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Breaching WEIRD Psychology: Brujería as Mental Health Treatment

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Introduction

Through this project, I am proposing that the psychology field look to *brujería* in order to make the field, which has been historically WEIRD-centric, more inclusive and widely applicable. However, I would like to make it clear that I am not advocating for the removal of more traditional methods of therapy and medication that have long been established in the field of psychology. These methods work effectively for many people, and there is no reason that they should not continue to be used as mental health treatment. With this being said, the limited lens through which psychologists tend to view their field prevents the integration of other, equally successful, mental health care approaches. I hope to encourage psychologists, especially those with white privilege, to challenge their thinking and explore other mental health options that may be far more effective for their particular client.

The first chapter, “Latinx Trauma and Resilience”, provides contextual background as to the ways in which Latinx communities and BIPOC as a whole are negatively impacted by white supremacy and coloniality. The second chapter, “WEIRD Psychology and How to Combat It” discusses the white-centric history of the field of psychology and begins to provide new methods with which to approach the field. The third chapter, “Modern, Latinx Brujería and Empowerment” defines and expands on *brujería*, and starts to explain what the practices as a whole constitute. This chapter will talk about *brujas* themselves as well as those who go to *brujas* for assistance. It will also discuss the cultural significance of *brujería* to Latinx communities. The fourth and final chapter, “Brujería and Psychology: The Future of Psychology” discusses how to successfully integrate *brujería* and spirituality as a whole into mainstream therapy, and also points to specific examples of mental health experts who are doing so.

Ch. 1: Latinx Trauma and Resilience

The United States is a country that, on paper, prides itself on its diversity and multifacetedness. The heterogeneity of the country makes it a culturally, artistically, and gastronomically extraordinary place, and provides its residents with access to a plethora of new and wonderful experiences. However, the U.S. is a country that undoubtedly privileges the white, Western, and wealthy, despite the fact that many of the people who live in this country do not fall under these categories (Jones, 2021). Because of the discrimination embedded into the very roots of the country, those who are not white and/or were not born here are subject to sociopolitical and racial trauma (Comas-Díaz, 2021). This chapter will focus on the trauma and also the resilience of Latinx people, especially women, living in the United States and the ways in which the field of psychology can alter itself in order to be a safer, more inclusive, and more culturally relevant space for Latinx people, including developing more culturally responsive and affirming mental health care. “Latinx” is a gender-neutral term that refers to people who are from Latin America. (“Latinx”). The word ends with an “x” as opposed to an “a”, which traditionally signifies “female”, or an “o”, which traditionally signifies “male”; the “x” includes all people, regardless of their gender. As aforementioned, the U.S. is home to a range of people with diverse identities and cultural backgrounds; however, this project will focus on Latinx-specific communities as well as research that pertains to broader BIPOC communities in order to be as inclusive and thorough as possible.

Dr. Lillian Comas-Díaz, distinguished psychologist, researcher, and author of “Sociopolitical Trauma: Ethnicity, Race, and Migration”, defines sociopolitical trauma as “the insidious distress that marginalized individuals experience while living in a racist, heterosexist, classist, ableist, homophobic, and transphobic oppressive society” and racial trauma as the

“cumulative attacks that ethnic and racial minority individuals receive within an oppressive society” (Comas-Díaz, 2021). Given that the United States is a country built on the backs of enslaved people, with laws that were written by white men with white men in mind, coloniality is foundational in this country, and still rampant in the U.S. today. Coloniality of power refers to how the impacts of colonization are still experienced today by those who both would have been colonizers and those who would have been colonized (Comas-Díaz, 2021).

Because of this pervasive, incessant inequality and discrimination, many BIPOC, including Latinx communities, living in the U.S. have endured trauma. Colorism, “the preference for light-skin-color individuals...is a vestige of colonialism...research documented that Latinx females with dark skin color felt less attractive than Latinx females with lighter skin color... and expressed negative self-perceptions” (Comas-Díaz, 2021). This points to how colonialism directly impacts the mental health of Latinx women. Furthermore, Filipinx American immigrants’ “experiences of cultural denigration in the Philippines, as well as in the United States, may have contributed to the development of a colonial mentality and thus to the development of negative mental health” (Comas-Díaz, 2021). Because these immigrants were consistently exposed to oppression and belittlement, they internalized the prejudice being expressed towards them. Comas-Díaz highlights examples of how coloniality clearly harms Latinx communities. *Mental Health America* states that “Racism is a mental health issue because racism causes trauma. And trauma paints a direct line to mental illnesses, which need to be taken seriously” (“Racism and Mental Health”). This trauma is brought about through multiple forms of oppression including oppression due to skin color and ethnicity in the US for the Latinx community.

Living in a country that was founded on the favoring of white people and disadvantaging of BIPOC points to multiple obstacles for those who are immigrants and non-white in general. “BIPOC” stands for Black, Indigenous, People of Color, and this definition encompasses all non-white people, including Latinx folks. There are so many ways in which hegemonic society in the U.S. works against BIPOC, including through prejudiced rhetoric, the “bootstraps” mentality, and individualistic culture. These ideals, which stem from colonialism, heavily disadvantage BIPOC, including Latinx people, living in the U.S. and ultimately contribute to psychological trauma for these groups.

Because of prejudiced political rhetoric and exclusionary language, many Latinx people living in the U.S. are subjected to mental distress. A common ideology of many conservatives in the United States is that of a more restrictive immigration policy as well as more heavily policed borders (Daniller, 2019). The white supremacist, anti-immigrant rhetoric exhibited by the Trump administration perpetuated (and continues to perpetuate) an overall hostility towards non-white people in the U.S. By encouraging the notion that immigrants, especially Latinx immigrants, come to the United States bringing crime and drugs, and that they are sexual assaulters (Hee Lee, 2015), Donald Trump and other conservative politicians stir unwarranted and unfounded fear and prejudice in people. Fear often manifests itself as anger or hatred, and Latinx people living in the U.S. often bear the brunt of such discrimination (“Racism and Mental Health”; Benton, 2022). The fear mongering and misinformation about undocumented immigrants displayed by the Trump administration encourages suspicion towards Latinx people as well as overall ignorance regarding the immigration process and the lived experience of immigrants in the US.

Furthermore, the conservative tendency to refer to immigrants without citizenship as “illegal aliens” is incredibly othering. The term establishes these people as inherently foreign,

and the word “alien” in particular detracts from their humanness. Jonathan Kwan, author of “Words Matter: Illegal Immigrant, Undocumented Immigrant, or Unauthorized Immigrant?”, discusses how “The labels we use to refer to different classes of individuals are not merely neutral descriptors but often implicitly come with various associations or value judgments, which can, in turn, frame and influence political debates” (Kwan, 2021). Phrases such as “illegal alien” therefore carry weight; they impact how certain groups of people are perceived for better or (often) worse.

Existing in an environment that makes one feel unwanted can undoubtedly contribute to mental health problems, and Latinx people—whether they are undocumented, documented, or born in the United States—often endure these feelings of ostracization. Dr. James Rodriguez, a psychologist and director of trauma-informed services at the NYU McSilver Institute, emphasizes that, for BIPOC, racism-induced stress can contribute to “depression anxiety, and suicidality...various physical health outcomes, including inflammatory diseases, cardiovascular disease, hypertension, and blood pressure...social problems like alcohol and substance abuse” (Benton, 2022). Moreover, studies show that Black and Latinx people are more likely to be at risk for persistent depression than white people related to experiences of marginalization (“African Americans and Latinos...”; “Racism and Mental Health”). Although “Latinx” is not technically defined as a race in U.S., research, such as that done by Dr. James Rodriguez, a clinical social worker and psychologist, (“James Rodriguez”) demonstrates that Latinx folks *are* impacted by racial microaggressions (Benton, 2022). Furthermore, many Latinx individuals, especially younger generations, do embrace Latinx as a race or identify as “multiracial” (Contreras & Reyes, 2021). Racism’s effects on BIPOC, including Latinx communities, are severe and prevalent and evidently perpetuate both physical and mental illness.

The unhelpful (and frankly inaccurate) “bootstraps” mentality is another contributing factor to trauma and mental distress among marginalized groups in the United States, including Latinx people. The typically conservative notion that people should inherently be able to “pull themselves up by their bootstraps” and thrive socially, financially, or otherwise completely disregards inequity in the United States (Bologna, 2018). A country thriving under the “bootstraps” mentality is not feasible if not everyone in the country is afforded the same opportunities. Because of coloniality and the fact that the country’s socioeconomic system prioritizes the white and wealthy, this is the case in the U.S. Those who have immigrant parents or grandparents, or who are immigrants themselves, face racial and social obstacles that those whose families have been allowed to become more well established in America do not (Comas-Díaz, 2021). However, these obstacles do not affect all immigrants equally. Those who have less class privilege, as well as immigrants who have darker skin colors are at a larger disadvantage and face more adversity in the country (Comas-Díaz, 2021). In fact, because of the scrutiny and suspicion BIPOC are met with, they may actually have to work harder than someone from a dominant societal group in order to prove themselves as “worthy” (“Being Black in Corporate America”). The mythical concept of meritocracy, or “a system, organization, or society in which people are chosen and moved into positions of success, power, and influence on the basis of their demonstrated abilities and merit” (“Meritocracy”) is therefore detrimental to members of systematically oppressed groups— especially young people because people get left behind and are then blamed for it. If young, BIPOC initially believe that they will be rewarded if they work hard but are then met with systemic inequality, they may internalize race-based stereotypes that ultimately lower their self-esteem (Anderson, 2017). The bootstraps “logic” is therefore both proven illogical and mentally harmful to BIPOC. Constant exposure to this idea as

a Latinx person and/or immigrant and/or person without class privilege can wear down one's self-worth and subject one to potential mental health stressors.

The ways in which immigrants perceive and adapt (or do not) to the new country they are living in can influence their, and their children's, mental health. A relevant term here is acculturation, which refers to "how thoroughly [someone has] embraced or adopted the predominant culture of the place they live" ("Hispanic/Latinx"). The United States has historically placed emphasis on individual rights as well as personal independence (Triandis, 1995), so those who are initially from cultures with more collectivist orientations or who are socialized to be more interpersonally interdependent may have lower levels of acculturation. If children are growing up in a social and/or academic environment that promotes individualism (ie, a child goes to school and hears their teacher tell them to "Follow their dreams!" and "Be an independent person!"), but also a home environment that promotes collectivism (ie, a parent tells a child to "Always take care of the family." and that "The greater good is what is most important."), that child may experience cognitive dissonance (Choi, 2008). Furthermore, that child's parents may feel frustrated with and distant from their child who is developing morals that may differ from their own and, in immigrant families, different from that of their native culture. This is, of course, circumstantial— families are complex and no two are entirely the same. However, living in a culture that has significantly different goals than the culture one may have initially grown up in can certainly contribute to cognitive dissonance(Choi, 2008).

Although fictitious, Erika Sánchez's *I Am Not Your Perfect Mexican Daughter* demonstrates how this aforementioned intergenerational stress, as well as objectification of Latinx women, negatively impacts the mental health of Latinx communities and women in particular. The story centers on the strained relationship between Julia, an American teenager

whose parents immigrated from Mexico, and her parents. Julia grapples with severe mental health problems throughout the book, but because the concept of “mental illness” is an unfamiliar concept to her parents, who are still very much tied to the collectivist culture of Mexico, they dismiss her mental illness until she attempts suicide. The fact that Julia has a far higher level of acculturation than her parents compounds this intergenerational stress. The book also focuses on Julia’s budding sexuality and her struggle as a Latinx woman living in the United States.

Due to the rampant racism and sexism in the U.S., BIPOC women, and Latinx women in particular, are often exposed to further trauma. As illustrated in *I Am Not Your Perfect Mexican Daughter*, many Latinx families expect women to strive for purity and virginity, which aligns with the religious priorities of many Latinx families. Conversely, there is a historical tendency for white, American men to fetishize and exoticize Latinx women (Silvestrini, 2020). Both views of Latinx women are detrimental to women’s health and well-being given that they reduce women to unrealistic expectations put forth by patriarchal society. Women are complex and it is entirely illogical to expect them to adhere to such one-dimensional, male-centric ideals. Being expected to adhere to entirely unrealistic, limiting ideals can cause psychological distress for Latinx women and BIPOC people as a whole living in the U.S (Silvestrini, 2020).

Although the U.S. is an undeniably diverse country, there is a dearth of culturally inclusive mental health resources. Psychology, although purportedly relevant to all people, has historically prioritized a very small demographic of people, including the white and wealthy. This lack of inclusivity is exacerbated by the fact that many Latinx cultures do not view therapy positively due to the stigma around mental illness as well as the negative connotation that asking for help can have in the anti-immigrant context of the U.S. (“Hispanic/Latinx”). Moreover, lower

levels of acculturation among Latinx communities point to more infrequent use of health care services (“Hispanic/Latinx”). Accessible and inclusive mental healthcare in the United States is evidently rare. However, holistic and widely-relevant care is possible– it comes down to understanding and then dismantling WEIRD psychology.

Ch. 2: WEIRD Psychology and How to Combat It

The lack of inclusivity in the field of psychology negatively affects those who do not fall into the “WEIRD” (Henrich et al., 2010) category that psychology has historically prioritized. “WEIRD” thinking revolves around those who belong to Western, Educated, Industrialized, Rich, and Democratic societies. Most people in the world do not belong to these groups and this is obviously problematic because all people have mental health, and many would benefit from responsive mental health treatment. Though the “W” in WEIRD stands for Western, the research has a habit of centering itself on white individuals. As tends to be the case, whiteness eludes culpability in how much of the world views this critical acronym (Syed, 2021). Because the vast majority of research in the field of psychology has been done by white people with white people in mind (American Psychological Association), BIPOC, including Latinx people, are often without mental health treatment, at least from mainstream sources, that is fully applicable and relevant to them. Due to systemic oppression and coloniality, non-dominant social groups experience American institutions differently than those who do belong to these socially dominant groups. Therefore, treatment that does not acknowledge and validate these varying social groups and their experiences will ultimately fall short of true effectiveness (Shim & Vinson, 2020). The only way that psychology can provide holistic and productive treatment for all people is by decolonizing the field.

The WEIRD acronym was initially put forth by psychologists Joseph Henrich, Steven J. Heine, and Ara Norenzayan in their study “The weirdest people in the world?”, in which they examined research across the behavioral sciences. The psychologists found that the WEIRD-centric studies that dominate the psychological literature are not at all widely applicable to the global population, yet are often assumed to be so. They emphasize that “these empirical

patterns suggest that we need to be less cavalier in addressing questions of *human* nature on the basis of data drawn from this particularly thin, and rather unusual, slice of humanity” (Henrich et al., 2010). The patterns and behaviors of WEIRD societies are, compared to the rest of the world, uncommon. In other words, they are *weird*. This is especially true of research in the United States.

Through their research, Henrich et al. found that “American participants are exceptional even within the unusual population of Westerners – outliers among outliers” (Henrich et al., 2010). The most prevalent way that Americans are different from other Westerners is in their hyperfocus on individualism and independence– more so than any other Western nation (Henrich et al., 2010). This is particularly salient information to this project given that Latinx culture tends to be more collectivist (as opposed to individualist), highlighting yet another way that WEIRD thinking is not applicable to non-WEIRD people. Despite the fact that the U.S. is unique even within the WEIRD category, it “dominates the current content of many APA journals. Among first authors, overall, 73% were based at American universities... Seventy four percent of other authors were American-based...Sixty-eight percent of the samples were in the United States” (Arnett, 2008). Moreover, Americans make up less than 5% of the world’s population (Arnett, 2008). This evidence begs the question– why does psychology continue to rely on WEIRD research and voices when they tend to be so non-inclusive? The answer can be found through coloniality.

As emphasized in the previous chapter, coloniality is rampant in the United States because of the country’s history of enslavement and discrimination that has yet to be resolved. The U.S. is also a global powerhouse with undeniable influence. Therefore, the persistence of WEIRD, America-centric sources in the psychological literature is unsurprising (albeit

unfortunate). Burstow, LeFrançois, and Diamond (2014), authors of *Psychiatry Disrupted: Theorizing Resistance and Crafting the (R)evolution*, emphasize that “psychiatry is one of many institutions weaponized to sustain dominant discourses related to race, gender, sexuality, class, and ability” (Dumaresque et al., 2018). WEIRD psychology’s prevalence is evidence of this. Coloniality pervades a multitude of institutions, and is undeniably present in the school-to-prison pipeline which impacts BIPOC youth, including Latinx youth. Latinx youth “remain under-educated...and are subjected to higher rates of juvenile incarceration” and “the school-to-prison pipeline blocks students from academic opportunities. It has been attributed to the expansion of zero-tolerance policies that specifically target students of color” (Manzo et al., 2020) This phenomenon is perpetuated by the field of psychiatry given that the diagnostic category of “conduct disorders” is overdiagnosed in BIPOC youth (Fadus et al., 2020). Diagnoses such as these ignore the systemic implications and place blame on the individual. This illustrates just how nefarious coloniality is in the country.

This issue of coloniality is compounded and complicated by internalized prejudice possessed by white psychologists as well as lack of understanding about other cultures. If one has not confronted their privilege and is not actively working to unlearn internalized biases, one will continue to move through the world in a way that upholds oppressive structures (Shim & Vinson, 2020). The book *Case Studies in Multicultural Counseling and Therapy* presents a case study with a Hispanic, first-generation college student client and a white, Jewish therapist that displays this lack of understanding and inclusivity in clinical psychology today. The therapist, although well-intentioned, has little familiarity with Latinx culture which drives a wedge between herself and the client. She urges the client to “separate from his familial responsibilities. She has a limited understanding of traditional Latina/o cultural values and familial

expectations... she risks alienating the client” (Sue et al., 2013). Because the therapist does not know how to work with a client whose cultural background differs from her own, the client—and other Latinx people living in the U.S.— is unable to receive relevant and effective care. This is problematic given that many people in the U.S., especially those who are subject to sociocultural and racial trauma, are in need of responsive and affirming mental health care (“Racism and Mental Health”). By actively challenging these biases, the psychological literature can move away from its WEIRD tendencies and work towards dismantling coloniality.

Embracing anti-colonial therapy signifies a willingness to center and validate voices of people who have long been ignored, such as BIPOC individuals. This prioritization of BIPOC healing is the essence of anti-colonial psychology, and the antithesis of WEIRD psychology. Sefa Dei and Asgharzadeh’s research on anti-colonial discursive frameworks emphasizes that such a framework centers “the experience of race and Indigeneity in every analysis of power and domination, while recognizing the interconnectedness of experiences based on all forms of oppression and viewing collective resistance as necessary to emancipation” (Dumaresque et al., 2018). Not only does an anti-colonialism narrative concentrate on oppressed individuals, but it encourages unity and recognition of systemic patterns in order to fully combat colonialism. This mindset clearly opposes WEIRD thinking which neglects all but a very small portion of the population and ignores the historical and systemic oppression that perseveres today. Truly inclusive therapy, and a truly inclusive method for defining and describing psychological distress, has the power to effectively improve the mental health of BIPOC because instead of shying away from talking about systemic inequalities, they fully acknowledge their influence and significance today.

Given how heavily entrenched white supremacy is in the United States, genuinely helpful mental health systems and therapy for non-white people must acknowledge and validate racism-induced trauma. In order to be applicable to BIPOC, the psychological literature cannot leave them and their experiences— including racial and cultural trauma— out in the way that WEIRD psychology does. This is demonstrated through French et al.’s “Toward a Psychological Framework of Radical Healing in Communities of Color”, in which they give “context of race and racism in the United States and its consequences for the overall well-being of POCI” and “describe a form of healing and transformation that integrates elements of liberation psychology, Black psychology, ethno-political psychology, and intersectionality theory” (French et al., 2019). These different types of psychology are vastly different from the dominant, or WEIRD, psychology in that they center historically marginalized groups. Instead of neglecting the conversation on what it means to live in the U.S. as a BIPOC, these various theoretical models and therapeutic approaches delve fully into this conversation. Liberation psychology and decolonial therapy, along with their relevance to a more just mental health care world, will be further explored in Chapter 4. In order to dismantle the white supremacy of WEIRD psychology, psychologists must center BIPOC and acknowledge the historical and systemic implications of racism in the United States.

Although the field as a whole still has many structural changes to implement, it has seen progress towards accountability and inclusivity recently. On October 29, 2021, the APA (American Psychological Association) issued an apology “acknowledging the roles of psychology and APA in promoting, perpetuating, and failing to challenge racism, and the harms that have been inflicted on communities of color as a result” (American Psychological Association). In this apology, the APA admits to consistently centering whiteness, neglecting

research of non-white communities as well as dismissing the work of BIPOC psychologists, and promoting the racist pseudoscience of eugenics. Besides taking accountability for their racist actions, the APA then outlines the steps that it is taking to actively combat racism and the field's history of white supremacy. It commits to "developing future policy that...is based on a broad definition of research that appropriately includes knowledge by, for, and about communities of color; and decenters Whiteness..." (American Psychological Association), using inclusive language when discussing communities of color, and expanding career opportunities for BIPOC psychologists/psychology students. Perhaps most notably, the APA states that it will urge psychologists to "consider the limitations of White Western-oriented clinical practice, and gain awareness of other healing approaches emanating from Indigenous and other non-Western and cultural traditions" (American Psychological Association). This statement signifies a commitment to becoming better acquainted with and receptive to less orthodox, historically-dismissed mental health treatment options. Spirituality-centric care is prevalent in many non-white communities; specifically, *brujería* is utilized throughout Latinx and BIPOC communities.

Ch. 3: Modern, Latinx Brujería and Empowerment

If asked to quickly describe a “witch” based on whatever information first came to mind, what would that description entail? Perhaps it would include words such as “magic” and “broomstick” or “old”, “woman”, and “evil”. These terms paint the picture of a fairytale villain or a Halloween-esque witch figure that many children and adults in the United States are familiar with. This figure is a mere caricature of a witch, however, and is not only an inaccurate representation but a signifier of widely held biases and perpetuated stereotypes about witches. Despite the fact that many people, both in the U.S. and internationally consider witches and witchcraft to be fantastical and/or a mark of damnation, they are culturally significant spiritual figures for many groups around the world. Specifically, *brujería*– which literally translates to witch in Spanish– has come to be representative of empowerment, spirituality, and cultural tradition for many people in the Latinx community (Lara, 2005).

Latin America was colonized by the Europeans in the 16th century, and Latin American *brujería* emerged from the influence of Catholicism, Santería, and the Taíno (indigenous Caribbean) people. Santería is a spirituality that originated in Cuba and was brought there by “the Yoruban nations of West Africa. The name “Santería” derives from the correspondences made by some devotees between the Yoruba deities called *orishas* and the saints (*santos*) of Roman Catholic piety” (Murphy, 2021). *Brujería*’s various manifestations are contingent on the historical era as well as the specific place; therefore, it is not accurate to assume that all *brujas* practice in the same way or even interpret *brujería* in the same way. The *brujas* who were persecuted during the 17th century in Basque Spain (Billock, 2016) are inarguably different from currently practicing Latin American *brujas* who live in the United States today, if only for the fact that they lived 400 years apart and in different countries. Because the variations in *brujería*

are extensive and warrant their own project, this analysis will focus primarily on modern, Latinx *brujería* in the United States for clarity and specificity's sake.

Given that *brujería* takes multiple shapes and sizes, the various rituals and practices the *brujas* engage in can differ. In fact, there does not exist one specific ritual or practice that every bruja must engage in, in order to be considered a bruja (Romberg, 2012). *Brujería's* lack of restriction and openness to interpretation are arguably why more and more young people are turning to *brujería* today (Guzman, 2020). Many of these do, however, revolve around being present with and grounded in the Earth. "The practices typically involve cleansing, ancestor worship, lighting candles, and honoring the earth (through goddesses Oshun and Elegua, for instance)" (Yu, 2018). There is a heavy emphasis on becoming acquainted with one's personal spirituality, whichever form that may take, and also looking to the traditions and community established by *brujas* from years past, as emphasized by *brujas* NoNo and Tatianna Morales (Yu, 2018). Rituals in general "help people get through difficult periods of transition... [they are] a way for people to connect to a collective, even mythic past, to build social solidarity, to form a community" (Martínez, 2021). Rituals— involving cleansing, ancestor worship, or otherwise— help ground *brujas* and provide them with focus during their spiritual sessions.

Brujería interactions constitute different things depending on the individual who seeks *brujería* out. As discussed in the previous paragraph, involvement with *brujería* can mean actively practicing the spirituality and self-identifying as a *bruja*. Oftentimes, members of Latinx communities participate in *brujería* because it is integral to Latinx history and they are looking to ground themselves in their cultural roots (Yu, 2018). As will be explored later on in both this and the next chapter, people (who both do and do not identify as *brujas*) will seek out the help of *brujas*. People look to *brujería* for guidance because they may be going through a difficult time

in their lives (Romberg, 2012), are interested in getting further in touch with their spirituality, and/or may not have found other, more conventional, mental health treatment methods to be effective (Ferreira, 2021). *Brujería* is therefore utilized in a multitude of ways, and can provide one with spiritual and mental solace by either practicing *brujería* and/or by seeking support from other *brujas*. This chapter and the next will delve into what specifically constitutes *brujería*, both for those who practice it and those who are more so interested in receiving help from *brujas*.

While *brujería* does not necessarily have to include hexing or casting spells against other people, there are certainly modern *brujas* who engage in this practice. After Donald Trump was elected, *brujas* held “witch-ins” to protest “his sexist, anti-women, misogynistic positions. A group called “Feminists Against Trump” called for a “mass-hexing” to ‘cast magical spells of love and feminism to destroy the Great Orange One and the racism, xenophobia and sexism he feeds on’” (Martínez, 2021). Because Latinx *brujería* today is, in many cases, heavily rooted in social justice and equality, these hexes are often aimed at those whose actions may further harm socially marginalized groups, such as Donald Trump and his ideology. Another key way that modern *brujas* engage with their practice is through social media and other virtual platforms. The use of social media makes *brujería* widely accessible and relatable, particularly for younger people who tend to use social media more regularly, anyway. *Brujas* cast spells and interact with fellow witches through tweets, Instagram posts, and Tumblr threads. Online mediums such as these allow for a sense of community and bonding; however, there is debate in the *bruja* sphere about whether or not *brujería* via social media is the most accurate and thoughtful depiction of the craft (Fustitch, 2017). These critiques tend to come from older generations of *brujas* who are concerned that the speed and instant gratification of the internet will lessen the potency of *brujería*. These concerns are certainly valid and logical, but it is equally true that digital

witchcraft is the most accessible form of witchcraft out there and provides a safe haven for many young, aspiring *brujas* (Fustitch, 2017).

Although *brujería*'s interpretations are seemingly infinite, a common thread among nearly all of them is taking a hold of one's personal power. This is particularly salient for the BIPOC who identify as *brujas* today and have been subjected to historical oppression and marginalization. According to these self-identified *brujas*, as well as researchers of *brujería*, modern *brujería* is a reaction to an oppressive society that does not prioritize BIPOC, least of all non-white women and non-binary people. Tatianna Morales, a Latinx *bruja*, defines *brujería* as "honing in on your personal power and working with the energies around you to create the life that you want... [*Brujería*] is in our blood and must be activated for our empowerment and for the abolishment of the patriarchal rule. Reclaiming *brujería* is reclaiming our story and finding our voice as divine beings again" (Yu, 2018). In her definition, Morales emphasizes the decolonial and culturally empowering nature of *brujería*. *Brujería* has historically consisted of non-white people engaged in an unorthodox spirituality (as opposed to, say, Catholicism), making it incredibly relevant to contemporarily marginalized groups. *Brujería* therefore serves an important purpose in conversations about equity and social justice.

Because of its emphasis on inclusion, *brujería* serves as a safe space for members of traditionally ostracized groups, especially those who are deemed "inherently bad"-- such as women-- by dominant society. Women have been consistently met with the assumption that they are somehow more sinful than men, due in large part to Christianity and the story of Adam and Eve. Eve ate the Forbidden Fruit and tempted Adam into doing so as well, thereby damning humanity. The notion that women are somehow innately less impure or (conversely) that the purity they do have is a precarious thing that must be preserved at all costs, is inarguably sexist

but continues to thrive, especially in conservative and/or Christian circles. Irene Lara, author of “BRUJA POSITIONALITIES: Toward a Chicana/Latina Spiritual Activism”, draws attention to this “western religious tradition, women embody the dangerous wildness of nature and the flesh... woman=Eve=devil=woman” (Lara, 2005) which continues to be prevalent today. *Brujería* actively works against this notion.

Katie Fustich, author of “Why Is Digital Witchcraft So Appealing to Young Women?”, notes that “As Christianity increasingly dwindles in popularity with young Americans, the occult is offering girls a safe, flexible, and feminist-friendly alternative” (Fustich, 2017). As aforementioned, the story of Adam and Eve and sexism work in conjunction to shame women and perpetuate guilt around femininity. *Brujería* could therefore be considered a more welcoming, empowering form of spirituality for the many young people moving away from Christianity (Fustich, 2017). Lara encapsulates the anti-female shame narrative challenged in *brujería*, in that “*Brujas* refuse to believe the lies about their inherent badness...that can be stifling and disempowering. They know that in spite of the misogynist messages that suggest otherwise, *la mujer, como la madre tierra*, is good, or rather, is complex and extends beyond either/or categories of good and evil” (Lara, 2005). This mindset is all the more potent given the Church’s history of condemning *brujas* and other powerful women who refused to adhere to the status quo (Herrera-Sobek, 2012). Moreover, the fact that practicing *brujería* means different things for different *brujas* and does not have any strict requirements makes it all the more accessible. A *bruja* may do a tarot reading for one other person (Snider & Coulbourn, 2019), cast a spell with many *brujas* (Martínez, 2021), or they may attempt to obtain communication with their ancestors by themselves (Yu, 2018). Also, a person (who could be a fellow *bruja* or not) may seek the assistance of a practicing *bruja* (Romberg, 2012) and/or a mental health expert who

utilizes *brujería* (Ferreira, 2021). Both situations involve the *bruja*, or mental health professional using *brujería*, working with and validating the person seeking help in order to address their mental and/or spiritual needs. These experiences will be further explored in the next chapter. Regardless of what the actual practice is, or how many *brujas* are involved, *brujería* evidently works to craft a space that centers and uplifts femininity. This inclusivity extends to other oppressed groups, particularly BIPOC and queer people.

Given that it serves as an alternative to religions and spiritualities who have long excluded non-dominant social groups, *brujería* can be an attractive and healing practice for queer and non-white individuals, particularly in regard to sexual empowerment. The Catholic Church is an institution with immense power and sway, especially in the Latinx world, yet its unfavorable views of queerness hurt and marginalize a significant portion (1 in 6 Generation Z adults identifies as LGBT) (Jones, 2021) of the population (Coren, 2020). *Brujería*'s goal of subverting the dominant and uplifting ostracized groups has led "some [to] claim that witchcraft serves as a 'safe haven' for LGBTQ youth who do not feel welcome in the Church" (Martínez, 2021). As aforementioned, *brujería* does not adhere to any strict rules or guidelines, making it highly inclusive and accessible.

Moreover, femininity is complicated by queerness and non-whiteness. Those who are not white nor straight are subjected to exoticization and fetishization, namely by white, straight men, and this is particularly the case for female-presenting individuals (Lara, 2005). *Brujería* reclaims what it means to exist as a hypersexualized individual in a white, cis-man dominated environment, and therefore serves as a form of sexual liberation. Cinthya M. Saavedra and Michelle Salazar Pérez, authors of "Chicana/Latina Feminist Critical Qualitative Inquiry: Meditations on Global Solidarity, Spirituality, and the Land", discuss the importance of

embodying what it means to be a *bruja* for women of color, given that this entails embracing one's sexuality as opposed to repressing it. Patriarchal society expects female-presenting people to be both virtuous and sensual, and yet simultaneously condemns them for being "too" much of either. Saavedra and Pérez highlight that, with *brujería*, "One does not have to choose between being a spiritual warrior virgin *mujer* (good) or the nonspiritual sexual woman (bad)... The suturing of spirituality and sexuality then cures the Virgin/whore dichotomy propagated through Eurocentric, homophobic, and patriarchal religions..." (Saavedra & Pérez, 2017) whose end goal is to suppress BIPOC women. Reclamation of the *bruja* and refusal to conform to dominant society's expectations of women therefore translates to the embracing of one's ethnic and/or racial identity.

Brujería is evidently a spirituality and a form of community that supports groups that have been consistently disadvantaged, growing in appeal far beyond its origins in colonized Latin America. By looking to the community of modern, Latinx brujas the field of psychology can begin to combat its non-inclusive history, more centrally consider religion and spirituality in all of its form, and provide treatment that is applicable to more than just one very slim demographic.

Ch. 4: Brujería and Psychology: The Future of Psychology

While there are mental health practitioners who incorporate spirituality into their practices, the psychological discipline as a whole remains skeptical of spirituality and has seriously underappreciated the importance of religion and spirituality for mental health and counseling (Vieten et al., 2013). Because it is a practice rooted more in spirituality than scientific fact, and because it consists mostly of BIPOC women leaders, *brujería* is often met with suspicion in more formal, white, and academic settings (Ferreira, 2021). However, the nontraditional aspects of *brujería* do not take away from the multiple ways in which it can be beneficial to mental health treatment. In fact, these less conventional qualities are arguably what make *brujería* so effective. When intertwining *brujería* with clinical psychology that is applicable to all people, particularly those whom psychology has historically neglected, it is crucial to root one's thinking in the idea that modern, Latinx *brujería* aims to liberate and empower those who have been stifled by oppressive regimes. The key concept here is healing, which is an incredibly, if not the most, important part of therapy. With this foundational thought in mind, clinical psychologists can begin to understand and then apply *brujería* more widely to therapy in order to make it as inclusive and validating as possible.

People suffering from trauma, such as Latinx immigrants and Latinx communities as a whole, benefit from connecting with their culture, including the spiritual aspects of it (Comas-Díaz, 2021). This reinforces why it would be productive to incorporate *brujería* into mental health treatment, particularly for those who feel that spirituality is an integral part of their cultural identity. Comas-Díaz emphasizes how “Latinx immigrants have strong traditional values that nurture their cultural resilience. . . . research found that a positive ethnic identity increased resilience to racial discrimination and prejudice among ethnic minority adolescents”

(Comas-Díaz, 2021). This resilience includes “religiosity and spirituality” which help “Latinx immigrants not only survive, they thrive” (Comas-Díaz, 2021). By looking to Latinx beliefs and practices, modern clinical psychology can make the historically non-inclusive field more widely relevant and effective.

Raquel Romberg, author of “Sensing the Spirits: The Healing Dramas and Poetics of Brujería Rituals” discusses the ways that *brujería* can provide mental support, delving into the experiences of those who sought *brujas*’ support in difficult times. Romberg reflects on a session she observed between a *bruja*, Haydée, and a young woman, Miriam, seeking help. Haydée incorporates card reading, but the session mostly revolves around Haydée communicating what the spirits coming to her want to convey to Miriam. Haydée is tremulous and emotional throughout the session, often shouting at Miriam and commanding (for the spirits) that she does not abuse drugs or sell her body in the way that she wants to. Towards the end of the session, Haydée “positions herself as [Miriam’s] ‘spiritual mother’ and asks God that ‘everytime she feels destroyed in her heart, you bring her to the doors of this home...[sobbing]; that I receive her in my heart; that I gather her in my arms as I would my own daughter” (Romberg, 2012). This potent statement highlights the emotionality and intensity that can accompany a *brujería* healing session. It is all the more powerful with the understanding that the *bruja*, Haydée, has actually lost a child before (Romberg, 2012). Speaking about just how significantly Miriam was affected after the session, Romberg states that Miriam “let herself become the receptacle of salvation wholeheartedly, transformed, via processes of divination and cleansing, into an object of love, care, and blessings...” (Romberg, 2021). Miriam experienced cathartic healing while there because her deepest issues (drug and bodily abuse) were addressed head-on, but she also received intense support and reassurance from Haydée. For those who have undergone trauma,

especially cultural or racially-motivated trauma, such social solidarity and connection to a cultural past can provide support and validation.

Despite it not being considered mainstream in the realm of psychology, there exist successful mental health practitioners who root their practice in spirituality, such as *brujería*. Johanna Ferreira, author of “5 Latina Mental Health Experts Who Are Incorporating Ancestral Spirituality Into Their Work,” highlights that “while classical psychology has rejected spiritual incorporation while also often not considering Black, Brown, and Indigenous communities' cultural needs, this generation of Latinx mental health experts has realized how crucial a role spirituality plays for one's overall well-being” (Ferreira, 2021), and then points to multiple Latinx mental health experts who have effectively utilized spirituality—including *brujería*—in their work. All of these experts acknowledge and expand on how limiting traditional, white-centric therapy can be and then delve into alternative, but equally effective, treatment options. Alexmi Polanco, a licensed mental health counselor and intuitive healer, runs the mental health service called Poder Healing. Poder Healing’s website emphasizes that, “Coming from marginalized and underserved communities ourselves, we recognize how important it is for our people to have access to healing with people that may look + sound like you, as well as in ways that may feel familiar” (“Poder Healing”). Polanco roots her care in “ancestral knowledge, spirituality and resiliency” (“Poder Healing”) in order to provide services that are more culturally relevant to historically neglected communities such as BIPOC and specifically Latinx folks.

Josie Rosario, a Dominican-American licensed therapist and intuitive, noticed that the more traditional talk therapy she initially practiced was not the most effective technique for her non-white clients. She notes how she realized that “talk therapy is so white. It's like, 'Tell me what's in your consciousness — your awareness.' We're not even accustomed to that in our

cultures, so it's very one-sided...And so I could tell that my clients were stuck” (Ferreira, 2021). After witnessing how more orthodox therapy failed to fully address her non-white clients’ needs, Rosario tapped into the spiritual. By combining spirituality with more conventional therapy, Rosario was then able to work more holistically and effectively with her clients. She stresses that “For such a long time, these practices have been shunned...I'm reclaiming the word ‘bruja’ ...The only reason why we grew up thinking brujeria is bad is because a white person told us that it was bad. Our colonizers told us it was bad, and here we are believing the Kool-Aid” (Ferreira, 2021). Rosario, Polanco, and other similar mental health experts are combating the stigma against spirituality, and *brujería* specifically, in the field of psychology in order to provide their clients with the most advantageous care possible.

While these aforementioned Latinx licensed therapists utilize spirituality and *brujería* in their mental health treatment plans, there are also actual *brujas* who bring their practice into other clinical health care settings. Vanessa Codorniu, a Latinx bruja and clinical hypnotist, utilizes her spiritual background in more formal medical environments, such as hospitals. Because hypnotism can be used to calm people down, Codorniu “is often hired at hospitals to help patients release fear and anxiety before going into surgery” (Elisa, 2021). Although this seems to pertain more to physical health than mental health, it is actually a demonstration of how the two are combined. Speaking about working with hospitalized people, Codorniu notes “When they go in, they are calm. They even heal faster... Because remember, stress is what also creates illness” (Elisa, 2021). Codorniu highlights how, despite being far from mainstream, her gifts and intuition as a bruja effectively transfer to a more traditional healthcare setting in a way that addresses both physical and mental health. Her services also include ancestral hypnosis healing and Akashic Records Readings, which pertain to delving into and becoming better acquainted

with one's very soul and exploring all of the energy and intentions that it holds ("The Biz Bruja"). These experiences would not take place in a hospital but likely a less formal, more intimate setting. Codorniu, like the mental health experts discussed in the previous paragraph, is an example of the convergence of unorthodox health treatments and more established health treatments. Evidently, *brujería* can and *does* get successfully integrated into healthcare, including mental health care. Developing this trend will rely on the rest of the field— particularly white psychologists and mental health care providers of all types – acknowledging and embracing spirituality as a valid component of therapy (Vieten et al., 2013).

As a whole, research on the incorporation of spirituality into mental health care points to positive results, further emphasizing why the insertion of *brujería* into psychology may benefit those who resonate culturally and spiritually with it. In a study published in the National Library of Medicine titled "Spiritually and Religiously Integrated Group Psychotherapy: A Systematic Literature Review", authors Viftrup et al. state that "evidence suggests links between improved health and spirituality and religiosity...a Danish cohort study...has pointed to decreased risk of cancer, COLDS, coronary heart disease, and some psychiatric disorders" (Viftrup et al., 2013). They also note how religiosity and spirituality "have also been increasingly viewed as important components of people's lives that can be successfully attended to in mental health treatment" (Viftrup et al., 2013). *Brujería* is a type of spirituality that is culturally important to many people, especially those in the Latinx community (Guzman, 2020; Snider & Coulbourn, 2019), and is only becoming increasingly more popular, especially for younger people (Guzman, 2020; Singh-Kurtz & Kopf, 2018). Making space for it in the clinical psychology world would positively contribute to mental health treatment as a whole.

Due to their overlapping goals, it is helpful to view *brujería* from a decolonial psychology standpoint, and vice versa. Decolonial therapists “promote decolonization by helping clients recognize their history, recover their ancestral memory, and critically understand their oppressive circumstances” (Comas-Díaz, 2021). They actively work against the imperialism and white supremacy that is rampant in the United States and the field of psychology as a whole. As illustrated in the previous chapter, *brujería* encourages healing among ostracized social groups, and does so through cultural connection and reclamation. Both *brujas* and decolonial therapists therefore seek to expose the ways in which colonialism inherently harms non-dominant groups, such as BIPOC, and actively participate in anti-colonial healing activities. Directly relevant to *brujería*, “cultural imperialism subjugates the knowledge of the oppressed...consequently, decolonial therapists support oppressed clients’ subjugated and discounted knowledge as a decolonization effort” (Comas-Díaz, 2021). In this instance, the subjugated, or excluded and dismissed, knowledge is the spirituality of *brujería*. *Brujería* is by no means a dominant spiritual group (such as Christianity) nor is it rooted in established, Western, academic thought, so it is often met with skepticism and disparagement from those in the aforementioned dominant social groups. Decolonial therapy’s support of subjugated knowledge is therefore incredibly important and needed.

Decolonial therapy is rooted in liberation psychology (Comas-Díaz, 2021), further emphasizing how relevant this type of thinking is to *brujería*. Specifically, liberation therapists “promote healing and transformation through empowerment, critical consciousness, cultural ancestry recovery, and sociopolitical action” (Comas-Díaz, 2021), which aligns perfectly with modern, Latinx *brujería*’s goals, particularly in regard to connecting with one’s ancestry. Another key aspect of liberation psychology is the implementation of types of healing that are

directly relevant to one's culture, such as ethnic indigenous healing (Comas-Díaz, 2021) and *testimonio*. *Testimonio* is a practice specific to Latinx communities and refers to a "narration marked by the urgency to make public a situation of oppression or injustice and/or of resistance against that same condition" (Forcinito, 2016). *Testimonio* provides autonomy as well as encourages frequently oppressed peoples to use their voices. Liberation psychology has proven to be effective, especially for Latinx immigrants, as demonstrated through the HEART (Healing Ethno and Racial Trauma) framework (Comas-Díaz, 2021). Although *brujería* is seldom mentioned as a resource for mental health in respected psychological circles, it is applicable to decolonial and liberation psychology which have been proven to be effective, especially for Latinx people (Comas-Díaz, 2021). By examining the mental health practitioners that *do* incorporate *brujería* and other forms of spirituality into their treatment plans (Ferreira, 2021), other more traditional psychologists can broaden their perception of modern mental health care.

By rooting one's thinking in decolonial and liberation psychology and constantly challenging one's privilege (including membership in a dominant religion), psychologists will become more receptive to a broader range of more inclusive treatments and areas of focus within treatment. They will therefore be able to work more holistically with their clients. This is contingent on consistently listening to BIPOC—both practitioners and clients—in the field, as well as white psychologists taking an active role and holding themselves and other non-white psychologists accountable. Lee Mun Wah, a Chinese American therapist and diversity trainer, advocates for mindful facilitation, which is a technique for psychologists leading therapy groups so that they may be more aware of how they are (or are not) communicating effectively with their clients. Wah stresses the fact that Western therapy models are heavily "from a monocultural perspective that is often EuroAmerican, male, white, Christian, heterosexual, English speaking

and middle or upper class... We know almost nothing about the spirituality of most cultures and the people themselves” (Wah, 2014). *Brujería* is arguably included in this category of spiritualities that WEIRD psychology seldom makes room for, despite its cultural and personal significance for so many Latinx and other non-white people. Wah’s work includes suggested phrases for therapists who are working to be more inclusive and attentive to their clients’ lived experiences. These include phrases such as “What I heard you say was ...”, “What angered you about what happened?”, and “What’s familiar about what happened? How did that affect you, and how does it affect you today?” (Wah, 2014). This approach encourages clients to explore certain feelings that they might typically be encouraged to quell, such as anger. This type of wording also helps the therapist inquire into and better honor/validate the client’s experience with their spirituality that the clinician may not have much knowledge about. Utilizing approaches such as those that Wah suggests can help a therapist challenge their own privilege while being receptive to their clients culture and/or spirituality.

Because of the dominant power roles they hold in both society and the field of psychology, white treatment providers must constantly confront their privilege and work to unlearn white supremacist tendencies so that they may be more effective, compassionate therapists (Alfarano). Although it is critical that white psychologists listen to BIPOC individuals and communities when they are sharing their experiences as historically marginalized folks, white treatment providers cannot consistently rely on the labor of BIPOC for their learning. White therapists must be active in their efforts to decolonize their thinking. Christine Schmidt, a group psychotherapist and white woman, discusses the importance of decentering whiteness in psychology and delves into non-western psychological thought in order to do this. Much of her

work revolves around actually comprehending what it means to be white— what it means to hold the most power in society— and how to go about deconstructing white-centric thinking.

Schmidt reflects on her experiences from an (all-white) group discussion of decentering whiteness, which included topics such as “White habits: color-blindness, individualism, White fragility, caretaking, patronizing and objectifying, the expectation to be safe, and the entitled expectation to be seen and heard... We consider how we as White-identified people occupy public spaces—how we often dominate when we speak in those spaces” (Schmidt, 2018). When white people (particularly therapists) do the often challenging work of confronting the ways in which white supremacy advantages them, they are better able to create spaces that center BIPOC experiences and wellness. This is critical to the conversation on integrating *brujería* and spirituality as a whole into clinical psychology, because once a dominant group has internalized the fact that dominant thinking does not immediately equate to “correct” thinking, they become more receptive to welcoming in other, less widely accepted types of thinking.

Inclusive and widely inclusive mental health treatment is possible. As stated by Christine Gutiérrez, Licensed Psychotherapist, Life Coach, and Healer, “But I am called to merging therapy and spirituality because...there are many people that are seeking this kind of work right now. People are wanting it. People are wanting a nondogmatic spiritual approach to healing. I think we even need to expand on the word 'therapy.' There are so many different kinds of therapy, and spiritual therapy is therapy. It's a real thing that changes and impacts people's lives for the better” (Ferreira, 2021). When mainstream psychology is able to acknowledge and embrace the desire of many, particularly the Latinx community, to validate their culture and spirituality, the world of mental health care will be utterly transformed.

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