BOTÁNICAS UNPLUGGED: LATINOS' RELIGIOUS HEALING AND THE IMPACT OF THE IMMIGRANT CONTINUUM

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Abstract

Background: Botánicas (literally botanies) are local dispensaries that offer spiritual, healing, and religious services to a mostly Latino and Caribbean population in the United States (U.S). Despite the vast literature on Latinos' alternative medical systems, little is known on the role of the informal economy of healing in the urban milieu. This paper attempts to fill this vacuum by addressing the role of botánicas in meeting the religious healing and mental health needs of the growing Latino population in New York City (NYC).

Materials and Methods: A two-stage ethnographic study on botánicas took place between 2004 and 2016 in NYC. During the first stage (2004–2006), a research team conducted participant observation and ethnographic mapping. This entailed the identification of two major concentrations of botánicas in Queens and the Bronx, with smaller clusters found in Manhattan and Brooklyn. Participant observation and in-depth interviews were conducted with fifty-six healers during this phase of the project, and thirty in-depth interviews were accomplished during the second phase (2014–2016), which focused on the products and services offered by botánicas in Queens.

Results: Botánica providers and spiritual counselors construct a language of illness — supported by the sociosoma model — that calls attention to the contextual factors of distress, including the harmful effect of troubled relationships in Latinos' lives. Most providers identified the "immigrant continuum" as one of the main causes of their patients' suffering. In this vein, they highlighted the impact of Latinos' undocumented status, family conflicts and financial concerns as key triggers of their deleterious mental health conditions. Participants also shared a holistic explanatory model of mental illness, which combines social stressors and divine _causas_ (causes) as the main source of Latinos' mental and emotional suffering. Two main ailments, depression and _nervios_ (nervousness) were seen as complementary and closely related to the multifarious impact of the immigrant continuum in Latinos' lives. These conditions were treated with natural medicines (e.g., herbs), informal counseling and religious ceremonies, such as prayer and ritual cleansing.

Conclusion: The paper sheds light on the role of botánicas, and their providers, in supporting a shared language of illness among Latinos in the U.S. The prevalence of two mental ailments among Latinos, depression and _nervios_, informs culturally-based processes of diagnosis and treatment in an urban multiethnic milieu. The article ultimately highlights the need for additional theoretical models and empirical research focused on Latinos' growing mental-health issues in the U.S.

Keywords: Latinos; Hispanics; religious healing; complementary medicine; botánicas; mental health; depression

Introduction

While the health services safety net has diminished in recent years, the burden of health care in the United States (U.S.) has increasingly shifted to immigrant communities that serve the poor and the undocumented. In this context, religious and folk healing systems, rather than being diluted by globalization and the ubiquitous influence of Western practices, have blossomed more than ever (Viladrich, 2014; 2006a). Today, folk healers are present in urban milieus

throughout the U.S., where an increasing number of eclectic providers advertise their practices on storefront billboards and in botánicas, grocery stores, community newspapers, and the ethnic media (Anderson, 2008; Gomez-Beloz & Chavez, 2001; Jones et al., 2001; Lopez, 2005; Polk, 2004). This phenomenon is particularly evident in urban milieus such as New York City (NYC) and Los Angeles, which are characterized by thriving immigrant populations working in the informal and service economies.

Amid a multiplicity of therapeutic systems stemming from the country's ethnic and religious diversity, the growing market for alternative healing practices in NYC has called attention to the role of religion in American society. Botánicas are local dispensaries that offer spiritual, healing, and religious goods to mostly Latino and Caribbean populations (Murphy, 2015; 2010), representing the visible entry point into the concealed world of religious healing in the U.S. Botánicas also provide an excellent lens through which to examine Latinos' cultural healing practices in ways that until recently have remained mostly unexplored. They play a key role in the informal economy of healing by offering counseling services on their premises, and by referring their Latino clients to both non-religious and formal health care practitioners. In Queens, NYC, alone there are more than twenty botánicas — mostly located in Latino neighborhoods — representing a myriad of philosophical traditions that convey unique versions of religious faith. They are particularly evident in the neighborhood of Jackson Heights, which welcomes first and second-generation Latin American immigrants from a variety of countries, including Mexico, as well as various regions in Central and South America.

Latinos' persistent use of botánicas has received increasing media attention partially due to the significant number of uninsured Latinos, even after the passage of Obama's health reform, along with the rising price of medical care and the shrinking number of affordable health services (Pande et al., 2011; Reiff et al., 2001; Viladrich, 2006b). Latinos' unmet health care needs are even more striking in the domain of mental illness. The literature is rich in explanations of the barriers keeping Latinos, and Latino immigrants in particular, away from mental health services. This includes cultural beliefs that find in stigma a main deterrent for seeking treatment (Anglin et al., 2008; Collins et al., 2008; Interian et al., 2007; Lazear et al., 2008; Nadeem et al., 2007; Viladrich, 2007).

Not only do Latinos appear to have greater need for mental health services than other groups, but they are also using them the least, a phenomenon that continues to draw research attention (Alvidrez, 1999; Blanco et al., 2007). Latinos present a higher prevalence of major depressive symptoms compared to other ethnic groups (Minsky et al., 2003) particularly women (Bromberger, 2004), and have higher levels of psychiatric distress as a result of family acculturation, social vulnerability, and poverty (Chung et al., 2003). Although depression is one of the leading causes of morbidity and mortality worldwide, treatment rates are particularly low among Latinos (Dunlop et al., 2003; Minsky et al., 2003). The under-recognition of depressive symptoms among adult Latinos in the U.S. also appears to be linked to health literacy obstacles, language barriers, and alternative explanatory models of disease, including reliance on idioms of distress that are not conceptualized as mental illness by mainstream medical systems (Harman et al., 2004; Kleinman & Becker, 1998; Lewis-Fernández et al., 2002, 2005). Furthermore, some populations consider psychiatric services suitable for the treatment of psychosis or violence, but not for depressive symptoms and other mood disorders (Marwaha and Livingston, 2002).

Whether Latinos in the U.S. are mostly relying on folk healing systems to deal with their physical, mental, and emotional issues, or are simply choosing not to seek formal care (or are not being eligible for it) is a question that continues to spark the interest of social scientists and public policy analysts. Experts agree on the need to gather more in-depth data about Latinos' use of lay and non-professional health services, including traditional folk healers and religious providers, for a better understanding of their health beliefs and practices, including alternative pathways to treatment (Cabassa et al., 2007; Singer and Garcia, 1989). The lack of systematic studies on the appropriateness and efficacy of folk healing practices has continued to raise questions concerning their either beneficial or deleterious effect on Latinos' health outcomes. Tackling these issues is even more relevant in cities like NYC, where a significant number of vulnerable immigrants lack access to formal health care due to financial and language barriers and their unauthorized status.

This study addresses the above lacunae by exploring the complex role of botánicas in meeting Latinos' mental health needs. It specifically examines how botánica providers construct a language of illness that informs processes of diagnosis and treatment in NYC's multiethnic milieu. Finally, this line of work hopes to address many unanswered questions regarding Latinos' physical and mental health needs and the services they require — even informally. Filling the gaps between religious, folk and mainstream Western classifications become paramount to building bridges between available services and those who need them the most.

The paper begins with a description of the research design and methods, followed by the conceptualization of the most common problems brought by Latinos to the *consulta* (consultation), in which informal therapy is channeled through assessments of their inner sources of suffering. The analysis particularly focuses on the symptoms and cause attribution of depression and *nervios*, which are the most common mental health conditions mentioned by study participants. In spite of their differences, both ailments are rooted in the "immigrant continuum," through which symptoms are interpreted as expression of Latinos' everyday stressors, including family separation due to immigration and undocumented status. The term "sociosoma" is utilized here to conceptualize an overarching explanatory model in which the etiology of illness is intertwined with the spiritual/divine, social and organic realms. Finally, this study hopes to shed light on Latinos' invisible world of sacred and spiritual practices, by addressing the interpretative framework that places botánicas, and their providers, as key players in the informal economy of healing that meets the needs of diverse Latino immigrant populations.

Materials and Methods

This study was conducted during two research periods. During the first one (2004–2006) the author and an ethnographic research group, comprising between six and ten researchers over time, conducted fieldwork on the role of Latino folk healers providing alternative health services to the growing Latino immigrant population in NYC. All team members had a background in the social sciences (i.e., anthropology, sociology, urban studies) and held bachelor degrees. Five of them also had master's degrees and two had completed PhDs in Anthropology. All members of the research team were trained in ethnographic methods (e.g., participant observation, interviewing skills, probing and follow-up questions, recording, etc.) before and during the completion of the fieldwork process.

Team members met regularly with the project's principal investigator, Dr. Viladrich, and two field coordinators (usually on a weekly or biweekly basis) both in groups and individually, in order to address specific issues concerning the progress of the research project. Group meetings became a productive and enlightening opportunity to discuss the most salient findings drawn from participant observation and the interviews held at botánicas, as well as to present (and resolve) difficulties encountered in the field. Viladrich participated in most of the field visits during the first stage of fieldwork, and was present in all of the visits during the second stage of the research project. She also listened to all the recorded interviews, after which she often met with the field workers to evaluate, and sometimes fine tune, their research skills.

The mapping of botánicas involved the identification of two major concentrations located in Queens and the Bronx, with smaller clusters found in Manhattan and Brooklyn. In-depth interviews, consisting of a minimum of two sessions, averaging one and a half hours each, were conducted with fifty-six healers during the first stage. The second phase of the research project took place during the years 2014–2016, and focused on the services provided by botánicas in Queens. Viladrich, along with a trained ethnographer, conducted thirty interviews during this stage. Both research periods followed informed consent protocols regulated and approved by the author's sponsoring institutions — Hunter College and Queens College of the City University of New York, CUNY.

Despite the visibility of botánicas in NYC, their providers have remained mostly hidden in American urban settings, and due to the fact that they are often scrutinized and judged negatively by mainstream medicine, they tend to conceal their identity to strangers. Therefore, a first step in the fieldwork process was aimed at building *confianza* (trust) with potential interviewees for the purpose of gaining entry into botánicas' informal urban healing market. We screened and conducted interviews with practitioners who either worked at botánicas or were known by botánicas' employees or clients, and who self-identified as counselors and spiritual/religious healers. For the purposes of this study, we surveyed only botánica practitioners born in Latin America (or with Latino ancestry) who practiced religious, folk and/or other healing practices, either in exchange for money or by bartering. Leads were provided by botánica salespersons, *bodega* owners (small grocery stores), and community members.

The interview protocol consisted of two parts. The first explored providers' migratory history, their healing careers (i.e., the personal paths that led them to their practice), and disciplines (beliefs, specific therapeutic practices, and healing philosophy). The second part examined the characteristics of the Latino population that regularly visited botánicas for the purpose of buying products and utilizing their services. Research questions specifically explored Latino clients' characteristics and their reasons for visiting botánicas, particularly regarding their most frequent physical, mental, and emotional ailments. In order to examine participants' explanatory model of illness, interviews also addressed the perceived origin of each health disorder (physical, mental, spiritual), the reasons for their occurrence among Latinos, the relationship between different ailments, and the co-existence of different etiological levels (e.g., mental, social, spiritual) as either direct or indirect determinants of physical and mental conditions. Interviewers also asked providers about typical and unusual ailments they treated, along with the most common problems brought by Latinos to the consultation. All interviews were conducted in Spanish and were either tape-recorded or recorded verbatim in the field.

Viladrich's team routinely spent time in botánica waiting rooms frequented by community members and Latino patrons. This provided a unique opportunity to observe the regular dynamics taking place between providers and customers, as well as to learn the motives for their consultations. They also participated in community gatherings and healing-religious ceremonies (e.g., *toques* and initiations) where they spoke with Santeria practitioners and religious followers. The information collected at these events allowed the cross-validation of the data gathered during one-on-one interviews.

A qualitative software package (Atlas 5.0) was used for the analysis of all information collected, including field notes, interview schedules, and follow-up interviews. Pre-coded categories based on semi-structured questionnaires were in accordance with Leventhal et al.'s dimensions of illness cognition and perception (Leventhal et al., 1992). These include the following categories: a) illness labeling and symptoms (physical, spiritual, mental); b) etiologies/causes; c) timeline (chronic/acute); d) consequences (illness' effects and outcomes); and e) controllability. An open-coding schema was used to account for additional themes brought up during the interviews (post-coded categories). A final list of codes was generated from comparing fieldnotes with the transcribed texts for the purpose of validating the recurrence of each topic across all materials. The main themes that emerged from both pre and post-coded categories included the labeling of the most common conditions treated and their symptoms, as well as the interrelation between the spiritual, mental, and social realms in the etiology of Latinos' mental illness.

Sociosoma as a Main Explanatory Model: The Realm of the Immigrant Continuum

The problem in Santo Domingo is the economic situation, and for the one who wants to come here, the problem here is the depression… Dafne (female botánica provider)

Justo is a male healer from Peru who holds *consultas* (consultations) at a botánica in Queens. He was puzzled by the team's interest in finding out about the specific emotional and mental health issues most common among his clients, and he hoped to resolve the issue once for all. During a follow-up interview, Justo felt compelled to offer a graphic representation of what he thought affected his Latino patients the most. He grabbed a piece of paper from the bottom shelf of his desk and drew a circle to illustrate *las preocupaciones* (worries). He then drew several other concentric shapes that represented *los niveles inaceptables* (unacceptable levels) of stress. According to Justo, and most of his colleagues, being away from familiar faces, having an undocumented status, and experiencing harsh living conditions — along with financial problems — were some of the most conspicuous *causas* (causes) that caused Latinos' pervasive feelings of powerlessness and despair. In many cases, practical strategies and assertive coping skills were described as the most immediate goals to be sought during the healing encounter.

The term "immigrant continuum" in this paper takes into account Justo's conspicuous assessment of Latinos' post-migration stressors, including legal and structural dimensions (e.g., undocumented status, economic difficulties), living conditions (e.g., overcrowding, tense interpersonal relationships), cultural domains (e.g., language issues and cultural barriers), as well as social and emotional isolation. Justo, along with his colleagues, consistently reported recruiting his Latino clientele from among the uninsured and undocumented, who suffered the most from ongoing hardships in the U.S. The concept of the immigrant continuum embraces a sociosomatic model of stress in which both spiritual and mental health issues are linked to the social realm. Within the sociosoma model, the notion of mental illness, rather than being conceptualized in psychosomatic terms such as mind-body distinctions, is understood as the internalization of outside events and culturally shared idioms of distress (Karasz, 2005a; Kleinman & Becker, 1998; Viladrich, 2006b). Studies on sociosomatic disturbances report a significant association between social forces (e.g., inadequacy of social support, social violence, etc.) and the consequent onset of illness, including depression and *nervios* (Becker, 1998; Jenkins & Cofresi, 1998). Amid sociosomatic models of causation, mental illness is originated and sustained by spiritual, social, and physical forces, alone or combined (McCarthy Brown, 1991; Ware, 1998; Wedel, 2003).

As originally shown by Kleinman (1980), when dealing with a sociosomatic framework, the challenge that researchers usually face is to identify the pathways that link the social world to the subjective experience of illness. The combined religious forces that impinge upon the psychical, spiritual and psychological dimensions of healing are common to other indigenous healing systems. Examples of the latter are seen in the Catholic influence on "curanderismo," prevalent in the West and South of the U.S. and Mexico (Torres and Sawyer, 2005; Trotter and Chavira, 2011); the Islamic influence in Caribbean healing traditions (Khan 2014 and 2013); and the indigenous leadership in the social (and commercial) reproduction of Ayahuasca rituals in the Peruvian Amazon (Fotiou, 2012 & 2010).

Through the sociosoma lens, illness is mostly conceived as the effect of distressed relationships, a phenomenon that is represented via metaphors that are culturally shared (Low, 1994). In fact, the notion of sociosoma is common to many diverse religious and folk-healing systems (e.g., Santeria, Espiritismo). These systems find the nosological mode of causation in the deleterious impact of strained interpersonal relationships (e.g., illness due to envy), spirits' intrusion, and those drawn from acute and chronic stressors such as family separation and perceived discrimination (Viladrich, 2006b). Providers' healing beliefs somehow mirror their Latino clients' cultural values, particularly regarding the deleterious effect that the lack of stable and supportive emotional relationships may have on their mental health (Cabassa et al., 2007; De la Cancela et al., 1998; Lugo-Steidel and Contreras, 2003). The notion of the immigrant continuum highlights, in due course, the cultural underpinnings of the sociosoma model through which botánica providers discursively make sense of pain and suffering by relying on Latinos' complex interpretive model of health and disease

The immigrant continuum specifically involves the following acute and chronic stressors: 1) loss due to severe illness, divorce, and death; 2) experiences of discrimination and culture shock/migration; 3) financial and job-related issues and legal status; and 4) disruptive emotional and social networks (e.g., family separation) that give rise to feelings of loneliness as a result of the lack of supportive connections. Rather than being discrete categories, most botánica providers acknowledged the combined effect of these stressors in Latinos' lives, creating an *efecto dominó* (domino effect) that quite often ends in depression and related symptoms, such as lack of energy and appetite, excessive sleepiness, and feelings of hopelessness.

Azara, an unauthorized female healer who defined herself as "a spiritual counselor" had a degree in psychology from a South American university. She explained the links between the mental and spiritual realms on the basis of what she defined as stressors leading to poor emotional health for Latinos:

Azara: A lot has to do with the fact of living here, the culture shock that people experience by living in another culture. They have to incorporate many new things in their lives and adapt themselves to the ones they brought with them….

Interviewer: And regarding mental issues, can you be more specific? Are they mental or spiritual?

Azara: Both mental and spiritual. I mean, the loneliness of being uprooted. That is what I see among those [Latinos] coming from other cultures, and about families that are divided. There are many women who come and are working here while their husbands are already back to their countries or vice versa, no? And from this loneliness they fall into depression.

Octavio, a botánica employee, further illustrates the relationship between Latinos' stressful living conditions and mental health symptoms.

Here [in the U.S.], Latinos have emotional problems like depression, a lot of depression... Because of their marriages, because of their children, that they cannot control them; and because of illnesses that they cannot go to the doctor for as they don't have documents. I try to help all those people... Quite often, immigrants are not just afraid of being deported, they are scared of being mistreated in this country.

Two Complementary Conditions: Depression and *Nervios*

Depression and *nervios* (literally nerves) were the two most frequent mental health conditions mentioned by the study participants. Often considered an idiom of distress, *nervios* is a disorder that has received ample attention in the research literature (Chung et al., 2003; Finkler, 1991, 1989; Guarnaccia, 1993; Jenkins, 1988), particularly among Latinas (Oquendo, 1995). Usually translated as nervousness or anxiety, *nervios* informs the way in which the same term has been used to label different conditions, including other folk illnesses such as *susto*, usually translated as "fright" (Baer et al., 2003; Mysyk, 1998). Groundbreaking research on *nervios* highlights its broad meaning as a cultural reaction to overwhelmingly stressful circumstances, ranging from personal grief and loss to family disruption and conflict (Guarnaccia & Rogler, 1999).

This study found the conceptualization of depression and *nervios* as two distinct conditions, with acute stressors being more associated with *nervios* than with depression, as in the case of episodic, traumatic events (Jenkins & Cofresi, 1998). While depression is driven by sadness, melancholy, and a generalized lack of energy that keeps Latinos away from *la lucha* (the daily struggle for survival), *nervios* is conceptualized as a general anxious state characterized by rapid mood swings, sudden irritability, bad temper and exasperation, which together weaken immigrants' ability to successfully cope with their challenging living circumstances. It is essential here to acknowledge the difference between symptom and disease, particularly when it comes to the conceptualization of *nervios*. Disease is typically defined as a disorder that affects body organs or functions, and it expresses itself through symptoms. In this study, *nervios* is not synonymous with disease, and actually denotes a composite of symptoms that channel Latinos' underlying anxiety-based conditions. Sleeplessness, headaches, and lack of appetite are also associated with *nervios*. In most cases, it is assumed that *nervios* will disappear when the taxing circumstances subside.

Rooted in the sociosoma model, our interviewees agreed on the different possible sources of *nervios* — from stressors deriving from the "immigrant continuum" (such as family separation and undocumented status) to temporary madness caused by an envious coworker's spell. In sum, while depression represents an intrapsychical state channeled via introversion and withdrawal, *nervios* is seen as a synonym for stress — an "acting-out" coping mechanism that helps Latinos deal with severe emotional pain. In accordance with our findings, research on culture-bound syndromes (Cabassa et al., 2008; Weller et al., 2008) found that *nervios* represents an idiom of distress that signals Latinos' underlying psychosomatic conditions. As part of Latinos' cultural explanatory model of illness, a diagnosis of *nervios* indicates and makes sense of Latinos' psychological suffering due to underlying mental pathologies (De Snyder et al., 2000; Durà-Vila & Hodes, 2012; Hinton and Lewis-Fernández, 2010). Although the literature suggests varying degrees of overlap between *nervios* and *ataques de nervios* (attacks of *nervios)* on the one hand, and panic and panic attacks on the other (Guarnaccia, 2010; Marques et al., 2011; Keough et al., 2009), there is no conclusive evidence to suggest direct correlations between *nervios* and Western definitions of disease (Donland & Lee, 2010).

Jacinto, a self-defined santero from Colombia and a practitioner of Palo Mayombe and reiki, served as a spiritual *padrino* (godfather) and mentor for several botánica practitioners whom we met in Queens. Jacinto considered *nervios* and depression to be closely related, and he believed that, together, these disorders ultimately resulted from the impact of multiple stressors on his patients' lives:

When you do a test, you know why [a person] is depressed, because of the death of a son or a husband or because they lost everything... So we have to talk a lot with the person, make her understand many things and continue talking. It is like what a psychologist does. But currently psychologists don't talk much with people; they are very fast, very fast... 'Doctor, I have this and that,' and [the answer is]: 'Yes, it is fine. No problem. That must be this... So take these pills and come back on another day.' Because for many people who are in this country, loneliness kills them. And it is the need to talk, to have a friend, someone to talk to and have a coffee on the street corner.

Jacinto's quote above underlines three key pieces in the cultural understanding of depression: its roots in social problems, the importance of the "talking cure" as a main vehicle for diminishing its symptoms, and Latino providers'

questioning of drug therapy as the main therapeutic chanel to treat mental illness. These findings agree with studies that underscore Latinos' situational conceptualizations of depression, and that conceive distress as a response to social and interpersonal circumstances as opposed to biopsychiatric models (Karasz, 2005b; Patel et al., 1998).

Concomitant with previous studies on Latinos and depression (Cabassa et al., 2007; Martínez-Pincay and Guarnaccia, 2007), our interviewees mostly described symptoms of depression as both somatic and experiential, including emotional symptoms such as *tristeza* (sadness), *decaimiento y falta de energía* (lack of energy), *no encontrarle sentido a la vida* (lack of life purpose), *pasársela llorando en la cama* (crying in bed), as well as physical symptoms including chronic pain, *falta de apetito* (lack of appetite), and *no tener fuerza para nada* (lack of strength). At last, botánica providers mostly conceptualized depression as the expected social outcome of a chain of unfortunate events, in which powerlessness and despair were commonly prompted by Latinos' difficult living circumstances in the U.S.

Although the spiritual, mental, and social domains constitute discrete categories, they are essentially interconnected. For instance, a spiteful boss who gives a Latina a hard time at work may also cast a spell on her, thereby causing everything else to go wrong in her life. In this vein, the interpersonal strain between the Latino client who comes to the botánica consultation and her boss is reaffirmed by the alleged magical *trabajos* (curse) that the latter presumably threw upon the former. In addition, mental illness is conceived along a range in which different *causas* may be at stake. Conditions that may be considered mostly mental may have originated with spiritual agents, as in the case of depression instigated by a haunting spirit or insomnia caused by a spell cast by a jealous co-worker (Viladrich, 2006b). Nevertheless, and despite the ubiquitous presence of spiritual and supernatural forces, botánica providers recurrently mentioned the predominance of acute and chronic social stressors, which together have a deleterious effect on Latinos' emotional and psychological health. Ori, a Puerto Rican male practitioner of Spiritism, who worked as a counselor both at a botánica and at his home in Queens, summarized this approach when referring to the ailments experienced by many of his Latino patients:

> There are people who have traumas at home: the husband beats her up and doesn't treat her well, and her family is driving her crazy. What she needs is not just a matter of candles; what she needs, psychologically, is to speak with someone able to calm her down. Quite often, bad influences are not only due to having a bad spirit in the house; it is not only that!

As in the case with depression, external factors are seen as the cause of *nervios*, particularly those associated with sudden traumatic events. Soledad, an Ecuadorian female clairvoyant, described both somatic and emotional symptoms associated with this condition:

> Look, negative energies make your nervous system sick, and it is the nervous system that all the other diseases come from. Because when you don't have peace and you don't have tranquility, your memory is damaged, your hair begins to fall out, and you begin to have a series of things.… You get blind [and don't see] the right path and get into the negative path. Everything goes wrong for you. You lose everything: your job, you don't get along with people around you, and you believe that it is them, not you!

From Practical Magic to Life Coaching

The current U.S. immigration policy, and its consecuences, leading to a skyrocketing increase in the rate of deportations and the legal limbo that has affected millions of unauthorized Latino immigrants, was frequently mentioned by our interviewees as either a direct or indirect trigger of *nervios*. Fear of being deported — or the anxiety caused by having a close family member at risk — adds to Latinos' increasingly challenging efforts to find work, secure decent housing, pay mounting bills, and keep families together, all of which can trigger *nervios*.

In agreement with the sociosoma model, most botánica treatments focus on mending the alleged severed links between Latino clients and their social milieus. In order to address their clients' most pressing issues, botánica providers pointed out the importance of personal communication with their patients, particularly those dealing with problems rooted in the social and cultural realms. In some cases, interviewees made explicit references to the "coaching sessions" they regularly held with those in need of practical advice on a myriad of issues, from tips on how to deal with a greedy landlord to handling a deportation case. Botánica providers performed as cultural brokers (or life coaches) concerning three dimensions: a) relying on their contacts (indirect coaching) by using their resourceful networks to refer their Latino patients to other services or practices; b) providing direct counseling on life-management issues; and c) offering behavioral-cognitive therapies aimed at changing habits or patterns of behavior.

Some study participants considered themselves "bridges" between their patients and health or social service agencies, particularly when dealing with victims of domestic violence or potential life-threatening individuals. The risk of being held accountable and responsible for their clients' fate was also seen as a hazard that caregivers faced when treating Latinos who experienced serious emotional ailments. Chloe, a botánica tarot reader and spiritual counselor, recounted a personal experience treating one of these cases:

Last week I heard [someone at] my door, because this person lives in the same building, so I hear: Neighbor! Neighbor, open the door! I am going to throw myself off the roof! I cannot stand this depression any longer!' She was shaking completely, so I got her into my room. I cleaned her up with an egg so as to take all the [bad] energy from her. I sat her down. I gave her water, white bread—because white bread is very good... *lo recoge todo* [it takes everything away]… because she was going through depression. I even wanted to pay $75 to a psychiatrist, but she didn't accept it because she told me that with what I had helped her with, she was feeling all right. But she needs psychiatric help. She doesn't need my spiritual help. She needs psychiatric help! Because she is going back to the same. And I told her, 'You are going to fall into the same.' Thank God I was there on that day, but [what] if I am not there next time?

Chloe's excerpt illustrates the limits of what botánica providers can and cannot do, a distinction that becomes clear in the face of life-threatening circumstances. In the incident described above, Chloe initially attempted to cleanse her neighbor from negative energies — first with an egg and later with white bread — a common practice among Latinos. Nevertheless, Chloe's swift realization of the seriousness of her neighbor's mental vulnerability quickly led her to suggesting a referral to professional mental health services. Although religious and folk healers claim an innate proficiency in treating most of their patients' emotional stressors, they also acknowledge their limitations in dealing with delicate health problems, including serious mental illness, as in the case of those attempting to take their own lives or the lives of others.

Dafne, a female Cuban spiritist, pointed out the differences between clinical and "social" depression — the latter defined as being ingrained in the social body, which finds its channel in vulnerable individuals. While counseling and spiritual help may be useful for dealing with social depression, clinical depression requires professional intervention. In Dafne's words:

Depression is an illness. People don't realize that it is an ugly illness... But this depression is sociological. Clinical depression—that is when I send the person to the doctor, to science, to a psychoanalyst, to a psychiatrist, to a professional, because science is there for something! I bet on the witches, as I say, as much as the doctors. Everybody has his/her function in this plan, and when a person is clinically depressed, that is when she has to go to science.

Dafne's passage suggests a cultural brokerage framework of care that has a long tradition in medical anthropology and community psychology. As discussed in this paper, botánicas are not discrete entities disconnected from other institutions and services. Instead, they function as meaningful liaisons between Latinos and their communities' available resources by connecting their clients with health and social service agencies (Schwab et al., 1988). Lastly, botánicas and their providers play a unique role as cultural brokers that are critical for those experiencing severe mental and emotional pain, whose conditions would otherwise remain untreated (Espín, 1996; Schwab et al., 1988).

Conclusion

This paper has examined the role of botánica providers who fill the silent demand for mental health services among Latinos in New York City. Most of them are aware of the empty space left by formal institutions when it comes to meeting the needs of the Latino poor. In addition, they do not claim expertise in treating their clients' serious medical issues, as they know the risks of being held accountable for performing healing practices without the proper credentials. They do, however, express an ability to appraise what disturbs their patients the most, a skill partly rooted in their shared Latino cultural background and their alleged familiarity with the plight of their patients. Contradictorily, while most study participants do acknowledge their own limited skills in dealing with Latinos' serious mental issues (e.g., clinical depression), they are also critical of professionals' limited use of verbal counseling, their narrow focus that disregards Latinos' spiritual and religious beliefs and what many practitioners consider a biomedical abuse of prescription drugs.

In any case, we should be cautious when evaluating botánicas' beneficial impact on Latinos' health and outcomes. As noted in the literature, some folk healers take advantage of their supposedly secret powers to conduct esoteric, expensive, and meaningless procedures (De la Cancela et al., 1998; Snow, 1978). The way that botánica providers frame their clients' mental conditions as a natural response to social stressors could also work against Latinos' attempts to seek professional help when needed, including denial or delay of treatment under the belief that symptoms will diminish on their own (Blank et al., 2002). Even if Latinos recognize their need for formal services, entry to more accessible and affordable informal practices may deter them from seeking professional help. Healers' emphasis on the social and spiritual sources of mental illness, and their adamant stance against drug therapies, may also have a negative impact on those who are severely mentally impaired and in need of specialized care (Mitchell and Romans, 2003). As noted by Cabassa (2007), seeing a *curandero* (folk healer) or other nonprofessionals may encourage Latinos' skepticism regarding the effectiveness of professional treatment of depression.

This research project presents several limitations. While botánicas services appear to be Latinos' gateway to a comprehensible and friendly style of health counseling, this study was not able to assess the effectiveness of botánicas treatments and the long-term impact on the course of illness. Study participants' common references to a multiplicity of external agents often led to vague assessments of causality and prognosis. Lack of therapeutic efficacy may encourage healers to dump many different serious conditions into a simplified umbrella term, such as depression and *nervios*. Furthermore, the findings drawn from this study social cannot be generalized for the total population of botánicas providers in NYC. In fact, this study's sample of interviewees may be biased toward those who were more comfortable talking with strangers and more prone to conveying standardized responses. Finally, although this research project addressed healers' commonalities regarding illness and healing, future work should focus on their differences according to their specific religious and spiritual beliefs and practices.

There is much to be done in the intertwined fields of research, interventions, practice, and public policy regarding the importance of religious and folk-healing systems among immigrant populations in NYC and elsewhere. One of the main challenges that lie ahead of us is how to provide efficient and affordable solutions to Latinos' needs which, in the terrain of mental health conditions, are much hampered by the hurdles of post-migratory experiences. We should turn our attention to the effect of acculturative stress and the impact of immigrants' unstable working and living circumstances, often prompted by the psychological effect of dangerous border crossings, social exclusion and marginalization, as well as the vulnerability and exploitation that vulnerable Latino immigrants experience in the U.S. (González et al., 2001; Sullivan and Rehm, 2005).

Statement on Conflict of Interest

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