

PERSPECTIVES OF WELLNESS AMONG INDIGENOUS IMMIGRANTS FROM LATIN  
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## DEDICATION

I dedicate this thesis to my parents, who came to this country after the Mexican economic collapse caused by the 1994 NAFTA enactment. My parents, as immigrants, know the struggles of leaving their land, their customs, and their families behind without forgetting their ancestral indigenous roots. My parents taught me the value of hard work, community, interdependence, and family. Thanks to them, I continue transmitting these values to the next generations. And to my wonderful husband, I want to thank him for his unconditional support and encouragement, for believing in all my projects, and for being present and reassuring in my worst moments. Finally, I want to thank my wonderful teenage child and best friend, who always motivates me to continue growing and helps me believe that this life is worth living despite our adversities.

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## ABSTRACT

Indigenous people from Latin America face unique challenges that differ from those experienced by mestizos or white Latinos. However, they also possess important characteristics, strengths, intersections, and cultural backgrounds that have been historically underrepresented, misrepresented, and overlooked in research, demographic classifications, and clinical settings. As a result, their worldviews and conceptualization of mental health are not adequately addressed and understood. This paper explores the concept of emotional wellness that indigenous immigrants from Latin America have, hoping that the information may shed light on how to offer better services through a decolonial process. This paper proposes a decolonial alternative based on scholarly articles. Hence, it considers the need for social justice and multicultural perspectives of emotional wellness as it questions Western parameters of treatment, illness, and normality.

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## **INTRODUCTION**

Indigenous people from Latin America experience unique challenges that differ from those of Latinos, who are mestizos or white Hispanics. They also possess strengths, intersections, and cultural backgrounds that have been historically overseen, underrepresented, and misrepresented in research and demographic classifications. As a result, their worldviews and conceptualization of mental health are not adequately addressed and understood. The implications this has in the mental health field as a product of the imposition of colonial ideologies of power and race are fundamental not only to provide culturally responsive approaches in the mental health field but also to advocate for clients and provide better tools to clinicians and community members to address the needs and understand current challenges, worldviews, and implications for the mental health counseling practice. It suggests alternative ways to understand, conceptualize, and deliver mental health and questions the current Western parameters of treatment, illness, and normality.

### **Historical Background**

Latinos are often misrepresented in clinical literature and psychological research. This historical classification has different dimensions that will be discussed further and served three primary purposes: a) to have a unified voice after a period of political transformation, b) to assimilate the newly emerged race into the White western culture, c) to justify segregation, racist practices, and power dynamic over non-White populations.

From the first perspective, the concept of a Latin American race arose as a need for unity and to have a political voice and power over the Latin American territories, especially after the European interventionist strategies in the 19th century and the Mexican-U.S. war (Gobat, 2013),

which resulted in changes in the process of sovereignty and self-determination as Latin American countries sought political independence. Nevertheless, the use of the term *Latin* to describe a race that represented the continuity of White dominance in indigenous territories justified practices such as eugenics that were approached not only by forced sterilization but by assimilation, segregation, and the enforcement of anti-immigrant policies (Contreas, 2013).

On the origins of the usage of the term Latin in the Americas as a pretext for colonization, Gobat (2013) explains:

*“In the 1830s, French intellectuals popularized the term to refer to people living in the former Iberian colonies of the Western Hemisphere. They sought to justify France's imperial ambitions in the New World by stressing that Mexicans, Central Americans, and South Americans, as members of the Latin race, had a natural affinity with the French and that the Latin races on both sides of the Atlantic were locked in a global struggle against the expansionist Anglo-Saxons of Great Britain and the United States.”*

The social and ethnic prophylaxis that followed the years of the independence struggles was embedded at different levels in the educational and health systems, where forced sterilizations of women were practiced and encouraged (Manrique, 2016). Indigenous peoples and the poor were the targets of these practices; however, indigenous were also seen as individuals who could be “reformed” and assimilated into the White Latin American culture through the colonial process of *mestizaje*, whereby the color of the skin and physical features still determined the status and opportunities individuals had. Those born with lighter skin received better treatment in society and had more privileges, status, and better life quality than those with darker skin. This practice is known as *colorismo*, a form of racism in Latin America. In the U.S., colorism is also a problem Latinos experience as a determinant of opportunities. The Pew



Research Center reported that 62% of Latinos perceived that darker skin color affects their chances to succeed, and 59% opined that lighter skin gives them a better chance to get ahead (Pew, 2021).

It is fundamental for mental health counselors to understand that the difficulties and the diverse intersections that affect indigenous populations from Latin America are unique and differ from the mestizo and white Hispanic challenges. Colorism is still practiced and ingrained in Latin American culture.

### ***Latinidad***

More recently, the introduction of the *Latinidad* concept brought many a sense of belonging and identity, especially to immigrants, whereby Latin Americans could feel proud of their heritage and country of origin. Arana-Chicas and colleagues (2019) found that Latinos make an association between family connections and roots through their Latino identity. In their study, participants identified as Latino immigrants in the U.S. expressed affinity with the Latin American heritage. They mentioned that being Latino was related to a sense of family unity and community, and speaking in Spanish was important to them. From this perspective, it is evident that efforts to understand the Latino culture to generate programs that respond to Latin-American values, such as familism, have helped provide a space for community and belonging. Clinicians and mental health programs have also made efforts to integrate culturally competent skills in their practice to respond to their clients' cultural needs and deliver mental health services and assessments in Spanish as required by ethical standards. An example of this is the cultural formulation interview by the American Psychiatric Association (Díaz et al., 2017). However, the efforts are insufficient as Latin-American populations are vastly diverse, and perspectives may differ significantly among subgroups.

While using the label Latino can help clients foster a sense of belonging and identity, other groups are excluded and belittled for their indigenous heritage. Many indigenous immigrants face discrimination and microaggressions, even from Mestizo immigrants, who do not see themselves as Indigenous or do not keep connections with their indigenous roots. For example, in a study on immigrant student experiences, indigenous immigrant participants expressed frustration when they tried to connect and collaborate with their Latino peers on different occasions (Kovats Sanches, 2021). However, the attempts were futile as Latino mestizos dismissed and discriminated against their classmates because of their indigenous background (Kovats Sanches, 2021).

There is little awareness that the term Latino or Hispanic still benefits those who look more White, less indigenous, and less black and dismisses their identities, history, cultural richness, and complexities. *Colorism*, for instance, is built within the complex concept of being Latino. Colorism in the Americas is a within-group form of racism present in Mexico and some Latin American countries, which excludes and marginalizes those of darker skin and provides more opportunities to those with lighter skin (Chavez-Duenas et al., 2014). However, the most important implication of using the term Latino from a clinical standpoint is that this classification may result in counselor bias, where clinicians may design and utilize an approach designated for this group but ignore indigenous wellness needs and identities. For example, the National Alliance on Mental Health on Mental Illness describes indigenous peoples as the “groups who lived in the U.S. prior to colonization by European settlers” (NAMI, 2023, par.1). This description excludes indigenous peoples of the Americas or indigenous individuals who have immigrated from Latin American countries.

### ***Immigration***

In the U.S., many immigrants who are considered Hispanic or Latino belong to indigenous groups. Some of the groups from this diaspora include Zapotec, Maya, Mixtec, Nahua, and others. Still, the census classification terms employed for their indigenous classification criteria do not correspond to the concepts used by indigenous Latinos (Sandoval Giron, 2017). Moreover, most Mexican individuals who immigrate to the U.S. have an indigenous heritage, celebrate many indigenous festivities, and still hold indigenous traditions that, although combined with Catholicism, are based on indigenous beliefs. However, many Mexicans do not choose the category of Native American in the census because of the preconception that the Native American ethnicity only applies to the indigenous population within the U.S. territories (Sandoval Giron, 2017).

Latino immigrants face several challenges before, during, and after their immigration journey. Many of these challenges include acculturation and assimilation processes, traumatic events, uprooting and homesick feelings, loneliness, and difficulties adapting to new systems and policies that often represent a barrier to adapting and prospering in the host country. In addition, these challenges often impact individuals' emotional health and may result in symptoms of depression and anxiety. Nevertheless, for indigenous people, these problems intersect with other systemic barriers and forms of discrimination unique to them. For example, they often face discrimination in their country of origin based on the color of their skin and physical features, they have been dispossessed from their land, and they continue to face systemic bigotry after they immigrate to the U.S. Further, Indigenous people from Latin America have lived continuously under colonial practices that marginalize them in their homeland and displace them from their communities (Blackwell et al., 2017), forcing them to migrate to other countries.

### ***Underutilization of Mental Health Services***

When Latino immigrants experience emotional disturbances, it is reported that this population does not often seek mental health care services. Low mental health care utilization has been a historical problem among underrepresented groups in the U.S., attributed mainly to accessibility issues and stigma. Nevertheless, exploring and identifying other reasons behind the limited use of services is also necessary. When looking online for articles about underutilization among Latinos, the author of this paper found that the first page in the search engine suggests articles that talk primarily about stigma as the cause for underutilization of mental health services; on the other hand, when typing “Indigenous” instead of “Latino,” or “Hispanic,” the engine suggests articles about the worldviews and conceptualizations of mental health indigenous populations share. This is an example of how Indigenous and Latinos are seen as separate groups; they are classified and labeled differently, relegating the subgroups’ identities with little or no recognition of their Indigenous backgrounds. The author argues that as long as indigenous people from Latin America remain labeled as Latinos and stigma continues to be the primary explanation for their limited use of mental health services, indigenous groups will remain dismissed and misrepresented, and their needs will remain unanswered.

Fortunately, some studies have shed light on other aspects regarding access to mental health and focus on sociopolitical issues, social justice, cultural identity, and perspectives on wellness as contributors to underutilization (Stewart, 2008). It is not deniable that poverty and stigma play an essential role in how indigenous communities access mental health services, and it represents a limitation in reaching out to communities of color. For example, in a literature review of several studies, Goetz and colleagues (2022) found that stigma was a theme attributed to the lower use of mental health services among indigenous communities; nevertheless, the review also identifies mistrust towards mainstream services due to cultural differences and biases

held by clinicians. However, some authors consider it not stigma but discrimination, the main barrier marginalized groups experience when they have a mental health condition, and suggest that the word ‘stigma’ is overused (Abderholden, 2019). In addition, some researchers emphasize social justice as a crucial aspect of service utilization. A social justice lens allows clinicians to advocate for their clients and identify systemic barriers, biases, discrimination, historical contexts, and sociopolitical factors that undermine the mental health and wellness of indigenous Latinos. For example, Latin American organizations such as the Pan American Health Organization have designed strategies and models that assess, conceptualize, and define the various dimensions that intersect with the views of indigenous mental health in Latin America on the basis of social justice and equity. (Pan American Health Organization, 2014).

Furthermore, ignoring the different aspects of mental health and wellness access restricts the opportunity to explore the vast and complex indigenous identities and wisdom that have been underestimated and repressed for decades. Lacking this historical knowledge limits the possibility of developing culturally responsive practices and approaches, perpetuating the imposition of Western ideas of normalcy. Furthermore, it invalidates indigenous peoples' knowledge, concepts, and worldviews, making the counseling practice unethical, oppressive, and culturally inappropriate. Stewart (2008) explains that “counselling Indigenous individuals from a nonIndigenous perspective (i.e., Western perspective) is a form of continued oppression and colonization, as it does not legitimize the Indigenous cultural view of mental health and healing” (p. 49). Refer to the Implications in Counseling section in the literature review to further explore the imposition of views in counseling.

## **LITERATURE REVIEW**

### **Concepts of Wellness and Emotional Well-Being**

The current literature on indigenous mental health views identifies common themes fundamental for healing and recovery. Some of these themes are land (Hatala et al., 2020; Redvers, 2020; Velez et al., 2020), culture (Dirks, 2016), traditions and spirituality (Ned et al., 2021), family, community, and nature (Velez et al., 2020). Furthermore, wellness practices among indigenous and non-Western cultures are collaborative, foster interconnectedness, and seek the balance between an individual's physical, spiritual, and psychological aspects (Lucana & Elfers, 2020). These values, where the physical, psychological, and spiritual realms are interwoven, do not align with Western wellness ideals that see them as separate qualities (Lucana & Elfers, 2020). This section explores the qualities and characteristics that intersect to form a cosmovision, culture, and views around wellness as they are found in different scholarly literature.

### ***Collectivist Views***

To explore indigenous perspectives of emotional wellness, it is fundamental to consider several components that constitute indigenous worldviews, culture, and societal structures. Emotional wellness is linked to the idea of mutualism and collaboration. Collectivism is an essential aspect of indigenous communities where interdependence helps individuals connect and collaborate to solve problems within the community, develop strategies, and thrive collectively. While it is important to acknowledge that Latinos also foster individualist values (Krys, 2022), many indigenous groups base their beliefs on communal cooperation, fostering identity and group cohesion. This aspect of their collective self may be destabilized when they immigrate to the U.S. as many immigrants undergo isolation and separation from their families and communities and become uprooted from their homeland.

In research, collectivism, interdependence, and emphasis on familism are recognized as shared characteristics among Latinos. Hussain and colleagues (2021) assert that the “social interdependence theory supports the idea that Latinos/as in particular may seek social connections that highlight interconnectedness” (p.1008). The Centers for Disease Control and Prevention (CDC) (n.d) notes that the Latino population is a group whose values are based on collectivism, where “harmony and cooperation among the group tend to be emphasized more than individual function and responsibility” (p.2). Nonetheless, collective values go beyond cooperation and joint responsibility. Indigenous cultures also acknowledge collective memory (Gonzales et al., 2022), ancestral land, and collaborative healing.

Generational trauma about loss and historical oppression, discrimination, and pain caused by other forms of violence is transmitted through collective memory (Gonzales et al., 2022). Generational trauma causes significant distress, and the perpetuation of colonialism and ongoing discriminatory practices endangers indigenous populations' overall wellness, future, and existence. However, collective shared experiences may also foster collective healing processes that can buffer the impact of risk factors in the community. Researchers have demonstrated that healing in connection with others has positive outcomes for the mental health of indigenous immigrants (Zermeño & Laster Pirtle, 2021). Field (2022) reminds us that “healing in isolation is difficult; clients heal with the support of their community” (p. 127).

The collective identity is part of the territory in which a cosmovision has been developed and has become an inherent aspect of indigenous peoples; the shared space is a collective representation of the community’s social interactions (Viasus-Figueredo et al., 2016). Thus, land and collective consciousness are intrinsically interconnected, and it is where culture, community strength, and collective wisdom have been cultivated and transmitted for generations.

### ***On Generational Trauma***

Current mental health approaches do not extensively include the assessment and treatment of pain and the negative impact on mental health that results from decades and centuries of oppression, dispossession, and disenfranchisement of indigenous populations. Generational trauma has not been understood or validated in clinical settings, taking into account indigenous perspectives. However, recent research in neurobiology has provided relevant evidence of the effects of trauma that have been transmitted intergenerationally via epigenetics and the undermining outcomes in mental health (French et al., 2019). However, considerations in counseling and sociocultural effects need to be addressed.

Historical trauma can be understood as “complex and collective trauma experienced over time and across generations by a group of people who share an identity, affiliation, or circumstance” (Mohatt, 2014, p.2). Mohatt and colleagues further explain the effect of the generational damage that stems from colonialization and continuous colonizing practices. They report that it extends to different layers of society, policy, and impact on socioeconomic status, perpetuating the oppression, discrimination, and systemic barriers that indigenous individuals face (Mohatt, 2014). In addition, generational trauma is closely associated with racial trauma. Oppression from racism accumulates more burden due to its unremitting nature, especially for indigenous people who immigrate from Latin America to the U.S., as they face several forms of racism and discrimination. Comas-Diaz proposes that racial trauma “involves ongoing individual and collective injuries due to exposure and reexposure to race-based stress” (Comas-Diaz, 2019, p.1).

Nutton & Fast (2015) have also explored and identified sources of generational trauma, the negative impact on indigenous individuals’ overall health, socioeconomic inequities,



structural violence, and cultural damage that colonial policies have caused. Nutton & Fast (2015) note that the Haudenosaunee identifies the catastrophe of colonization and its consequences as the “Big Event” within the Haudenosaunee’s principles of the Great Law of Peace, and it is known to be transmitted for seven generations (Graham, 2008). While the Big Event is catastrophic, and its effects are felt across generations, Nutton and Fast (2015) propose “Big Solutions, ” including identifying protective factors and developing strategies based on decolonization and culturally adapted interventions. The Implications in Counseling section will further discuss this and other approaches.

### ***Connection with Land and Nature***

A close association exists between wellness, spirituality, identity, and the land. Burnett et al. (2022) state that “cultural identity, connectedness, and spirituality have been shown to be associated with the positive mental health outcomes of Indigenous Peoples” (p.2). In their study, they asserted that having ties with a particular place also connects individuals to the people in it, providing a sense of belonging to that territory. However, historical and current land dispossession practices, such as industrialization that leads to excessive mining, farming, fracking, deforestation, and the destruction of the landscape that comes with it, have undermined the lives and mental health of Indigenous communities, resulting in a number of adverse affections such as frustration, feelings of hopelessness, substance abuse, suicidal ideation, and other symptoms that compromise the emotional wellness of Indigenous communities (Morton Ninomiya et al., 2023).

From the spiritual standpoint, connection to the land and inhabited space is also linked to sacred ancestral sites. The destruction of these memorable territories through industrialization threatens the wellness of indigenous communities not only because it strips them of the natural

resources they depend on, but because the land is perceived as an active living entity that sustains and nurtures them, and human beings are an inherent part of the land and everything in it (Garcia, 2020).

The land also enables family and community participation in ceremonies and social engagement. In a study that investigated the indigenous perspectives on territory in Bogota, Colombia, members of the community expressed that the land is vital to them because they can continue the custom of growing their crops and cultivating the plants that are sacred and traditional to them for healing and sustaining means and are part of their ancestral identity (Viasús-Figueroa et al., 2016). Other authors have indicated that land, community, and knowledge transmitted for generations are interwoven in the fabric of cultural values and the concept of wellness. Gonzales and colleagues (2022) referred to longitudinal data demonstrating that traditional knowledge, connection to the original homeland, and cultural values correlate with wellness and favorable socioemotional adjustment among indigenous populations.

### **Healing methods, knowledge, and wisdom**

Indigenous healing methods entail knowledge that includes a holistic view of the human condition and its connection with nature. For example, for some indigenous Andean cultures, “nature is capable of establishing and sustaining social relationships. It does not participate in social relationships solely as an object, but rather does so actively as an actor immersed in a web of reciprocity” (Piñones Rivera et al., 2018, p.215). This cosmovision constitutes the reality and perceptions of the whole community to bring a set of precepts, observations, and interpretations that align with the community's worldviews, wisdom, and necessities. This view has been invalidated and relegated as inferior, irrelevant, and superstitious. Western knowledge has been developed on the premise that the only valid knowledge is the scientific ethnocentric collection

of information and development of ideas produced by White male researchers, which has, at the same time, built upon European parameters on normalcy, disease, and physical and emotional wellness. This construction and production of epistemologies and scholar monopoly are obstacles to utilizing methods outside the dominant norm, downgrading minority groups and the research produced by non-Western scholars. This section explored some indigenous healing practices and beliefs that remain active.

### ***Curanderismo: A non-clinical approach to wellness***

Today, indigenous communities from different countries of Latin America are resisting the endangerment that mainstream, dominant perspectives on health and wellness pose to their culture and ancestral wisdom. Both mestizo and indigenous immigrants from Latin America in the U.S. continue to practice indigenous traditional forms of wellness that attend to the various needs associated with the balance of mind and spirit. For example, a practice still popular among Mexicans is *curanderismo*, which is a group of different methods that can include the use of herbs, stones, and other natural elements, prayers, chants, and the interpretation of the curandero or healer (Zabaleta, 2020). This traditional method can help the person receiving the treatment to eliminate blockages in the mind, soul, and body that prevent them from recovering or staying healthy. Curanderos or healers have extensive knowledge of distinct ailments, both physical and spiritual, that may come from experience, apprenticeship, and ancestral lineage (Zabaleta, 2020). Traditional healers may combine indigenous knowledge with Christian beliefs. For instance, the prayers could be from the Catholic tradition, and even when the healers pass away, they continue to be part of the community and perform miracles. When this happens, the community proclaims them as saints (Ramirez, 2017). Saints are essential to some traditional healing methods as they can help the healer with the rituals and process.

*Curanderismo* is a very complex system of traditional healing methods. It has indigenous roots and African origins, and many approaches are integrated depending on where the healer has developed his or her apprenticeship. In some cases, the *curandero* practice integrates divination (Zabaleta, 2020) and the knowledge of *yerberos*, *hueseros*, *sobadores*, and *espiritualistas* (Cruz et al., 2022). Zabaleta (2020) indicates that *curanderismo* “provides people with support for health and personal problems and which opens spiritual channels for regaining wellness” (pp. 14-15). For instance, while curanderos receive extensive training, they do not need to have a special gift, especially for some more simple forms of cleansing and helping people deal with common complaints such as *susto*, *envidias* (envy), or *mal de ojo* (evil eye), which can be treated with a *barrida* or *limpia* (spiritual cleansing) using fresh herbs and eggs rubbed on the person’s body to absorb the bad energy (Zabaleta, 2020). The curandero or healer may also determine the severity and nature of the ailment, and they may recommend going to another type of healer who specializes in the specific complaint.

### ***Closeness and Familiarity***

The familiarity between healers and clients is an inherent aspect of the healing practice that entails a warm relationship, often involving visiting the client’s home to deliver the service. Healers build a personal connection with the people they help; the healers' home is usually where they welcome their clients. Physical and emotional healing methods often involve closer contact with the individuals and their relatives, such as rubs with herbs, massages, and prayers. Clients may be surrounded by family or community members who partake in the ritual. A clinical setting represents precisely the opposite for indigenous clients where patients are away from relatives and friends; the environment may appear cold and scary, especially for children (Esteves Villanueva, 2021).

The closeness between the healer and the client can be very familiar and innermost; boundaries are not set like in a clinical environment. Wellness is practiced collectively in an intricate connection with others. An example of collective healing is the sweat lodges, also known as *temazcales* in Mexico. Temazcales have historically been used by indigenous groups like the Maya, Nahua, Otomi, and Quiche for different purposes related to wellness, spirituality, hygiene, and reproductive health (Garcia Vargas, 2011). Temazcales offer participants communal cohesion, identity, and closeness as they heal in group (Zermeño & Laster Pirtle, 2021). Participants in a temazcal “address personal problems, concerns, or needs by sweating, praying, singing, drumming, talking, or sitting in silence in search of solutions, while the sweat leader places medicinal plants and pours water on the heated stones for purification” (Zermeño & Laster Pirtle, 2011, p. 2). In other rituals, the patient, healer, and community members participate in the healing ceremony in a collaborative manner where a procession is performed accompanied by chants and singing; members and healer walk along with the individual being treated, leaving offerings for the offending spirits across the path (Lopez Cruz, 1997). In her investigation, Lopez Cruz indicates that the community members’ participation (which may include relatives) is not optional but compulsory for ritual effectiveness.

### ***Body-Mind-Spirit Relationship***

Illness is also associated with the separation of mind and spirit or an imbalance between the two, and it is identified with several symptoms that affect the person in various forms (Esteves Villanueva, 2021) that only traditional healers can cure (Bugallo & Vilca, 2011). The spirit is an active force or energy inherent to everything in the cosmos and is also present in the space where everything cohabits. For the Aymara and Kichwa cultures, the spirit is called *animu* and is a vital element in nature that nurtures and needs to be nurtured. In this reciprocal process,

feeding the *animu* occurs naturally as the earth inconspicuously may eat from those who pass by her paths, valleys, mountains, and rivers. When a person does not have enough *coraje*, the earth may eat the animu of the person, which can lead to illness (Bugallo & Vilca, 2011). To regain balance, a ritual is performed, and an offering is given to nurture and appease the *animu*. As Allen (2016) recounts, “feeding the Earth, places and inqaychus [spiritual beings] is part of the general cycle of reciprocity; if powerful entities are to give forth they must receive as well” (p.338).

### ***Time, Space, and the Balance of the Opposites***

A typical symptom involving the separation of the soul or spirit from the body is *espanto* (*fright*), sometimes used interchangeably with *susto*, an ailment reported among indigenous and mestizo Mexicans that is manifested by fever and vomiting after experiencing a shocking experience. This symptom involves an imbalance in body temperature, as in other conditions reported by indigenous individuals. Smith-Oka (2007) reports that “when someone has *espanto* their soul has left the body, which therefore causes the person to feel very cold. It is through a mixture of hot plants and aguardiente that the person's soul is exhorted to return and the balance is regained” (p.26). In Mesoamerican cultures, like in the ancient Greco-Roman world, health is seen from a humoral perspective where the opposites of cold and hot, dry and moist, are considered when treating any condition (Zabaleta, 2020).

Furthermore, time and space are also imperative aspects that play a role in the healing process; for instance, the healer may ask questions as to when and where the person was when the symptoms manifested; they may also request the specific name of the place and the reasons the person had to be in that area (Piñones Rivera et al., 2018). Similarly, when people have an

*espanto*, in some cases, it may be caused by being unknown to the water or the soil of a particular place or when a person treats the water or soil improperly.

The non-linear perspective of healing is accepted within the counseling profession. Nevertheless, linear thinking and perception of time applied to memories, events, and life goals are linear and future-oriented, regarding the past as something left behind and disconnected from the present and the future. For many South American indigenous cultures, time is place-oriented and based on events and cycles.

### ***Tradition, Ceremony, and Celebration***

Balance is symbolized and celebrated by the harmony of the elements in nature. A vital element of culture, cosmivision, and spiritual beliefs is tradition, whereby celebrations of important events represent the balance and unity between life and death, gratitude, and the cycles of the cosmos. Traditions and celebrations form a unique community identity. These crucial traditions offer a complex worldview transmitted through storytelling, chants, music, dances, and a rich symbology of ancestral knowledge.

Some important celebrations among some indigenous groups in Latin America include the qualities of gratitude by offering fruits, vegetables, and stock to Mother Earth and spiritual beings. A well-known celebration is the Day of the Dead, which is stereotyped as a Mexican tradition; this tradition is celebrated by various indigenous groups in Latin America. It involves mourning, festivity, and *ofrendas*. The Day of the Dead is so vast because it provides a broader view of the life cycles, the meaning of life and death, the grieving process, and the collective character of the celebration, which entails mingling with the ancestors and people who have passed away but continue living with their relatives. During the Day of the Dead celebration, the

grieving process encompasses arts and crafts, music and dance, preparing food with family or community members, spirituality, and communal commitment.

However, The Day of the Dead should not be seen as an isolated event. This festivity is associated with other rituals of agricultural cycles and seasons. The Day of the Dead, or Dia de los Muertos in Spanish, is celebrated with the harvest, where the food is offered to the dead, neighbors and friends, and the elements in an act of gratitude. These celebrations are so fundamental for the community that many immigrants in the U.S. return to their towns to join their relatives and neighbors for the rituals (Gomez Martinez, 2014)

## **IMPLICATIONS IN COUNSELING**

### **Multicultural, Social Justice, and Ethical Frameworks**

Counselors and clinicians use evidence-based approaches that adhere to clinical and ethical standards. Some fundamental techniques and therapies are based on person-centered, trauma-focused, and strength-based approaches while integrating cognitive behavioral, dialectical, or other evidence-based therapies. A multicultural lens and a collaborative alliance that fosters patient autonomy, justice, unconditional positive regard, empathy, and genuineness are recommended by the American Counseling Association. They are the basis of the counseling principles. However, these practices still lack competence in how to include the knowledge and views of indigenous populations because they are based on Western models that disregard the values of other cultures. Some overlooked factors in therapy include interdependence, historical trauma, indigenous healing practices, and ancestors, land, and sovereignty as fundamental principles of wellness. Moreover, the process of delivering mental health services may involve unethical and harmful practices largely ignored by clinicians. The researcher identified three



main issues in mental health services demonstrated in scholarly literature that represent barriers to treatment outcomes and to closing inequality gaps. These include a) imposition of views by employing language, concepts, and techniques that entail knowledge based on Western expertise, b) involuntary institutionalization and treatment, and c) historically engrained biases, discrimination, and racial prejudices held in the diagnostic process, treatment, mental health examinations, and other assessments. These three aspects of current mental health are incongruent with a multiculturally responsive, ethical, and social justice-based practice.

### ***Imposition of views and values associated with mental health, illness, and wellness***

Imposition of values can happen without clinicians intending to, as most evidence-based techniques stem from individualist theories and approaches based on Western values. For example, in Western psychology, the self is the center of a person's well-being. Shiah (2016) explains that “traditionally, Western psychology has attempted to understand the psychological functioning of the self from an individualistic perspective emphasizing the need to satisfy, maintain and strengthen the self” (p.1). Hence, these techniques may not be beneficial for all; in fact, they may cause harm if imposed on the client, notwithstanding the differences of thought. Through the globalization of mental health, the concepts and ideas of what mental health entails and by making diagnosis universal, assumptions and definitions of normal are being imported and imposed on other cultures in the global south (Mills, 2017). China Mills (2017) asserts that there is a tendency to globalize illness and symptoms through the process of *psychiatrization*. This process is understood as “a complex process of interaction between individuals, society, and psychiatry through which psychiatric institutions, knowledge, and practices affect an increasing number of people, shape more and more areas of life, and further psychiatry’s importance in society as a whole” (Beeker et al., 2021, p.3).

Through the globalization of mental health, there is an established universal concept of mental health and illness (WHO, 2013) whereby programs around the world are being implemented based on Western criteria. However, utilizing clinical settings, assessment instruments to measure mental impairment, and universal concepts of illness on indigenous individuals could be potentially unethical as it is a forced imposition of criteria. Some authors and survivors of the psychiatric system argue that individuals should have “the right to access non-medical and non-Western healing spaces, and to not have their distress labelled and depoliticised as ‘illness’” (Mills & Fernando, 2014, p.188). Negating this right and making mental illness a global problem that should be assessed via clinical practice is not different from other forms of colonization. Mills (2017) points out that globalizing mental health systems is an imposition of supremacy where indigenous knowledges, thoughts, and characteristics are deemed as inferior; hence, psychiatric models are a tool for colonialization disseminated “by framing the psychological limits of resistance, by altering cultural priorities, and by inducing colonized peoples to accept new cognitive categories” (Mills, 2017, p.89).

### ***Discrimination, racial prejudice, and distrust***

Along these lines, biases and discrimination in mental health treatment were also found in literature as a barrier to promoting a multicultural and social justice response to emotional wellness, which creates a larger inequity gap for minorities in accessing the right to achieve that wellness in the most appropriate, ethical, and multicultural way based on nonclinical and nonwestern expertise. Mays et al. 2017 found that “For Blacks and Latinos specifically, disparities in treatment may be a factor in why these groups experience elevated levels of psychological distress” (p.2). The disparities are associated with how minority groups are treated in clinical settings where they are more likely to experience discrimination than Whites based on

race/ethnicity, insurance type, ability to pay, and language (Mays et al., 2017). They also point out that studies have demonstrated that “experiences of discrimination occur frequently in mental health service settings, contributing to patients’ mistrust with mental health services and disruptions to the therapeutic relationship” (Mays et al., 2017, p.3).

Biases and prejudices in counseling affect the interpretation and judgment of the treatment plan, procedure, and problem identification. When clinicians engage in implicit biases and interpret clients’ behaviors as dangerous, it “can result in disproportionate contact with the criminal justice system (Merino et al., 2018, p.724). Research suggests that ethnic minorities tend to be more diagnosed and labeled with disruptive behaviors than whites. For example, Fadus et al. (2020) indicate that some ethnic minorities “are more likely to receive a diagnosis of a disruptive behavior disorder and are less likely to receive a diagnosis of ADHD” (p. 1). These labels could affect immigrants enormously, considering other structural barriers and intersectionalities they face, including English language limitations, lack of familiarity with the judicial system, and risk of deportation if they do not have a documented status.

### ***Involuntary Commitment and Unfair Treatment***

A study based on a meta-analysis that focused on racial and ethnic disparities in mental involuntary commitments found that “patients of color were more likely than White patients to be involuntarily admitted” (Shea et al., 2022, p. 1327). Additionally, among the inequities found in their study, Shea and colleagues reported that “diagnostically, the most striking differences were in the incidence of psychotic disorders, which were markedly more common among patients of color” (Shea et al., 2022, pp. 1325-1326). The authors of the study pointed out that while they need to research further these ethnic disparities in treatment and diagnosis and their association with racism, they reported that the results are consistent with other studies that

demonstrated the link between racial discrimination and involuntary psychiatric commitment. Moreover, another study found that Black patients and those with mixed ethnicity were more likely to experience unfair treatment by mental health services and staff, leading to mistrust and increased stigma (Henderson et al., 2015).

### **Recommendations: Decolonial Mental Health and Liberation Psychology**

Many policies still create and perpetuate systemic barriers that prevent indigenous communities from Latino America from obtaining essential services and resources to live and work in the U.S. Hence, clinicians can be proactive and advocate for improving social, cultural, and economic conditions and laws that contribute to the betterment of indigenous communities. Furthermore, a revision of the history of colonization and colonial practices that impact indigenous lives should be at the heart of the advocacy practice. Some scholars have proposed models that respond to and counteract oppressive practices and offer solutions to the impact of colonization.

Different authors, such as Nutton and Fast (2015) and China Mills (2015), have employed the terms decolonial and decolonization to suggest a process of active resistance to colonial violence and the imposition of Eurocentric values. This form of resistance is also political as it entails the awareness of the power dynamics involved in the process of assimilation, oppression practices, and the effects of discrimination and systemic racism. A way to resist the imposition of mainstream views on mental health is by advocating for traditional indigenous practices in both community and clinical settings, where programs are run by community members. Some models have been implemented in Latin American countries and the Caribbean, such as the Health Plan for Indigenous Youth, a Pan American Health Organization (PAHO) initiative that facilitated the gathering of information and systematic organization of

indigenous youth with the purpose of training health professionals to serve indigenous communities, offer recommendations based of multicultural values and indigenous practices, and to formulate strategies that promote physical and psychological wellness (PAHO, 2020). The latter comprises the promotion of indigenous traditional practices and the use of ancestral remedies. Active participation is also highly suggested in the implementation of such strategies and plans; the consulted youth for the model development “reiterated their request for assurance that they would be participating actively in the preparation and decision-making processes related to health plans and programs that concern them” (PAHO, 2020, p. 12).

Chavez-Duenas et al. (2019) recommend making “psychology a Sanctuary Discipline by using and integrating intersectionality theory, trauma-informed care, and Liberation Psychology into policy, research, and practice” (p. 49). A Psychology of Liberation framework helps individuals to become aware of the power dynamics that oppress them. However, it also offers the tools to work toward healing and buffering the effects of historical trauma. In the book *Consciousness-in-Action: Toward an Integral Psychology of Liberation & Transformation*, Quinones Rosado offers a model that stems from the concept of *conscientizacion*, a term employed by Freire (1970) and adopted in Latin America (Quinones Rosado, 2007). In this model, Quinones Rosado emphasizes the process of empowerment and action toward “community self-determination, collective liberation, and social-cultural transformation” (p.99), where people become aware of the social oppression and internalized aspects of the historical trauma.

Awareness of the connection to land and nature cannot be ignored when working with indigenous clients. However, this awareness is not limited to the clients; counselors and mental health clinicians also need to acquire a connection and meaning to the land and become

knowledgeable about the social justice involved in the process of conscientization. “This awareness is not only for those receiving treatment, but for those providing support throughout the healing process” (Field, 2022, p.125).

Nutton and Fast (2015) propose a decolonial process that validates indigenous identities through tradition and the exploration of generational trauma. They mentioned how research has demonstrated that there is a need for “exploration of cultural modifications by considering critically the values and traditions within cultural subgroups, impact of acculturation, levels of trauma and degree to which individuals in the target population identify with their culture of origin and that of the dominant culture” (p.843). In this sense, they recognize that culturally adapted approaches are necessary; however, they mention that these adaptations must be more in-depth and community-based, considering identity, land, a sense of belonging, spirituality, and traditions (Nutton & Fast, 2015). Moreover, they assert that while it is important to attend to the individual needs of each person according to their experiences and ethnic identities, “Indigenous peoples share similarly negative experiences in relation to the Big Event, including loss of traditional lands, languages, and customs as well as forced assimilation” (Nutton & Fast, 2015, p.843).

## **METHOD AND OBJECTIVES**

### ***Objectives***

To understand wellness perspectives directly from the experiences of immigrant and indigenous community members, interviews were made to offer a closer view of the participants’ experiences, reflections, and emotions. Nonetheless, the study aims to integrate additional

objectives to work actively in collaboration with community members. These objectives include the following:

1) Provide a safe space for immigrants when they face emotional challenges with culturally competent and responsive tools that recognize the impact of colonialism, historical and generational oppression, and the power of collective healing and resilience.

2) Disrupt the Latino-mestizo colonial narratives that disregard indigenous *conocimientos* (knowledge) and perspectives of wellness.

3) Empower indigenous individuals with their narratives as they reclaim their traditional knowledge and methods, which they can use to strengthen their families and communities

4) Reclaim traditional healing knowledge to give back to the indigenous communities as tools they can use with community members.

5) Collaborate with the community to offer education on wellness and alternative practices adapted to their needs and contexts, including their cultural, political, and historical background outside the Western and Latino discourses and approaches.

6) Propose an alternative approach within the community to provide emotional wellness services and tools in a collaborative, culturally responsive, and social-justice-based context.

The researcher conducted semi-structured interviews with six and identified codes and themes. The criteria for participating in this study included a) being 18 years old or older, b) identification with an indigenous group, and c) being immigrants from Latin America. All participants resided in Upstate New York.

### ***The research questions***

The decoded information was compared and analyzed with the data established in the literature review. The researcher hypothesized that the results from the participants’ interviews would align with the information found in scholarly articles, expecting that the differences would also shed light on the effects of colonialism, underutilization causes, and how current practices may be inadequate. Hence, the questions explored in this research include how indigenous views on wellness differ from Western mental health perspectives, how the themes decoded from the interviews are related to wellness, what role these themes play in people’s lives, and what factors interfere with the utilization of mental health services, including stigma.

### *Participants*

The study sample consisted of six individuals—three men, two women, and a nonbinary person—who fit the abovementioned criteria. Their ages ranged from 23 to 55. Their countries of origin include Mexico and Ecuador, and their ethnic identities vary. See Table 1 for more demographic data.

<b>Table 1. Participants’ demographics</b>					
<b>Participant</b>	<b>Age</b>	<b>Gender</b>	<b>Ethnic background</b>	<b>Country</b>	<b>Years in the U.S.</b>
Rosa	56	Woman	Mixe	Mexico	22
Alberto	25	Men	Mixe	Mexico	22
Migrante Purepecha	30	Men	Purepecha	Mexico	5
Oaxaco C.	65	Men	Mixteca	Mexico	30
Angela	23	Woman	Cañari	Ecuador	1.5
Cha’aska	38	Nonbinary/ genderqueer	Pan-Indian Andean region	Ecuador	12



## *Measures*

Participants were asked open-ended questions to understand their worldviews and identify themes associated with their perspective on emotional wellness. The semi-structured interview offered an open and flexible space for participants to include any additional information they considered essential to their experiences. The questions were focused on the following topics: 1. Their perception and relationship with the land, religion, traditions, family, and community; 2. The things they employ or do to improve emotional wellness; 3. How have their identity, immigration, and experiences helped or affected their wellness? 4. Their perceptions of mental health and services. All participants answered similar questions; however, some other questions were added or modified to better understand each participant's responses. The researcher did not use voice or video recordings and employed pseudonyms to maintain and protect participants' confidentiality. Instead, the researcher took copious notes and developed themes shared with participants to review, correct, or elaborate on the answers provided. Verbal consent was obtained. The researcher interviewed participants a second time to review the data with participants to verify, correct, or clarify the information they provided. The second interview also allowed the researcher and participants to fill in any gaps, add missing information, summarize themes, and follow up with the participants about any emotional impact the study might have.

A phenomenological methodology was utilized to interpret and decode themes from participant's experiences and narratives on perceptions of wellness, including emotional well-being. A phenomenological analysis is "an approach to research that seeks to describe the essence of a phenomenon by exploring it from the perspective of those who have experienced it" (Neubauer, 2019, p. 91). In this approach, the researcher engaged in an interpretative or

hermeneutic phenomenological analysis whereby the researcher's knowledge and life experiences are tools to understand and interpret the participant's worldviews and meanings. Neubauer and colleagues (2019) explain that in this approach, "the researcher's past experiences and knowledge are valuable guides to the inquiry" [and] "researchers working from this tradition should openly acknowledge their preconceptions, and reflect on how their subjectivity is part of the analysis process" (p.95).

The researcher acknowledges that her own perspective was part of the investigation process and was embedded in the interviews. Influencing participants' opinions and imposing values was avoided by building rapport to make participants free to share their personal ideas, experiences, and reflections. Rapport was essential to establish a meaningful connection with participants and to foster a genuine dialog where participants do not feel coerced by the researcher or her views. In addition, participants were actively collaborating to confirm or correct the information collected. Moreover, the researcher compared the answers and themes with the literature review.

Meaningful conversations were carried out in the form of pláticas (Spanish for conversations). This method is backed up by Chicana researchers who have based their work on Latino populations. "Pláticas are informal conversations that allow people to share ideas, knowledge, memories, or consejos, and they are also a methodological intervention that a growing number of Chicanx/Latinx scholars have employed in their research" (Delgado Bernal, 2020, p. 159). Authors opine that this methodology is a "culturally appropriate way to engage Latinx participants and build rapport," (Delgado Bernal, 2020, p. 159) but also, this is an approach for research data collection.

## FINDINGS

### Responses from Participants

#### *Rosa:*

Rosa is a 56-year-old immigrant woman from the Mixe indigenous community in Oaxaca, Mexico. She reported that she immigrated here to find a better life for herself and her children. She recounted the numerous adversities she experienced before immigrating here related to poverty, domestic violence, and interpersonal conflict. She also described her immigration process, which she remembered being “scary and traumatic” because she was worried about the wellbeing of her son while crossing the border. She mentioned that the most challenging thing about immigrating was separating herself from her land and traditions. She also said that immigration did not start when she came to the U.S. She first immigrated to Mexico City, where she faced disconnection from her land and culture. “In the city, your identity shatters,” she mentioned. She said the disconnection from the landscape, including the rivers, hills, and trees, is distressing because, in the cities, “there are just buildings all around,” she remarked. The landscape of the town she is from is very particular and significant to her because this is the place where she and her family were born and where they still gather; “we live in it and get together with the family; we like going by the river, enjoy the smell of the water, the morning dew, the dirt. I miss the scents, especially in the morning,” she said.

She reported being resilient and strong. She mentioned that what keeps her going amid adversity is her desire and hope for a better life and her recognition of her own identity to stay true to her values. She said that religion, traditions, celebration, and family are important in moments of distress. She cannot celebrate as she used to. However, she mentioned three crucial

elements to stay emotionally healthy: her strong faith in her religion, especially in her Saint –The Holy Spirit—, her family, and food preparation. Food is “so important and sacred,” said Rosa, because the food entails “recipes transmitted through many generations.” She expressed that dishes are prepared for different occasions, and the recipes contain traditional elements of her culture. Memories, traditions, and collective celebration are what is embedded in the preparation of food. She said that each meal is unique because each town has its own particular way of preparing it. Mixe people have a distinctive way of doing things, she said. “From the preparation of dishes to how we clean the house, each town has its own way and purpose.”

Rosa said food preparation connects people because it requires the help of each other. “Food is nourishment for the soul; I never negate a plate of food to anyone,” she exclaimed and said she finds joy in feeding others. While doing this interview, Rosa kindly fed the researcher a warm meal she cooked from scratch with fresh ingredients.

In terms of mental health services, she shared that she had a negative experience with a therapist who disclosed some information she confided her. She said that this is why she distrusts mental health clinicians, and she said that she practices her own healing with music, family, faith, preparation of food, and celebration when she can. She mentioned that to have wellness, one needs to cultivate these elements, and she added that “connection with nature, going for walks, and enjoying a beautiful natural landscape” is ideal for reaching emotional wellness. When the researcher asked to elaborate on what the land and nature mean to her, she looked surprised and smiled, and the researcher said, “I apologize; I am ignorant on this matter.” To this, she replied, “You are not ignorant. You are just disconnected.” The researcher admitted what she said and asked her to elaborate on her connection with her faith. She said, “When you leave your

homeland, the beauty of the landscape, the river, the hills, you lose everything, but then you have your faith.”

Rosa’s store, where the interview took place, had an altar with a baby Jesus sculpture. She explained that she dresses him in fine clothes and brings him to church to get him blessed. She keeps her altar at the entrance of her store with candles, flowers, and pictures of her loved ones. She has another altar in a room for the Lady of Guadalupe. The conversation about religion and the separation of land merged as religion and faith appeared equally important. For Rosa, faith had gained even more importance than land because she had no choice but to immigrate and leave everything behind. She said that all Mixes in Oaxaca have a piece of land to inherit their children. “This is our custom,” and they take care of it as the land produces for them. She explained that leaving it behind is problematic because this ancestral practice is part of them. She said she was shattered by immigrating to Mexico City, where she also faced discrimination. She said that only with her faith and the chance to continue celebrating some traditions can she feel blessed and grateful about life. “I have endured so much suffering, but God has blessed me in many ways,” she reaffirmed.

***Alberto:***

Alberto was born in Oaxaca and identified as a Mexican with Mixe origins. He said he misses his country and culture but does not remember much about when he came to the U.S. He said that his mom had told him about the difficulties they experienced coming here. He said he missed his land because of the stories his mom told him. He said that for him, being indigenous means having a connection with his ancestral traditions and identity. He reported that this close bond with his culture is essential because he likes knowing where he comes from and following the path of his people. He said that he honors this relationship through family cohesion and by

continuing to celebrate traditional events and festivities. “My favorite tradition is the Day of the Death because our loved ones come together, including those who have passed away; we never forget them.”

For Alberto, dealing with stress and adversity is a normal thing in life. He said he copes with it by working hard in a job that is intended to help his family and can bring joy to others. “You need to love what you do; I help my mom do this, and this brings us happiness.” He said he likes what he does because his business allows him to connect with others, socialize, and demonstrate kindness. “When people come in through these doors, I like welcoming them and talking to them,” He said as he showed me the entrance door of his business. He said these are the values his family raised him with.

Storytelling is also crucial for Alberto because it is how he learns traditions and stories about the family he does not know or has not had the chance to meet. His mother transmits values, traditions, knowledge, and memories to him through storytelling and *consejos*.

In terms of mental health, he mentioned he does not think mental health services can help much if he faces distress or the effects of adversity because clinicians “do not understand how Mexican people feel,” he expressed. He shared that his way to feel better is through family closeness, hard work, and good humor. He said he feels proud of being Mexican and having indigenous roots. He stated, “We do not have time to get mental illnesses because we work very hard to survive.” Acculturation has been easy for him. He explained that, due to immigrating to this country when he was very young, he adapted quickly to the American culture. He mentioned that he learned English at a young age and has not been to Mexico in a long time.

Land was not a prominent theme in his conversation. He said he is connected to his land and roots through his mother's and ancestor's roots. However, he did not identify land as a fundamental aspect of his wellness.

***Angela:***

Angela came from Ecuador to seek a better life as “things were not going well” in her country. She said she came to look for a better life and had some family members who offered to help her in the U.S. She was deemed shy and quiet and was reluctant to provide details about her life in Ecuador. She said she does not have much family here and that “everything is so different in the U.S.” She said she does not speak English, and because of this, she does not go out. She stated that she also fears discrimination because “she heard other people having negative experiences in this country.” She was referring to other Equatorian immigrants. She said she misses family members, her neighbors, the food, and the mountains. “I miss the landscape, the mountains, and nature,” she expressed. She also shared that she misses hearing other people speaking her language, Kichwa. She said she is from the Cañari community. She described that for Cañari people, traditional clothing represents their community and ethnic group. She said traditional wear is one of the most central characteristics of identifying her community. Also, festivities are characteristic of her hometown and reflect the identity of its people. She stated, “I like the carnivals and other celebrations, but I do not participate much; however, my community does.”

Angela was open about sharing that she feels isolated, lonely, and bored since she came here. She said she helps with the family finances and does not get along with her family, who is hosting her in the U.S. She said, “Everyone here is different, and you are on your own.” Angela mentioned that while she does not participate in the indigenous festivities of her community, she

thinks that the fact that she cannot find such celebrations here makes her feel bored. “I do not know what to do here,” she added. She said socializing has been challenging because “people here are not very social,” and she wants to find people of her same religious group. She identifies with an uncommon Christian denomination and explained that she cannot find a church that fits her ideals. She also shared that she does not know other resources to obtain assistance with some services if needed. “I do not know where to get English classes or continue studying.” She objected.

To cope with feelings of isolation, sadness, and homesickness, Angela said she prays to God and that her religion is “very important” during critical times. She said it has been helping her feel less lonely: “I just pray and have faith that things will get better.” She said she wants to learn English and find a job to earn a better income. She said that health and religion are the most important things to her in life and that as long as she has both, she considers herself “having enough.” She said she feels proud of her ethnic background and feels good speaking Kichwa. She affirmed that language is indispensable to staying connected to her community and hopes she will return to Ecuador one day, but she does not know when.

Angela said that when she gets sick, she first tries herbs, natural ointments, and other traditional methods to improve her health. She then reflected on the different methods and plants she know. She confided that she and her family know how to obtain a variety of herbs and ingredients for ancestral healing. Angela was enthusiastic about telling the researcher about the herbs she employs for a number of symptoms. She shared that she and her family utilize traditional methods to assess health ailments and do not get medical services much. Angela seemed reluctant to disclose more information about access to health and other services. She said



that she does not go out frequently due to language barriers and fear of discrimination, and these seem to interfere with utilizing and knowing resources in the community.

Angela expressed that she has not been discriminated against in this country but has heard about others' experiences with discrimination. She said that in her country, people have negative ideas about indigenous people but reiterated that she feels proud of her identity and does not care about what others might think.

***Migrante Purepecha:***

Migrante Purepecha is from Michoacan and came here five years ago with a work visa. He is currently trying to apply for asylum. He works in the fields in the Upstate, NY, temporarily. His visa allows him to return home and spend time with his family during the winter. He says he is mainly in NY during the planting-to-harvest season and returns home in the fall. Migrante Purepecha shared that the most challenging thing about leaving his homeland is that he missed his daughter and wife. He reported feeling homesick. He explained that the situation in his country is precarious, which obligates him to leave his family and land to come to the U.S. to work.

Migrante Purepecha said land is fundamental to survival and represents the union of his roots and family. He mentioned that his land in Mexico provides him with sufficient food for his loved ones, for which he is "very grateful." However, he mentioned that the money he makes as a farmer in Mexico is insufficient to buy other goods and pay for basic services. "Life is expensive," he stated, and he reported that he continues to pursue the idea of obtaining permanent status in the U.S. through asylum seeking. He shared that this process is not easy, and

he is unfamiliar with it. He also mentioned that this is a scary process as he would have to indefinitely separate from his family and homeland.

Regarding wellness, Migrante Purepecha mentioned that when he is in the U.S., he copes with homesickness and loneliness by thinking he is not the only one experiencing similar feelings. He said that he lives with other men who are also farm workers. Collective activities are fundamental for him to overcome depressive feelings. “We always cook together and eat together; we spend most of the time even working together, so we become close to each other; we are like family,” he stated. He mentioned that preparing their meals in groups is crucial; this is a time to share their pain and experiences and discuss their cultural similarities. He said having good humor, laughing, and sharing good memories always make him feel good. “We hang out, enjoy our little free time, and help each other,” he said.

He commented that sadness does not last long when he lives with people who are part of the same group. “We share similar shortcomings. We are a group of 400 people and immigrate together.” Migrante P. explained that all the 400 hundred immigrants he referred to are part of the same government farm worker program and traveled together as they left their families and countries. He also explained that working many hours in the fields and coming home extremely tired helps him forget about any distress and depression. He said, “I never have time to get depressed working in the fields; I have done this for many years, and I always get home exhausted. No time,” he expressed. He said he focused on working hard to provide for his family. He said thinking about his family and staying in touch with them is critical when feeling down.

Migrante P. expressed that overcoming the loneliness was not as hard as he thought because he knew he would return home after the harvest season. He said that once home, he is able to reunite with his loved ones and his culture, which is an essential part of his identity. He

said that “by resisting and transmitting his culture to his child, he preserves the traditions and values of his community,” and this brings him great satisfaction. When asked to elaborate on what resistance means to him, he indicated that resisting means holding on to community traditions to protect them from those who threaten them by trying to change their ways of living. He mentioned that the new generations sometimes do not follow the traditions, and others are embarrassed to recognize their origins. Along these lines, he also noted that discrimination is not uncommon within the community. He said that Indigenous people who leave the community to be part of the mainstream culture or to work in a government position job become hostile to other Indigenous people who still follow the lifestyle and traditions of their ancestors. He stated that those who leave the community “feel superior and look down on us, even when they are also Indigenous.”

He said that he does not have time to notice any racist hostility in the U.S. because he “does not have time even to go out.” Nevertheless, he reported that when he goes to the store, he notices being observed by White people, making him uncomfortable. “The *gueros* always stare at us, and that feels awkward.” However, he mentioned that he did not recall any racist slurs or words that made him think he was the victim of discrimination.

When asked what he misses the most, he said he misses his family, the food, and the celebrations in his hometown. “Every town celebrates differently, and every community has its own traditions, saints, and special dishes.” He shared that his favorite and most central celebration in his hometown is the New Year, which is celebrated in February. This is the most important ancestral celebration in which community members are expected to participate. He said men must participate in this celebration and teach the same to their children. Men dress like demons and dance to the music. He said this represents the balance between good and evil and

the year's renovation. He said he has participated in the past and feels proud of taking part in such an important celebration. "I'm always looking forward to it; it's an important commitment."

*Oaxaco Cruz:*

Oaxaco Cruz was born in Oaxaca and identified as Mixtec. He immigrated to the U.S. when he was a teenager. He said he was excited about immigrating because he wanted to know foreign places. He is an artist and stated that he "has always been naturally adventurous and curious about different cultures and places." He shared that he wanted to be recognized as an artist in other countries and traveled to New York City, where he lived for many years. He told me he also traveled to other countries and held art exhibitions.

Oaxaco C. confided that another reason he left his country was that his mother harshly imposed religion on him. He said he eventually became convinced that he was against religion and identified himself as an atheist. For this reason, many family members distanced themselves from him. He expressed that "religion is one of the worst things colonizers brought from Europe because it keeps people ignorant." As an artist, he said art brings him peace and a sense of spirituality. "Art gives you a spiritual experience," he stated. He said he became more independent in the U.S. and did not need his family; however, he stayed in touch with some of them. After a medical tragedy, he lost contact with his family. When he was able to return from a lengthy hospital stay, a family conflict emerged that impacted his relationship with them. For this reason, Oaxaco explains, he does not wish to return. He said he is independent and has embraced his life and culture in the U.S. while still feeling proud of his indigenous identity.

The immigration and acculturation processes were not strenuous for him. He said he did not miss his family much when he left them and felt he had never really left his hometown.

“Why is that?” the researcher asked. And he exclaimed, “Because I am Oaxaca.” He said he “carried his homeland in his blood.” However, he said that what he misses the most from his hometown is the food and the celebrations that can last for days. He stated that “there is nothing more colorful and flavorful than the celebrations in his hometown.” “People dance, eat, dress in traditional dresses, and prepare everything together; there is a dance of colors.” He said women get together to cook the food for the guests, and everyone does everything together, “everyone helps,” he said. He said that he misses experiencing those celebrations. However, he explained that through his art, he has been able to continue some of his ancestral traditions, which make him feel connected to Oaxaca in a most inner way. He mentioned that he has never felt disconnected from his land because of his continuous work and artistic expression.

In terms of emotional wellness and mental health, Oaxaco C. mentioned that after the extended hospital stay, he felt depressed and was referred to mental health services, where he was diagnosed with PTSD. He agreed with his diagnosis and said that the treatment helped him recover from trauma. His family in the U.S. was supportive of his treatment and diagnosis. He reported that his PTSD diagnosis was due to his realization that his family thought he had passed away and the disconnection and interpersonal conflict that resulted from that. He explained that he felt he had no family. When the researcher asked what helped him to cope with those feelings, he said that accepting the situation helped him to focus on something else: his art. He said he has always been like this. He said he “accepts”.

“I made good connections here in the U.S.,” he affirmed. I have a supportive family and friends. He explained that family is important to him and remembered that he is proud of his roots because he knows how to have social responsibility. The researcher asked him to elaborate. He said he likes being close to his neighbors and helping in what he can. He said that he

practices the Tequio; he explains that Tequio is a commitment to the community to serve and help others; he said, “Tequio is community work” and said that he honors this tradition by cultivating vegetables in his garden for other people to take what they need. I asked him why is this tradition important. He said, “Because I am a Mixtec, and If I am not Oaxaca, I am nothing.”

### *Cha’aska*

Cha’aska was born in Ecuador. They identify as queer-gendered and pan-indigenous from the Andes region. They immigrated to the U.S. 12 years ago. Cha’aska has lived and studied in Belgium and learned French as part of her education. They shared that they come from a middle-class family, which allowed them to navigate the system from a more privileged position. Cha’aska visits Ecuador whenever possible and has a close connection with their hometown.

Growing up, Cha’aska had a nana who served as a maid of the household. She was an indigenous woman who spoke fluent Kichwa. Cha’aska quickly learned the language and felt fond of the culture. Cha’aska commented that through their native language and their close relationship with her nana, they felt a reconnection to their roots. They reported that their parents felt embarrassed about their own indigenous background and did not identify themselves with an indigenous community or culture. Eventually, Cha’aska’s mother prohibited them to speak Kichwa. Cha’aska described this as traumatic because they became disconnected from their ancestry. Cha’aska has been active in rebuilding their ancestral relationship with their land, sacred meaning, and ethnic identity.

For Cha’aska, emotional wellness is an integration and a balance of different emotional states. However, they emphasize healing the generational wound. “I continuously feel the pain of my ancestors: the loss of land, the prohibition of language, the injured body, the destroying of the

sacred.” When the researcher asked what the most important element for them to regain balance and wellness was, they responded, "There is not a unique element for wellness, but many; one does not exist without the other.” They explained that everything is a balance and said it is only possible through “reciprocity with the land and community, ancestral veneration, complementation with other natural elements and people, and festivity through an agro-festive calendar.” Cha’aska explained that the latter entails considering the seasons and the harvest.

Cha’aska said that it is crucial to do decolonial work to heal the generational wound. They explained that this can include education, art, and promoting indigenous wellness methods. Cha’aska is also a multimedia artist, and they shared that through the arts, they have found a way to cope with pain and anger, which has helped them communicate their perspectives to others. In this way, they said they can inspire others to do the same and reflect on the impact of colonialism.

They shared that other ways to heal the wound while far from home are to continue practicing the rituals of their ancestors and gathering with others, using musical instruments, chants, and sacred offerings. Cha’aska mentioned that they gather regularly with other community members who are BIPOC, and they play music, dance, and make offerings. Cha’aska invited the researcher to participate in this ritual to experience “being connected to our roots,” as they described. The researcher participated in the ritual, confirming the importance of collective healing for Cha’aska as other participants joined the ceremonial activities. The ritual took place outdoors, in contact with nature. Cha’aska said being outdoors is essential for their wellness and recommends practicing it daily by going for a stroll in the woods or any place with a natural landscape, far from buildings and cities.

Moreover, Cha’ska mentioned that they have been healing the ancestral wound by forgiving and accepting “all their bloods,” acknowledging their European ancestry. However, they highlighted the importance of resisting by practicing their ancestral indigenous principles and teaching them to their children. Cha’ska argued that “individual mental health is not possible without taking into account collective health, acceptance, recognizing what is excessive to one’s body, balance, and harmony.” This is how they also cope with the impact of current and historical oppression.

### Understanding the themes

**Table 2. Themes per participant and level of relevance**

Participant	Religion	Celebration Traditions	Family Community	Collectivist Values	Traditional Methods	Land	Discrimination/systemic
Rosa	V	V	V	V	V	V	L
Alberto	I	V	V	I	L	n	n
Migrante Purepecha	I	V	V	V	I	V	I
Oaxaco C.	n	V	V	L	L	n	L
Angela	V	L	V	V	V	n	L
Cha’aska	I	V	V	I	V	V	V

I= Participants referred to this theme as an important element for wellness.

V= Participants placed a higher importance on this theme in relation to wellness.

L= Participants placed less importance on this theme in relation to wellness.

n= Participants did not consider this theme important for wellness or did not mention it

The themes decoded from the interviews were the connection with the land, the landscape, the importance of spirituality in different aspects of their life, and the sense of



wellness as a whole, including emotional well-being. Individuals also spoke about having strong ties to family and community, traditions and celebrations, religion, healing methods, acculturation difficulties, systemic barriers, and collectivism. See Table 2. That shows relevant themes by participants. Relevance and significance are discussed in the Discussion section.

Building social connections in the context of collectivity and cultural elements was fundamental to enabling wellness. Some major themes linked to their view of wellness align with the literature review and are bracketed in this section.

### ***Religion***

A recurrent theme was religion and spirituality for all participants. Participants viewed religion as a tool to maintain their identity, social cohesion, traditions, and cultural identity. All participants, except one, said that religious practices offer them a space for healing, safety, and an opportunity to connect with others. This seemed a fundamental aspect of their lives due to the disconnection with their identity they experienced when they immigrated to the U.S. Oaxaco's atheist views do not interfere with his connections with spiritual experiences. He expressed that the rituals practiced in his hometown, the traditions, and the celebrations produce a spiritual experience that fascinates and inspires him. "Art provides a spiritual experience," he mentioned, and this experience is healing, Oaxaco C. said. Religion, for the other participants, is a tool to cope with the acculturation stress produced by the separation from the other aspects of their identity. "My faith is what keeps me going; if I don't have God, I have nothing," Angela said. Participants also noted the importance of congregation, rituals, and remembrance of the saints and ancestors.

Religion is essential in maintaining mental wellness because it provides unity, community, and identity. Moreover, since it incorporates spirituality, religion provides a unification with a higher power and balance of the spirit and nature; they described it as the source of everything and is capable of nourishment and healing. The importance of religion and how the devotional traditions are maintained in the lives of indigenous people can be explained from the historical context. Martinez (2014) asserts that The way festivals for saints and other religious figures are conducted has extensive roots dating to before and during the early colonial era, when a practice of Catholicism incorporated Indigenous (native to the Americas) customs and pageantry” (p.3).

### ***Celebrations and traditions***

Wellness was also associated with celebrations –religion incorporates celebration in the rituals. These included celebrating the seasons, the harvest, Catholic saints, weddings, and other important community events. The three participants from Oaxaca reported that weddings are exceptional occasions where the community gathers to make the arrangements for the party. Oaxaco C. described them further and explained that when somebody gets married, the community and the couple parade in the streets with large *cartoneria* (mâché paper) puppets representing the couple. Celebrations can last for days, with everyone joining together for communal feasting. The music, the alcohol, dancing, eating, and doing so with neighbors out in the streets is something immigrants do not experience here. “Everyone seems so boring and self-consumed,” said Alberto. “It feels isolating,” Angela shared. Isolating, boring, and monotonous were some of the words participants used to describe being here without the practice of celebration.

For most participants, religious practices provide celebratory elements, including chants, festivities, social interactions, food, dance, and music. According to the participants, events such as weddings can last for days. People may invite neighbors, friends invite friends, and extended family to attend. This way, the celebration becomes more populous and festive. The participants of Mexican origin informed that *padrinos* (godparents) play a key role in making festivities possible as they are in charge of different responsibilities, including buying goods for the event. Participants reported that people help each other make enough food for everyone.

Celebration is fundamental for their well-being; they reported feeling jubilant and festive. They enjoy music, dance, and eating food together. Coming to the U.S. and leaving these lively and culturally relevant celebrations behind can be detrimental because they do not have the same social cohesion with neighbors and extended family, leading to boredom, monotony, homesickness, and isolation.

### ***Family, community, and collectivism***

Along the same topic of tradition is the concept of social commitment. Themes juxtapose and are essential for one another, and it is difficult to bracket them and separate them from each other because they are intertwined. While all the themes are intrinsically connected, family, community, tradition, and collectivism often overlap in their narratives. Participants reported loyalty and commitment to family values and high respect for its members; the community also plays a role in maintaining those values, including traditions, as they get together to prepare arrangements for an event or festivity. Community is associated with the concept of family, as families are committed to communal duties that preserve tradition. These responsibilities have a great sense of collectivism as they are performed in groups. It is noted that the duty to the community and serve others did not have a sense of mere responsibility or obligation. When

participants spoke about serving others to benefit the community, their words, gestures, tone of voice, and other verbal and non-verbal cues evidenced a sense of pride and reward.

Regarding collectivism and social responsibility, it is worth mentioning that when participants spoke about doing things collectively, such as food preparation, celebrations, and helping each other,” there is also a sense of reciprocity. “If you take something, give something,” Cha’aska said, describing their interaction with people to build trust. Similarly, Rosa said.” “If you give me something, I give you something.” She elaborated: “When people come to my restaurant to buy something, I give them free food because they are already bringing business to us.” When she said this, she smiled. Gratitude is a reciprocal act in this case, and when the researcher said “thank you” for the food Rosa prepared for her, Rosa replied “thank you” and urged the researcher to eat. Moreover, when the researcher thanked Cha’ska for inviting her to the ritual, Cha’ska also replied with “thank you.”

### ***Traditional healing methods and concept of illness: connection with nature.***

Most participants identified herbs and rituals associated with healing and wellness. They all mentioned that healing through plants and natural ingredients is the best way to approach imbalances and different kinds of ailments. Ailments were considered to be connected with spiritual imbalances that can cause physical conditions and symptoms. Despite this, participants were not reluctant to utilize mainstream health services. However, they claimed that they use them only when strictly necessary and said that they integrate them with their traditional healing methods when they do. For Rosa, the disconnection between nature and the land affects the mind and body and can cause the body to feel sick. She mentioned that reconnecting to nature, enjoying the landscapes, and returning to the land can improve and enhance healing.

Interestingly, she said that in the absence of the land, there is faith. Cha'aska also reported that disconnection from nature causes an imbalance that makes people resent this and feel sick.

Oaxaco C. and Alberto, who seem more acculturated, mentioned that they do not know much about traditional healing methods. However, they mentioned that they prefer using herbs and natural and fresh ingredients to feel better. Furthermore, it is noted that there is a general sense of acceptance of illness and symptoms. "Ailments are part of life," Alberto noted. Participants view illness not as a pathology but as part of a natural cycle. "*Todo pasa por algo*" and "*todo por servir se acaba*" were sayings that helped them accept adversities. The first phrase translates as "everything happens for a reason," and the latter as "everything wears out because we made good use of it." Rosa, Alberto, and Angela shared the same idea about adversity. Additionally, some adverse events are seen holistically, with dual qualities. For example, when someone dies, some participants say that mourners grieve publicly and for many days; on the other hand, they stated that grieving is also a celebration of their life. Alberto confidently stated that "those who die are in a better place." Also, Alberto and Rosa reported that a funeral is a way to rejoice in the belief that those who died have joined the relatives who passed away before them. For Cha'aska, dying is joining the ancestors and turning into one. According to Cha'ska, ancestors also become a guide for the living ones. The spiritual world is as important as the physical, and in many instances, there is no difference between the two. What is negative in the West, such as death and illness, is not necessarily harmful to participants but elements that are part of life, which require acceptance to be in harmony with them. For Rosa and Angela, wellness depends on how devotional a person is; they both mentioned that having faith is more important than all healing methods.

### ***Land***

Not all participants described a close connection with the land. While for Oaxaco C., the land is something he carries with him, he did not mention the importance of land as an active force fundamental for wellness, as Migrante Purepecha did. Still, he said he engages in community work by using the land to cultivate and share vegetables with others. For Migrante P., the land is actively nurturing his family and is fundamental for survival. He also discussed the connection between the land, his ancestors, and his relationship and commitment to keeping the soil fertile and transmitting the knowledge to his children. There is an intrinsic need for keeping that land beyond current time constraints. Migrante takes into account the past and the future. He mentioned that ancestral land and his ancestors are important in continuing to transmit the value of the land to his children. Rosa also expressed a close connection with the land, the benefits, and its beauty in connection with wellness and the tradition and right of Mixe people to own ancestral land. For Migrante and Rosa, the interaction with the land is a mutual relationship in which individuals see themselves as active participants in obtaining its benefits.

For all participants, land and nature are not just there to be admired. The land is not an inert object for mere contemplation but an active force providing nourishment and life. Migrante Purepecha said he is “thankful for the land because it provides for his family and others.” He said he does not have this same right in the U.S. The separation from his land is a separation from the source that provides life. For Rosa and Migrante, land is part of their cultural identity and wellness. For Cha’ska, it is too. However, they explained that the land was not something they had grown up with, and for this, they experienced “a painful disconnection” that continues to affect their well-being. They said they are aware of the need for connection with it and have become cognizant of their generational wound due to the forced separation from the land.

Participants pointed out that active participation in the land is fundamental to maintaining their identities. For Rosa and Migrante Purepecha, the land is part of their ancestral right and identification. For all participants except for Oaxaco C., leaving their hometowns implied separation from this connection, impacting their sense of belonging. Additionally, the more acculturated participants –Oaxaco C, Alberto, and Cha’aska—mentioned that they did not have the same interaction with the land as their ancestors did. Interestingly, for Oaxaco, his land and hometown are something he “never really left behind.” Only for three participants, the connection with the land was a fundamental aspect of their identity, and the separation had an impact on their emotional wellness. Cha’aska mentioned, “The land provides a sense of belonging, and she provides for us.” While the other three may also have a connection, the concept of land, nature, or ancestral territory were not themes they brought up to describe their wellness or did not seem as fundamental.

### ***Systemic barriers, discrimination, and acculturation***

In terms of structural oppression, discrimination, and systemic barriers, all participants expressed having experienced these in some form. Some participants –Angela, Migrante P., and Rosa— reported that they did not go out much due to their immigration status and the few services they can obtain in the community. Staying indoors was part of maintaining a discreet profile and avoiding questions, judgment, and looks. Three participants reported fearing discrimination, leading to isolation and loneliness. They all reported that they suffered discrimination in their own homeland. Interestingly, however, only two participants identified discrimination or racism as a factor that detracts wellness. Participants expressed resilience and characteristics that indicate they apply the protective factors to buffer some of the harmful effects of discrimination.

Despite their adverse experience with discrimination and the symptoms they described, they maintained that this did not diminish or incapacitate their ability to feel pride in their identity, joy in life, and hope for things to get better. They reported that while different forms of oppression can affect their mood, they also feel the need to reaffirm their identity by resisting and embracing their roots, making them proud. The researcher observed that pride in identity was a critical factor in building resilience against systemic oppression, racism, and discrimination.

Further, language was identified as a factor for discrimination, not due to a lack of English proficiency but for speaking their native languages. All participants spoke Spanish; however, they were all aware of the colonizers' imposition of the Spanish language. Three participants—Cha'aska and Rosa—shared that they have been discriminated against by Mestizos for speaking in their native tongue. Angela said that while she had witnessed discrimination, she did not care about it and felt proud of her identity and language. Oaxaco Cruz, Alberto, and Cha'aska speak English fluently. They have also learned how to navigate different structures, such as medical, educational, and employment systems. To some extent, they have adapted to the American culture by understanding it without abandoning their identity, cultural pride, and roots. It appears that acculturation and pride buffer the impact of discrimination and the adverse effects of systemic oppression and barriers. However, it is also characterized by a detachment of some of their ancestral values and the adoption or assimilation of Westernized ones. Alberto and Oaxaco value independence, western education, medical approaches, and educational systems fostered in the U.S. Oaxaco and Cha'aska reported that they are not considering moving to their country of origin. Cha'ska mentioned that they feel they have somewhat adapted to this system.



Cha'ska mentioned that the acculturation process can be painful, and at some point, they felt dissonance between adapting to their Western system and their values.

## **DISCUSSION**

Participants differed in age, occupation, socioeconomic status, acculturation level, educational attainment, and geographic regions of origin. This paper does not detail participants' occupations, immigration, or specific geographic regions of origin. However, these intersections may also interact with their experiences as indigenous persons, leading to unique experiences. Hence, generalizations should be avoided. This section explores the relevance and significance of the themes concerning participants' wellness and briefly discusses stigma around mental health and researcher biases.

### ***The relevance and significance of themes***

All participants, except Oaxaco C. and Cha'ska, reported organized religion as essential to their well-being. However, Cha'ska indicated that they recognize the need for religion as an expression of spirituality. Cha'ska said they value religion but reported that "spirituality is not the same as organized religion" and that spirituality has to do with a more integral part of wellness. Only Rosa and Angela felt fond of their religious values, which are part of organized religion. The importance of faith in their religion outweighs their principles. They find the liturgy necessary for their faith, and both reported acceptance of their shortcoming through their beliefs. Their religion also allows them to congregate with others and maintain their traditions alive through collective celebration. For Alberto, religion is also essential for wellness because one is born with it; without it, there is a sense of loss. It is intrinsic to humans. Alberto explained that saints choose their devotees, which can be through dreams or apparitions. For him, the religious

experience is not about conviction but an esoteric experience. Cha'ska finds similar characteristics and benefits when they gather for collective rituals; they indicated that plants can welcome or reject you and that gathering with others permits "collective ancestral healing." The ancestral part of their ritual stems from integrating some elements that "have been transmitted to our cultures from generations, and this way, we heal collectively," Chaska indicated. Spirituality seems more integral to other elements of wellness and less rigid than religion. For Cha'ska, there is no spirituality without land. For Rosa and Angela, it seems possible to have religion and faith even without land or in the absence of other elements of significance. Their perspective on faith can be understood as a way to integrate other significant elements of wellness, such as community, festivity, and collective values, as the religion practiced in their communities, despite stemming from colonialization, has integrated indigenous practices that make religion an active network where they can maintain their practices. Authors have shown that communities in Mexico "actively conserve religious traditions tied to specific norms of social organization, spiritual beliefs, and cultural discourses that express the multifaceted relationships that exist between indigenous social actors and the networks they navigate through a cycle of festivals" (Rieger, 2023, p. 129)

All participants mentioned that celebrations and traditions were relevant to their identities and well-being. However, for Angela, leaving celebrations behind was not as significant as for the other participants. She reported that she did not join many celebrations due to her Christian religion having strict rules on celebrations. She said she missed the festivities celebrated in her hometown, and they are important for her as she witnessed her community engage in them, including family members. She said she is ok with not engaging as much as other people. She emphasized, however, other aspects of traditions. Typical indigenous dresses

seemed relevant to her as she spoke about them with pride and spent a significant portion of the conversation describing the traditional dresses used for celebrations and daily life. She said customary wear is important because the woven fabric patterns have distinctive characteristics that differentiate the people of each town. She explained that she does not wear the traditional clothing as she used to. When asked about the impact this has on her, Angela limited her answer to stating that she just missed how people in her hometown dress and that she does not see that anymore. Based on non-verbal cues, Angela was reluctant to elaborate, and her demeanor seemed reduced; her voice was low, and her answer was brief.

All participants reported family and community as fundamental to wellness. They expressed a feeling of belonging, support, and cohesion. Along with the perception of unity, collaboration and collective values play an important role. All participants shared collective or communal activities that involved interdependence and the need to cooperate. They demonstrated that collaboration is a commitment to their communities and families. However, Oaxaco and Cha'aska have adapted to some Western values and customs in the U.S., including being more independent and less attached to relatives and others. Still, they feel committed to applying interdependence principles and mutual help due to their closeness to their culture and interest in maintaining their identity. Interestingly, for Cha'aska and Migrante Purepecha, following the principles of their communities is a way to "resist," and they both used this term to explain their need to preserve their cultures by avoiding Westernized influences. For Oaxaco C., being independent is important, and they said this has helped him detach from family members who have been "unhelpful and hurting." However, he expressed his commitment to his community and explained the meaning and importance of the Tequio, a collectivist activity practiced by Mixtec people in Oaxaca. This traditional activity is shown in research to be part of

an important collective and ancestral social commitment that continues to be relevant in the lives of indigenous people from Oaxaca, even after they immigrate to the U.S. (Mercado, 2022).

All participants mentioned that they use traditional healing methods to promote their wellness. However, only Rosa and Angela mentioned having knowledge of different healing methods using their knowledge of plants and rituals to alleviate some conditions. While Cha'aska said that they do not know much about traditional healing methods from their native community, they placed importance on rituals and natural remedies to gain wellness. They said they are always learning about indigenous ways to regain physical, spiritual, and emotional balance. Oaxaco Cruz placed less importance on traditional remedies. He reported not using many traditional remedies.

In terms of land, Rosa, Migrante, and Cha'ska stressed the importance of land for their wellness. Cha'aska recognized the generational separation from their land and said they never had the chance to be connected with nature because they grew up in the city. However, they mentioned that they have become more aware of the negative effect the disconnection with land had on their health due to immigration, which led to homesickness and reflections about their origins, and through studying more about their culture. They claimed that the land and sacred territories are necessary for the collective wellness of indigenous people and considered that “the generational wound is also due to historical and current colonization practices of stealing sacred indigenous land.”

### ***Exploring stigma***

Rosa and Oaxaco C. shared that they went through significant distress that resulted in emotional impairment and clinical diagnosis. They both received mental health outpatient

treatment that included medication management. They both mentioned that the treatment was beneficial to some extent. Rosa expressed that mental health medications should never be taken chronically. “One needs to find other ways to deal with distress; those medications are not good for the body and only help for a little bit,” Rosa said she had suicidal ideation, and that is why she agreed to take mental health medications, which her family also supported. Both participants denied suffering from shame by other people in their family, nor did they feel reluctance to seek support when needed. They both reported getting support from their loved ones and agreed with them going into treatment.

Cha’aska currently receives mental health services from a psychotherapist focused on ethnicity and a holistic perspective of wellness. Their therapist is based in Ecuador. They also reported receiving support from their family, and like Rosa and Oaxaco C., Cha’aska was not hesitant to speak with the researcher about receiving mental health treatment. Cha’aska reported being aware of mental health concepts and diagnosis. However, they mentioned that they disagree with the idea of what mental health and a diagnosis entail from the Western perspective.

Participants' openness to speak about mental health treatment, the support they received from their loved ones, and their current thoughts on mental health services appear to be consistent with the researcher’s claim that stigma may not be the main reason for not using mental health services. This claim may also be supported by the fact that, for the rest of the participants, stigma did not seem to be the focal cause of not seeking such services. This does not mean participants did not face stigma. Stigma impacts individuals in many forms; nevertheless, the researcher could not conclude what role stigma played in their lives and if the stigma was influential in their decision to talk about mental health or service utilization. In addition, the researcher could not conclude if stigma is linked in any way to their ethnic identity and cultural

background. More research is needed to explore the role of stigma among indigenous immigrant populations from Latin America and its underlying causes.

### *Exploring researcher biases*

The researcher encountered preconceptions that may have affected the researcher's perceptions of participants and their answers. The researcher's previous assumptions were related to participants' opinions of mental health services, land, and traditions. These assumptions were dismantled by the participants' answers. The main expectations consisted of the interviewer's thought that indigenous immigrants from Latin America were utterly unwilling to access Western mental health services. While the findings in the literature and the interviews strongly suggest that the values of Western mental health are contrary to those fostered by indigenous communities in important areas, this study demonstrated that reluctance may not apply to those individuals who have lived in the U.S. for many years or have adopted Western ideas of wellness. For example, Oaxaco C., who has been established in this country for many years, has become familiar with utilizing resources to obtain medical rights and benefits; he lives independently and uses health and mental health services to manage his care. While he has a community and close family members who support him, he lives by himself and enjoys doing so. Similarly, Cha'aska shared that due to their family's economic privilege, they could travel and become educated in Western institutions. They became immersed in Western culture through academia and mingling in Western social circles. Their familiarity with mental health concepts and having a therapist to cope with daily stressors are aspects of Cha'aska's immigrant identity that differ from the initial researcher's assumptions. Cha'ska and Oaxaco C. value independence and are familiar with mental health concepts. It is noted that while Cha'ska reported flexibility,

they disagree with diagnoses like Oaxaco C. Cha'ska said, "Western health systems do not understand holistic indigenous views" but said that they have benefitted from psychotherapy.

Another bias was on the perception of land. The researcher assumed that all participants would have a direct connection with the land and would have the same significance and level of importance. The relevance of land was only noteworthy for Rosa, Migrante Purepecha, and Cha'ska. However, the difference is that for Rosa and Migrante, the land is directly bonded with their hometowns, current practices, customs, and families, including their ancestors. Their families still depend directly on it and have a specific relationship with it. There is a current preoccupation that has to do with inheritance, maintenance, and strong feelings around it, such as gratitude and communal responsibility. For them, the land is also linked to the current traditional festivities celebrated in their homeland. Cha'ska, on the other hand, has not lived the direct experiences associated with traditions or inheritance. However, they reported actively engaging in offerings and rituals of gratitude to the land, including honoring and acknowledging the Haoudenoshanee territory where they reside.

Lastly, the assumption of discrimination influenced the researcher's expectations of how participants may feel toward structural barriers and discriminatory practices. This assumption also led to the idea that participants would report significant distress, which would be evidenced by self-report or signs of distress observable by the researcher. This was not the case. While discrimination detracts wellness and, according to research, leads to symptoms of depression, anxiety, and PTSD (Williams et al., 2023), participants' responses to discrimination were unexpected. Most participants reported qualities of adaptation, flexibility, resilience, and acceptance. This is not to say that participants are not affected by discrimination or that generational trauma does not impact their wellness. It may signify that participants' cultural

sense of belonging is a considerable protective factor and that their identities consolidate other shielding characteristics that aid them in coping with the distress and adverse effects of discrimination, racism (Yip et al., 2019), colonization, and systemic barriers. Authors have found out that for indigenous populations in South America that have gone through colonial violence, “well-being is directly related to collective identity” (Garcia et al., 2020, p.1). Garcia and colleagues (2020) suggest that “this relationship between well-being and collective identity could be explained by their sense of cultural belonging, which can be a factor in protecting mental health” (p.1).

Another consideration of the theme of stigma is that some authors explain that the rejection and shame of mental health illnesses are linked to people's culture, specifically people from ethnic minorities, suggesting that the solution to this is delivering mental health literacy to these populations. An example of this is the work of Ahad and colleagues, who claim that certain cultural practices, such as attributing family conflict to mental illness, can lead to shame (Ahad et al., 2023). Moreover, several scholarly literature suggest that ethnic minorities endure more stigma than White populations. The problem with this is that this can result in the racialization of these groups as the authors are assuming that “a person’s ethnic minority status and their related ‘culture’ and ‘cultural practices’ are the reasons for mental illness stigma in these minoritised groups” (Kapadia, 2023, pp. 860-861).

## **RESEARCH LIMITATIONS**

Some of the limitations that could affect the quality of the study were the participant's willingness to disclose information to the researcher, limited time to build rapport with participants, stigma around indigenous identification, and distrust toward mental health clinicians and institutions; hence, the researcher’s self-introduction as a mental health counselor student



could have been a barrier for participants to be forthcoming with their perspectives. Regarding stigma around indigenous self-identification, this could have also been a barrier to disclosure. It has been documented in research, and some authors explain that “being considered indigenous has historically been stigmatizing, leading many to consciously distance themselves from the indigenous category if at all possible” (Villarreal, 2014, p.4). Additionally, many individuals feel embarrassed about their indigenous identity, which may lead to a denial of their identity as the concept of being indigenous has been associated with a low socio-economic status (Villarreal, 2014).

Moreover, classification systems continue to obscure the ethnic identity of indigenous groups, labeling them as Latinos or just associating their identities with their country of origin instead of with their cultural and ethnic background. Misclassification, stigma, and stereotypes may result in a reluctance to recognize themselves as Indigenous or limiting their answers as they are hesitant to disclose their experiences associated with their identity.

Another limitation is that the concept of emotional wellness and mental health is an isolated term that involves a mood and an emotional state. Participants expressed that emotional wellness rarely comes to mind, not to mention that mental health term was a relatively new concept to some of them. Participants placed more emphasis on the physical manifestation of imbalances, such as pain, physical exhaustion, and other somatic symptoms, such as anergia, lack of appetite, or sleep. The emphasis on the body as opposed to the psychological effects of adversity may be a cause of why participants did not identify significant emotional impairments when speaking about the impact of discrimination and oppression. This may be backed by research that indicates that Latinos often identify somatic symptoms associated with feelings of

distress. “Somatization may be a culturally appropriate way of expressing emotional or social distress in an individual’s cultural context” (Escovar et al., 2018, p.2).

### **CONSIDERATIONS FOR MENTAL HEALTH COUNSELORS**

The data obtained from participants should not be taken as universal opinions that represent their entire ethnic group. Each perspective is unique, and individual voices should be honored as part of a more complex, multilayered context and history. However, participant’s views offer a perspective rarely considered in counseling. The connection and disconnection with their land, the sovereignty of their territory, the self-determination of their community, generational trauma, and colonization as causes of distress and barriers to wellness are topics that clinicians do not often consider when assessing immigrant patients. Patients are seen from the pathology perspective, and it imposes diagnosis and sets environments for curing the illness (e.g., a clinic, a doctor’s office, a psychiatric center). This way, clinical methods continue to be antagonists to their views and way of life. The implication this has may not be so much in the counseling profession but for clinicians because it may require abandoning and dismantling the clinical view that is being taught in mental health professions. It may imply advocating for immigrant rights instead of more mental health programs that perpetuate a colonized view of mental health. It may also require counselors to get a closer look into the ethical consequences, not from the gatekeeper perspective that protects an institution's funding but from an anti-colonialist stand that acknowledges the long-term impact of institutionalized oppression and pathologization.

Moreover, there should not be an expectation from clinicians that immigrants from Latin America recognize themselves as indigenous. Stigma, wrongful classifications, internalized racism, and limited awareness of the effects of colonialism may affect self-identification. To

understand this better, Quinones-Rosado (2007) asserts that through slavery and colonization, the structural systems of power attempted to “break psychological ties with the Motherland” (p.68). In doing so, many colonized and enslaved people lost their identification with their lineage and backgrounds. Hence, many individuals may not even consider that they are indigenous or recognize the effect of colonialization as they do not see themselves as colonized. This may happen by assimilation of the Western culture, lack of awareness of oppression, adopting the culture of the oppressor, and internalizing racism. Freire (1970) noted that those who have suffered oppression and are reluctant or unable to recognize it “have been adapted to the structure of domination in which they are immersed, and have become resigned to it” (p.47).

## **CONCLUSION**

The current mental health approaches available in the health system are inherently contrary to indigenous views on wellness, cultural needs, and experiences. The mental health system has failed to meet their needs even when services claim to be culturally adapted as it uses terms and diagnoses as part of a global mental health literacy. However, mental health is not universal, and the concept carries a Westernized connotation of behavioral and emotional normality based on principles of individualism and independence. Methods are still based on a Westernized idea of normalcy and Eurocentric values, and diagnoses have been largely imposed as they have been accepted by world organizations that distribute the idea of mental pathologies across cultures. The general opinions from participants indicate that stigma is not the main reason why indigenous peoples do not seek mental health services. Instead, participants demonstrated flexibility around mental health services and said they would seek help if deemed necessary. Conversely, the reluctance to seek mental health clinical assistance, based on their answers and the literature review, stems from an evident mistrust toward the health system and

clinicians due to unethical and hurtful practices and their preference to use traditional remedies over clinical methods. While the researcher does not disregard stigma as a factor for service access, participants did not identify it as the main reason for underutilization.

## GLOSSARY

**Animu:** In Andean cultures, it is considered a vital force. It comes from Latin, introduced by Spanish colonizers, and translates into soul, but it does not mean soul in the Christian context. The animu depends on the body and vice versa, and it is not eternal. It is “what gives a being its distinctive characteristics” (Allen, 2016, p.16).

**Consejos:** Translated as advice, within the family context, consejos are “defined as a communication practice in Latino families wherein older family members pass on conventional wisdom to younger family members” (Hershberg, 2017, p.1).

**Coraje:** In the context of this paper, *coraje* means courage and strength. In other contexts, it can translate as anger.

**Barrida:** It is a practice within the tradition of curanderismo to “sweep” and cleanse the body from negative energies. Barridas are “a type of cleansing technique in which branches of herbs are used to heal the client from mental distress” (Escobar et al., 2022, p.4).

**Temazcal:** A sweat lodge for spiritual cleansing, healing, and hygiene. In Mexico, it is “often built from wood and earth as a permanent structure and usually dome shaped” (Zermeño & Laster, 2021, p.2).

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