                            | 6-month follow-up |
| 8 (rural)        | Mild depressive episode; undifferentiated somatoform disorder | Chronically increased nosophililia caused by envy of others | - Diagnosis by oracle                                    | 4 sessions over 2 months | Complete                                   | Complete          |
|                  |   |   | - Combined cleansing and sacrificial ritual with candles |                          |  |                   |
|                  |   |   | - Ritual with use of hallucinogenic mushrooms            |                          |  |                   |
|                  |   |   | - Recommended self-monitoring of dreams after treatment  |                          |  |                   |

Note: International Classification of Disease, 10th edition (World Health Organization, 1997).

analysis of the knowledge and practices of three Oaxacanean *curanderos* demonstrated that such *curanderos* possess clinically valuable and discriminating psychotherapeutic knowledge and competencies. The longitudinal case studies on the outcome of the mental illnesses confirmed empirically that the *curanderos* were able to achieve notable and lasting curative effects in the treatment of psychiatric symptoms and mental disorders of different kinds and degrees of severity. Moreover, Mexican *curanderos* considered themselves competent in providing preventive therapeutic activities in the field of mental health and illness.

Analysis of the outcome data shows a relationship between the severity of mental illness and the probability of a complete recovery using the *curanderos'* treatment. Thus, in four of the six cases that experienced total improvement, the patients had mild to moderately severe symptoms of their respective psychiatric disorders (see Table 1, Cases 4, 6, 7, and 8), whereas the two cases with partial success had moderate or high levels of severity of symptoms. This finding suggests that the less severe the illness, there more likely a complete improvement occurred as a result of the *curanderos'* treatment. This result coincides with the widespread argument made in ethnotherapeutic studies that traditional healing methods are effective measures against a range of mild to moderate psychiatric disorders (for Mexican *Curanderismo*, see Kiev, 1972). While the only partial success with schizophrenia (Case 3) confirms the limited therapeutic effectiveness for severe kinds of psychiatric disorders, two other cases show that the *curanderos'* treatments can lead to a complete improvement even in cases that in western psychotherapy are well known for requiring time-consuming treatments and leading often only to partial improvements (Cases 1 and 5).

The results of these case studies can be interpreted as the first empirical indications that the general rate of psychotherapeutic effectiveness of *Curanderismo* could be similar to that of western psychotherapy. Thus, if the ratio of complete to partial improvements in the patient sample is assumed to be representative of the larger group, there would be a ratio of nearly 75% successful treatments to 25% of treatments with uncertain or partial success. Studies on the efficacy of western psychotherapy have indicated that nearly 70% of psychotherapeutic patients improve with therapy, while for 30% of cases western psychotherapy has no effect (Grawe, Donati, & Bernauer, 1994; Smith, Glass, & Miller, 1980). Moreover, the study reveals striking results not only with respect of effectiveness, but also in terms of treatment efficiency, when one takes into consideration the short-term nature of the *curanderos'* treatments—between 1 and 11 sessions per case.

The important culture-specific treatment characteristics of the Mexican *Curanderismo* in the field of mental illness were identified as the extensive use of spirituality, the application of altered states of consciousness, and the bifocal character of interventions in healing rituals.

The findings showed that spiritual aspects of the *curanderos'* treatments functioned as powerful therapeutic resources; a fact that was recognised by the healers themselves. There exist different interpretations for the impacts of spiritual interventions on psychological processes. Koss (1993) has stated that spiritual intervention offers the therapist a direct means of raising a patient's hope of a cure, and provides great



flexibility in the management of the therapeutic relationship—via the so-called “triadic structure of communication”, the interaction between the spiritual power, the therapist, and the patient.

Furthermore, spiritual or religious interventions offer to the patient the possibility to compensate states of loss of control and orientation by the contents of the religious belief system. From the point of view of the *curanderos*, altered states of consciousness represent a genuine part of spiritual interventions. Van Quekelberghe (1995) stated in his analysis of the psychological effects of altered states of consciousness that the psychological experience during altered states of consciousness is typically one of a “cosmopsychosocial awareness of relatedness” (p. 25). He suggested that this kind of individual experience satisfies a basic human need for bonding experiences. So it seems probable that spiritual interventions, by the use of altered states of consciousness, trigger biographically early experiential patterns of bonding and perhaps compensate for experiences of deficient or distorted bonding (Zacharias, 2005).

The findings also indicated that the *curanderos*—while applying altered states of consciousness—shifted to using a special form of communication, similar to a form of subconscious information processing, which was first described by Sigmund Freud and named the “primary process” (Greenson, 2000). This form of communication is characterised by the absence of time and logic and the coexistence of contradictions (Greenson). Through this mode of communication, used in various treatment methods, but explicitly realised in rituals that used hallucinogens or in divining, the *curanderos* were able to directly and powerfully influence a patient’s psychological state (Zacharias, 2005).

The bifocality of the *curanderos’* treatments helps to explain their high therapeutic efficacy. “Bifocality” refers to the frequently observed shift of therapeutic focus within a ritual between abstract–symbolic meaning and sensorial experiences. For example, in a cleansing ritual a *curandera* verbally expresses in her prayers the process of cleansing the patient from pathogenetic feelings or powers. At the same time she is provoking a sensorial experience in the patient through the tactile perception of corporal cleansing. An olfactoric perception of pleasant fragrances may also be produced along with a sudden and local change of skin temperature provoked by the use of an alcoholic fragrant liquid. The *curanderos’* treatments utilised this “bifocality” as a powerful instrument for therapeutic change. This treatment characteristic may function in a similar way to the psychological mechanisms of suggestion (Zacharias, 2005), in that it is based in non-rational information processing and intending to directly influence the patient. It also seems to be closely related to the concept of performative efficacy of traditional healing methods, which has been increasingly discussed in medical anthropology in the past decade (see, e.g., Laderman & Roseman, 1996).

Despite the small sample size, the study can be assumed to be valid and reliable, as well as being representative of the local culture with regard to the concepts and practice of other *curanderos* in the Oaxaca region. This is indicated by the study’s adherence to the paradigm of qualitative research with criteria such as “authenticity”, control of contextual conditions, and discursive or intersubjective validity (e.g.,

Lamnek, 1995). The representational validity of the study's results is reinforced by the high variation of context conditions within the two samples (Glaser & Strauss, 1998). But it is evident that further studies are necessary to test the representativeness the study's results.

### Prospects and Applications

From a clinical and scientific perspective, the study supports the demand for a broader social acknowledgement of the *curanderos* in the maintenance and restoration of the mental health of the Mexican people. More studies must be conducted in order to enlarge the small empirical database and to elaborate and verify the results concerning the effectiveness of Mexican *Curanderismo* as ethnopsychotherapy. In doing so, ethnotherapeutic research would necessarily have to overcome its close adherence to the so-called "golden standards" of biomedical evaluation studies, which in the past have had a paralysing effect on the performance and further development of ethnotherapeutic research. A stronger information exchange is necessary between researchers of ethnotherapy and western psychotherapy for this methodological development to bear fruit.

From a transcultural perspective, Mexican *Curanderismo* seems to provide therapeutic knowledge and competence that can enrich the practice of western psychology, and perhaps improve its effectiveness in some of the therapeutic fields that still provide inadequate solutions for patients and therapists alike, such as with therapy for dependency syndromes. The use of spirituality as a therapeutic resource and the rediscovery of the therapeutic use of altered states of consciousness should be of particular interest to western psychotherapists.

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