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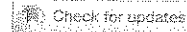
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Female Mexican Immigrants in the United States: Cultural Knowledge and Healing

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ABSTRACT



Mexican American immigrant women have faced many adversities historically, resulting in significant injuries to their physical and psychological selves. In attempts to heal from such injuries, these women have long engaged in self-healing through maintenance of their own cultural values, identities, and beliefs and also through working with, or even becoming, traditional healers. Such healing processes can be seen as a form of adjustment to a new culture, as well as a maintenance of native culture (Espin, 1996) and may take the form of a blending of cultures representing a "new indigeneity." This article highlights such healing practices, including the role of cultural values and beliefs for healing, as well as current efforts to blend cultural healing practices within a framework of equality and respect.

KEYWORDS

Mexican immigrants;
spirituality; women's
indigenous healing

Mexican immigrant women face many social challenges, including discrimination, violence, exploitation, acculturation difficulties, and broken family ties. Such hardships often create extreme stress that may lead to mental health disorders and illness, including depression and anxiety (Bekteshi, Xu, & Van Tran, 2015; Familiar, Borges, Orozco, & Medina Mora, 2011; Kaltman, Green, Mete, Shara, & Miranda, 2010; Shattell, Smith, Quinlan-Colwell, & Villalba, 2008). Along with the suffering that accompanies such difficulties, many Mexican immigrant women also share stories of overcoming adversities through their resilience (Cabrera & Padilla, 2004; Campbell, 2008; Casanova, 2012; Guinn, Vincent, & Dugas, 2009; Morgan, 2007; Morgan-Consoli et al., 2011), which is often based on their own cultural knowledge of healing, their attitudes, and their perseverance (Belliard & Ramirez-Johnson, 2005; Hidalgo, Garcés-Palacio, & Scarinci, 2012; Morgan, 2003, 2007; Morgan-Consoli et al., 2011). Such healing, whether through the self or designated healers, often represents a blending of elements from Mexico as well as their new culture in the United States.

As was highlighted in the introduction to this special issue, definitions of indigenous psychology lack consensus. One view is that all psychology is

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indigenous, including Western psychology or psychologies developed within Western contexts (Marsella, 2009). That is, each "psychology" was developed for a specific group or people, time, and context, reflecting that particular culture. This calls to question the very issue of what constitutes indigeneity for immigrants, given that often practices, beliefs, and behaviors are a blending of homeland and new country cultures. Healing practices by Mexican American women are thus based on this new blended culture and arguably become "indigenous." Often referred to as an "in-between space," such blending of cultures gives Mexican American women the ability to use multiple, albeit sometimes seemingly contradictory, ways of coping and healing simultaneously and without conflict.

This article addresses this in-between space with regards to healing practices among Mexican immigrant women in the United States. The literature offered in this article provides examples of such time-and-place-appropriate healing practices, blending traditional backgrounds/values and practices with new customs to which immigrants are exposed. We as authors have family histories of migration from Mexico and draw on voices from our scholarly and community work with Mexican immigrant individuals, groups, and organizations to discuss this topic. The presence of cultural knowledge, attitudes, values, and overcoming has been a theme that has come through clearly in our work with Mexican American women. In this article, we look through a lens of "new indigeneity" or blended cultures with regard to healing. Additionally, we provide examples of new models of healing and therapy that integrate Mexican cultural values and history.

Injuries: Past and Present

Knowledge about the past as well as current challenges and adversities experienced by Mexican immigrant women provide a context from which to better understand their ways of healing. Therefore, we first address such collective and personal injuries. From a historical perspective, the root of Mexican women's oppression is the colonization of the Mexican people with the Mexican American War of 1848 and the Treaty of Guadalupe Hidalgo. Mexico's loss resulted in the cessation of about 55% (525,000 square miles) of Mexico's territory to the United States (Office of the Historian, n.d.). Mexican nationals living in that territory, which is now California and the Southwest, were suddenly under the rule of a new government and nation whose culture, language, and systems were not their own. Hurtado (2003) asserts that the loss of this territory lingers and is felt by all Mexican descendants regardless of their relationship to the war and land. However, it is this colonization and the experience of being in two nation states (i.e., Mexico and United States), but belonging fully to neither, that has allowed Mexican American people to cross social and cultural "borders" and still

maintain a sense of wholeness (Hurtado, 2003). This is also reflected in healing practices.

Given this history, immigration to the United States carries a different weight and meaning for the Mexican people of today compared with other immigrant groups. For immigrant women, the stress of leaving one's country can be particularly significant. Immigration can disrupt family ties and hinder a woman's ability to fulfill culturally prescribed responsibilities and duties, such as caring for children and older relatives (Ornelas & Perreira, 2011; Yakushko & Morgan-Consoli, 2014). Moreover, women immigrants from Mexico are often the victims of violence and rape in their journeys to the United States. Many times, *coyotes*, or paid guides bringing migrants across the border, exploit or harm their clients.

The pain associated with Mexican immigration to the United States has become a part of the cultural fabric. It has been memorialized as the subject of many movies, books, and songs, reflecting its significance in the Mexican/Mexican American cultures. The first author spoke to one Mexican woman who connected this pain to the idea of a "*Jaula de Oro*" or of "a golden cage" which is sung about in a classic Mexican song by Los Tigres del Norte (1984). The woman believed the song represents the feelings of many immigrants from Mexico. The song relates the idea of an immigrant being in a golden prison for the sake of making money:

*De que me sirve el dinero
Si estoy como prisionero
Dentro de esta gran nación
Cuando me acuerdo hasta lloro
Y aunque la jaula sea de oro
No deja de ser prisión
Mis hijos no hablan conmigo
Otro idioma han aprendido
Y olvidaron el español
Piensan como americanos
Niegan que son mexicanos
Aunque tengan mi color*
[trans: What's money good for
If I live like a prisoner
In this great nation
When I'm reminded of this, I cry
Although this cage is made of gold
It's still a prison
My kids don't speak to me
They've learned another language
And they've forgotten Spanish
They think like Americans
They deny that they're Mexicans
Though they have my skin color]

Reflecting on this song, the woman spoke of how there is “much suffering” for Mexican immigrants in the United States because one is very “enclosed” and “just working” and “not talking to people.” (“Teresa,” personal communication, June, 2006).

The lyrics to “*Jaula de Oro*” also reference another challenge that all immigrants must contend with— that of acculturation. Acculturative stressors can include difficulties in adjusting to schools, neighborhoods, religious communities, or work places, as well as conflicts at home (Rumbaut & Portes, 2001; Suárez-Orozco & Suárez-Orozco, 1995). These conflicts may involve school difficulties (DeCarlo Santiago, Gudiño, Baweja, & Nadeem, 2014; Roche & Kuperminc, 2012), challenges to identity formulation in the new culture (Tummala-Narra & Sathasivam-Rueckert, 2016), and/or intergenerational difficulties (Hovey, 2000; Zuniga, 2002). Also, reflected in the song is the issue of language in acculturation. Within the United States, a lack of English language ability or proficiency not only creates communication difficulties for the immigrant, but also affects access to healthcare, education, job opportunities, and legal services. These problems are furthered by the shortage of trained bilingual service providers, which makes it difficult for limited-English-proficient immigrants to obtain efficacious services (Partida, 2007; Riddick, 1998; Yakushko & Morgan-Consoli, 2014).

It is important to note that acculturation not only involves the internal processes of the immigrant, but it is also shaped by the receptivity of the dominant culture in the host country (Padilla & Pérez, 2003). The political climate for immigrants from Mexico has been particularly unwelcoming in recent years in the United States. Perhaps the most striking example of this occurred during the presidential announcement speech by then Republican Presidential Candidate Donald Trump who stated, “When Mexico sends its people, they’re not sending their best ... They’re sending people that have lots of problems, and they’re bringing those problems with us. They’re bringing drugs. They’re bringing crime. They’re rapists” (TIME Staff, 2015). Mr. Trump went on to declare that he would build a wall between Mexico and the United States to keep Mexican immigrants out (TIME Staff, 2015) and more recently has championed the need to keep all the “bad hombres” out of the United States (Bennett, 2017). Such sentiments have led to an increase in discrimination and racism against Mexican immigrants. Discrimination in the immigrant population ranges from everyday hassling and prejudiced comments to blatant unfair and biased treatment (e.g., derogatory names, denial of service, and physical assault) due to ethnic group membership (Krogstad & Lopez, 2016; Ortiz & Telles, 2012; Perez, Fortuna, & Alegria, 2008), appearance and skin tone (Feliciano, 2016; Frank, Akresh, & Lu, 2010), or accent (Souza, Pereira, Camino, Lima, & Torres, 2016). Given such a climate, the stress levels of Mexican immigrants, whether authorized or unauthorized, is necessarily higher.

Overcoming and Healing: Mexican American Women's Use of Culture

Immigrant women have long used their own strengths and cultural resources to help in healing and overcoming adversities. Mexican women who become healers often feel a special "calling" and believe they have been "chosen" supernaturally to do the work (Espin, 1996, p. 130). Their response to this calling may vary in its comprehensiveness (i.e., some may engage in healing full-time, others occasionally), but for immigrant women, this process has psychological benefits, and, in fact, it has been suggested as a form of adaptation to their new environment (Espin, 1996). Research showed that fostering and maintaining a strong sense of one's ethnic identity (Ryder, Alden, & Paulhus, 2000; Thompson, Anderson, & Bakeman, 2000), religious beliefs (Sanchez, Frank, Ruffin, & De La Rosa, 2012), and other traditional cultural values (Kitchner & Patiño, 2010) may buffer the effects of acculturative stress. Traditional beliefs and values are often kept alive through customs and practices such as what is done when someone is sick or unwell. Similarly, it has been found that an immigrant woman healer's role may empower her in her new culture as female immigrants do not have much societal power (Espin, 1996). Paradoxically, through the very act of becoming a healer, an immigrant woman may be violating traditional patriarchal norms of her culture, and yet, she is also maintaining traditional culture practices through her roles (Comas-Diaz, 2010; Espin, 1996; Perrone, Stockel, & Krueger, 1989).

Cultural Values

Research showed that traditional Mexican values often provide women with means for hope to persevere (Marsiglia, Kulis, Garcia Perez, & Bermudez-Parsai, 2011; Morgan, 2007; Morgan-Consoli & Llamas, 2011; Walsh, 2007). One traditional value that has been strongly present in women's healing is *familismo* or a strong sense of duty and loyalty to family (Coohey, 2001; Falicov, 1998).

The importance placed on family loyalty and closeness manifests itself into much needed support, particularly in times of distress. The traditional Mexican family structure is collectivist (Triandis, 1989), and there is an attitude of "family first." It is expected and desirable that all available family members will help each other deal with life's hardships (Bermúdez, Kirkpatrick, Hecker, & Torres-Robles, 2010; Janoff-Bulman & Leggatt, 2002; Stein et al., 2014).

Unfortunately, immigration can often result in family separation, leaving some immigrant women unable to rely on their kin for support, assistance, and protection. Not surprisingly, peer support has been found to also be important in the lives of Latina immigrants (Gonzalez, Stein, Kiang, & Cupito, 2014; Llamas & Morgan-Consoli, 2012; Vega, Kolody, Valle, & Weir, 1991).

There is evidence that women's reliance on relationships with other women specifically serves as an important mechanism for coping (John et al., 2009). Many times, immigrants move to enclaves or areas of town where there are other Mexican immigrants to help ensure such support. In some areas of the United States, it is possible for Latinas to live their lives speaking Spanish only, attending a Spanish speaking church, having Mexican neighbors, and frequenting businesses run by Mexican owners much like in Mexico. It is here that indigenous cultural practices are often preserved.

Religiosidad or religiosity is an important practice for healing and coping with difficulties for Latina immigrant women (Abraído-Lanza, Vásquez, & Echeverría, 2004; Comas-Díaz, 2010; Farley, Galves, Dickinson, & de Jesus, 2005; Sanchez, Dillon, Concha, & Rosa, 2015). For these women, this means maintaining their faith and trusting in God's will to help them overcome the various physical, psychological, and sociocultural problems they face (Applewhite, 1995). For Mexican immigrant women healers, their strength and power comes from their spiritual beliefs. This is in sharp contrast to U.S. mainstream culture's belief in Western medicine's empiricism and "myth of objectivity" (Perrone, Stockel, & Krueger, 1989, p. 9).

Among Mexicans and Mexican Americans, one form of spiritual healing is *curanderismo* (from Spanish word *cura* which means "to heal"): a common practice that merges the material, the supernatural, and the spiritual (Applewhite, 1995; Trotter, 2001). *Curanderismo* is a practice based on an ideal of cultivating life meaning on material, mental, spiritual, and emotional levels (De La Portilla, 2009). A person who exhibits psychological, physical, or spiritual symptoms is believed to have committed an offense against God, or their family, and therefore must seek help from the community, usually from someone who is believed to have the power to heal, such as a *curandera* (Ramírez, 1998). *Curanderas* are regarded by their community as healers who utilize "white magic" that was gifted to them by God (Wanderer & Rivera, 1986). *Curanderas* practice their healing by focusing on both the internal and external worlds of the person and maintaining a connection to the totality of all things in constant change (Pinkola Estes, 2009).

In comparison to modern Western medical care, Mexican immigrant women view *curanderas* and other traditional or healing practices (e.g., herbs, candles, teas, spiritual cleanses) as more accessible, affordable, and effective (Rogers, 2010). Even when Mexican women have access to conventional health services, they still may rely on other folk medicines. Zenk, Shaver, Peragallo, Fox, and Chávez (2001) found no difference in use of herbs among Mexican women with varying degrees of access to health services. They concluded that use among Mexican women was influenced by their belief in the herbs' utility in health promotion, family recommendations, and their cultural orientation. *Yerberas*, or women who

study the healing properties of plants and use them to heal, often do so as a part of broader *curandera* practices. Working with herbs includes learning how to locate them in nature, dry them, and administer them to ill people (Perrone, Stockel, & Krueger, 1989).

It is important to note that underlying cultural values influence what is considered healing. Values such as harmony with nature, present-orientation, and acceptance of one's fate are often in contrast with the cultural values underlying Western medicine (Perrone, Stockel, & Krueger, 1989), but are synchronous with Latino/a worldviews (Comas-Díaz, 2010).

Blending Cultural Values and Therapy

The U.S. psychology community is increasingly recognizing the relationship between therapy and culture, and that "traditional" Western psychotherapy itself is culturally embedded (Triandis, 2007; Tseng, 1999). More explicit emphasis is being given to the fact that traditional Western psychotherapy can be a tool for oppression and imposition of Western values, particularly through dissemination of treatments and techniques exported from one group to another. The movement towards cultural adaptation of therapy proposes to incorporate the cultural features of a particular group into treatment (Bernal, Jiménez-Chafey, & Domenech-Rodriguez, 2009). For example, therapeutic treatments have been adapted for Latina survivors of trauma (Wallis, Amaro, & Cortés, 2012), for interventions for Latinas with type 2 Diabetes (Osuna et al., 2011), and binge-eating among Mexican American women (Shea, Cachelin, Gutierrez, Wang, & Phimpasone, 2016; Shea et al., 2012). Some models of healing have attempted to "de-privilege" the framework of Western healing and to instead emphasize either the blend of healing practices from traditional indigenous Mexican culture and U.S. culture or to emphasize indigenous practices. One culturally syntonetic model of psychotherapy developed specifically for Mexican Americans integrates spirituality into treatment. This model is called Mestizo Spirituality (Cervantes, 2010). Mestizo Spirituality is an example of the blending of both indigenous Mexican and U.S. cultural practices (i.e., spirituality and psychotherapy) and speaks to the "in-between" space that Mexican immigrants occupy.

Mestizo originates from the Latin word *mixticus*, meaning mixed, (Jimenez, 2013) and highlights the multiracial, multiethnic histories and identities of Mexican peoples. This "mixed" experience creates a unique identity and worldview that is both dynamic and synergistic (McNeill, 2013) and is based in an indigenous and spiritual framework (Cervantes, 2010). Life is viewed as a spiritual journey toward balance, harmony, and interdependence. Disruptions on this path occur when one's relationships with self, family, and community are out of balance, and it is this imbalance that causes

psychological and behavioral problems. Psychotherapy, therefore, is about helping clients heal by developing greater awareness and clarity about their spiritual journeys. Within Mestizo Spirituality, this is accomplished through the therapeutic relationship, which is characterized by openness, genuineness, acceptance, empathy, reciprocity, and reflexivity. Unlike traditional psychotherapy models, however, the therapist using Mestizo Spirituality joins the client on their spiritual journey, helping the client navigate struggles. Cervantes (2010) likens the therapist in this framework to a *curandera*, who views the client's problems as spiritual in nature and attends to all facets of the person (i.e., mind, body, soul). Interventions are rooted in Mestizo culture and can include guided imagery, exploration of religious beliefs, assigning prayer as homework, and relaxation training. Personal forgiveness, developing one's voice, and affirmation of one's dignity and self-worth are also important themes explored in Mestizo Spirituality. Treatment concludes when the client has greater awareness of their spiritual journey and is recommitted to well-being. The model requires that practitioners explore their own cultural histories and spirituality and be aware of how this impacts their position in the healing process (for full model reviews see Cervantes, 2010; McNeill & Cervantes, 2008; Ramírez, 1998, 1999, 2004).

Collaboration Among Healers

In other models, Western practitioners have sought to collaborate or consult with *curanderas* in developing health programs and interventions (Clark, Bunik, & Johnson, 2010). Kreisman (1975) describes a case in which *curanderismo* was added to the treatment of a 31-year-old Mexican-American hospitalized for schizophrenia. After several weeks with minimal progress, the therapist in the case suggested to the client that she was *embrujada* (bewitched) and proposed that she begin using herbs from a *curandero* along with her prescribed psychotropic medications. The addition of the *curandero's* herbs not only brought about an immediate improvement in the client's psychological functioning, but they also helped the client to feel understood and thus better able to engage in therapy.

Most recently, cooperatives have been formed to support immigrants with healing practices from each of their cultures (i.e., indigenous healing and traditional Western). The UndocuHealing Project in San Francisco is one such example, bringing together traditional therapists, nutritionists, medical doctors, nurses, massage therapists, Reiki specialists, physical therapists, and many other types of indigenous healers to help address the great and diverse needs of undocumented young people. Through community events, female Mexican healers conduct healing, with the assistance and observation of Western-based healers. Western-trained healers are present primarily to learn and to support the traditional, indigenous healers. With the overall objective

of alleviating suffering, they focus on undocumented Mexican populations through both Western and indigenous healing methods. They also emphasize immigrant rights. The premise is that a blending of cultural healing types makes the help more sustainable (J. Arreola, personal communication, February 8, 2017). In another example, UndocuHealing invited Western-trained healers (therapists, psychologists) to participate in an indigenous healing ceremony. (J. Arreola, personal communication, February 8, 2017). Arreola of UndocuHealing further explained that this exposure to traditional, indigenous healing practices augment the tools healers have to respond to the political reality of the current climate. Many Western-trained practitioners have commented that their institutional training did not adequately equip them to respond to the current political moment.

Another project called the Healing Collective Clinic (HCC) also provides traditional healing services to immigrants and other community members in the Bay Area. Using Meso-American indigenous modalities as well as African and Asian healing traditions, the HCC engages in spiritual intervention for people who have been marginalized and experienced various forms of compounding trauma, such as discrimination, poverty, and ancestral trauma. According to Carla Pérez, founder of the Healing Clinic Collective, the project is not a repudiation of integrated western medicine, but rather a reaffirmation of the need for natural healing for people to “experience their own wholeness. It is from this wholeness that they can begin to heal” (C. Pérez, personal communication, February 17, 2017). Through their work, the project aims to create a paradigm shift that uplifts people’s sacred relationship with the earth and values ancestral ways of healing (C. Pérez, personal communication, February 17, 2017). Pérez as well as five other core members of the Healing Clinic Collective make such culturally informed healing services available via 1- or 2-day free Healing Clinics. During these clinics, people are able to see both traditional healers (i.e., healers who learned techniques from someone who shares their cultural lineage) and natural healers (i.e., healers who learned techniques from a cultural lineage that is not their own) that perform a variety of healing practices, including herbal consultations, *limpias* (holistic spiritual cleansings) and other forms of energy healing, acupuncture, body work, and nutritional counseling. Although the clinic serves people from all different races, ethnicities, genders, and ages, Pérez noted that Mexican American immigrant women appear to be particularly interested in having *limpias*, herbal consultations, and massage therapy. Overall, the clinics have been immensely successful, attracting 150 to 200 clients per day (C. Pérez, personal communication, February 17, 2017).

For Mexican immigrant women specifically, such opportunities for holistic healing offer a safe space to share and receive support based on their blended cultures that they may otherwise not receive. The UndocuHealing Project, Healing Clinic Collective, and other programs like them may serve as a model

for future initiatives aimed at bringing together various healing practitioners through collaboration and community.

What becomes important in all of these programs is relationships and genuineness. Carla Pérez of the Healing Clinic Collective of Oakland generously shared her own spiritual journey in becoming a healer, describing the process of realizing that indigenous healing practices in the United States represent a blend of cultures; for example, the use of plants native to Europe and the use of red bandanas with designs which derive from Asian cultures. She described that while there are problems with cultural appropriation, medicine people at a “high level” of spirituality can often move beyond this focus, as they are not seeing the world in terms of what humans have assigned value to, which can be reflective of ego, but rather recognize and embrace the universal principles of spirituality and healing that have been received by *curanderas* and *curanderos* all over the world. She stressed that the important element to which true “messengers of the spirit” always return is Love (C. Pérez, personal communication, February 14, 2017). She further described that this may also mean a person who is non-indigenous to that community may practice indigenous healing. However, she stressed emphatically that that person must have gone through a process of being in relationship to the spiritual practices of their own cultural lineage and then learning and observing in a way that is respectful and humble. Like the medicines they use, healers may also transcend their race and ethnicity in such circumstances. In other words, there can come a point where “a healer is a healer.” (C. Perez, February 14, 2017).

Conclusion

For Mexican immigrant women living in the United States, culture is often a mix of traditional cultural beliefs and values with those of the new society. What is considered “indigenous” therefore becomes relative. Healing practices are no different. Immigrant women adapt to their new culture and may use resources there for healing, but also retain many of the values and practices that have sustained them and their ancestors for generations. Some of those methods include relying on family and trusting in their religious practices and beliefs. Modern models of healing are taking this blending into account, providing spaces where women can find the benefits of varied cultural practices, with traditional indigenous healers working alongside Western healers, always conscious of the greater objective of love and relationships as medicine, thus a new indigeneity. We have tried to demonstrate that Western practitioners’ task is to recognize, value, and respect the power, meaning, and influence of our clients’ cultures in healing and maintain that we need to recognize that, as Western scholars, despite the efforts to study indigenous healing, it may not be possible or recommended to

comprehensively understand, as only those who practice and live such experiences may do that fully. Therefore, collaboration between healers is ideal. Similarly, Mexican immigrant women who are clients, because of their rich cultural backgrounds, may become teachers who recognize traditional and indigenous strengths and encourage integration of many forms of healing.

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