CURANDERISMO AND MENTAL HEALTH: MEXICAN AND MEXICAN-AMERICAN BELIEFS, ATTITUDES, AND ACCULTURATION

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DEDICATION

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ABSTRACT

This study explored the effects of generation on Mexican and Mexican-American beliefs about mental illness, their willingness to seek out psychological help, and their beliefs and attitudes about curanderismo, a Mexican folk-healing practice. This study utilized a convenience sample from four locations. Participants were split into two groups: Group 1 consisted of Mexicans or 1st and 2nd generation Mexican-Americans and Group 2 included participants who reported being 3rd, 4th, or 5th generation Mexican-Americans. The findings of the study indicated no significant differences between the two generation groups on beliefs and attitudes toward curanderismo, attitudes toward psychotherapy and psychotherapists, and attitudes toward seeking professional psychological help. There was a statistically significant difference in the scores between the two generation groups on beliefs toward mental illness. Implications of research and practice are discussed.

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INTRODUCTION

There is evidence to suggest that during the Stone Age, mental illness was attributed to demonic possession (Curtis & Kelley, 2016). Individuals during this time used a procedure called trephination, the drilling of holes in the skull, as treatment for mentally ill individuals because it was thought to have the ability to rid the body of evil spirits (Feldman & Goodrich, 2001). Similarly, there is a practice in Mexico, called curanderismo, where individuals believe they can be cured of bewitchments and ailments through spiritual healing (Faver & Cavazos, 2009; Salazar & Levin, 2013). Curanderismo is a term that means the gift to heal (Faver & Cavazos, 2009; Salazar & Levin, 2013). The word originates from the Spanish word "'curar', which means 'to heal'" (Faver & Cavazos, 2009; Pabón & Pérez, 2007, p. 258; Zacharias, 2006, p. 382). The individuals who are the healers are called curanderos("-as" for female) or healers. A study found that curanderos(as), like the individuals who implemented trephination, also consider mental disorders the result of demonic possession and "witchcraft" (Arenas, Cross, & Willard, 1980). Rivers (1924) listed a few main origins of illness:

> (1) human agency, in which it is believed that disease is directly due to action on the part of some human being; (2) the action of some spiritual or supernatural being or, more exactly, the action of some agent who is not human, but is yet more or less definitely personified; and (3) what we ordinarily call natural causes (Ferrari, 2015, p. 46-47).

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Furthermore, Curtis and Kelley (2016) suggest how individuals respond to mental illness is influenced by what they perceive mental illness to be. In this case, curanderos believe it to be a spiritual problem; therefore, they treat it as one.

HISTORY OF CURANDERISMO

Curanderismo has adopted many aspects from the Roman Catholic religion (Salazar & Levin, 2013). For instance, curanderismo makes use of many Roman Catholic prayers during its rituals and also uses many herbs and spices in its healing rituals (Faver & Cavazos, 2009; Salazar & Levin, 2013). Furthermore, curanderismo includes facets from many other religions and folk healing practices.

> Some of the principal components that came together into *curanderismo* were Iberian Catholicism, Greek and Arabic humoral theories, European folk traditions, and Native American medicinal and herbal expertise as well as well-developed indigenous notions of the self. Later additions to *curanderismo* included spiritualism, devotion to folk saints and the use of scientific biomedical knowledge (Hendrickson, 2013, p. 621).

Notable Curanderos

There were several individuals that shaped modern curanderismo practice, however, there were three individuals that very strongly influenced the practice and are still looked at by today's curanderos for guidance: El Niño Fidencio, Don Pedrito Jaramillo, and Teresa Urrea (Hendrickson, 2014; Torres & Sawyer, 2005).

Torres and Sawyer (2005) documented the life of Don Pedrito Jaramillo extensively. Don Pedrito was a practicing curandero in South Texas and had a large following of people who came to him for help with their illnesses. Don Pedrito began practicing curanderismo after he was in a horse accident and had a prophecy that he had the ability of curanderismo and was to use this ability to help others. In the accident Don Pedrito damaged his nose and

in his prophecy learned how to heal it. The remedy included rubbing mud on it and increasing his water consumption. Don Pedrito immigrated to the United States from Mexico at the age of fifty-two in the later part of the 19th century. Don Pedrito frequently utilized basic elements from nature such as water and dirt in his remedies (Torres & Sawyer, 2005). Torres and Sawyer (2005), speculated that Don Pedrito may have been successful because individuals in that period had bad physical hygiene and were not "drinking enough water or bathing often enough" so when they increased their water intake and took baths multiple times a day, they felt better (Torres & Sawyer, 2005, p. 70).

Torres and Sawyer (2005) comprehensively documented the life of Teresa Urrea. Teresa Urrea was the daughter of Don Tomás Urrea. When her father learned that she had ability to heal, he found her a mentor named Huila. It is said that Teresa quickly surpassed Huila in her abilities to heal. Teresa had two specializations where she excelled, she was a self-proclaimed prophet and was said to be extremely skilled in hypnosis. News of Teresa's skills as a curandera spread and she began to get several clients that came to see her at her father's house daily. The mestizos even viewed her as a saint. A visiting priest to a mestizo church found the pictures of Teresa that were being displayed in the church and the actions of worshipping her to be inappropriate and said as much, however, he was thrown out of the church by Cruz Chavez a leader among the mestizos. The priest contacted the Mexican President and said that the mestizos at the church were planning to revolt. President Diaz blamed Teresa for the upheaval he believed that she was the mestizo's instigator. President Diaz eventually "exiled [her] from the country" (Torres & Sawyer, 2005, p. 99). Teresa made a home for herself in Arizona near the Mexican border (Torres & Sawyer, 2005). She

began practicing curanderismo again and received many clients. President Diaz exiling her did little to lessen her power in inspiring the people of Mexico.

Hindrickson (2014) documented the life of Jose Fidencio Constantino Sintora very well. Jose Fidencio Constantino Síntora also known as El Niño Fidencio moved to Espinazo, Nuevo León, Mexico in his early adulthood where he began practicing curanderismo with a specialization of paterno, which is the male version of a midwife. He reportedly healed many individuals who came to the "gathering[s]" he held in Espinazo (Hendrickson, 2014, p. 88). Fidencio's followers viewed him as a saint for a couple of reasons, one being his appearance and demeanor. Although he was an adult in age, he had a child like appearance and voice. The second reason why Fidencio's followers viewed him as a living saint was based on the issues surrounding the Roman Catholic Church in Mexico. The new constitution of 1917 reduced religious liberties. In 1926 the Calles Laws were passed that prohibited "many forms of public religious display[s], expelled foreign priests, and seized…Church property" (Hendrickson, 2014, p.88). The Catholic Church stopped holding mass on Sundays in protest (Hendrickson, 2014). The general public began to revolt against the Calles Laws and started the Cristero War, which began in 1926 and ended in 1929. Because of these new laws, there were no priests or active Catholic Churches in the state of Nuevo Leon where Fidencio was located at the time. The availability of spiritual individuals to look up to was taken away and allowed Fidencio to gain popularity as a spiritual healer (Hendrickson, 2014).

Similar to medical practices, there are specializations in curanderismo. Some specializations are: Yerberos, Sobadoros(as), Señor(as), Paternas, and Hueseros (Pabón & Pérez, 2007; Tafur, Crowe, & Torres, 2009). Yerberos(as) are curanderos that use herbs to heal individuals (Pabón & Pérez, 2007; Tafur et al., 2009). Some popular herbs used by yerberos are: yerba buena (mint) and manzanilla (chamomile; Faver & Cavazos, 2009; Tafur et al., 2009). Sobadoro(a) is a curandero that is a masseuse who kneads the muscles to alleviate aches and pains in the body (Pabón & Pérez, 2007). Señor(as) are curanderos that "read tarot cards" (Tafur et al., 2009, p. 84). Paternos(as) (midwife) are curanderos who have expertise or have received training to be a midwife and help women with prenatal health, during labor, and postnatal care (Pabón & Pérez, 2007; Tafur et al., 2009). Hueseros are a type of curandero that specialize in knowing about human anatomy, specifically "bone structure" (Pabón & Pérez, 2007, p. 258). Espiritualistos(as) are curanderos that "are psychic mediums" (Tafur et al., 2009, p. 84).

Curanderismo Rituals

There are various conditions that curanderos acknowledge and treat; for all these afflictions curanderos have a ritual or a cure that involves prayers, making symbols of the holy trinity or the sign of the cross on the individual afflicted, and/or herbs.

mal de ojo. Mal de ojo translates into "'evil eye'" in English (Faver & Cavazos, 2009, p. 42). Mal de ojo is a condition that is unique to Mexican culture that is caused when someone expresses too much affection towards an individual or looks at the individual to the point where the individual gets sick (Faver & Cavazos, 2009). However, if the person

that is expressing affection touches the individual that they are looking at then the individual does not get sick (Faver & Cavazos, 2009). In cases that the individual does get sick:

> The curandero sweeps over the body using an egg three times while praying the Apostles' Creed. The egg is then broken and put into a glass of water while a cross made out of a palm leaf is placed in front of the glass. It is said that if the client is suffering from the evil eye and is cured, then an eye will form on the egg (Salazar & Levin, 2013, p. 154).

empacho. Empacho is a condition that translates into constipation in English (Salazar & Levin, 2013).

> *Empacho* is cured with the use of holy water, but it has also been observed by one of the authors that *curandero/a* may use olive oil. The person's stomach is rubbed using the holy water in order to find the obstruction in their intestine. The person is then laid on their stomach in order to pull the skin on their back until a popping sound is heard. The popping sound signifies that the object has been dislodged, and the individual is then given a teaspoon of olive oil with salt and a tea, which helps regulate their digestive system. During the ritual, the Apostles' Creed, the Our Father, and the Hail Mary are all prayed. (Salazar & Levin, 2013, p. 154)

bilis. Bilis translates into bile in English (Torres & Sawyer, 2005). It is a condition that involves "headaches, tension, gastrointestinal ills, and loss of appetite" (Torres & Sawyer, 2005, p. 57). Curanderos believe that these symptoms are caused by an individual

bottling up their emotions for a long time (Torres & Sawyer, 2005). Billis is healed with "a laxative composed of Epsom salts or castor oil" though an over the counter laxative can be used if needed (Torres & Sawyer, 2005, p. 57). After the individual has taken the laxative, the second part of the cure is to "pray for a speedy recovery" (Torres & Sawyer, 2005, p. 57). The individual is then instructed to eat more fruits than usual "at least five to seven fruits a day for five months" (Torres & Sawyer, 2005, p. 57). They suggest choosing fruits that are known for helping "cleanse the digestive systems" (Torres & Sawyer, 2005, p.57).

latido. The symptoms of latido are very similar to anorexia nervosa (Torres & Sawyer, 2005). Individuals with latido experience "weakness…stomach ache…long-term loss of appetite" (Torres & Sawyer, 2005, p. 59). The remedy that the curandero prescribes is having a maternal figure that is held in high regard provide a nutrition plan set forth by the curandero (Torres & Sawyer, 2005). The hope being that the client will be less likely to refuse the food because they respect the individual and do not want to disappoint them (Torres & Sawyer, 2005). The nutrition plan includes meals that are protein heavy (Torres & Sawyer, 2005). One of the meals described by Torres & Sawyer (2005) was, "raw egg, salt, pepper, and lemon juice" (Torres & Sawyer, 2005, p. 59).

muina. Muina is described as a condition where an individual goes into a anger fit so extreme that it sometimes causes physical symptoms such as locked jaw and hearing loss during the episode (Torres & Sawyer, 2005). The cure for muina involves gathering three carnation flowers and gliding them over the client's body while they lay on their back for three minutes on three days out of the week (Torres & Sawyer, 2005). After, the client drinks orange blossom tea, which is said to be soothing (Torres & Sawyer, 2005).

THE DIAGNOSTIC STATISTICAL MANUAL

The Diagnostic Statistical Manual of Mental Disorders – Fifth Edition (DSM-5) is a book written by the American Psychiatric Association that lists all mental disorders recognized by the organization and lists diagnostic criteria for each disorder along with extra information about prevalence, age of onset, and cultural information (American Psychiatric Association, 2013). Some ailments recognized by curanderos are listed in the DSM-5 cultural considerations (American Psychiatric Association, 2013). For instance, under panic disorder there is a Latin-American cultural consideration that mentions "*ataque de nervios* ('attack of nerves')" (American Psychiatric Association, 2013, p. 211). The DSM-5 provides a list of symptoms that individuals from this culture describe experiencing during an "*ataque de nervios*" (American Psychiatric Association, 2013, p. 211). The symptoms described are very similar to the diagnostic criteria for panic disorder (American Psychiatric Association, 2013).

Furthermore, there are some illnesses that are recognized by curanderismo that are also recognized by the American Psychiatric Association Diagnostic Statistical Manual: DSM-IV as cultural considerations: *mal de ojo* (evil eye), *susto* (fright), *nervios* (nerves; American Psychiatric Association, 2000; Faver & Cavazos, 2009). Curanderos are also solicited for afflictions that are recognized by medical professionals such as: caida de la mollera (fallen fontanel), and empacho (Constipation; Salazar & Levin, 2013; Torres & Sawyer, 2005).

ACCULTURATION AS A FACTOR

Acculturation is a term that is used to describe the degree to which an individual has adapted to a new culture and abandoned the culture of their origin. Acculturation to the United States may affect the beliefs and attitudes Mexicans and Mexican-Americans hold towards psychologists and curanderismo or folk remedies.

A study by Richardson and Resendiz (2006) looked at whether acculturation in Mexican-Americans to the United States, based on generation, affected the use of home remedies, use of herbs, and seeking out curanderos for treatment (Richardson & Resendiz, 2006). The study had 433 participants (Richardson & Resendiz, 2006). The study found that the more acculturated the Mexican-Americans were to the Unites States the less likely they were to seek out a curandero or use herbal remedies (Faver & Cavazos, 2009). However, the study also found that "the percentage of people who practice [curanderismo] or want to keep it [in there life] appears to be… small" (Richardson & Resendiz, 2006, p. 36).

Another study by Wells and colleagues (1989) investigated acculturation in Mexican-Americans to see if acculturation to the United States had an effect on willingness to seek out psychological services (Wells, Golding, Hough, Burnam, & Karno, 1989). The study defined acculturation as either low acculturation or high acculturation based on whether the client met certain demographic factors (Wells et al., 1989). The study used the method of in person interviews and had a total of 1,055 participants (Wells et al., 1989). The study assessed whether participants met the diagnostic criteria for several DSM-III disorders and looked at acculturation (Wells et al., 1989). The study found that those participants who were not very acculturated were less likely to seek out some kind of

professional mental health service if they met the diagnostic criteria for one of the DSM-III disorders (Wells et al., 1989).

STIGMA TOWARDS MENTAL HEALTH SERVICES

To have a stigma towards mental illness means an individual holds negative, discriminatory, and stereotypical views towards mental illness (Wicks-Nelson & Israel, 2015). An article by Ford (2008) discussed two types of stigmas that were identified in a study by Corrigan (2004) that may affect an individual's decision to seek "professional psychological help" (Ford, 2008, p. 29). One was called a "public stigma", where the individual felt pressured by societal social norms not to seek professional help because their society or culture held negative attitudes about it and the other was a "self stigma", where an individual themself holds the belief that "their self-concept, self-esteem or self-worth is compromised for seeking" professional help (Ford, 2008, p. 29).

Rojas-Vilches (2006) study assessed how acculturation, generation, stigma, and attitudes and beliefs about mental illness affect the likelihood that Hispanic individuals will seek mental health services. The study found that "less stigma" towards mental health services was held by individuals who were acculturated to the United States (Rojas-Viliches, 2006, p. 53). Furthermore, the study found that the parents held more negative attitudes toward mental health services when compared to the college age participant sample (Rojas-Viliches, 2006).

The study assessed Hispanics as a whole and did not look specifically at Mexicans and Mexican-Americans. Hispanic is a term used to describe many different nationalities: "Mexicans, Puerto Ricans, Cubans," and many more (Motel & Patten, 2012, p. 1). Because Rojas-Vilches' (2006) participant population was individuals of Hispanic heritage as a

whole, it did not look at cultural beliefs, such as curanderismo, that are specific to Mexican and Mexican-American culture that may influence attitudes toward mental illness.

A strong cultural belief in curanderismo may have the potential to influence how Mexicans and Mexican-Americans view mental illness and the probability that they will seek treatment. There have been several studies that look at Latino, Hispanic, and Mexican beliefs and attitudes about mental illness and likelihood to seeking out mental health services (e.g. Kanel, 2002; Richardson & Resendiz, 2006; Rojas-Vilches, 2006).

In addition, Rojas-Vilches (2006) mentions a study conducted by Hough and colleagues (1987) that found that Mexican-Americans sought out "outpatient" mental health services significantly less when compared to White individuals (Hough, Landsverk, Karno, Burnam, Timbers, Escobar, & Regier, 1987; Rojas-Vilches, 2006, p. 5). It is possible that this difference in the amount of Mexicans and Mexican-Americans seeking out counseling services may be due to their beliefs towards mental illness and curanderismo. In addition, Rojas-Vilches (2006) asserted that culturally related stigmas associated with mental illness could be one reason why Hispanics are less likely to seek out mental health services (Rojas-Vilches, 2006). For instance, receiving therapy is considered a "disgrace" within Hispanic culture (Leong & Zachar, 1999; Rojas-Vilches, 2006, p.10).

A study investigated health professionals and curanderos beliefs about mental illness and how they believed it should be treated (Arenas, Cross, & Willard, 1980). The study recruited both curanderos and mental health professionals, which were asked to read case studies of hypothetical clients who had some form of mental health problem, decide whether the individual was mentally ill and decide on the best treatment option for that client. The study found that curanderos were less likely to attribute the symptoms to mental

illness (Arenas et al., 1980). Furthermore, the majority of curanderos(as) reported that they would prefer to take the individual on as a client or label it as a family matter than to refer the client to a psychologist (Arenas et al., 1980). Although the study looked at beliefs about mental illness held by curanderos(as) and psychologists, it did not include the clients' beliefs and attitudes towards mental illness. For instance, situations in which the client would have chosen a mental health professional or a curandero(a).

Mexican culture is not the only culture that has a strong belief in folk healing. There are several cultures that have a history of using folk healing practices. Furthermore, there are other cultures that have negative attitudes toward psychologists and mental health services.

African-American Superstitions and Beliefs about Mental Illness

Hispanic cultures are not the only cultures that have negative attitudes towards mental illness and mental health services. In a thesis by Ford (2008), it is asserted that African-Americans are less open-minded and have negative attitudes towards mental health services (Ford, 2008).

Ford (2008) looked at whether social stigmas among African-American community may affect attitudes toward psychologists and how much participants identify with views held by the African community (Ford, 2008). The study had a total of 89 participants that were used in data analysis (Ford, 2008). The study found that participants that held "more positive attitudes towards receiving…psychological help…were less likely to associate social stigma with psychological treatment" (Ford, 2008, p. 58).

An article by Harley (2006) investigates the geriatric African American population to explore how many "have practiced [or] continue to practice indigenous healing practices" (Harley, 2006, p. 433). The article asserts that "indigenous healing" practices are "often overlooked" (Harley, 2006, p. 433). Harley also provides five reasons that African Americans can fall under the category of indigenous people: 1). Were "excluded from, and have survived modernity and imperialism", 2) they were not recognized as citizens and

equals, 3) they retained their original "belief system", 4) they survived the shock of being uprooted from their homeland, 5) they are considered a "minority" (Harley, 2006, p. 434). Harley explains that to the geriatric African-American population, folk healing remains a way of pulling "knowledge" that was passed down from many generations and was "integral to their culture under slavery" (Harley, 2006, p. 436). The article discusses how the culture of folk healing continues to be rich among the African-American elderly may be due to the majority of that population remaining in the South (Harley, 2006).

Superstitions and Folk Healers in Puerto Rican Culture

In Puerto Rico, there are spiritual healers that hold similar beliefs about healing and the spirit world. The spiritual healing practice in Puerto Rico is called espiritismo and the healers are called espiritistas. It is a practice that adopted "ideas [from] Allan Kardec… a French philosopher… who wrote several books about what he called 'spiritisme'" (Núñez Molina, 1996, p. 228). Núñez Molina discusses the link between what espiritismo calls the "spirit world" and the "'material world'" (Núñez Molina, 1996, p. 229). Espiritismo also adopted aspects from medical practices, religion, and other forms of folk healing including curanderismo (Núñez Molina, 1996).

According to an article by Núñez Molina (1996), individuals who practice and believe in espiritismo hold the belief that people have the ability to "communicate with the spirit world" (Núñez Molina, 1996, p. 228). The article gives a brief background on espiritismo, it explains that Puerto Ricans who hold this belief system rank spirits in the spirit world as being either "ignorant spirits" ("the lowest level") or "spirits of light" ("the highest level"; Núñez Molina, 1996, p. 229). The "ignorant spirits" are said to be harmful

spirits while the "spirits of light" are guardians (Núñez Molina, 1996, p. 229). According to the article, individuals who practice espiritismo "believe that ignorant spirits can be the cause of physical as well as mental illness" (Núñez Molina, 1996, p. 229).

Similar to curaderismo, in espiritismo, espiritistas use many prayers and spiritual rituals to heal individuals of mental health and physical symptoms (Núñez Molina, 1996). The difference between espirititas and curanderos is that in curanderismo having the ability to heal and being a curandero is "perceived as…a special gift" that only some individuals possess while in espiritismo, the belief held is that all individuals hold the ability to communicate with spirits (Faver and Cavazos, 2009, p. 42; Núñez Molina, 1996).

In the article Núñez Molina (1996) discusses how there are many similarities between Carl Jung's theories of the occult and how they influence psychopathology and espiritismo (Núñez Molina, 1996). "In both healing systems, a transpersonal dimension is recognized as an integral element in the healing process" and the client has to face what is affecting their life (Núñez Molina, 1996, p. 227).

Asian Beliefs and Attitudes Toward Mental Illness and Folk Healing

Some Asian cultures also have spiritual healers similar to curanderos. An article looked at a spiritual healing practice in Bengali, that believes illnesses are the result of interference by deities or by "ghosts" especially "stillborn(s)", "demons", and "evil spirits" (Ferrari, 2015, p. 48-49). In all instances, the first step in healing in this spiritual healing practice is to determine which of these is the cause of the illness (Ferrari, 2015). Once that has been determined then the individual makes a "deal" or an offering to the "deity" or the "evil spirit" (Ferrari, 2015, p. 49-50).

Another study by Dein and Sebhi (2001) looked at folk healing methods from South Asia (Dein & Sembhi, 2001). The study recruited 25 participants in the United Kingdom that fell within the International Classification of Diseases – 10 (ICD-10) diagnostic criteria for schizophrenia, bipolar affective illness, and depression (Dein & Sembhi, 2001). All participants were of South Asian heritage (Dein & Sembhi, 2001). Each participant took part in an in-person interview with a psychiatrist where they were asked questions about "religious beliefs and practices, symptomatology, understandings of symptoms, use of and satisfaction with western psychiatric treatments, … traditional remedies and healers, … and perceived efficacy both for psychiatric and physical illness" (Dein & Sembhi, 2001, p. 247). The results found that six participants used "home remedies" and seven had visited a "traditional healer" for mental health care (Dein & Sebhi, 2001, p. 248).

CONSULTING AND COLLABORATING WITH CULTURAL EXPERTS AND SPIRITUAL HEALERS

If a client believes that spiritual/folk healing methods are helpful and want to incorporate them in their treatment, it may be beneficial. Hoogasian and Lijtmaer (2010) address three key comparisons between counseling and curanderismo: (a) clients are encouraged to seek out support from their loved ones and family members and involve them in their treatment, (b) are encouraged to find symbols that can offer a sense of security and help them when they are struggling, and (c) are asked to shift their frame of mind on experiences and look at them from a different perspective (Hoogasian & Lijtmaer, 2010).

It is important to note whether curanderismo is effective in treating mental illness. A longitudinal case study conducted by Zacharias (2006), investigated whether curanderismo was successful at treating mental illness. The study took place in Mexico over the course of three years (Zacharias, 2006). The study used two samples; one sample was from a rural area that had one elderly curandero, and the other sample was from an urban area where there were two curanderas one in her sixties and the other in her forties (Zacharias, 2006). The study found that out of the eight participants, six were totally restored to health and two showed "partial improvement" (Zacharias, 2006, p. 391).

Furthermore, an article written by Griffith (1982) discusses the benefits of consulting a professional who has expertise in the specific culture that the client identifies with (Griffith, 1982). The article discusses how it is important to be very meticulous in one's clinical notes in order to discriminate whether the client's symptoms would be considered abnormal within their culture (Griffith, 1982). It describes a case of a Puerto

Rican woman who had auditory hallucinations and delusions (Griffith, 1982). However, because the client sought out the help of a spiritual healer, it was important that the psychiatrist assess whether the client's symptoms were severe enough to be considered abnormal based on the client's cultural norms (Griffith, 1982).

PURPOSE OF THE STUDY

There have been several studies (e.g. Kanel, 2002; Richardson & Resendiz, 2006; Rojas-Vilches, 2006) that look at Latino and Hispanic beliefs and attitudes towards psychology however, there are significantly less studies available that look at specifically Mexican and Mexican-American beliefs and attitudes towards psychologists and mental health services and culturally specific beliefs about mental illness. Furthermore, there are even less studies that look at this specific population that utilize general public samples. Mexican and Mexican-Americans attitudes toward curanderismo may be more positive when compared to attitudes toward mental health professionals. Acculturation and generation may also play a factor in Mexican and Mexican-American beliefs about psychologists and mental health. Furthermore, generation may also play a role in whether individuals are more likely to seek out a curandero instead of a psychologist. The current study explored how Mexicans' and Mexican-Americans' beliefs and attitudes toward curandersimo, a spiritual healing practice from Mexico, and psychologists could potentially affect their willingness to seek out mental health services. It also explored how Mexicans and Mexican-Americans acculturation level to the United States could affect their attitudes and beliefs about curanderismo and psychologists.

Research Questions

Are Mexicans' and Mexican-Americans' attitudes toward curanderismo more positive compared to their attitudes toward mental health professionals? Does acculturation into the United States play a factor in Mexicans' and Mexican-Americans' attitudes and

beliefs about psychologists and mental health? Will Mexicans and 1st and 2nd generation Mexican-Americans be more likely to go to a curandero(a) instead of a psychologist?

Hypotheses

hypothesis 1. Based on a previous study by Richardson and Resendiz (2006) that found that participants who were less acculturated to United States culture were more likely to use home remedies (Faver & Cavazos, 2009), it was predicted that Mexicans and Mexican-Americans who are first or second generation in the United States would be more likely to go to or report going to a curandero(a) instead of seeking psychological help when compared to those who were third, fourth, or fifth generation Mexican-Americans because their family had less time to become acculturated to the United States. This was assessed by running an independent sample *t*-test where participants were split into two groups based on generation to compare Mexican, 1st, and 2nd generation Mexican-American participants to 3rd, 4th, and 5th generation Mexican-American participants. The information for this independent sample *t*-test was gathered from the demographic questionnaire, Attitudes Toward Psychotherapy and Psychotherapists Scale, Attitudes Toward Seeking Professional Psychological Help Scale- Short Form, and Beliefs and Attitudes about Curanderismo.

hypothesis 2. It was believed that attitudes toward psychologists would be more positive in 3rd, 4th and 5th generation Mexican-American participants than participants whom are Mexicans and 1st and 2nd generation Mexican-Americans based on a study conducted by Rojas-Vilches (2006) that found that older generations held more negative attitudes toward mental health services when compared to college age generation participants This was tested by running an independent sample *t*-test on attitudes toward

psychologist, where participants were split into the two generation groups to assess if there was a significant difference between the two. The data for this independent sample *t*-test was collected from the demographic questionnaire, Attitudes Toward Psychotherapy and Psychotherapists Scale and the Attitudes toward seeking professional psychological Help Scale-Short Form.

hypothesis 3. It was hypothesized that Mexicans and Mexican Americans who were less acculturated would be more likely to go see a curandero(a) rather than a psychologist for psychological problems based on a previous study conducted by Wells and colleagues that found that individuals who were more acculturated were more likely to seek out psychological help (Wells et al., 1989). This was tested by running an independent sample *t*-test on willingness to seek psychological help and attitudes and beliefs towards curanderismo where participants were split into two generation groups to determine whether there was a significant difference between the two. In addition, multiple regressions were conducted to assess whether acculturation predicted attitudes toward psychotherapists, seeking psychological help, and beliefs toward mental illness. The data for this independent sample *t*-test and the multiple regressions was gathered from the Bidemensional Acculturation Scale for Hispanics, Beliefs and Attitudes about Curanderismo, and Attitudes Toward Seeking Professional Psychological Help Scale-Short Form.

hypothesis 4. It was predicted that beliefs about curanderismo and its practice would change from Mexicans and 1st and 2nd generation Mexican-Americans to 3rd, 4th, 5th generation Mexican-Americans. Mexicans and 1st and 2nd generation Mexican-Americans

would have stronger beliefs about curanderismo when compared to 3rd, 4th, and 5th generation Mexican-Americans. This was tested by running a independent sample *t*-test on beliefs about curanderismo, where participants were split into the two generation groups to examine if there was a significant difference between the two groups. The data for this independent sample *t*-test was gathered from the Beliefs and Attitudes about Curanderismo measure and the Demographic Questionnaire.

hypothesis 5. It was hypothesized that beliefs about mental illness would change from Mexicans and 1st and 2nd generation Mexican-Americans to 3rd, 4th, and 5th generation Mexican-Americans. Mexicans and 1st and 2nd generation Mexican-Americans would be more likely to have negative thoughts about mental illness, while 3rd, 4th, and 5th generation Mexican-Americans would have more positive thoughts about mental illness. This was tested by running an independent sample *t*-test on beliefs about mental illness where participants were split into the two generation groups to explore whether there was a significant difference in beliefs about mental illness between the two groups. The data for this independent sample *t*-test was collected from the Beliefs Toward Mental Illness Scale and the Demographic Questionnaire.

METHODS

Participants

The software g-power was used to calculate the sample size. The sample size needed for a two-tailed independent-sample t-test with an effect size d of 0.8 was a minimum of 84 participants. The goal was to recruit 42 Mexican, 1st, and 2nd generation Mexican-American participants and 42 3rd, 4th, and 5th generation Mexican-American participants. This study utilized a convenience sample from four locations: Facebook, La Esperanza clinic in San Angelo, TX, the Frontera Clinic in Eden, TX, and residents of Ozona, TX. The participants who qualified for this study were individuals who identified as being of Mexican or of Mexican-American heritage. This study utilized the social media outlet, Facebook, to recruit participants via the Internet. The study also recruited participants at La Esperanza clinic, The Frontera Clinic in Eden, TX and individuals from Ozona, TX via door-to-door visits.

A total of 110 participants were recruited for the current study. However, the total number of participants that completed all measures was 98 participants. A total of 28 (25.5 %) males completed the study and a total of 82 (74.5%) female completed the study. There was an age range of 18-75 years of age. For primary language seventy-five participants stated that English was their primary language. Twenty-three participants stated that Spanish was their primary language, and 12 participants stated that both English and Spanish were their primary languages. The ethnic make-up of the study was predominantly Mexican or Mexican-American, with (22.7%) being Mexican, (70.0%) being Mexican-American. Other ethnicities included were participants that identified as Caucasian (2.7%),

Chicana (.9%), Hispanic-American (1.8%), and Pakistani (.9%). (Some participants put Midland (.9%) and "US Citicen" (.9%) on other). The education level of participants ranged from no education to a professional degree (MD or JD). The percentages for education levels are as follows: No Education (.9%), Elementary (21.8%), Middle School (22.7%), High School (72.7%), Bachelors Degree (10.9%), Masters Degree (.9%), Doctorial Degree (0%), Professional Degree (MD or JD) (.9%), and other (13.6%). Other included 1yr. commercial college, associates, certificate in business, CNA, Cosmetology Odessa College, Currently attending college, GED, Licensed Vocational Nurse, para profession J. College, some college, Technical Training (Registered Dental Assistant), and Tecnico en electronica (Electrical Technician).

Measures

Demographic Questionnaire. The demographic questionnaire of this study asked participants questions regarding the following criteria: gender, age, ethnicity, education, and family history (See Appendix G and Appendix M).

Attitudes Toward Seeking Professional Psychological Help Scale- Short Form. This scale is a 10 item measure, short form, that was adapted from Fisher and Turner's (1970) Attitudes Toward Seeking Professional Help (See Appendix H and Appendix N). It used a 4-point Likert scale (0= Disagree, 1= Partly disagree, 2= Partly agree, and 3= Agree; Fisher, & Farina, 1995). The inventory asked questions about beliefs and attitudes about mental health professionals and counseling (Fisher & Farina, 1995). A past research study reported that this scale had high internal consistency (Cronbach's alpha = .83 and .89;

Rojas-Vilches, 2006). The reliability found for this scale for this current study was (Cronbach's alpha = .76).

Attitudes Toward Psychotherapy and Psychotherapists Scale. This is a 25-item scale that was initially developed by Goldstein (1971; See Appendix I and Appendix O). It was scored on a 7-point Likert scale (1=Strongly agree, 2=Moderately agree, 3=Slightly agree, 4=Neither agree nor disagree, 5=Slightly disagree, 6=Moderately disagree, 7=Strongly disagree). This scale had high internal consistency (Cronbach alpha= .87; Goldstein, 1971). The reliability found for this scale for the current study was (Cronbach's alpha = .64).

Beliefs Toward Mental Illness Scale. This is a 21-item scale that was first developed by Hirai and Clum (2000). This measure used a 6-point Likert scale (0= completely disagree, 1= mostly disagree, 2= slightly disagree, 3= slightly agree, 4= mostly agree, 5= completely agree; See Appendix J and Appendix P). This scale was found to be very reliable (α =0.77-0.80 for Factor 1, α =0.77-0.82 for Factor 2, and α=0.81-0.85 for Factor 3; Hirai & Clum, 2000; Cronbach's alpha = .93 and .96; Rojas-Vilches, 2006) and was used in many studies (Hirai & Clum, 2000; Hirai, Vernon, & Clum, 2016; Rojas-Vilches, 2006). The reliability found for this scale for the current study was (Cronbach's alpha = .86).

Beliefs and Attitudes About Curanderismo. This is a 15-Item scale that was adapted from Fisher and Farina (1995) inventory "Attitudes Toward Seeking Professional Help Scale-Short Form" for the purpose of this study. The questions remained the same except for the word psychologist, curandero(a) was inserted in its place. Fisher & Farina

(1995) scale reported high internal consistency (Cronbach's alpha= 83 and .89; Rojas-Vilches, 2006,). The inventory originally used a 4-point Likert scale (0= Disagree, 1= partly disagree, 2= partly agree, and 3= agree) however, it was changed for the purposes of this study to include "neither agree nor disagree" (0= Disagree, 1= partly disagree, 2= neither agree nor disagree, 3= partly agree, and 4= agree; See Appendix K and Appendix Q). The "neither agree nor disagree option was included with the assumption that individuals who did not know what curanderismo was would not have an opinion on it. The internal consistency found for this scale was (Cronbach's alpha = .78 and .83).

Bidimensional Acculturation Scale for Hispanics. The scale is a 24-item measure that assessed acculturation amongst Hispanic individuals (Marin & Gamba, 1996; See Appendix L and Appendix R). The measure used a 4-point Likert scale: almost never, sometimes, often, and almost always (Marin & Gamba, 1996). The scale was translated in both Spanish and English. This scale had high internal consistency (Cronbach's alpha= .92 and .91) for participants who identified more with Hispanic culture and for participants who identified more with United States culture (Cronbach's alpha= .92 and .94; Rojas-Vilches, 2006). The internal consistency found for this scale for the current study was (Cronbach's alpha = .77).

PROCEDURE

After receiving Institutional Review Board approval from the Angelo State University Institutional Review Board (see Appendix A), the measures were transferred onto a secure research database, Psychdata. Two versions of the study were created: an online version and a paper-copy version. In both versions the study, questionnaires were given to participants in the same order.

Prior to participating in the study, all participants read the informed consent and provided consent. The order in which the study was received by participants was as follows: Informed consent, demographic questionnaire, Attitudes toward seeking professional psychological Help Scale- Short Form, Attitudes Toward Psychotherapy and Psychotherapists Scale, Beliefs Toward Mental Illness Scale, Beliefs and Attitudes about Curanderismo, and Bidimensional Acculturation Scale for Hispanics.

After participants completed the study they received a written debriefing that explained in more detail why participants were asked to answer the questionnaires and why the data was collected (See Appendix S and Appendix T). The written debriefing was the same for online participants and in-person participants the only difference being how they acknowledge that it was read. Paper-copy participants signed and dated their debriefing while online participants clicked a button that said, “Continue”.

Online Version

The online version of the study was created for participants who were recruited through Facebook. The online version of this study first presented a page that asked the participant what language they preferred: English or Spanish. Once the participant selected

a language, participants read the informed consent in the language they chose. All participants provided consent before being allowed to continue with the study (See Appendix C and Appendix E). To provide consent, online participants were asked to press the button that says, "Continue." After participants pressed, "Continue", a page containing the first measure of the study appeared.

A Facebook page was created for the study to recruit online participants from the United States and Mexico. A link to the study was posted on the researcher's personal Facebook wall in order to begin recruiting participants. The study was posted on the Facebook page twice. The first post contained the description of the study in English and the second post contained the description in Spanish (See Appendix F).

Paper Copy

For the paper copy of the study, participants were given the same informed consent, however, they provided consent by signing and dating the informed consent before being handed a paper copy of the study (See Appendix B and Appendix D). Individuals who received the paper copy of the study were recruited at La Esperanza clinic in San Angelo, TX, the Frontera Clinic in Eden, TX, and from door-to-door visits in Ozona, TX. Participants at La Esperanza clinic were recruited by Dr. Jose A. Contreras who provided hard copies of the study to individuals he saw at the clinic. Participants in Ozona, TX were recruited via door-to-door visits. The researcher walked up to the house, knocked, and asked the individual who answered the door if they had time to participate in a research study.

RESULTS

Research Questions

Are Mexicans' and Mexican-Americans' attitudes toward curanderismo more positive when compared to their attitudes toward mental health professionals? Does acculturation into the United States play a factor in Mexicans' and Mexican-Americans' attitudes and beliefs about psychologists and mental health? Will Mexicans and 1st and 2nd generation Mexican-Americans be more likely to go to a curandero(a) instead of a psychologist?

ANALYSES OF HYPOTHESES

hypothesis 1. This hypothesis was assessed by running an independent sample *t*-test where participants were split into two groups: Group 1 included participants that self reported being Mexican or 1st and 2nd generation Mexican-American and Group 2 included participants who self reported being 3rd, 4th, or 5th generation Mexican-Americans. The results of the two groups were compared to see if there was a significant difference in the likelihood of going to or report going to a curandero(a) between group 1 and group 2. The independent sample *t*-test results showed that there were no statistically significant differences.

The difference in variance of scores of attitudes and beliefs toward curanderismo for Mexican, first, and second generation Mexican-American participants (M = 24.76) and third, fourth, and fifth generation Mexican-American participants (M = 24.02) was not significant t(99) = .44, p = .57. The difference in variance of scores of attitudes toward seeking professional psychological help for Mexican, first, and second generation participants (M = 28.83) and third, fourth, and fifth generation Mexican-American participants (M = 25.71) was not significant t(103) = 2.81 , p = .37. The difference in variance of scores of attitudes toward psychotherapy and psychotherapists for Mexican, first, and second generation Mexican-American participants (M = 110.00) and third, fourth, and fifth generation Mexican-American participants (M = 106.60) was not significant t(99) = 1.19, p = .17.

hypothesis 2. This hypothesis was tested by running a *t*-test on attitudes toward psychologist, where participants were split into the two generation groups. The results from

group 1 and group 2 were compared to see if there was a significant difference of attitudes toward psychologists and likelihood to seek out psychological help amongst the two groups. The independent sample *t*-test showed that there were no statistically significant differences.

The difference in variance of scores of attitudes toward psychotherapy and psychotherapists for Mexican, first, and second generation Mexican-American participants (M = 110.00) and third, fourth, and fifth generation Mexican-American participants (M = 106.60) was not significant t(99) = 1.19, p = .17. The difference in variance of scores of attitudes toward seeking professional psychological help for Mexican, first, and second generation participants (M = 28.83) and third, fourth, and fifth generation Mexican-American participants (M = 25.71) was not significant t(103) = 2.81 , p = .37.

hypothesis 3. This hypothesis was tested by running a *t*-test to assess whether there was a difference between the means of the two generation groups on attitudes and beliefs towards curanderismo and willingness to seek out psychological help. The findings indicated that there were no statistically significant differences.

The difference in variance of scores of attitudes and beliefs toward curanderismo for Mexican, first, and second generation Mexican-American participants (M = 24.76) and third, fourth, and fifth generation Mexican-American participants (M = 24.02) was not significant t(99) = .44, p = .57. The difference in variance of score of attitudes toward seeking professional psychological help for Mexican, first, and second generation Mexican-American participants (M = 28.83) and third, fourth, and fifth generation Mexican-American participants (M = 25.71) was not significant t(103) = 2.81 , p = .37.

Furthermore, several multiple regressions were computed. One multiple regression was computed to see whether acculturation to Hispanic culture predicted attitudes toward seeking professional psychological help. The results of the multiple regression showed a statistically significant difference within the Hispanic Domain and no statistically significant difference within the Non-Hispanic Domain (See Table 1). Mean of the scores for the Non-Hispanic Domain was higher that the mean of the scores for the Hispanic Domain (See Table 1). The results of the multiple regression show that individuals who were more acculturated to Hispanic culture held more positive attitudes toward seeking professional help (See Table 1).

Model	B	SE B	β	Sig.	Mean	SD
Hispanic Domain	1.87	.91	.24	.04	2.65	.74
Non-Hispanic Domain	-.27	.78	-.04	.74	3.41	.85

(Table 1: Acculturation and attitudes toward seeking psychological help)

Another multiple regression was conducted to see whether acculturation predicted beliefs and attitudes about curanderismo. The findings of the multiple regression indicated that there was no statistically significant difference within the Hispanic Domain and no statistically significant difference within the Non-Hispanic Domain (See Table 2). The mean of the scores for the Non-Hispanic Domain was higher than the means of the scores for the Hispanic Domain (See Table 2). Although not significant, both the Hispanic and the Non-Hispanic domain showed a negative correlation with seeking a curandero, meaning that they were less likely to seek out a curandero.

Model	B	SE B	β	Sig.	Mean	SD
Hispanic Domain	-.51	2.12	-.05	.81	2.61	.73
Non-Hispanic Domain	-1.63	2.86	-.11	.57	3.62	.54

(Table 2: Acculturation and beliefs and attitudes about curanderismo)

A multiple regression was conducted to see whether acculturation predicted attitudes towards psychotherapy and psychotherapists. The results of the multiple regression showed there was a statistically significant difference within the Hispanic Domain and no statistically significant difference within the Non- Hispanic Domain (See Table 3). The mean of the scores for the Non-Hispanic Domain were higher that the mean of the scores for the Hispanic Domain (See Table 3). Although not significant, both the Hispanic Domain and the Non-Hispanic Domain show a negative correlation with attitudes toward psychotherapists. This means that both domains have more negative attitudes toward psychotherapists and psychotherapy. The results of the multiple regression indicate that individuals whom are more acculturated to Hispanic culture hold more positive attitudes toward psychotherapy and psychotherapists (See Table 3).

Model	B	SE B	β	Sig.	Mean	SD
Hispanic Domain	5.03	2.20	.26	.03	2.65	.73
Non-Hispanic Domain	-2.29	1.88	-.14	.23	3.41	.86

(Table 3: Acculturation and attitudes toward psychotherapy)

A multiple regression was computed to see whether acculturation predicted beliefs toward mental illness. The findings for the multiple regression indicated a statistically significant difference within the Hispanic Domain and a statistically significant difference

within the Non-Hispanic Domain (See Table 4). The mean of the scores for the Non-Hispanic Domain was higher than the mean of the scores for the Hispanic Domain (See Table 4). The results of the multiple regression indicated that the Hispanic Domain held more stigma toward mental illness (See Table 4).

Model	B	SE B	β	Sig.	Mean	SD
Hispanic Domain	-6.06	2.23	-.29	.01	2.65	.74
Non-Hispanic Domain	-9.50	1.93	-.52	.00	3.42	.85

(Table 4: Acculturation and beliefs toward mental illness)

hypothesis 4. This hypothesis was tested by running an independent sample *t*-test on beliefs about curanderismo, where participants were split into the two generation groups. The results from group 1 and group 2 were compared to see if there is a significant difference between the two groups attitudes and beliefs toward curanderismo. The results of the independent sample *t*-test show that was no statistically significant difference.

The difference in variance of scores of attitudes and beliefs toward curanderismo for Mexican, first, and second generation Mexican-American participant (M = 24.76) and third, fourth, and fifth generation Mexican-American participants (M = 24.02) was not statistically significant t(99) = .44, p = .57.

hypothesis 5. This hypothesis was tested by running an independent sample *t*-test on beliefs about mental illness where participants were split into the two generation groups. The results from group 1 and group 2 were compared to see if there was a significant difference in beliefs about mental illness between the two groups. The results of the independent sample *t*-test showed that there was a statistically significant difference.

The difference in variance of scores of beliefs about mental illness for Mexican, first, and second generation Mexican-American participants (M = 71.21) and third, fourth, and fifth generation Mexican-American participants (M = 68.96) was statistically significant t(90.59) = .74 , p = .01. There was a small effect size d = 0.14. The results indicate that Mexican, first, and second generation participants held more stereotypical beliefs about mental illness.

additional analyses. A one-way ANOVA was also conducted to assess whether there was a statistically significant difference between genders on attitudes and beliefs towards curanderismo. The results of the one-way ANOVA indicate that there was no statistically significant difference F(1, 99) = .82, p = .37

Another one-way ANOVA was conducted to explore whether there was a statistically significant difference between all generation levels on attitudes and beliefs toward curanderismo. The results of the one-way ANOVA show that there was not a statistically significant difference F(5, 95) = 1.36, p = .25.

DISCUSSION

A person's culture is something that is a part of them and could potentially affect their beliefs. This research study helped to advance existing research on Mexican and Mexican-American beliefs and attitudes because the study recruited participants from the general population and tested both Mexicans and Mexican-Americans from many generation groups while most recent previous studies utilized college age samples or had limited generation levels (e.g. Rojas-Vilches, 2011; Rojas-Vilches, 2006; Richardson & Resendiz, 2006). This study explored how Mexicans' and Mexican-Americans' beliefs and attitudes toward curandersimo, a spiritual healing practice from Mexico, and psychologists could potentially affect their willingness to seek out mental health services. It also explored how Mexicans and Mexican-Americans acculturation level to the United States could affect their attitudes and beliefs toward curanderismo and psychologists.

There was a statistically significant difference between the two generation groups when it came to beliefs toward mental illness. The results showed that Mexican, first, and second generation participants held more stereotypical beliefs about mental illness. Furthermore, acculturation predicted beliefs toward mental illness with a statistically significant difference within the Hispanic Domain and a statistically significant difference within the Non-Hispanic Domain. The results indicated that the Hispanic Domain held more stigma toward mental illness. Rojas-Vilches (2011), found similar results in a study that explored whether acculturation toward United States culture or Latin culture affected beliefs towards mental illness in young and old generations. The study found that young

generation held “more favorable views about mental illness” (Rojas-Vilches, 2011, p. 333-334).

There was not a statistically significant difference between the two groups when it came to beliefs and attitudes toward curanderismo. In addition, acculturation did not predict beliefs and attitudes toward curanderismo. Furthermore there was no significant difference in beliefs and attitudes toward curanderismo between genders and no significant difference between all generations. However, a study by Richardson and Resendiz (2006) found that Mexican-Americans more acculturated to United States culture were less likely to seek out a curandero or use herbal remedies than those who were less acculturate (acculturation in this study was defined by how many generations the participant’s family had been in the United States) (Faver & Cavazos, 2009; Richardson & Resendiz, 2006). Therefore, the current study’s lack of findings may indicate that the study’s measures did not accurately investigate beliefs and attitudes toward curanderismo between the two generation groups. Future research could include a new scale that includes more questions about attitudes and beliefs toward curanderismo.

There was no statistically significant difference between the two generation groups when it came to attitudes toward seeking psychological help. However, acculturation predicted attitudes toward seeking psychological help in the Hispanic domain but did not predict attitudes toward seeking psychological help in the Non-Hispanic Domain. The results showed that individuals who were more acculturated to Hispanic culture held more positive attitudes toward seeking professional help. In contrast, a study conducted by Wells and colleagues that investigated acculturation and willingness to seek out mental health

services found that participants who were not very acculturated to United States culture were less likely to seek out some kind of professional mental health service (Wells et al., 1989).

There was no statistically significant difference between the two groups when it came to attitudes toward psychotherapy and psychotherapists. In addition, a multiple regression found that acculturation predicted attitudes toward psychotherapy and psychotherapists in the Hispanic Domain, however, it did not predict attitudes toward psychotherapy and psychotherapists in the Non-Hispanic Domain. Although not significant, both the Hispanic Domain and the Non-Hispanic Domain show a negative correlation with attitudes toward psychotherapists. This means that both domains have more negative attitudes toward psychotherapists and psychotherapy. It is possible that other factors such as how long the individual had been living in the United States despite their generation level may have affected the results. In future studies it may be beneficial to define generation groups differently not just based on birthplace and generation level.

Clinical Implications

It is important to look at the implications the results have for clinicians. The results that showed that Mexican, first, and second generation participants held more stereotypical beliefs about mental illness and indicated that the Hispanic Domain (participants that were more acculturated to Hispanic culture) held more stigma toward mental illness is especially important for clinicians to know when counseling individuals of Mexican decent. Rojas-Vilches (2006) findings also indicated that individuals who were more acculturated to the United States held less stereotypical views toward mental illness. If individuals of this

culture are more likely to hold stereotypical view when they are less acculturated to the United States then they may be more resistant to receiving therapy or may be more deceptive during therapy. Clinicians may better work with Hispanic acculturated individuals by discussing stereotypical beliefs held. Further, clinicians may dedicate efforts to educate Hispanic acculturated individuals.

Although there was no difference between the two generation groups in beliefs and attitudes toward curanderismo and acculturation did not predict beliefs and attitudes toward curanderismo in this study, a study conducted by Richardson and Resendiz (2006) that looked at whether acculturation in Mexican-Americans to United States culture affected the use of home remedies, use of herbs, and seeking out curanderos for treatment found that the more acculturated the participants were to Unites States culture the less likely they were to seek out a curandero or use herbal remedies (Faver & Cavazos, 2009). This suggests that that beliefs in curandrismo does affect behavior in Mexican-Americans. Therefore, if individuals that need to seek out counseling are hindered by their cultural beliefs, clinicians should look into educating this population on accurate beliefs toward mental illness.

The results of this study found that individuals who were more acculturated to Hispanic culture held more positive attitudes toward seeking professional help. In contrast, Wells and colleagues (1989) found that those participants who were not acculturated to the United States were less likely to seek out some kind of professional mental health services (Wells et al., 1989). The conflicting findings from these two studies suggest that positive attitudes towards toward seeking psychological help does not necessarily predict the actual behavior of seeking psychological help. This is important for clinicians to know because it

means that Mexican-Americans know that seeking out a psychologist is beneficial but will still not seek one out themselves. One could speculate that this is correlated with the results found for beliefs toward mental illness that showed that those that were less acculturated held more stigma towards mental illness.

The results of the study that indicate that individuals whom are more acculturated to Hispanic culture hold more positive attitudes toward psychotherapy and psychotherapists, which is in direct contrast with the results for beliefs toward mental illness that found that individuals in the Hispanic Domain held more stigma towards mental illness. This is another finding of the study that suggests that attitudes toward seeking help, beliefs about mental illness, and actual behavior are not correlated. It is important for clinicians to know about these distinctions when counseling individuals of Mexican descent because it shows that, although the Mexican American population may hold internal stigmas toward mental illness, their positive attitudes toward seeking out professional help suggests that they may be open to seeking out a psychologist and towards receiving education about mental illness. Furthermore, it shows that behavior is a factor that needs to be considered in future research endeavors.

Limitations

There were a few limitations to this study. One of the largest limitations of this study was that participants were recruited only in the United States. This meant that the majority of the participants that were born in Mexico had lived in the United States for several years and could potentially have been influenced by United States culture, which, in turn, could have influenced the results of the study.

Another limitation of this study was that the paper-copy of the study was administered in person and several participants voiced concern about what the researcher or others who may read the thesis would think about their answers. It is a possibility that deception may have affected the answers of participants.

Furthermore, another limitation is the lack of a religion scale. Religious beliefs may have affected the responses of participants and should have been a factor included in the study. A study by Rojas-Vilches (2006) used a scale called Religiosity that measured why individuals held the religious beliefs they did and how often they attended church (Rojas-Vilches, 2006). In addition, a study by Rojas-Vilches and Reig-Ferrer (2011) that looked at Puerto Rican and Cuban-American attitudes and beliefs also used the Religiosity scale.

During the study, many participants stated that they would not go to a curandero for the mental health but would go if they were experiencing a physical ailment or thought that a witch had cursed them. Future research could include additional scales to assess these factors in order to get the full picture of what Mexican and Mexican-American beliefs are on curanderismo.

Conclusion

This study looked at how Mexicans' and Mexican-Americans' beliefs and attitudes toward curandersimo, a spiritual healing practice from Mexico, and psychologists could potentially affect their willingness to seek out mental health services. It also explored how Mexicans and Mexican-Americans acculturation level to the United States could affect their attitudes and beliefs toward curanderismo and psychologists. The results of the study found that first, and second generation participants held more stereotypical beliefs about mental

illness, Hispanic Domain held more stigma toward mental illness, and that individuals who were more acculturated to Hispanic culture held more positive attitudes toward seeking professional help. However, there were limitations that may have affected the studies results. Future research could look at expanding this study's sample population to include individuals who live in Mexico and could include a religion factor. Furthermore, a new scale could be created that asks more questions about beliefs and attitudes toward curanderismo. Mexican and Mexican American beliefs and attitudes toward mental health and counseling continues to be an area that deserves more focus. In order for a counselor to better help their client they must remain culturally sensitive and must learn and understand their client's culture.

APPENDIX A

IRB Approval Letter

ANGELO STATE UNIVERSITY
College of Graduate Studies
Institutional Review Board

2/14/2017

Dr. Drew Curtis
Dept. of Psychology, Sociology, & Social Work
Angelo State University
San Angelo, TX 76909

Dear Drew:

The protocol submitted by your student Kelsie Ramirez titled, "*Curanderismo and Mental Health: Mexican and Mexican-American Beliefs, Attitudes, and Acculturation*" was reviewed by Angelo State University's Institutional Review Board for the Protection of Human Research Subjects in accordance with federal regulations 45 CFR 46, and has been APPROVED.

The protocol has been approved for one year effective February 14, 2017, and expires one year from this date. If your project will continue beyond one year, please be aware that you must submit a request for continuation before the current protocol expires.

The IRB protocol number for your approved project is #CUR-021417. Please include this number in the subject line of all future communications with the IRB regarding the protocol.

Sincerely,

Teresa (Tay) Hack, Ph.D.
Chair, Institutional Review Board

APPENDIX B

Angelo State University
Institutional Review Board (IRB)

Consent to Participate in an IRB-Approved Research Event

Project Title: Curanderismo and Mental Health: Mexican and Mexican-American Beliefs, Attitudes, and Acculturation

Investigator Name/Department: *Kelsie Lozano Ramirez/Psychology, Sociology, and Social Work/ Dr. Drew A. Curtis, Director of the Counseling Psychology Department, Thesis Chair.*

Investigator Phone: (325) 226-3296

Investigator Email: kramirez9@angelo.edu

You are being asked to participate in a research event conducted with the approval of the Angelo State University Institutional Review Board. In order to participate, you are required to give your consent by reading and signing this document.

The investigator will explain to you in detail the purpose of the project, the procedures to be used, and the potential benefits and possible risks of participation. You may ask any questions you have at any time before the project begins. A basic explanation of the project is written below. Please read and, should you decide to participate, sign this form in the presence of the person who explained the project to you. Upon request, you will be given an unsigned copy of this form for your records.

Refusal to participate in this study will have no effect on any future services you may be entitled to from the University. Anyone who agrees to participate in this study is free to withdraw from the study at any time without penalty. I understand also that it is not possible to identify all potential risks in an experimental procedure, and I believe that reasonable safeguards have been taken to minimize both the known and potential but unknown risks.

1. Nature and Purpose of the Project

You are being asked to participate in a research study for Kelsie Lozano Ramirez at Angelo State University. This study will be conducted in person and on paper. In order to qualify for this study, you must be of Mexican or Mexican-American heritage. The purpose of this study is to assess the level of acculturation to United States culture the participant has (acculturation is the degree of adaption an individual has to a new culture) and to assess

attitudes and beliefs the participant holds towards psychologists and curanderismo, a Mexican folk healing practice. You are only allowed to complete the study one time.

2. Explanation of Procedures.

The study will last approximately 30 minutes. Please be prepared to be available for this length of time. After reading this consent form, you must provide consent in the form of a signature in order to participate in this study. There will be no consequences if you choose to not provide your consent. The study will consist of the following questionnaires: demographic questionnaire, Attitudes toward seeking professional psychological Help Scale- Short Form, Attitudes Toward Psychotherapy and Psychotherapists Scale, Beliefs Toward Mental Illness Scale, Beliefs and Attitudes about Curanderismo, and Bidimensional Acculturation Scale for Hispanics
After all questionnaires have been answered I will provide you, with a detailed debriefing that explains in more detail why the research is being conducted and why you answered the questionnaires.

3. Discomfort and Risks.

This study poses minimal level of risk, meaning no more risk than one would expect in everyday life. The researcher has taken all necessary precautions to ensure the safety of the participant and to avoid potential risks.

4. Benefits.

You can expect to gain a greater understanding of the research process and will gain insight into Mexican-American culture and psychology. Furthermore, by responding to these questionnaires you will help psychologist better understand Mexican and Mexican-American culture in order to better help their clients.

5. Confidentiality.

I will ensure that all data collected from participants is kept confidential. All data will be stored and maintained for a minimum of 3 years. All study data will be stored in a locked cabinet. Paper copies of data will be stored in binder in the locked cabinet and online data will be saved on a USB jump drive and stored in the same locked cabinet. The primary researcher, Kelsie Ramirez, the thesis chair Dr. Drew A. Curtis, and the following members of the thesis committee will have access to research data: Dr. Jungeun Lee, Dr. Jose A. Contreras, and Dr. Raelye Self. If I choose to destroy the study data after the initial 3 years, I will shred the paper copies of participant data and will delete the data stored on the USB jump drive. If you have any further questions about the study you may contact the researcher, Kelsie Lozano Ramirez, by email at kramirez9@angelo.edu. You may also request for a copy of an unsigned informed consent at any time by emailing the researcher

at the email listed above. However, you should be aware that there is always a potential risk of confidentiality loss through online communication such as email. I will do everything I am permitted to do by law to protect your confidentiality. If you choose to contact me through email, I will promptly delete your email after I have read and responded to it.

The dated approval stamp on this consent form indicates that this project has been reviewed and approved by the Angelo State University Institutional Review Board (IRB) for the protection of human subjects in research and research related activities. **IRB #CUR-021417 – Feb. 14, 2017**.

Any questions regarding the conduct of the project, questions pertaining to your rights as a research subject, or research-related injury should be brought to the attention of the IRB administrator, Dr. Tay Hack (tay@angelo.edu) TEL: (325) 942-2068, ext. 6121.

Any question about the conduct of this research project should be brought to the attention of the investigator as listed on this form.

_____ _____

Participant Signature Date

_____ _____

Witness Signature Date

APPENDIX C

Angelo State University

Institutional Review Board (IRB) - Approved Online Research

Project Title: Curanderismo and Mental Health: Mexican and Mexican-American Beliefs, Attitudes, and Acculturation

Investigator Name/Department: Kelsie Ramirez, Department of Psychology, Sociology, and Social Work

Dr. Drew A. Curtis, Ph.D., Department of Psychology, Sociology, and Social Work

Thesis Chair

Investigator Phone: (325) 226-3296

Investigator Email: kramirez9@angelo.edu

You are being asked to participate in a research event conducted with the approval of the Angelo State University Institutional Review Board. In order to participate, you are required to give your consent after reading this document.

An explanation of the project is written below, which includes information about the purpose of the project, the procedures to be used, and the potential benefits and possible risks of participation. Please read and, should you decide to participate, indicate your agreement on this form. Upon request, you will be given an unsigned copy of this form for your records.

Refusal to participate in this study will have no effect on any future services you may be entitled to from the University. Anyone who agrees to participate in this study is free to withdraw from the study at any time without penalty. I understand also that it is not possible to identify all potential risks in an experimental procedure, and I believe that reasonable safeguards have been taken to minimize both the known and potential but unknown risks.

1. Nature and Purpose of the Project

You are being asked to participate in a research study for Kelsie Lozano Ramirez at Angelo State University. This study will be conducted online through Psychdata. In order to qualify for this study you must be of Mexican or Mexican-American heritage. The purpose of this

study is to assess the level of acculturated to United States culture you have (acculturation is the degree of adaption an individual has to a new culture) and to assess attitudes and beliefs you hold towards psychologists and curanderismo, a Mexican folk healing practice. You are only allowed to complete the study one time.

2. Explanation of Procedures.

The study will last approximately 30 minutes. Please be prepared to be available for this length of time. After reading this consent form, you must provide consent in order to participate in this study. There will be no consequences if you choose to not provide your consent. The study will consist of the following questionnaires: Demographic Questionnaire, Attitudes toward seeking professional psychological Help Scale- Short Form, Attitudes Toward Psychotherapy and Psychotherapists Scale, Beliefs Toward Mental Illness Scale, Beliefs and Attitudes about Curanderismo, and Bidimensional Acculturation Scale for Hispanics. After all questionnaires have been answered I will provide you with a detailed debriefing that explains in more detail why the research is being conducted and why you answered the questionnaires.

3. Discomfort and Risks.

This study poses minimal level of risk, meaning no more risk than one would expect in everyday life. I have taken all necessary precautions to ensure your safety and to avoid potential risks.

4. Benefits.

You can expect to gain a greater understanding of the research process and will gain insight into Mexican-American culture and psychology. Furthermore, your answers will help psychologist better understand Mexican and Mexican-American culture in order to better help their clients.

5. Confidentiality.

I will ensure that all data collected from participants is kept confidential. All data will be stored and maintained for a minimum of 3 years. All study data will be stored in a locked cabinet. Paper copies of data will be stored in binder in the locked cabinet and online data will be saved on a USB jump drive and stored in the same locked cabinet. The primary researcher, Kelsie Ramirez, the thesis chair Dr. Drew A. Curtis, and the following members of the thesis committee will have access to research data: Dr. Jungeun Lee, Dr. Jose A. Contreras, and Dr. Raelye Self. If I choose to destroy the study data after the initial 3 years, I will shred the paper copies of participant data and will delete the data stored on the USB jump drive. If you have any further questions about the study you may contact the researcher, Kelsie Lozano Ramirez, by email at kramirez9@angelo.edu. You may also request for a copy of the informed consent at any time by emailing the researcher at the email listed above. However, you should be aware that there is always a potential risk of confidentiality loss through online communication such as email. I will do everything I am permitted to do by law to protect your confidentiality. If you choose to contact me through email, I will promptly delete your email after I have read and responded to it.

Agreement: By clicking on the continue button below you are indicating that you have read the above procedures and that you are consenting to voluntarily participate in this study. This project has been reviewed and approved by the Angelo State University Institutional Review Board (IRB) for the protection of human subjects in research and research related activities. **IRB #CUR-021417 – Feb. 14, 2017.**

Any questions regarding the conduct of the project, questions pertaining to your rights as a research subject, or research-related injury should be brought to the attention of the IRB administrator, Dr. Tay Hack (tay@angelo.edu) TEL: (325) 942-2068, ext. 6121.

Any question about this specific research project should be brought to the attention of the investigator listed at the top of this form.

To participate in this research, click Continue.

Continue »

APPENDIX D

Angelo State University
Institutional Review Board (IRB)

Consentimiento Para Participar en un evento de Investigación Aprobado por IRB

Título del proyecto: Curanderismo and Mental Health: Mexican and Mexican-American Beliefs, Attitudes, and Acculturation

Nombre de la Investigadora/Departamento: *Kelsie Lozano Ramirez/Psychology, Sociology, and Social Work; Dr. Drew A. Curtis, Director of the Counseling Psychology Department, Thesis Chair.*

Número de teléfono de la Investigadora: (325) 226-3296

Dirección de correo electrónico de la investigadora: kramirez9@angelo.edu

Se le pide que participe en una investigación realizada con la aprobación de Angelo State University Insitutional Review Board (Junta de Revisión Institucional). Para participar, se requiere que usted lea y firme este documento para dar su consentimiento.

El investigador le explicará en detalle el propósito del proyecto, el procedimiento que se va a utilizar, y los beneficios potenciales y los posibles riesgos de participación. Usted puede hacer cualquier pregunta que tenga en cualquier momento antes de que comience el proyecto. A continuación se da una explicación básica del proyecto. Por favor lea y, si decide participar, firme este formulario en presencia de la persona que le explicó el proyecto. Si lo solicita, se le entregará una copia no firmada de este formulario para sus registros.

El negar participar en este estudio no tendrá ningún efecto en los servicios de la universidad que usted pueda utilizar en el futuro. Cualquier persona que acepte participar en este estudio tiene la libertad de retirarse del estudio en cualquier momento sin penalización. También entiendo que no es posible identificar todos los riesgos potenciales de un procedimiento experimental y creo que se han tomado medidas razonables para minimizar tanto los riesgos conocidos como los riesgos potenciales pero desconocidos.

1. La naturaleza y el propósito del proyecto

Se le pide participar en un estudio de investigación para Kelsie Lozano Ramirez en Angelo State University. Este estudio se realizará en persona y en papel. Para poder calificar para este estudio, debes ser de origen mexicano o mexicano-americano. El propósito de este estudio es evaluar el nivel de aculturación a la cultura estadounidense que usted tiene (la

aculturación es el grado de adaptación que un individuo tiene a una nueva cultura) y evaluar las actitudes y creencias que usted sostiene hacia los psicólogos y el curanderismo, y la práctica de curación folklórica de México. Sólo se le permite completar el estudio una vez.

2. Explicación de procedimientos

El estudio durará aproximadamente 30 minutos. Por favor, esté preparado para estar disponible durante este período de tiempo. Después de leer este formulario de consentimiento, usted debe dar su consentimiento en forma de una firma para participar en este estudio. No habrá consecuencias si decide no dar su consentimiento. El estudio consistirá en los siguientes cuestionarios: Cuestionario demográfico; Las actitudes hacia el buscar ayuda profesional; Escala de actitudes hacia la psicoterapia y los psicoterapeutas; Escala de las creencias hacia las enfermedades mentales; Las creencias y actitudes hacia el curanderismo; y Bidimensional Acculturation Scale (en español). Después de que todos los cuestionarios hayan sido contestados yo le proporcionará una interrogación que explica en más detalle por qué se está realizando la investigación y por qué usted respondió a los cuestionarios.

3. Malestar y riesgos

Este estudio presenta un nivel mínimo de riesgo, esto significa que no hay más riesgo del que uno esperaría en la vida cotidiana. Yo he tomado todas las precauciones necesarias para garantizar su seguridad y evitar riesgos potenciales.

4. Beneficios

Usted puede esperar obtener una mayor comprensión del proceso de investigación y conocer mejor la cultura y la psicología mexicoamericanas. Además, sus repuestas ayudarán al psicólogo a comprender mejor la cultura mexicana y mexicoamericana con el fin de ayudar mejor a sus clientes.

5. Confidencialidad

Me aseguraré de que todos los datos recogidos de los participantes se mantengan confidenciales. Todos los datos serán almacenados y mantenidos por un mínimo de 3 años. Todos los datos del estudio se almacenarán en un gabinete cerrado. Las copias en papel de los datos se almacenarán en una carpeta en un gabinete cerrado y los datos en línea se guardarán en un USB jump drive y se almacenarán en el mismo gabinete cerrado. La investigadora principal, Kelsie Ramirez, el presidente de la tesis Dr. Drew A. Curtis, y los siguientes miembros del comité de tesis tendrán acceso a los datos de investigación: Dr. Jungeun Lee, Dr. Jose A. Contreras, y Dr. Raelye Self.. Si decido destruir los datos del estudio después de los 3 años iniciales, destruiré todas las copias en papel de los datos de los participantes y borrará los datos del estudio guardados en el USB jump drive. Si tiene más preguntas, puede ponerse en contacto con la investigadora, Kelsie Lozano Ramírez,

enviándole un correo electrónico, kramirez9@angelo.edu. También puede solicitar una copia no firmada del consentimiento informado en cualquier momento enviando un correo electrónico a la investigadora al correo electrónico que se menciona anteriormente. Sin embargo, debe estar consciente de que siempre existe un riesgo potencial de pérdida de confidencialidad a través de la comunicación en línea, como el correo electrónico. Haré todo lo que se me permita hacer por ley para proteger su confidencialidad. Si usted decide ponerse en contacto conmigo a través de correo electrónico, borraré su correo electrónico con prontitud después de leer y responder a su correo electrónico.

El sello de aprobación fechado en este formulario de consentimiento indica que este proyecto ha sido revisado y aprobado por la Junta de Revisión Institucional de Angelo State University (IRB) para la protección de participantes humano que participan en la investigación y actividades relacionadas con la investigación. **IRB #CUR-021417 – Feb. 14, 2017**.

Cualquier pregunta referente a la conducta del proyecto, preguntas relacionadas con sus derechos como sujeto de investigación o lesiones relacionadas de la investigación deben ser llevadas a la atención de la administradora del IRB, Dr. Tay Hack (tay@angelo.edu) TEL: (325) 942-2068, ext. 6121.

Cualquier pregunta sobre la conducta de este proyecto de investigación debe ser llevada a la atención de la investigadora como se indica en este formulario.

_____ _____

Firma del Participante Fecha

_____ _____

Firma de Testigo Fecha

APPENDIX E

Angelo State University

Hoja de Consentimiento Informado (IRB) – Aprobado para la investigación en línea

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Título del proyecto: Curanderismo and Mental Health: Mexican and Mexican-American Beliefs, Attitudes, and Acculturation

Nombre de la investigadora/Departamento: Kelsie Lozano Ramírez,Psychology, Sociology, and Social Work/ Dr. Drew A. Curtis, Ph.D., Department of Psychology, Sociology, and Social Work, Thesis Chair

Número de teléfono de la investigadora: (325) 226-3296

Dirección de correo electrónico de la investigadora: kramirez9@angelo.edu

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Se le pide que participe en una investigación realizada con la aprobación de Angelo State University Institutional Review Board (Junta de Revisión Institucional). Para participar, se requiere que usted dé su consentimiento después de leer este documento.
Abajo está escrita una explicación del proyecto, que incluye información sobre el propósito del proyecto, los procedimientos que se van a utilizar, los beneficios posibles y los riesgos posibles. Por favor lea, y si decide participar, indique su acuerdo en este formulario. Si lo solicita, se le entregará una copia no firmada de este formulario para su registro.

El negar participar en este estudio no tendrá ningún efecto en los servicios de la universidad que usted pueda utilizar en el futuro. Cualquier persona que acepte participar en este estudio tiene la libertad de retirarse del estudio en cualquier momento sin penalización. También entiendo que no es posible identificar todos los riesgos potenciales de un procedimiento experimental y creo que se han tomado medidas razonables para minimizar tanto los riesgos conocidos como los riesgos potenciales pero desconocidos

1. La naturaleza y el propósito del proyecto.

Se le pide participar en un estudio de investigación para Kelsie Lozano Ramírez de Angelo State University. Este estudio se realizará en línea a través de Psychdata. Para poder calificar para este estudio, debe ser de origen mexicano o mexicano-americano. El propósito de este estudio es evaluar el nivel de aculturación a la cultura estadounidense que usted tiene (la aculturación es el grado de adaptación que un individuo tiene a una nueva cultura) y evaluar las actitudes y creencias que usted sostiene hacia los psicólogos y el curanderismo, una práctica de curación folklórica de México. Sólo se le permite completar el estudio una vez.

2. Explicación de procedimientos

El estudio durará aproximadamente 30 minutos. Por favor, esté preparado para estar disponible durante este período de tiempo. Después de leer este formulario de consentimiento, usted debe dar su consentimiento para participar en este estudio. No habrá consecuencias si decide no dar su consentimiento. El estudio consistirá en los siguientes cuestionarios: Cuestionario demográfico; Las actitudes hacia el buscar ayuda profesional; Escala de actitudes hacia la psicoterapia y los psicoterapeutas; Escala de las creencias hacia las enfermedades mentales; Las creencias y actitudes hacia el curanderismo; y Bidimensional Acculturation Scale (en español). Después de que todos los cuestionarios hayan sido contestados yo le proporcionaré una interrogación que explica en más detalle por qué se realizó la investigación y por qué usted respondió a los cuestionarios.

3. Malestar y riesgos.

Este estudio presenta un nivel mínimo de riesgo, esto significa que no hay más riesgo del que uno esperaría en la vida cotidiana. Yo he tomado todas las precauciones necesarias para garantizar su seguridad y evitar riesgos potenciales.

4. Beneficios.
Usted puede esperar obtener una mayor comprensión del proceso de investigación y conocer mejor la cultura y la psicología mexicoamericanas. Además, sus repuestas ayudarán al psicólogo a comprender mejor la cultura mexicana y mexicoamericana con el fin de ayudar mejor a sus clientes.

5. Confidencialidad.

Me aseguraré de que todos los datos recogidos de los participantes se mantengan confidenciales. Todos los datos serán almacenados y mantenidos por un mínimo de 3 años. Todos los datos del estudio se almacenarán en un gabinete cerrado. Las copias en papel de los datos se almacenarán en una carpeta en un gabinete cerrado y los datos en línea se guardarán en un USB jump drive y se almacenarán en el mismo gabinete cerrado. La investigadora principal, Kelsie Ramirez, el presidente de tribunal de tesis Dr. Drew A. Curtis, y los siguientes miembros del comité de tesis tendrán acceso a los datos de investigación: Dr. Jungeun Lee, Dr. Jose A. Contreras, y Dr. Raelye Self. Si decido destruir los datos del estudio después de los 3 años iniciales, destruiré todas las copias en papel de los datos de los participantes y borraré los datos del estudio guardados en el USB jump drive. Si tiene más preguntas, puede ponerse en contacto con la investigadora, Kelsie Lozano Ramírez, enviándole un correo electrónico, kramirez9@angelo.edu. También puede solicitar una copia del consentimiento informado en cualquier momento enviando un correo electrónico a la investigadora en el correo electrónico que se menciona anteriormente. Sin embargo, debes estar consciente que siempre existe un riesgo potencial de pérdida de confidencialidad a través de la comunicación en línea, como el correo electrónico. Haré todo lo que se me permita hacer por ley para proteger su confidencialidad. Si usted decide ponerse en contacto conmigo a través de correo electrónico, borraré su correo electrónico con prontitud después de leer y responder a su correo electrónico.

Acuerdo: al hacer clic en el botón de “Continue” de abajo usted indica que ha leído los procedimientos anteriores y que está dando su consentimiento para participar voluntariamente en este estudio.

Este proyecto ha sido revisado y aprobado por la Junta de Revisión Institucional de Angelo State University (IRB) para la protección de participantes humanos que participan en la investigación y en actividades relacionadas con la investigación. **IRB #CUR-021417 – Feb. 14, 2017.**

Cualquier pregunta referente a la conducta del proyecto, preguntas relacionadas con sus derechos como sujeto de la investigación o lesiones relacionadas a la investigación deben ser llevadas a la atención a la administradora del IRB, Dr. Tay Hack (tay@angelo.edu) TEL: (325) 942-2068, ext. 6121.

Cualquier pregunta sobre la conducta de este proyecto de investigación debe ser llevada a la atención de la investigadora como se indica al principio de este formulario.

Para participar en esta investigación, haga clic en *Continue*.

APPENDIX F

PARTICIPATE IN A RESEARCH STUDY

This study is for my master's thesis. It is over Curanderismo, which is a form of Mexican folk healing. My study will be investigating beliefs and attitudes about mental health services held by Mexicans and Mexican American individuals when compared to their beliefs and attitudes about curanderismo. It will also look at cultural identification and it's effects on beliefs and attitudes. The purpose of this study is to find out how to better help Mexicans and Mexican-Americans in counseling. All participants' personal information will be kept confidential.

SHARE PLEASE!

PARTICIPE EN UN ESTUDIO

Este estudio es para mi tesis de maestría. Se trata del curanderismo, el cual es una clase de tratamiento médico indígena de México. Mi estudio va a investigar las creencias y actitudes que tiene la gente mexicana y méxico-americana hacia los psicólogos y los servicios de salud mental y cómo se comparan con las creencias y actitudes que la gente tiene hacia los curanderos. También investigará la identificación cultural y sus efectos en las creencias y actitudes. El propósito de este estudio es determinar cómo mejorar la ayuda que los mexicanos y méxico-americanos reciben en la terapia psicoanalítica. La información personal de todos los participantes será confidencial.

POR FAVOR, ¡COMPARTA!

APPENDIX G

Demographic Questionnaire

Gender

_____ Male

_____ Female

Age

_____

What is your primary Language?

_____English

_____Spanish

Other:_____

Ethnicity

_____White (Caucasian)

_____Mexican-American

_____Mexican

Other:_____

Education

_____Elementary School

_____Middle School

_____High School

_____Bachelor's Degree

_____Master's Degree

_____Doctoral Degree

_____Professional Degree (JD or MD)

Other: _____

Were you born in the United States?

Were you born in Mexico?

Where did you spend most of your childhood? Please include the state and the country.

_____

Where did you spend most of your adulthood? Please include the state and the country.

Were your parents born in the United States?

_____

Were your parents born in Mexico?

_____

Were your grandparents born in the United States?

_____

Were your grandparents born in Mexico?

_____

What generation Mexican-American are you? (If you were born in Mexico please select not applicable).

_____ 1st generation

_____ 2nd generation

_____ 3rd generation

_____ 4th generation

_____ 5th generation

_____ Not Applicable

APPENDIX H

Attitudes Toward Seeking Professional Help

Instructions

Read each statement carefully and indicate your degree of agreement using the scale below. In responding, please be completely candid.

0 = Disagree 1 = Partly disagree 2 = Partly agree 3 = Agree

_____ 1. If I believed I was having a mental breakdown, my first inclination would be to get professional attention.

_____ 2. The idea of talking about problems with a psychologist strikes me as a poor way to get rid of emotional conflicts.

_____ 3. If I were experiencing a serious emotional crisis at this point in my life, I would be confident that I could find relief in psychotherapy.

_____ 4. There is something admirable in the attitude of a person who is willing to cope with his or her conflicts and fears without resorting to professional help.

_____ 5. I would want to get psychological help if I were worried or upset for a long period of time.

_____ 6. I might want to have psychological counseling in the future.

_____ 7. A person with an emotional problem is not likely to solve it alone; he or she is likely to solve it with professional help.

_____ 8. Considering the time and expense involved in psychotherapy, it would have doubtful value for a person like me.

_____ 9. A person should work out his or her own problems; getting psychological counseling would be a last resort.

_____ 10. Personal and emotional troubles, like many things, tend to work out by themselves.

APPENDIX I

Attitudes Toward Psychotherapy and Psychotherapist Scale

Directions

The 25 questions below are being asked to learn your opinion about psychiatrists and psychologists. Everything is strictly confidential.

Each question has seven possible answers:

1. Strongly agree
2. Moderately agree
3. Slightly agree
4. Neither agree nor disagree
5. Slightly disagree
6. Moderately disagree
7. Strongly disagree

Circle only one number for each question that best tells how you feel.

1. Psychiatrists and psychologists are not very much help in solving people's problems.	1 2 3 4 5 6 7
2. Most people would go to a psychiatrist or a psychologist if they felt they had mental or nervous problems.	1 2 3 4 5 6 7
3. Many of the people who go to psychiatrists or psychologists are made worse by the treatment they get.	1 2 3 4 5 6 7
4. Talking about your problems to a psychiatrist or psychologist is mostly a waste of time.	1 2 3 4 5 6 7
5. Every school child should be given a psychiatric examination.	1 2 3 4 5 6 7
6. Psychiatrists and psychologist are warm and friendly people.	1 2 3 4 5 6 7
7. If you live a good, clean life, you shouldn't need to talk to a psychiatrist or psychologist.	1 2 3 4 5 6 7

8. Most people would feel comfortable talking to a psychiatrist or psychologist about their problems.	1 2 3 4 5 6 7
9. Most people would be afraid to tell their real feelings during a therapy session where they talked with a psychiatrist or psychologist.	1 2 3 4 5 6 7
10. Psychiatrists and psychologists really know more about mental and nervous conditions than other doctors do.	1 2 3 4 5 6 7
11. Unhappy people should go to a psychiatrist or psychologist for help.	1 2 3 4 5 6 7
12. People with mental or nervous problems should be able to pull themselves together without the help of a psychiatrist or a psychologist.	1 2 3 4 5 6 7
13. A psychiatrist or psychologist usually says things that give patients confidence in him.	1 2 3 4 5 6 7
14. Most people would find it hard to talk about themselves to a psychiatrist or psychologist.	1 2 3 4 5 6 7
15. Most people cannot understand how talking with a psychiatrist or psychologist could do much to solve their problems.	1 2 3 4 5 6 7
16. It would be easier for a person to talk with a psychiatrist or psychologist than with most other people	1 2 3 4 5 6 7
17. Talking with a psychiatrist or psychologist is the best way to deal with mental, nervous, and emotional problems	1 2 3 4 5 6 7

18. Psychiatrists and psychologists, compared to other kinds of doctors, are more successful in helping their patients.	1 2 3 4 5 6 7
19. Psychiatrists and psychologists would not be needed if people had willpower of their own.	1 2 3 4 5 6 7
20. When a psychiatrist or psychologist tries to treat a person with little schooling, neither one really understands the other.	1 2 3 4 5 6 7
21. Talking with a psychiatrist or psychologist gives people many ideas about their problems which help them to understand themselves better.	1 2 3 4 5 6 7
22. Most people would hesitate to tell a psychiatrist or psychologist what they were really thinking.	1 2 3 4 5 6 7
23. Talking with your minister if you have a problem is better than talking to a psychiatrist or psychologist.	1 2 3 4 5 6 7
24. It would be difficult to think of things to say during a therapy session where you talked about your problems to a psychiatrist or psychologist.	1 2 3 4 5 6 7
25. Psychiatrist and psychologists, compared with other kinds of doctors, are more interested in the well being of their patients.	1 2 3 4 5 6 7

APPENDIX J

Beliefs Toward Mental Illness Scale (BTMI)

Using the scale below, please indicate the level of your agreement with the following items by choosing the number that most closely corresponds with your beliefs.

1. A mentally ill person is more likely to harm others than a normal person.

completely disagree	mostly disagree	slightly disagree	slightly agree	mostly agree	completely agree
0	1	2	3	4	5

2. Mental disorders would require a much longer period of time to be cured than would other general diseases.

completely disagree	mostly disagree	slightly disagree	slightly agree	mostly agree	completely agree
0	1	2	3	4	5

3. It may be a good idea to stay away from people who have psychological disorders because their behavior is dangerous.

completely disagree	mostly disagree	slightly disagree	slightly agree	mostly agree	completely agree
0	1	2	3	4	5

4. The term “psychological disorder” makes me feel embarrassed.

completely disagree	mostly disagree	slightly disagree	slightly agree	mostly agree	completely agree
0	1	2	3	4	5

5. A person with a psychological disorder should have a job with minor responsibilities.

completely disagree	mostly disagree	slightly disagree	slightly agree	mostly agree	completely agree
0	1	2	3	4	5

6. Mentally ill people are more likely to be criminals than non-mentally ill people.

completely disagree	mostly disagree	slightly disagree	slightly agree	mostly agree	completely agree
0	1	2	3	4	5

7. Psychological disorders are recurrent.

completely disagree	mostly disagree	slightly disagree	slightly agree	mostly agree	completely agree
0	1	2	3	4	5

8. I am afraid of what my boss, friends and others would think if I were diagnosed as having a psychological disorder.

completely disagree	mostly disagree	slightly disagree	slightly agree	mostly agree	completely agree
0	1	2	3	4	5

9. Individuals diagnosed as mentally ill will suffer from its symptoms throughout their life.

completely disagree	mostly disagree	slightly disagree	slightly agree	mostly agree	completely agree
0	1	2	3	4	5

10. People who have once received psychological treatment are likely to need further treatment in the future.

completely disagree	mostly disagree	slightly disagree	slightly agree	mostly agree	completely agree
0	1	2	3	4	5

11. It might be difficult for mentally ill people to follow social rules such as being punctual or keeping promises.

completely disagree	mostly disagree	slightly disagree	slightly agree	mostly agree	completely agree
0	1	2	3	4	5

12. I would be embarrassed if people knew that I dated a person who once received psychological treatment.

completely disagree	mostly disagree	slightly disagree	slightly agree	mostly agree	completely agree
0	1	2	3	4	5

13. I am afraid of people who are suffering from psychological disorders because they may harm me.

completely disagree	mostly disagree	slightly disagree	slightly agree	mostly agree	completely agree
0	1	2	3	4	5

14. A person with a psychological disorder is less likely to function well as a parent.

completely disagree	mostly disagree	slightly disagree	slightly agree	mostly agree	completely agree
0	1	2	3	4	5

15. I would be embarrassed if a person in my family became mentally ill.

completely disagree	mostly disagree	slightly disagree	slightly agree	mostly agree	completely agree
0	1	2	3	4	5

16. I do not believe that psychological disorders are ever completely cured.

completely disagree	mostly disagree	slightly disagree	slightly agree	mostly agree	completely agree
0	1	2	3	4	5

17. Mentally ill people are unlikely to be able to live by themselves because they are unable to assume responsibilities.

completely disagree	mostly disagree	slightly disagree	slightly agree	mostly agree	completely agree
0	1	2	3	4	5

18. Most people would not knowingly be friends with a mentally ill person.

completely disagree	mostly disagree	slightly disagree	slightly agree	mostly agree	completely agree
0	1	2	3	4	5

19. The behavior of people who have psychological disorders is unpredictable.

completely disagree	mostly disagree	slightly disagree	slightly agree	mostly agree	completely agree
0	1	2	3	4	5

20. Psychological disorders are unlikely to be cured regardless of treatment.

completely disagree	mostly disagree	slightly disagree	slightly agree	mostly agree	completely agree
0	1	2	3	4	5

21. I would not trust the work of a mentally ill person assigned to my work team.

completely disagree	mostly disagree	slightly disagree	slightly agree	mostly agree	completely agree
0	1	2	3	4	5

APPENDIX K

Beliefs and Attitudes about Curanderismo

Instructions:

For the following questions pick yes or no.

1. Have you ever been to a Curandero/a?
2. Do you know what Curanderismo is?

Instructions:

For the following questions answer using the following scale:

1= Disagree 2 = Partly disagree 3= Neither Agree nor Disagree 4 = Partly agree 5 = Agree

1. If I believed I was having a mental breakdown, my first inclination would be to go to a curandero(a)

2. The idea of talking about problems with a curandero(a) strikes me as a poor way to get rid of emotional conflicts.

3. If I were experiencing a serious emotional crisis at this point in my life, I would be confident that I could find relief in seeking help from a curandero(a).

4. There is something admirable in the attitude of a person who is willing to cope with his or her conflicts and fears without resorting to help from curanderismo.

5. I would want to get help from a curandero(a) if I were worried or upset for a long period of time.

6. I might want to have curanderismo consultation in the future.

7. A person with an emotional problem is not likely to solve it alone; he or she is likely to solve it with the help of curanderismo.

8. Considering the time and expense involved in curanderismo, it would have doubtful value for a person like me.

9. A person should work out his or her own problems; getting curanderismo consulation would be a last resort.

10. Personal and emotional troubles, like many things, tend to work out by themselves.

11. If I was feeling sick I would go to a Curandero/a

12. If I believed that I was seeing things that were not there I would go to a Curandero/a

APPENDIX L

(BAS) **Bidimensional Acculturation Scale (Marin and Gamba, 1996)**

INTERVIEWER READ OUT LOUD: I will now ask you about your language preferences

(Bubble only one response to the foll questions)	**almost never**	**sometimes**	**often**	**almost always**
1. How often do you speak English?	○	○	○	○
2. How often do you speak in English with your friends?	○	○	○	○
3. How often do you think in English?	○	○	○	○
4. How often do you speak Spanish?	○	○	○	○
5. How often do you speak in Spanish with your friends?	○	○	○	○
6. How often do you think in Spanish?	○	○	○	○
	very poorly	**poorly**	**well**	**very well**
7. How well do you speak English?	○	○	○	○
8. How well do you read in English?	○	○	○	○
9. How well do you understand television programs in English?	○	○	○	○
10. How well do you understand radio programs in English?	○	○	○	○
11. How well do you write in English?	○	○	○	○
12. How well do you understand music in English?	○	○	○	○
13. How well do you speak Spanish?	○	○	○	○

14. How well do you read in Spanish?	○	○	○	○
15. How well do you understand television programs in Spanish?	○	○	○	○
16. How well do you understand radio programs in Spanish?	○	○	○	○
17. How well do you write in Spanish?	○	○	○	○
18. How well do you understand music in Spanish?	○	○	○	○
	almost never	**sometimes**	**often**	**almost always**
19. How often do you watch television programs in English?	○	○	○	○
20. How often do you listen to radio programs in English?	○	○	○	○
21. How often do you listen to music in English	○	○	○	○
22. How often do you watch television programs in Spanish?	○	○	○	○
23. How often do you listen to radio programs in Spanish?	○	○	○	○
24. How often do you listen to music in Spanish?	○	○	○	○

APPENDIX M

Cuestionario Demográfico

Su sexo:

_____ Hombre

_____ Mujer

Su edad:

_____

¿Cuál es su idioma primario?

_____el inglés

_____el español

Otra_____

Su etnia

_____caucásico

_____mexicano americano

_____mexicano

Otra_____

Educación:

_____ La escuela primaria

_____ La escuela secundaria

_____La escuela preparatoria

_____La licenciatura

_____La maestría

_____Doctorado

_____Título profesional

Otra:_____

¿Nació en Estados Unidos?

¿Nació en México?

¿Dónde pasó la mayor parte de su infancia? Por favor, incluya el nombre del estado y del país.

_____

¿Dónde pasó la mayor parte de su vida adulta? Por favor, incluya el nombre del estado y del país.

_____

¿Nacieron sus padres en Estados Unidos?

_____

¿Nacieron sus padres en México?

_____

¿Nacieron sus abuelos en Estados Unidos?

_____

¿Nacieron sus abuelos en México?

¿De qué generación mexicano-americano es usted? (Si nació en México, por favor seleccione no se aplica).

_____ 1a generación

_____ 2a generación

_____ 3a generación

_____ 4a generación

_____ 5a generación

_____ No se aplica

APPENDIX N

Las actitudes hacia el buscar ayuda profesional

Instrucciones

Lea cada declaración cuidadosamente e indique su grado de acuerdo con la escala de abajo. Al responder, por favor, sea completamente sincero.

0 = En desacuerdo 1 = Parcialmente en desacuerdo

2 = Parcialmente de acuerdo 3 = De acuerdo totalmente

_____ 1. Si creyera que sufría de una crisis mental, mi primera inclinación sería obtener atención profesional.

_____ 2. La idea de hablar de problemas con un psicólogo me parece una mala manera de deshacerme de los conflictos emocionales.

_____ 3 Si estuviera experimentando una crisis emocional grave en este momento de mi vida, estaría seguro(a) de que podría encontrar alivio en la psicoterapia.

_____ 4. Hay algo admirable en la actitud de una persona que está dispuesta a hacer frente a sus miedos y conflictos sin recurrir a la ayuda profesional.

_____ 5. Yo quiera recibir ayuda psicológica si estuviera preocupado(a) o molesto(a) durante un largo periodo de tiempo.

_____ 6. Tal vez quisiera recibir asesoramiento psicológico en el futuro.

_____ 7. No es probable que una persona con un problema emocional pueda resolverlo por sí sola; es probable que lo solucione con ayuda profesional.

_____ 8. Teniendo en cuenta el tiempo y los gastos involucrados en la psicoterapia, es dudoso que ella tenga valor para una persona como yo.

_____ 9. Una persona debe trabajar para solucionar sus propios problemas; el obtener asesoramiento psicológico sería un último recurso.

_____ 10. Los problemas personales y emocionales, como muchas cosas, tienden a resolverse por sí mismos.

APPENDIX O

Escala de Actitudes hacia la Psicoterapia y los Psicoterapeutas

Instrucciones

Las 25 preguntas a continuación se le hacen a fin de que se aprenda su opinión sobre los psiquiatras y los psicólogos. Sus respuestas son estrictamente confidenciales.

Cada pregunta tiene siete respuestas posibles:

1. Totalmente de acuerdo
2. Moderadamente de acuerdo
3. Un poco de acuerdo
4. Ni de acuerdo ni en desacuerdo
5. Un poco en desacuerdo
6. Moderadamente en desacuerdo
7. Totalmente en desacuerdo

Por cada pregunta, ponga un círculo solo en el número que mejor describe cómo se siente.

1. Los psiquiatras y psicólogos no sirven de mucha ayuda para resolver los problemas de las personas.	1 2 3 4 5 6 7
2. La mayoría de la gente acudiría a un psiquiatra o a un psicólogo si sintiera que tuviera problemas mentales o nerviosos.	1 2 3 4 5 6 7
3. Muchas de las personas que reciben tratamiento de los psiquiatras o los psicólogos se agravan por el tratamiento que reciben.	1 2 3 4 5 6 7
4. Hablar de sus problemas con un psiquiatra o psicólogo es sobre todo una pérdida de tiempo.	1 2 3 4 5 6 7
5. A cada niño de la escuela se le debe dar un examen psiquiátrico.	1 2 3 4 5 6 7
6. Los psiquiatras y psicólogos son gente cálida y amable.	1 2 3 4 5 6 7

7. Si usted vive una vida buena y limpia, no debería necesitar hablar con un psiquiatra o psicólogo.	1 2 3 4 5 6 7
8. La mayoría de la gente se sentiría cómoda hablando con un psiquiatra o psicólogo acerca de sus problemas.	1 2 3 4 5 6 7
9. La mayoría de la gente tendría miedo de decir lo que realmente siente durante una sesión de terapia con un psiquiatra o psicólogo.	1 2 3 4 5 6 7
10. Los psiquiatras y psicólogos realmente saben más sobre las condiciones mentales y nerviosas que otros médicos.	1 2 3 4 5 6 7
11. La gente infeliz debe ir a ver a un psiquiatra o a un psicólogo para recibir ayuda.	1 2 3 4 5 6 7
12. Las personas con problemas mentales o nerviosos deben ser capaces de recuperarse sin la ayuda de un psiquiatra o un psicólogo.	1 2 3 4 5 6 7
13. Por lo general un psiquiatra o un psicólogo dice cosas que inspiran confianza en él a los pacientes.	1 2 3 4 5 6 7
14. A la mayoría de las personas les resulta difícil hablar de sí mismas con un psiquiatra o un psicólogo.	1 2 3 4 5 6 7
15. La mayoría de la gente no entiende cómo el hablar con un psiquiatra o psicólogo podría hacer mucho para resolver sus problemas.	1 2 3 4 5 6 7
16. Sería más fácil para una persona hablar con un psiquiatra o psicólogo que con la mayoría de otras personas	1 2 3 4 5 6 7

17. Hablar con un psiquiatra o psicólogo es la mejor manera de lidiar con problemas mentales, nerviosos y emocionales	1 2 3 4 5 6 7
18. Los psiquiatras y psicólogos, en comparación con otros tipos de médicos, tienen más éxito con ayudar a sus pacientes.	1 2 3 4 5 6 7
19. Los psiquiatras y psicólogos no serían necesarios si la gente tuviera fuerza de voluntad propia.	1 2 3 4 5 6 7
20. Cuando un psiquiatra o un psicólogo intenta tratar a una persona con poca educación, uno realmente no entiende al otro.	1 2 3 4 5 6 7
21. El hablar con un psiquiatra o psicólogo le da a la gente muchas ideas sobre sus problemas que le ayudan a entenderse mejor.	1 2 3 4 5 6 7
22. La mayoría de la gente dudaría en decirle a un psiquiatra o a un psicólogo lo que realmente piensa.	1 2 3 4 5 6 7
23. Hablar con su ministro, si tiene un problema, es mejor que hablar con un psiquiatra o un psicólogo.	1 2 3 4 5 6 7
24. Sería difícil pensar en cosas que decir durante una sesión de terapia en que usted habla de sus problemas con un psiquiatra o un psicólogo.	1 2 3 4 5 6 7
25. Los psiquiatras y psicólogos, en comparación con otros tipos de médicos, están más interesados en el bienestar de sus pacientes.	1 2 3 4 5 6 7

APPENDIX P

Escala de las creencias hacia las enfermedades mentales

Utilizando la escala a continuación, indique el nivel de su acuerdo con los siguientes ítems eligiendo el número que más corresponda con sus creencias.

1. Una persona mentalmente enferma tiene más probabilidades de hacerle daño a otros que a una persona normal.

totalmente en desacuerdo	mayormente en desacuerdo	un poco en desacuerdo	un poco de acuerdo	mayormente de acuerdo	totalmente de acuerdo
0	1	2	3	4	5

2. Los trastornos mentales requieren un periodo de tiempo mucho más largo para curar que otras enfermedades generales.

totalmente en desacuerdo	mayormente en desacuerdo	un poco en desacuerdo	un poco de acuerdo	mayormente de acuerdo	totalmente de acuerdo
0	1	2	3	4	5

3. Puede ser una buena idea mantenerse alejado de las personas que tienen trastornos psicológicos porque su comportamiento es peligroso.

totalmente en desacuerdo	mayormente en desacuerdo	un poco en desacuerdo	un poco de acuerdo	mayormente de acuerdo	totalmente de acuerdo
0	1	2	3	4	5

4. El término “trastorno psicológico” me hace sentir avergonzado.

totalmente en desacuerdo	mayormente en desacuerdo	un poco en desacuerdo	un poco de acuerdo	mayormente de acuerdo	totalmente de acuerdo
0	1	2	3	4	5

5. Una persona con un trastorno psicológico debe tener un trabajo con responsabilidades menores.

totalmente en desacuerdo	mayormente en desacuerdo	un poco en desacuerdo	un poco de acuerdo	mayormente de acuerdo	totalmente de acuerdo
0	1	2	3	4	5

6. Las personas con enfermedades mentales son más propensas a ser delincuentes que las personas que no padecen de enfermedades mentales.

totalmente en desacuerdo	mayormente en desacuerdo	un poco en desacuerdo	un poco de acuerdo	mayormente de acuerdo	totalmente de acuerdo
0	1	2	3	4	5

7. Los trastornos psicológicos son recurrentes.

totalmente en desacuerdo	mayormente en desacuerdo	un poco en desacuerdo	un poco de acuerdo	mayormente de acuerdo	totalmente de acuerdo
0	1	2	3	4	5

8. Tengo miedo de lo que mi jefe, mis amigos y otros pensarían si me diagnosticaran con un trastorno psicológico.

totalmente en desacuerdo	mayormente en desacuerdo	un poco en desacuerdo	un poco de acuerdo	mayormente de acuerdo	totalmente de acuerdo
0	1	2	3	4	5

9. Los individuos diagnosticados como mentalmente enfermos sufrirán de sus síntomas a lo largo de su vida.

totalmente en desacuerdo	mayormente en desacuerdo	un poco en desacuerdo	un poco de acuerdo	mayormente de acuerdo	totalmente de acuerdo
0	1	2	3	4	5

10. Es probable que las personas que han recibido tratamiento psicológico una vez necesiten tratamiento adicional en el futuro.

totalmente en desacuerdo	mayormente en desacuerdo	un poco en desacuerdo	un poco de acuerdo	mayormente de acuerdo	totalmente de acuerdo
0	1	2	3	4	5

11. Puede ser difícil para las personas con enfermedades mentales seguir reglas sociales como ser puntuales o cumplir con promesas.

totalmente en desacuerdo	mayormente en desacuerdo	un poco en desacuerdo	un poco de acuerdo	mayormente de acuerdo	totalmente de acuerdo
0	1	2	3	4	5

12. Me avergonzaría si la gente supiera que salgo con una persona que alguna vez recibió tratamiento psicológico

totalmente en desacuerdo	mayormente en desacuerdo	un poco en desacuerdo	un poco de acuerdo	mayormente de acuerdo	totalmente de acuerdo
0	1	2	3	4	5

13. Tengo miedo de las personas que sufren de trastornos psicológicos porque pueden hacerme daño

totalmente en desacuerdo	mayormente en desacuerdo	un poco en desacuerdo	un poco de acuerdo	mayormente de acuerdo	totalmente de acuerdo
0	1	2	3	4	5

14. Es menos probable que una persona con un trastorno psicológico funcione bien como padre.

totalmente en desacuerdo	mayormente en desacuerdo	un poco en desacuerdo	un poco de acuerdo	mayormente de acuerdo	totalmente de acuerdo
0	1	2	3	4	5

15. Me avergonzaría si una persona de mi familia se enfermara mentalmente.

totalmente en desacuerdo	mayormente en desacuerdo	un poco en desacuerdo	un poco de acuerdo	mayormente de acuerdo	totalmente de acuerdo
0	1	2	3	4	5

16. No creo que los trastornos psicológicos puedan curarse completamente.

totalmente en desacuerdo	mayormente en desacuerdo	un poco en desacuerdo	un poco de acuerdo	mayormente de acuerdo	totalmente de acuerdo
0	1	2	3	4	5

17. Es poco probable que los enfermos mentales puedan vivir solos porque no pueden asumir responsabilidades.

totalmente en desacuerdo	mayormente en desacuerdo	un poco en desacuerdo	un poco de acuerdo	mayormente de acuerdo	totalmente de acuerdo
0	1	2	3	4	5

18. La mayoría de la gente no sería amiga de una persona mentalmente enferma intencionadamente.

totalmente en desacuerdo	mayormente en desacuerdo	un poco en desacuerdo	un poco de acuerdo	mayormente de acuerdo	totalmente de acuerdo
0	1	2	3	4	5

19. El comportamiento de las personas que tienen trastornos psicológicos es impredecible.

totalmente en desacuerdo	mayormente en desacuerdo	un poco en desacuerdo	un poco de acuerdo	mayormente de acuerdo	totalmente de acuerdo
0	1	2	3	4	5

20. Es poco probable que los trastornos psicológicos se curen independientemente del tratamiento

totalmente en desacuerdo	mayormente en desacuerdo	un poco en desacuerdo	un poco de acuerdo	mayormente de acuerdo	totalmente de acuerdo
0	1	2	3	4	5

21. No confiaría en el trabajo de una persona mentalmente enferma asignada a mi equipo de trabajo.

totalmente en desacuerdo	mayormente en desacuerdo	un poco en desacuerdo	un poco de acuerdo	mayormente de acuerdo	totalmente de acuerdo
0	1	2	3	4	5

APPENDIX Q

Las Creencias y Actitudes Hacia el Curanderismo

Instrucciones:

Para las preguntas a continuación, conteste o sí o no.

1. ¿Ha visitado a un curandero/a?
2. ¿Sabe lo que es el curanderismo?

Instrucciones:

Para las preguntas a continuación, conteste usando la siguiente escala:

1 = En desacuerdo 2 = Parcialmente en desacuerdo 3= Ni de acuerdo, ni en desacuerdo

4 = Parcialmente de acuerdo 5 = De acuerdo totalmente

1. Si creyera que sufría de una crisis mental, mi primera inclinación sería visitar un curandero(a)

2. La idea de hablar de problemas con un curandero(a) me parece una mala manera de deshacerme de los conflictos emocionales.

3. Si yo tuviera una crisis emocional grave en este momento de mi vida, estaría seguro(a) de que podría encontrar alivio al buscar ayuda de un curandero(a)

4. Hay algo admirable en la actitud de una persona que está dispuesta a lidiar con sus conflictos y temores sin recurrir a la ayuda de un curandero(a).

5. Me gustaría obtener ayuda de un curandero(a) si estuviera preocupado o molesto por un largo periodo de tiempo.

6. Tal vez quiera tener una consulta con un curandero(a) en el futuro.

7. No es probable que una persona con un problema emocional lo solucione solo; es probable que él o ella lo resuelva con la ayuda de un curandero(a).

8. Teniendo en cuenta el tiempo y el gasto que implica el curanderismo, es dudoso que él tenga valor para una persona como yo.

9. Una persona debe resolver sus propios problemas; conseguir la consulta de un curandero(a) sería un último recurso.

10. Los problemas personales y emocionales, como muchas cosas, tienden a resolverse por sí mismos.

11. Si me sintiera enfermo, iría con un curandero(a)

12. Si yo creyera que estaba viendo cosas que no estaban allí, iría con un curandero(a)

APPENDIX R

(BAS) **Bidimensional Acculturation Scale (Marin and Gamba, 1996)**

INTERVIEWER READ OUT LOUD: Ahora le voy a preguntar su preferencia de lenguaje.

(Marque solamente una respuesta por pregunta)	**Casi nunca**	**Algunas veces**	**Frecuentemente**	**Casi siempre**
1. ¿Con qué frecuencia habla usted inglés?	○	○	○	○
2. ¿Con qué frecuencia habla en inglés con sus amigas/os?	○	○	○	○
3. ¿Con qué frecuencia piensa usted en inglés?	○	○	○	○
4. ¿Con qué frecuencia habla usted español?	○	○	○	○
5. ¿Con qué frecuencia habla español con sus amigas/os?	○	○	○	○
6. ¿Con qué frecuencia piensa usted en español?	○	○	○	○
	Muy mal	**No muy bien**	**Bien**	**Muy bien**
7. ¿Cómo habla usted en inglés?	○	○	○	○
8. ¿Cómo lee usted en inglés?	○	○	○	○
9. ¿Cómo entiende usted los programas de televisión en inglés?	○	○	○	○
10. ¿Cómo entiende usted los programas de radio en inglés?	○	○	○	○
11. ¿Cómo escribe usted en inglés?	○	○	○	○
12. ¿Cómo entiende usted la música en inglés?	○	○	○	○
13. ¿Cómo habla usted en español?	○	○	○	○
14. ¿Cómo lee usted en español?	○	○	○	○
15. ¿Cómo entiende usted los programas de televisión en español?	○	○	○	○
16. ¿Cómo entiende usted los programas de radio en español?	○	○	○	○

17. ¿Cómo escribe usted en español?	○	○	○	○
18. ¿Cómo entiende usted la música en español?	○	○	○	○
	Casi nunca	**Algunas veces**	**Frecuentemente**	**Casi siempre**
19. ¿Con qué frecuencia ve programas de televisión en inglés?	○	○	○	○
20. ¿Con qué frecuencia escucha usted programas de radio en inglés?	○	○	○	○
21. ¿Con qué frecuencia escucha usted música en inglés?	○	○	○	○
22. ¿Con qué frecuencia ve usted programas de televisión en español?	○	○	○	○
23. ¿Con qué frecuencia escucha usted programas de radio en español?	○	○	○	○
24. ¿Con qué frecuencia escucha usted música en español?	○	○	○	○

APPENDIX S

DEBRIEFING FORM

I would like to thank you for participating in this study. This was a Master's Thesis study for a graduate student in the Psychology, Sociology, and Social Work department at Angelo State University. The researcher was investigating whether acculturation or lack of acculturation to United States culture amongst Mexicans and Mexican-Americans influenced an individual's attitudes and beliefs towards psychologists and curanderos (individuals who perform curanderismo rituals). This was assessed by providing all participants with the following questionnaires: Attitudes toward seeking professional psychological Help Scale- Short Form, Attitudes Toward Psychotherapy and Psychotherapists Scale, Beliefs Toward Mental Illness Scale, Beliefs and Attitudes about Curanderismo, and Bidimensional Acculturation Scale for Hispanics and comparing this data to the information about generation that all participants provided in the demographic questionnaire. The motivation for researching this topic was to learn more about Mexicans and Mexican-Americans beliefs and attitudes about Curanderismo and psychology so that psychologist are better able to help their clients. If you have any further questions you may contact the researcher, Kelsie Lozano Ramirez, by email at kramirez9@angelo.edu. You may also request for a copy of an unsigned informed consent at any time by emailing the researcher at the email listed above. However, you should be aware that there is always a potential risk of confidentiality loss through online communication such as email. I will do everything I am permitted to do by law to protect your confidentiality. If you choose to contact me through email, I will promptly delete your email after I have read and responded to it. Furthermore, if you have any questions or concerns regarding how the research study was conducted, you may also contact the Angelo State University IRB Administrator, Dr. Tay Hack at tay@angelo.edu or by phone at (325) 942-2068, ext. 6121.

If you found this research topic interesting and would like to learn more about curanderismo, here are a couple of articles that provide further information on the topic:

Arenas, S., Cross, H., & Willard, W. (1980). Curanderos and mental health professionals: A comparative study on perceptions of psychopathology. *Hispanic Journal of Behavioral Sciences, 2*(4).

Salazar, C. L., & Levin, J. (2013). Religious features of curanderismo training and practice. *Explore: The Journal of Science and Healing*.

APPENDIX T

FORMULARIO DE INTERROGACIÓN

Me gustaría agradecerle su participación en este estudio. Este estudio era para una tesis de maestría para una estudiante del departamento de psicología, sociología, y trabajo social de Angelo State University. La investigadora estaba investigando si la aculturación o la falta de aculturación a la cultura estadounidense entre los mexicanos y mexicoamericanos influye las actitudes y creencias que tienen sobre la psicología y los curanderos (individuales que practican los rituales del curanderismo). Esto se evaluará examinando los resultados de los siguientes cuestionarios: Las actitudes hacia el buscar ayuda profesional; La escala de actitudes hacia la psicoterapia y los psicoterapeutas; La escala de las creencias hacia las enfermedades mentales; Las creencias y actitudes hacia el curanderismo; y Bidimensional Acculturation Scale (en español). Se compararán los datos que se recogen de estos cuestionarios con la información que todos los participantes proporcionaron en el cuestionario demográfico. La motivación para investigar este tema es aprender más sobre las creencias y actitudes mexicanas y mexicoamericanas sobre el curanderismo y la psicología para que los psicólogos puedan ayudar mejor a sus clientes. Si tiene más preguntas, no dude en ponerse en contacto con la investigadora, Kelsie Lozano Ramírez, enviándole un correo electrónico, kramirez9@angelo.edu. También puede solicitar una copia no firmada del consentimiento informado en cualquier momento enviando un correo electrónico a la investigadora usando el correo electrónico que se menciona anteriormente. Sin embargo, debe estar consciente que siempre existe un riesgo potencial de pérdida de confidencialidad a través de la comunicación en línea, como el correo electrónico. Haré todo lo que se me permita hacer por ley para proteger su confidencialidad. Si usted decide ponerse en contacto conmigo a través de correo electrónico, borraré su correo electrónico con prontitud después de leer y responder a su correo electrónico. Además, si tiene algunas preguntas o preocupaciones sobre cómo se llevó a cabo el estudio de investigación, también puede comunicarse con la Administradora del Junta de Revisión Institucional (IRB) de Angelo State University, la Dr. Tay Hack, a tay@angelo.edu o por teléfono al (325) 942-2068, ext . 6121.

Si encontró este tema de investigación interesante y le gustaría aprender más sobre el curanderismo, aquí hay algunos artículos que proporcionan más información sobre el tema:

Arenas, S., Cross, H., & Willard, W. (1980). Curanderos and mental health professionals: A comparative study on perceptions of psychopathology. *Hispanic Journal of Behavioral Sciences, 2*(4).

Salazar, C. L., & Levin, J. (2013). Religious features of curanderismo training and practice. *Explore: The Journal of Science and Healing*.

REFERENCES

American Psychiatric Association. *Diagnostic and statistical manual of mental disorders: DSM-IV*. (2000). Washington, DC: American Psychiatric Association

American Psychiatric Association. *Diagnostic and statistical manual of mental disorders: DSM-5*. (2013). Washington, Londres: American Psychiatric Association.

Arenas, S., Cross, H., & Willard, W. (1980). Curanderos and mental health professionals: A comparative study on perceptions of psychopathology. *Hispanic Journal of Behavioral Sciences, 2*(4).

Corrigan, P.W. (2004). How stigma interferes with mental health care. *American Psychologists*, 59, 614-625.

Curtis, D., & Kelley, L. (2016). *Abnormal psychology: myths of crazy*. Dubuque, IA: Kendall Hunt Publishing Company.

Dein, S., & Sembhi, S. (2001). The Use of Traditional Healing in South Asian Psychiatric Patients in the U.K.: Interactions between Professional and Folk Psychiatries. *Transcultural Psychiatry,* 38(2), 243-257. doi:10.1177/136346150103800207

Faver, C. A., & Cavazos, A. M., Jr. (2009). Church, culture, and curanderismo: Mexican American social work students at the border. *Social Work Forum*.

Feldman, R.P., & Goodrich, J.T. (2001). Psychosurgery: A historical overview. *Neurosurgery,* 48, 647-659.

Ferrari, F. M. (2015). "Illness Is Nothing But Injustice":The Revolutionary Element in Bengali Folk Healing. *The Journal of American Folklore,* 128(507), 46. doi:10.5406/jamerfolk.128.507.0046

Fischer, E. H., & Farina, A. (1995). Attitudes Toward Seeking Professional Psychological Help Scale--Short Form. *Journal of College Student Development, 36*(4).

Fisher, E. H., & Turner, J. L. (1970). Orientations to seeking professional help: development and research utility of an attitude scale. *Journal of Counsulting and Clinical Psychology, 35*(1), 79-90.

Ford, R. (2008). African American Psychologists' Attitudes Toward Psychotherapy.

Goldstein, A. P. (1971). *Psychotherapeutic Attraction* (Pergamon General Psychology Series). Pergamon Press Inc.

Griffith, E. E. H. (1982). The Impact of Culture and Religion on Psychiatric Care. *Journal of the National Medical Association, 74*(12), 1175-1179.

Harley, D. A. (2006). Indigenous Healing Practices among Rural Elderly African Americans. *International Journal of Disability, Development and Education, 53*(4), 433-452. doi:10.1080/10349120601008605

Hendrickson, B. (2013). New Contexts for Curanderismo: Recasting Mexican American Folk Healing within American Metaphysical Religion. *Journal of the American Academy of Religion, 81*(3), 620-643. doi:10.1093/jaarel/lft013

Hendrickson, B. (2014). *Border Medicine: A Transcultural History of Mexican American Curanderismo* (North American Religions). New York University Press.

Hendrickson, B. (2014). Restoring the People: Reclaiming Indigenous Spirituality in Contemporary Curanderismo. *Spiritus: A Journal of Christian Spirituality, 14*(1), 76-83. doi:10.1353/scs.2014.0010

Hirai, M., & Clum, G. A. (2000) Development, Reliability, and Validity of the Beliefs Toward Mental Illness Scale. Journal of Psychopathology and Behavioral Assessment, 22, 221-236.

Hirai, M., Vernon, L. L., & Clum, G. A. (2016). Factor Structure and Administration Measurement Invariance of the Beliefs Toward Mental Illness Scale in Latino College Samples: Paper-Pencil Versus Internet Administrations. *Assessment*. doi:10.1177/1073191116661630

Hoogasian, R., & Lijtmaer, R. (2010). Integrating Curanderismo into counselling and psychotherapy. *Counselling Psychology Quarterly, 23*(3), 297-307. doi:10.1080/09515070.2010.505752

Hough, R. L., Landsverk, J. A., Karno, M., Burnam, M. A., Timbers, D. M., Escobar, J. I., & Regier, D. A. (1987). Utilization of health and mental health services by Los Angeles Mexican Americans and non-Hispanic Whites. *Archives of General Psychiatry*, 44, 702-709.

Kanel, K. (2002). Mental health needs of Spanish-speaking Latinos in southern California. *Hispanic Journal of Behavioral Sciences*, 24(1), 74-91.

Leong, F. & Zachar, P. (1999). Gender and opinions about mental illness as predictors of attitudes toward seeking professional psychological help. *British Journal of Guidance & Counseling*, 27(1), 123-132.

Marín, G., & Gamba, R. J. (1996). A new measurement of acculturation for Hispanics: the Bidimensional Acculturation Scale for Hispanics. *Hispanic Journal of Behavioral Sciences, 18*(3). Retrieved from SocINDEX.

Motel, S., & Patten, E. (2012). The 10 largest Hispanic origin groups: characteristics, rankings, top counties. Retrieved November 16, 2016, from http://www.pewhispanic.org/2012/06/27/the-10-largest-hispanic-origin-groups-characteristics-rankings-top-counties/

Núñez Molina, M. (1996). Archetypes and Spirits: A Jungian Analysis of Puerto Rican Espiritismo. *Journal of Analytical Psychology, 41*(2), 227-244. doi:10.1111/j.1465-5922.1996.00227.x

Pabón, M., & Pérez, H. (2007). The Representation of Curanderismo in Selected Mexican American Works. *Journal of Hispanic Higher Education, 6*(3), 257-271. doi:10.1177/1538192707302874

Richardson, C., & Resendiz, R., with DeJuana, C. (2006). *On the Edge of the Law: Culture, Labor, and Deviance on the South Texas Border* (p. 17-50.). Austin, TX: University of Texas Press.

Rivers, W. H. R. [1924] 2001. *Medicine, Magic and Religion*. London: Routledge.

Rojas-Vilches, A. P. (2006). Hispanics' attitudes toward seeking counseling as a function of psychosocial and demographic variables. *University of Central Florida Stars*.

Rojas-Vilches, A. P. (2011). Attitudes toward seeking therapy among Puerto Rican and Cuban American young adults and their parents. *International Journal of Clinical and Health Psychology, 11*(2), 313-341.

Salazar, C. L., & Levin, J. (2013). Religious features of curanderismo training and practice. *Explore: The Journal of Science and Healing*.

Tafur, M. M., Crowe, T. K., & Torres, E. (2009). A review of curanderismo and healing practices among Mexicans and Mexican Americans. *Occupational Therapy International, 16*(1), 82-88. doi:10.1002/oti.265

Torres, E., & Sawyer, T. L., Jr. (2005). *Curandero: A Life in Mexican Folk Healing*. University of New Mexico Press.

Wells, K. B., Golding, J. M., Hough, R. L., Burnam, M. A., & Karno, M. (1989). Acculturation and the Probability of Use of Health Services by Mexican Americans. *Health Services Research, 24*(2), 237-257.

Wicks-Nelson, R., & Israel, A. C. (2015). *Abnormal Child and Adolescent Psychology with DSM-5 Update* (8th ed.). Upper Saddle River, NJ: Pearson Education, Inc.

Zacharias, S. (2006). MexicanCuranderismoas Ethnopsychotherapy: A qualitative study on treatment practices, effectiveness, and mechanisms of change. *International Journal of Disability, Development and Education*, *53*(4), 381-400. doi:10.1080/10349120601008522