

REFLECTIONS ON PRACTICE | PEER REVIEWED

Music Therapy, Xicanx Ethno-Psychotherapy, and *Curanderismo*: A Culture Centered Lens in the Borderlands

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Abstract

Through a decolonial lens, this article explores the intersection of music therapy and longstanding, indigenous healing traditions of xicanx ethno-psychotherapy and *curanderismo*. As a reflection on practice, this paper will apply clinical experience and theoretical discourse surrounding music therapy in conjunction with existing health spaces to situate historically silenced perspectives of health/illness in the borderlands. This shift towards a culturally centered framework of practice centers reclamation and weaves together holistic practices, practitioner roles, *pláticas* as verbal processing, conceptualizations of *susto*, perspectives of wellness, symbols in transformative healing experiences, and the sociohistorical role of storytelling to reframe music therapy paradigms along the Texas-Mexico border.

Keywords: music therapy; *curanderismo*; *curandera*; Mexican American; culture centered

Editorial Comment

What does it mean to understand our own cultural location—and to allow it to expand and give shape to our practice as therapists? How can someone from a marginalized community reclaim their own healing practices, thereby healing and freeing themselves while also supporting the healing and liberation of their patients? This article offers an excellent example of what a nuanced and comprehensive positioning might look like. It underscores the importance of naming and articulating the subtleties of the therapist's identity. It is ultimately a call to listen with humility, without claiming generalizable or absolute truths.

Living between cultures results in seeing double, first from the perspective of one culture, then from the perspective of another. Seeing from two or more perspectives simultaneously renders those cultures transparent. Removed from that culture's center you (Hispanics) glimpse the sea in which you've been immersed but to which you were oblivious, no longer seeing the world the way you were enculturated to see it.

Gloria Anzaldúa

Introduction

My journey as a xicana music therapist is one of seeing double. I was raised in the Rio Grande Valley (RGV) along the Southernmost part of Texas. All my clinical work as a board-certified music therapist has been here in the borderlands, but I did my early fieldwork in other parts of the country in programs aligned with predominantly U.S. perspectives. In many ways, returning to practice in my home *comunidad* was also a return to the traditions and values of my culture. It was a return to who I am and who I've always been. In this region, there is an ongoing need for culturally informed care. As I write this article, music therapy is still in its early phases of development in the 956 (our beloved area code). A large part of my work here in this community is understanding what music therapy looks like in Mexican American settings. How do cultural values impact the therapeutic relationship? How do longstanding indigenous traditions shape our perceptions of health and illness? How can we work towards developing a framework of practice that meets the socio-cultural needs of this community?

From my perspective at this point in time, it means starting from the beginning and asking myself these questions. It means considering generations of acculturation, immigrational challenges, and assimilation. It means acknowledging conscious and subconscious beliefs that are present in our culture. It means looking at our society from a post-colonial perspective to decolonize aspects of practice that may be harmful or inappropriate in this cultural context. Lastly, it means discussing the parallels between theoretical concepts in ethno-psychotherapy and practicing music therapy in a way that honors existing therapeutic spaces. The more I rediscover these cultural concepts, the more I find myself recognizing them as they manifest in my clinical work—both from the perspective of a client's lived experience and in my own internal process as a clinician. The level of identification that we have with our culture impacts us as music therapists. It determines what we deem as appropriate or inappropriate behaviors. It shapes how we approach the coping process. It informs our assessments and what interventions we introduce into the therapeutic space. Most importantly, it influences how we develop the music therapy profession in this region.

This article is my *ofrenda* to music therapy and all related health spaces in the RGV. Thank you for being here in this moment of my clinical journey and hearing my *cuentos*. Thank you to *la madre tierra* for your infinite wisdom and guidance. And thank you to my ancestors who have paved the way for these experiences and are here with me every step of the way.

Location of Self and Discourse

Colonialism has impacted Latine communities in the borderlands in many ways. Like generations of shifting sands, the world keeps changing and the community is continually adapting to survive.

If you are deemed too Latin in the US but not Latin enough to feel like you belong in your communities of heritage, where does one find safety? If you are judged for not speaking Spanish and then mocked for your attempts, how does one express? If your

ancestral healing traditions are labeled as anecdotal, then how many people are evidence enough? If you are labeled as a “gringo” amongst some Latinos, how do you find the courage to share your story and raise the voices of those who resonate with these words?

Throughout the process of writing this article, I’ve been challenged to explore the geopolitical nature of these topics and reflect on how these terms or experiences impact both the field of music therapy and my personal sense of *Latinidad*. We are living in an uncertain time in the United States—a time where changing the Latin music playing on your car speakers could be the difference between safety and threats of deportation (Garsd, 2025). A time where children were held in cages in local detention centers (Giaritelli, 2022). We walk on a bridge and cross the river regularly to visit Mexico for groceries and healthcare. We’ve been desensitized to driving through a border patrol check point to visit other parts of the state and most recently, we’ve seen videos of immigration raids across the street from our private practice circulating on social media.

From a decolonial perspective, I imagine a world without borders. A place where our music is celebrated in and outside of music therapy spaces, our *Latinidad* is not hierarchical, and where all identities, expressions, and experiences are accepted—regardless of where life has taken your families and how long you’ve been in that place. A place where we come together as one, united community.

In this reflection, I use many terms interchangeably to describe the variation of cultural identity and expression in the borderlands (*Chicana/o/e/x*, *Latino/a/x/e*, *xicana/x/o*). I acknowledge the gender binary that exists in the Spanish language, while also recognizing Spanish as the colonizer tongue. As I write this reflection, there is ongoing discourse about the use of /x/ or /e/ endings in the United States and I acknowledge that language is not static, but rather continuously evolving as we grow and learn from the experiences of those around us. The “traditional” terms identified with individuals who practice *curanderismo* are *curandero* (male) and *curandera* (female). I use the term *curanderx* in efforts to be inclusive of all gender expressions, to align with the context of *Mexica* civilizations and terms documented by xicanx folk healers, and to raise voices of xicanx mental health clinicians (Institute of Chicano/a/x Psychology, n.d.; Medina & Gonzales, 2019; Swiecicki, 2022).

Our Borderlands

Throughout this article, I will use the term “borderlands” to describe our community in South Texas known as the RGV. This region includes the Southernmost area along the border including Hidalgo, Cameron, Starr, and Willacy counties. Our culture is strong in this region, with heavy influences of Mexican American food, values, families, and music. Up to 96.3% of the documented population in these counties identify with “Hispanic” heritage (United States Census Bureau, n.d.) with potentially higher percentages when undocumented individuals are considered.

After the Mexican American war, the lines of the border were drawn to exclude as many Mexicans as possible (Martinez & Arce, 2022) and Mexicans who chose to stay on the US side of the border were granted American citizenship; however, these individuals in *Tejas* faced violent colonization, land displacement, language erasure, forced religious conversion, cultural suppression, and were rebranded as ‘Hispanic’ and ‘*mestizo*’ in place of their ancestral, indigenous affiliations (Indigenous Cultures Institute, 2024). The tension felt by many in the borderlands as a result of Hispanicization is described in the words of Martinez and Arce (2022):

In stealing our land, in making us legally white, the United States took so much more than it gave with citizenship. It reiterated the message of our first colonizers, that our Indigenous and African ancestry were to be disregarded and hidden. It pushed the early Mexicans of the

United States to distance themselves from their true roots in order to lessen the blow of the white hand. It killed our ability to seek civil rights. How could we claim to be oppressed if we were (legally) white? It may have felt necessary at the time to claim whiteness, but what did it accomplish? What did we gain from the scraps given to us by white people? We were in a no man's land. We didn't receive the rights of white people, only the illusion. (para. 11)

Individuals who had lived on these lands for generations were perceived as foreigners, but hints of our indigeneity can still be heard in our words of Nahuatl origin (*tomate, metate, cacahuate, zacate, chocolate, chile*) and are incorporated into what has been referred to as 'Chicano-Spanish' (Herrera-Sobek, 2006). Remnants of our ancestral traditions are mixed into our beloved *Tejano* foods such as *elote, calabaza, tortillas, frijoles, and tamales* (Indigenous Cultures Institute, n.d.). Today, our language—much like our culture—is blended with English words made into Spanish phrases like *guachar* and *puchar* recognized by Herrera-Sobek (2006) and woven together into bilingual sentences described in the sociocultural experience of music therapist ezequiel bautista (2021). This way of being is also expressed in our music and captured in genres like *Tejano* country, where the voices of our local legends Freddy Fender and Country Rolland proudly incorporated both English and Spanish verses into their songs—many of which became cultural staples or musical standards in our community.

Many have advocated for the rights and lived experiences of Chicanx communities in the borderlands and there is an ongoing cultural movement to continue a legacy of resistance to assimilation, reclamation of our cultural ways, and connections to our ancestors. These values are encompassed in *nepantla*.

Nepantla

Nepantla is a word in Nahuatl that describes a liminal state of being—a space in the middle, a bridge between worlds (Anzaldúa, 2015). For decades, Chicanos have searched for a place that captures the two worlds we embody. I've experienced this in my own cultural and clinical journey. American and Mexican. Indigenous and Spanish. Colonized and colonizer. Ancestral wisdom and religious traditions. English and Spanish. Rooted and uprooting. Assimilated and isolated. Learning and unlearning. From this place, there is tension but there is also healing. The *Nepantla* Cultural Arts Gallery (n.d.) describes this cultural experience and says:

Most often the term references endangered communities, cultures, or gender who due to colonialism/marginalization or historical trauma, that engage in resistance of strategies of survival. *Nepantla* becomes the alternative space in which to live, heal, function, and create.

Nepantla lives in every space of our ecology—our community, our culture, our social life, and our inner worlds. As we learn and grow as music therapists, these lived experiences shape our clinical perspectives and our therapeutic identities. In the context of borderlands theory, Anzaldúa (2015) illustrates:

In the transition space of *nepantla*, you reflect critically, and as you move from one symbol system to another, self-identity becomes your central concern. While the opposing forces struggle for expression, an inner impasse blocks you. According to Jung, if you hold opposites long enough without taking sides, a new identity emerges. As you make your way through life, *nepantla* itself becomes the place you live in most of the time—home. *Nepantla* is the site of transformation, the place where different perspectives come into conflict and where you question the basic ideas, tenets, and identities inherited from your family, your education, and your culture. *Nepantla* is the zone between changes where you struggle to find equilibrium between the outer expression of change and your inner relationship to it. (p. 127)

Throughout my life, I experienced *nepantla* in many personal, academic, and professional contexts, but, until recently, I never knew its name—only its feeling. I’ve heard it in my own music and in the music of others. This way of being and feeling can take shape in the music, for music has the power to give form to the intangible. I hold this space as we discuss both the direction of our field and connections to our ancestral ways.

Decolonize, Honor, Reclaim

The process of practicing music therapy in the borderlands is complex. There are many layers that seep into all stages of the treatment process. In the process of establishing itself as a professional and legitimate health discipline, music therapy has developed in a colonial context and adopted Western health concepts; however, emerging perspectives in decolonial music therapy encourages the field to create a new space for music and health that honors indigenous perspectives (Crooke & Hadley, 2022):

Within this space, if coexistence and radical mutuality were genuinely present, shared knowledges and understandings could create new possibilities for those with whom we collaborate. Our energies would be focused on well-being and not on securing borders. This space does not belong to us; we have the opportunity to creatively harness (and not hegemonically possess) the healing potentials of music/sound. We need to embrace that opportunity, honour the music and health space, and acknowledge that it is a shared space, rather than seek to control it. By tending to the space, nurturing its inclusivity, we honour our ancestors (those who have come before us) from whom we have learned and whose traditions we carry forward, so that future generations can continue to tend the space in ways that promote further healing. (p. 709)

In our borderlands, music therapy is still considered a relatively inaccessible professional pathway for many because there are no accredited programs within a 250-mile radius from the Rio Grande Valley. This poses many challenges. First, it means that the music therapy curriculum available to those who have the resources to study outside of our community is rooted in predominately U.S. or Eurocentric worldviews and music. For those born and raised in Chicana culture, it means there is little to no representation or guidance on what music and health looks like in this community. There is little to no research to determine what is “effective” and what “should” be introduced into the therapeutic space. It also often means that there is limited supervision to assist xicana music therapists and students in reconciling their relationship between their culture and the discipline.

This is not to say that all music therapy curriculum is not applicable to practice in this area; however, there is an ongoing need to understand how our cultural experiences impact the therapeutic relationship, music, and shared healing spaces. As we work towards increasing the accessibility of music therapy in the borderlands, we must first acknowledge and pay respects to indigenous healing practices that have been passed down generationally for centuries. There is so much variety in experience within the borderlands due to differences in immigrational, generational, economic, familial, and environmental involvements. Similarly, there is a wide range of musical experiences between our cultural sub-groups which influence preferences in genres and styles of music.

It is also important to acknowledge the erasure of language, traditions, and practices that this community has experienced historically. This has led to misrepresentation and even dismissal of indigenous practices within the medical community at large. For some music therapists in this region, this may be an opportunity to reclaim the practices of our ancestors. At the very least, we as music therapists must understand how these traditions have contributed to our overarching perceptions of medicine, therapy, and healthcare. Buenaflor (2018, p. 4), reminds us that “reclaiming is a medicine in itself, and it can inspire

us to weave our disassociated ancestral wisdom back into our heritage, as well as learn from, respect, and honor indigenous traditions.”

I believe that one starting point to this journey is with our healing roots, a recognition of the foundational aspects of *curanderismo* that align with our work as music therapists. This can help us to build rapport with clients in this region, build trust with a community that has been historically marginalized, and give voice to how music therapy may be perceived or culturally needed along the Texas-Mexico border. I humbly share these reflections on practice as a board-certified music therapist in the RGV, a mentored practitioner of *curanderismo* (xicanx folk medicine), a reiki practitioner, and a MARI practitioner. The lens in which I view the music therapy space is a kaleidoscope of many experiences: a deep respect for our indigenous healing practices, an acknowledgment of our cultural values (de León, 2023), an awareness of the energetic space, a reclaiming of cultural rituals (de León, 2024), and an understanding of archetypal symbols and colors. These experiences continue to shape my understanding of healings arts in this community as I walk through this journey of reclaiming our ancestral practices for myself and future generations. Buenaflor (2023) describes the impact of this journey: “And in *Nepantla* spirituality, we show respect...we the historically marginalized claim the power and the right of decolonization, re-indigenization, and reappropriation, the agency to refine ourselves for ourselves, our spirituality, our ancestors, our path, and our purpose” (p. 14).

I acknowledge the privilege I hold in being able to discuss these traditions, for many were not awarded such opportunity. I also recognize the toll that years of colonization has placed in shaping our perceptions of these traditions. I humbly ask that readers of this article enter this space with an open mind—a space that does not take away or diminish the value in other religious views or traditions now present in our community. I am also aware that these traditions no longer ring true for many in the RGV and I acknowledge that this perspective is not representative of all people in South Texas. It is important that we do not overgeneralize theory discussed in this article but rather center client’s worldviews and needs when designing and implementing music therapy experiences. On the other side of that coin, there are many people for which it does ring true and those individuals have faced insurmountable odds to keep our heritage alive. I honor your beliefs, and I respect your courage, bravery, and resilience. You deserve to be seen, respected, and heard in the therapeutic space—and any space you wish to embody. Lastly, I know that my *abuela* would have done the same, and with a *huevo* in hand.

Our Healing Roots

Curanderismo is a traditional practice of healing rooted in pre-Hispanic indigenous groups in Mesoamerica with Moorish, European-Spanish, and African influence. It is derived from the Spanish word *curar* which translates as “to cure” or, more accurately, “to heal” (Chavez, 2016). *Curanderismo* is a unique blending of healing practices and folk medicine with origins in early Mexica civilizations and has evolved through generations of colonization, immigration, and assimilation (Buenaflor, 2018). These indigenous healing traditions survived eradication in the 16th century as Spanish colonizers, along with the Catholic church, deemed these practices forbidden and threatened to persecute anyone who applied them. To keep these traditions alive, early *curanderos* disguised their indigenous beliefs as Catholic saints and rituals (Zavaleta, 2020). The effects of colonization can still be felt across religious contexts, as *curanderismo* can sometimes be associated (or rather misinterpreted as) *brujería* (witchcraft) or deemed as work of negative spiritual forces. In many ways, these practices are as stigmatized as they are sacred. Catholicism is an important part of Mexican American religious views and has historically been a dominant religion in the Rio Grande Valley in our post-colonial society (Solomon, 2013). Within

Mexican American culture, *curanderismo* is widely recognized as a medicinal modality and is still practiced by many today.

Rodríguez (2023) describes how many Mexican Americans living in the United States have lost the connection to their native roots and do not know their indigenous ancestries after generations of colonization, a process he calls “de-Indianization”; however, he says:

We still carry indigeneity in our DNA as ‘genetic memory’, whether we are conscious of it or not. Despite conquest, forced colonial-bred identities, and other trauma of these countries—as well as the racist and classist discriminations prevalent in the United States—we are Indigenous to this land at the deepest layers of our being. (p.ix)

Curanderismo is often depicted as a collection of rituals and practices; however, it is important to emphasize that *curanderismo* is a holistic worldview and a way of life with strong historical and spiritual foundations. This sacred practice reflects the Spanish colonization of indigenous peoples in Mesoamerica and has now become a blending of Aztec, Roman Catholic, European, African, and Mayan cultures (Chavez, 2015; Favazza & Titus, 2014; Maduro, 1983).

The most prevalent reason Mexican Americans do not utilize healthcare services in the United States is cost (Nahin et al., 2010); however, language, immigration status, culturally appropriate treatment, spiritual healing, acculturation, prayer, and dissatisfaction with Western medicine are significant factors for individuals seeking treatment from a *curanderx* in conjunction with or in place of Western health care (Favazza & Titus, 2014).

Curanderismo has been identified as a folk healing practice for alcoholism (Ortiz & Torres, 2007), trauma (Hoskins & Padron, 2017), insomnia (Buenaflor, 2018), diabetes (Davis et al., 2011), pregnancy and labor (Trotter et al., 1997), pain (Mikhail et al., 2004), shock (Buenaflor, 2018), headaches or migraines (Trotter et al., 1997), depression (Sleath & Williams, 2004), envy (Buenaflor, 2018), sores (Trotter et al., 1997), anxiety and stress (Buenaflor, 2018), arthritis (Trotter et al., 1997), anger (Buenaflor, 2018), and many other medical, psychological, or spiritual conditions. According to Hoogasian and Gloria (2015), professionals in mental health settings are not provided with adequate training to address spirituality within Latine culture. Furthermore, practitioners of *curanderismo* have reported ongoing marginalization and discreditation from mental health professionals and the medical community at large (Hoskins & Padron, 2018). The RGV has a rich and long history of practicing *curanderismo* along the Texas-Mexico border (Trotter et al., 1997). *Curanderismo* is embedded in Mexican American history and is part of xicanx culture in both conscious and unconscious ways; therefore, it is important for music therapists in this region to understand this cultural phenomenon to increase accessibility of culturally informed care for those who do align with these traditions.

Curanderismo can be practiced formally by a *curanderx* but is also commonly practiced on a wider community basis as an informal, traditional method of folk medicine (Weclaw, 1975). The recognition of a *curandera* largely differs from the traditional Western model of medicine where formal education at a university and certification is required to demonstrate proficiency. Rather, *curanderismo* is a respected and cherished practice that is passed down generationally or regionally. The title of the healer is earned through first-hand knowledge of the community and a generational connection to tradition. According to Trotter et al. (1997), the term *curandera* “represents a healer who is part of a historically and culturally important system of health care” and is often someone recognized or chosen by the community. Others, like myself, have sought out mentors to keep the traditions alive in our family lineage. In our modern, post-colonial society, Hispanic ethno-psychotherapy has emerged in efforts to bridge the gap between existing healing practices in Latine communities and Western psychotherapy (Zavaleta, 2020). It recognizes

culturally bound syndromes, encourages *pláticas*, brings awareness to historic events that have led to changes in medical beliefs, and encourages clinicians to center Latine culture in healthcare practices (Zavaleta, 2020).

Towards a Culture Centered Framework

Over the last eight years of practice, I have often found myself reflecting on the psychosocial and spiritual needs of those in the RGV. What would a culture centered framework of practice look like? What would it entail? How would we know if it's appropriate for this community? The more I unlearn, the more questions I have. Each song I uncover brings new themes to light. Each ritual that I practice unfolds important contexts and underlying psychological and/or spiritual significance. It has been a journey to say the least, but I know in my heart that it is needed for generational healing.

There are lingering aspects of indigenous traditions and pre-colonial experiences in our community. I feel it when a client's parent lights a *vela* during our music-guided relaxation experiences. I hear it when a client is rapping about his experienced stigma living with a long-term disability because, in his words, "*la música se limpia nuestra alma*" ("music cleanses our souls"). I hear it in a client's voice during a *plática* when they share their *coraje* and express a fear of being perceived as *loca* (crazy) by friends, family, or healthcare providers. I am reminded of it when a client asks to touch my guitar before I leave, worried that they might have given it *ojo* during the session. I hear it during an intake when a client describes spiritual battles that they feel caused or contributed to their psychological or psychosomatic symptoms. I feel it in the hesitation of a client's mother to gift me a small piece of *palo santo* for protection along my home health travels, afraid of potential judgement or criticism (I welcomed this gesture with compassion and respect). In the context of culture centered music therapy, Bruscia (2002) says:

Whether operating within the domains of practice, research, or theory—music therapists must continually act with a deep awareness of how culture and context "situate" each party in every interaction and the meaning that is created therein. We must do this not only by "locating" ourselves and those with whom we interact, but also by considering how our individual and collective histories particularize our frames of reference. To understand our ongoing interactions, we must disentangle and reweave our respective pasts and presents, for history and culture are the backdrops in which every story unfolds. (p. xv)

Our culture is deeply woven into everything we do. It's a part of who we are, how we perceive the world, and how we connect with both ourselves and others. The question then becomes...what is essential for the therapeutic space in the borderlands? What elements are needed to ensure clients feel understood, valued, and safe in a space that was not built for them and has historically overlooked them? How can we truly meet their needs in a way that honors their existing beliefs and supports their health outcomes through music? For those who do not share these beliefs, how can you find a space within your own identity to meet clients where they are? What historical and socio-cultural contexts are necessary for the education of music therapists in this region? Although there is so much more than can be encompassed in one article, I feel (at this moment in my journey), that there are a few important theoretical concepts that are foundational for therapy in South Texas, specifically within the context of music therapy experiences.

In this article, we will recognize underlying perspectives that influence Mexican American perceptions of health, illness, wellness, and healing modalities. Acknowledging both indigenous and post-colonial views of the healing process is crucial for music therapists working with Latine clients and is necessary to (1) understand the client's worldview and avoid misinterpreting client behaviors; (2) process transference and

countertransference in a post-colonial profession; (3) understand the socio-cultural and spiritual needs of some clients in this predominately Mexican American community; and (4) work towards developing a culturally informed framework of practice as music therapy becomes more accessible in South Texas. We will explore parallels between *curanderismo*, xicanx ethno-psychotherapy, and music therapy theory. As we strive to provide culturally competent care, we must be aware of and sensitive to these sacred practices in efforts to understand how they can shape this community's multicultural perspective on health and illness including:

- The integration of the whole person in the treatment process
- The role of the practitioner in guiding the client to incorporate their unique gifts into treatment and take an active role in their healing process
- The cultural significance of verbal processing
- Conceptualization of trauma
- Perspectives on wellness
- The power of symbols in transformative healing experiences
- The historical and cultural significance of storytelling

From this cultural lens, we hear the depth in every note and within every experience. It is not meant to insert any perspectives onto the community, but rather, to explore spaces that have been silenced and erased for hundreds of years. My intention for this article is not to create a one size fits all model for this community, but to bring to our field a perspective that is shared by many of these lands and provide guidance on what culturally informed care may look within the shared space of music therapy, *curanderismo*, and xicanx ethno-psychotherapy. I, again, ask for an open mind as I share what I feel are parallels in these three practices that bring depth and context to music therapy experiences.

Integration of The Whole Person

The first step towards a culture centered framework in the borderlands is to honor a holistic foundation of theory and practice. A grounding principle of health within *curanderismo* is the treatment of the whole person including the physical, social, psychological, and spiritual self (Hoskins & Padrón, 2018). *Curanderos* (Mexican folk healers) have been referred to as “humanistic counselor(s),” as this system of healing “emphasizes personal agency and autonomy because it empowers clients to define the problem, make self-determined decisions, and take personal responsibility in improving their own lives and well-being” (Chávez, 2015 p. 133). Similarly, the scope of music therapy practice often considers a client's cognitive, physical, social, psychological, and spiritual health to inform a treatment plan, implement appropriate interventions or approaches, and recommend a treatment frequency. Some practitioners, like Helen Bonny (1986), emphasize the role of holistic theory for music therapy:

The identity of the field of music therapy is changing due, in large part, to the introduction of holistic medicine and its acknowledgement that the total person—mind, body, and spirit—must be brought to the ‘healing table’. Music is the ideal instrument for this change since it is so intimately involved in our inner and outer lives. (p.3)

In *curanderismo*, all aspects of a person are interconnected and inseparable from each other; therefore, one's environment, life events, emotions, and spiritual concerns are treated as a direct or significant cause of illness. When any aspect of self is out of balance or disconnected, the individual is seen as unhealthy (Hoskins & Padron, 2017). In a phenomenological study by Hoskins and Padron (2017), one *curanderx* summarized their perspective on illness as “All the sicknesses are diseases of the soul.” This also supports

the belief that an individual is viewed primarily as a spiritual being that resides within a physical body (Maduro, 1983). Although there is an emphasis on the mind-body connection within *curanderismo*, there is also an understanding that the body and soul are separable. A disconnection of the body and soul can be viewed within the context of the folk illness *susto*, described in upcoming sections.

Amir (1996) presented a holistic model of music therapy which incorporated music therapy theory from Kenny (1985), Broucek (1987), Bonny (1986), and quantum theory (Capra, 1982). According to Kenny (2008, p. 77), “music is a link to the resonance of the whole.” In this community, treatment of the whole person can exist at every level of music therapy practice—from assessment to termination. This tenet of practice honors psychosomatic connections between the mind, body, and spirit as music is an intimate expression of our whole being. It encompasses our memories, stories, hardships, triumphs, and desires. Music gives voice to the Mexican American experience. Regional music from the Rio Grande Valley, such as *corridos*, are rooted in historical events including the colonization and displacement of Mexicans by white Americans (Dickey, 1994). On an individual level, clients may find healing in music to express all aspects of their health. On a collective level, the music itself is also a holistic representation of social, historical, familial, spiritual, and psychological experiences. This is illustrated in my personal reflection tool, a poem shared in Figure 1, “Our Music, Our Guide.”

Figure 1. “Our Music, Our Guide.”



The text of the poem was written in the shape of *la flor de cempasúchil* (a marigold flower). In Mexico, it known as *la flor de vida* (the flower of life) and *la flor de muertos* (the flower of the dead) and it is recognized for both its medicinal properties and its role of guiding souls during *Día de los Muertos* (Gobierno de Mexico, 2020). The text is notated below, with each layer of the flower used to describe how it guides our ecology—from the community level to the innermost spiritual level.

Our Music, Our Guide

Marisa de León-Oyoque

The music carries our collective,
historical experiences.

It tells the stories of our ancestors.

It encapsulates their pain.

It remembers what they went
through.

Tocuicayo, totēyacāncāuh

Nahuatl translation by David Bowles

Quimāma totlahtōllo in cuicayotl.

Quipōhuilia izāzanillo in
tochichicahuān.

Quitlilania incocōc.

Quilnāmi qui in tlein
quiyehyecocheh.

The melodies voice their cries for justice.
 The rhythms are their drive to survive.
 Their voices were silenced,
 our history erased,
 our language muted,
 traditions deemed unholy,
 our lives not worthy.
 An imaginary border created.
 They tried to separate us,
 divide us with terms,
 forced to hide our beliefs with symbols they created.
 But everything lives on in the music.
 It is all in the music.
 Listen closely.

Music gives us our power back.
 It amplifies our voices, our stories.
 It gives us a place to grieve together,
 sing together,
 be together,
 dance together,
 cry together,
 honor our ways together.
 It allows me to see who you are,
 and what you have been through.
 In the music, I can celebrate your song,
 sing alongside you,
 dance with you.
 The music is our rite of passage,
 our celebrations,
 our rituals.
 From birth to after death,

 we come together in the music.
 I can and will always meet you there.

My story is my song,
 finished or unfinished,
 loud or soft,
 sweet or angry.
 It is who I am.
 It knows before I do.
 It does not judge.
 It sees me for who I am.
 It never leaves me.

Ca melāhuacuīcatl intzahtziliz.

 In tlatzotzonaliztli ca inčicāhualiz
 inic mōztlatizqueh.
 Īntēn cāhualoc,
 totlahtōllo polōloc,
 totlahtol monontilih,
 totlamanītiliz momah ahteōyōtl,
 tonemiliz momah ahpiyalōni.
 Mochiuh tēmico ce tlānāmicōyān.
 Quinec titoxelōzqueh,
 tēchxeloh ica tlahtōlzolli,
 tēchīnāyaltia in totlaneltoquiliz ihtic
 machiyōtl in quichiuhqueh.
 Yēceh cuīcayōtitlan mochi mōztlati.

 Cuīcayōtitlan mochi cah.
 Mā huel xiccaquicān.

In cuīcayōtl quicuepa tochicāhualiz.
 Quichicāhua totzahtziliz, tozāzanillo.
 Tēchmaca in cāmpa huel
 titocemmiccazahuah,
 huel ticencuīcah,
 huel ticenquīzah,
 huel titocemihtōtia,
 huel ticenchōcah,
 huel ticcemīxtilia in totlamanītiliz.
 Nēchittitia in āquin tehhuātl,
 ihuān in tlein tiqiyehyecoqueh.
 Cuīcayōtitlan, huel nēchpāquītia in
 mocuīc,
 huel cuīca monāhuac,
 huel ninihtōtia mohuān.
 In cuīcayotl ca totequitzin
 ihuān tilhuiquīxtiliz,
 ihuān totlateōmatiliz.
 In ye īnlācatizpan ihuān oc achi
 nechca in tomiquiyān,
 cuīcayōtitlan ticētiyah.
 Ōmpa cemihcac huel nimitznāmiqiz.

Ca nozāzanillo in nocuīc,
 in mānel tlanqui, in mānel ahtlanqui,
 in mānel chalānqui, in mānel tlamach,
 in mānel tzopēlic, in mānel cualānqui.
 Ca nehhuātl in nocuīc.
 Tlamati in ayamo nitlamati.
 Ahmo nēchtzontequi.
 Quitta in noyeliz.
 Aic nēhcāhua.

It always protects me. Wherever I go, whoever I become, there is music. It understands what I need, and it never stops giving.	Cemihcac nēchmānahuia. Cāninmach niyāuh, ācquinmach ninocuepa, oncah cuīcayōtl. Quimati in tlein ninequi, īhuān aīc tlami tētlamahmaca.
Music is in my soul. Music is my soul. It is energy. Energy is sound. Sound is consciousness. There is no space too small, or feeling too big. It is everywhere. It is everything. Everything is sound.	Cah ihtic noyōliya in cuīcayōtl. Ca noyōliya in cuīcayōtl. Ca tlahpalli. Ca caquiztiliztli in tlahpalli. Titiximatih itech in caquiztiliztli. Ahtleh xōmolli in ahhuēl ahci, ahtleh nematihuani oc cencah huēyi. Nōhuiyān oncah. Ca mochi. Ca tlahpalli mochi.

Music has the ability to heal at every level of being. As music therapists, we are then able to hear the needs of our clients in each level within the larger ecology that is the border experience and center music experiences to meet their holistic needs.

The Role of the Practitioner

A culture centered lens in the borderlands is one that honors existing, indigenous therapeutic spaces including the role of traditional healers. A *curanderx* is recognized within the community as someone who has comprehensive knowledge of the traditional curing practices and healing methods. The role of a *curanderx* can be self-taught, earned, or inherited (*don*). As a holistic practitioner, “the *curandera* does not just apply science or medicine. She is the *shaman* of Hispanic culture, working with the earth, the spiritual realms, and the environment to harmonize life” (Healing Heart Reiki, 2015).

Curanderos may have specializations in specific areas including body work (*sobadora*), medicinal herbs (*herbalista*), channeling spirits (*espiritualista*), midwifery (*partera*), or bone setting (*huesera*). Additionally, a *curandera* may specialize in all areas, known as a *curandera total* (Chavez, 2016). According to Trotter et al. (1997), a *curanderx* “represents a healer who is part of a historically and culturally important system of health care” and is often someone recognized or chosen by the community.

Important aspects within the practice of a *curanderx* can be reflected in the following themes: guiding the client in their own healing, expressing their unique gift through various specialized remedies, having knowledge of energies, treating the whole person, navigating the connection between the natural and the supernatural, and harnessing their own intuition as a guiding factor for healing (Hoskins & Padrón, 2018). An integral part of a culture centered framework in South Texas is one in which the role of the practitioner encompasses guiding the client to incorporate their unique gifts into treatment and take an active role in the healing process. For some, these gifts may include musical experiences. Musical instruments and energetic sounds are also woven into energetic healing experiences during certain rituals of *curanderismo*.

Providing a client-centered space is a powerful gesture, particularly in this marginalized community. It is an act of resistance. Within the context of the therapeutic relationship, it lowers the power balance. It centers the client’s inner experience and gives voice to their needs, intuition, knowledge, and ability to find their own healing (with support and

empathetic assistance along the way). When we encourage a client to express their own gifts through music, we empower their voice and their inner music.

The Cultural Significance of Verbal Processing

Culture centered music therapy in the borderlands acknowledges the significance of verbal processing within our culture. One of the most recognized therapeutic experiences within *curanderismo* is the *plática* (talk). It is considered a sacred exchange of words and serves many purposes including gathering relevant medical or psychosocial history, establishing therapeutic rapport, and identifying clients' needs. The *plática* guides the *curandera* in making clinical decisions and helps them to understand how to best serve the needs of each client (Avila, 2000). It is also described as a deep connection between the client and the therapist similar to what is often described as a "heart to heart."

The scope of a *plática* expands beyond mind and body to include healing of the spirit or soul. In some *Mexica* civilizations, *pláticas* were used to aid individuals who needed to "release wrongdoings, emotional or mental woes and illnesses" which could cause the heart to become dislocated leading to disease, "community distain," or bad fortune (Buenaflor, 2018, p.65). Spoken words, poems, or songs by the person during the *plática* ejected the energies associated with these problems out of the body to cure the individual and also served as an offering to deities for further aid or purification (Buenaflor, 2018).

To draw from this perspective of verbal processing is to place an emphasis on empathetic, authentic connection between client and music therapist. As both a registered nurse and a practicing *curandera*, Avila (2000) described this process in the following way:

The most important ingredient in the *plática* is trust. There is an exchange that happens between my heart and the heart of my clients. As I listen to their stories, I soon find myself in an altered state...they are in a safe sacred space where it is safe to *desahogar*, to get everything out of their heart. The word *desahogar* literally means 'undrowning'. It is a way of speaking... so that toxic emotions can be released. (p. 150)

Hispanic ethno-psychotherapy also places an emphasis on talk therapy and is influenced by the cultural/ethnic context of talking through emotions (Zavaleta, 2020). de León (2023) describes the process of lengthy verbal "check ins" at the start of each music therapy session as means of establishing rapport and building *confianza* (trust) when working with Mexican American clients in South Texas. Music is unique in that it reaches both the verbal and the nonverbal self—both of which are essential elements of a *plática*.

Through music, clients can incorporate heartfelt therapeutic dialogue using lyric analysis, song discussion, music-guided reminiscence, song or lyric writing, and verbal processing of other music experiences. They can also listen to the musical stories of others who have gone through similar experiences and find guidance or validation through shared experiences, particularly for regional music that is deeply embedded in this community's experiences of immigration, acculturation, and assimilation. Knowing they are not alone in this experience can open a pathway to begin processing traumatic experiences and provide a safe space through shared cultural experiences. Music therapists working in this culture must be aware of the role that verbal processing holds as well as the underlying significance of trust in the therapeutic relationship as verbal communication is fundamental to many music therapy experiences.

Perspectives on Health and Illness

Culture centered music therapy in the borderlands is one that honors Mexican American perspectives of health and illness. Many ancient practices place an emphasis on the importance of balance in life as means of maintaining health or decreasing the likelihood

of illness (Zavaleta, 2020). Patcher (1994) describes the field of medicine as a culture with attitudes and beliefs that create explanatory models of sickness and inform styles in communication, approaches to healthcare, treatment methods, the role of the practitioner, and the expectations of the client when seeking care. This Western-oriented model can differ from clients of other cultures and backgrounds including *curanderismo*. In music therapy, diagnosis from the Diagnostic and Statistics Manual IV and the ICD-10 are widely accepted and utilized in the treatment process. Similarly, *curanderismo* has its own method for evaluating symptoms which includes a variety of culturally bound syndromes, some of which are now recognized by the DSM-5 (American Psychiatric Association, 2013).

In the Rio Grande Valley, folk illnesses are common within medicinal practice and are well documented by local physicians along the Texas-Mexican border (Martin et al., 1985). The term *folk illness* is used in this context to describe culturally bound illnesses that a client experiences outside of the biomedical paradigm. It is important for health care professionals to understand the epidemiology and cultural significance of folk illnesses as they may impact a client's treatment-seeking behavior, communication styles, and perspectives on health and illness (Pachter, 1994).

Martin et al. (1985) studied the frequency of folk illness reported to physicians in McAllen, Texas and Reynosa, Mexico on the other side of the Rio Grande. More than half of the physicians in the area reported that patients have mentioned symptoms of folk illnesses while seeking medical care including *susto*, *empacho*, *mal de ojo*, *mal puesto*, and *caída de mollera*. Others may also turn to spiritual or supernatural causes for explanations of mental or physical health symptoms such as being *embruja/o/x/e*. This signifies a unique context for healthcare delivery and emphasizes that healthcare professionals in the region, including music therapists, must have basic understanding of these reported illnesses to provide culturally sensitive care and support the client's overall health and well-being. Without the cultural context of these illnesses or symptoms, clients may be misdiagnosed, mistreated, and misunderstood. Therapeutic spaces should be a safe space for clients to share their culturally bound concerns and their personal experiences of health or illness.

Conceptualization of Trauma

Culture centered music therapy in the borderlands takes into consideration our community's historical conceptualization of trauma. Although the general word "*susto*" in Spanish is typically understood as a passing event, *susto* in the context of *curanderismo* has deep historical, cultural, and spiritual roots in xicanx communities. It is a unique, regional folk illness that has been documented for generations (Trotter, 1975). In a modern context, *susto* ("fright" or *cibih* in Zapotec) has been recognized by the DSM-5 as a culturally bound syndrome and is defined as "an illness attributed to a frightening event that causes the soul to leave the body and results in unhappiness, and sickness, as well as difficulties in key social roles" (American Psychiatric Association, 2013, p. 837). According to the DSM-V (American Psychiatric Association, 2013), *susto* is understood as a constellation of various physical and psychosomatic symptoms and may manifest itself in three syndromic types:

- Interpersonal *susto*—associated with loss, abandonment, sadness, disconnection from family, low self-esteem, and suicidal ideations. This expression of *susto* is more closely associated with major depressive disorder in the US.
- *Susto* following a traumatic event—characterized by symptoms of trauma. This expression of *susto* is more closely related to post-traumatic stress disorder in the US.
- Somatic *susto*—This expression of *susto* is more closely associated with somatic

symptom disorder in the US.

Other symptoms may present more closely to panic disorder, generalized anxiety disorder, or infections (Martínez-Radl, 2023). Zepeda (2023) further argues that the processes of “de-identification,” “de-Indianization,” and “de-tribalization” of Xicanx communities is a form of *susto* in itself. Anzaldúa (2023) also recognizes the *susto* experienced by Chicano communities and its metaphysical foundation, as a result of being colonized twice—first by the Spanish and then again by Euro-Americans. Emerging therapy spaces also acknowledge the professional *susto* that Latine therapists may have experienced (Institute of Chicana/o/x Psychology and Community Wellness, n.d.). Traditional or folk remedies for *susto* are centered in reconnecting an individual’s spirit with their mind and body and restoring balance in their overall health and wellness. Zepeda (2023) says:

Disconnection with la madre tierra and with earth-centered methods of healing—due to colonization, genocide, sexual violence, forced migration and relocation, imposed borders, enslavement, and global structures that are intertwined with capitalism, imperialism, and destructive corporate wealth—has led to various forms of intergenerational trauma that must be attended to. Familial lineages that have been “whitened” can also hold *susto* that manifests in a silencing of traditional medicinal practices and their multigenerational relationship to the land. When we analyze the vitality of community and familial genealogical structures, we need to incorporate discussions of *susto* for body-mind-spirit healing. (p. 231)

Because *susto* exists in many contexts in the wider Latine community, there is much variation in the symptoms, conceptualization, and treatment of *susto* depending on the region and cultural sub-group (Weller et al., 2002). In a study which interviewed “Hispanic” individuals in the Rio Grande Valley specifically, 59% of participants reported they have personally had *susto*, while 66% said they know someone in their family with *susto*, and 88% reported they have known someone with *susto* (Weller et al., 2002). This prevalence rate in the community suggests music therapists should have basic knowledge of folk illness when working in the borderlands, especially in mental health settings. This view encourages us to expand our perspective of trauma informed music therapy and provides additional context to understanding clients’ worldview, perceptions of symptoms, and what elements may be needed in the music therapy space following traumatic events.

Symbols as Transformative Healing Experiences

A culture centered framework of music therapy is one that acknowledges the significance of symbols as a transformative, healing experience. *Curanderismo* and Western psychotherapy both incorporate the use or manipulation of symbols or objects to discover meaning, explore intuitive connection, and experience change (Hoogasian & Lijtmaer, 2010). *Los remedios* (the remedies) found within *curanderismo* are typically homeopathic in nature and are a combination of internal and external experiences including *pláticas* or *consejos* (talks), *límpias* or *limpiezas* (cleansings), *barridas* (sweepings), *sobadas* (massages or energy work), *velaciones* (candle rituals), *baños* (spiritual baths), or *temazcales* (sweat lodges). Avila (2000) describes healing experiences in this way:

Doing *pláticas* and *límpias* with my clients is truly a process that each person takes at his or her own pace. As each session is completed, I see the layers of trauma, *susto*, illness, and other people’s projections peeling off my patients’ souls like the skin of an onion. More and more of the energy that doesn’t belong to them falls away as levels of protection are built up. Problems are clarified, and spiritual strength begins to build. Eventually we reach the smooth, grounded center of their being. (p. 155–156)

Similarly, there may be parallels in the music therapy treatment process. As more rapport

is built, the therapist and client may begin to remove layers or barriers to shift into a space where deeper healing can be facilitated. Although it is not expected for music therapists to perform these rituals, it is important for us to be aware of their sacred existence as clients and families may incorporate these healing practices in their daily lives. Avila (2000) describes the experience of referring a client to music therapy to help her “find her voice” following a soul retrieval ceremony to heal from *susto* after multiple traumatic experiences. Furthermore, community-based music therapists may encounter these items while providing services in a client’s home. As both a practitioner of *curanderismo* and a music therapist, I find myself living in this liminal space often. It gives context to the broader, cultural experience of healing and, therefore, the parallel music experience of some clients in this region.

Table 1. Remedies in Curanderismo (los remedios)

<i>Pláticas or consejos</i>	A sacred ceremony using the power of spoken word to eject or release trauma, illness, or unwanted energies and facilitate healing, purification, and renewal
<i>Temazcal</i>	Sweat lodge ceremony that provide physical, emotional, and spiritual cleansing
<i>Límpia or limpieza</i>	Cleansing rituals to absorb or remove negative or unwanted energy using <i>huevos</i> (eggs), <i>plantas</i> (plants), <i>pierdas</i> (crystals), fire, and water
<i>Barridas</i>	Sweeping rituals using herbs or flowers to cleanse the individual from unwanted energies
<i>Sobadas</i>	A combination of massage, pressure points, and energy work to move, redirect or remove energy within the body. This healing is done at the cellular, emotional, and spiritual level.
<i>Velaciones</i>	Candle rituals to promote mind, body, and spiritual healing
<i>Baños</i>	Spiritual baths using specific herbs and healing elements to cleanse the individual’s mind, body, and soul

In music therapy, there are four primary *remedios* that are centered as part of the healing experience: improvisation, recreation, composition, listening (Bruscia, 2014). Music can serve as a transformational object in variety of ways within the context of music therapy whether that object becomes (1) a song the client identifies or finds meaning with; (2) an image or archetype that illuminates emotional processing; (3) an illustration drawn out from listening to a piece of music, or; (4) an emotion projected onto an instrument during an improvisation. In free associative techniques found in vocal psychotherapy, clients can “come into contact with unconscious images, memories, and associated feelings” through sung improvisations (Austin, 2008). Songs can also serve as a transitional object (Austin, 2008) and have a prominent role in both indigenous and music therapy spaces (Kenny, 2006). GIM practices incorporate the use of drawn mandalas to create a picture of a client’s inner world and offer space for spiritual growth (Clarkson, 2017). Mandalas, or *tlamanalli*, have also been used in sacred xicanx rituals for lunar phases and cleanings (Buenafior, 2020). Medicinal drumming practices have been incorporated into culturally affirming health and wellness practices through the lens of Mesoamerican-based healing (Núñez, 2023).

Through an indigenous lens, Kenny (2006) describes music therapy with “magical” components which “conveys symbolic meanings that are difficult to describe in verbal

language and are intimately tied to our emotions” (p. 63). The healing arts of Mexico—just as the music itself—serves as an archetypal or symbolic expression of our innermost experiences. Jungian psychology (Whitmont, 1979) described this process and the relationship between archetype and symbol as an experience of the psyche:

When the archetype manifests itself in the here and now of space and time, it can be perceived in some form by the conscious mind. Then we speak of a *symbol*. This means that every symbol is at the same time an archetype...but an archetype is not necessarily identical with a symbol. As a structure of indefinable context, as a “system of readiness,” “an invisible center of energy” ... it is, nevertheless, always a potential symbol, and whenever a general psychic constellation, a suitable situation of consciousness, is present, its “dynamic nucleuse” is *ready to actualize itself and manifest itself as a symbol*. (p. 74)

In *curanderismo* and in music therapy, every experience is a symbol— an expression of our journey. In this space, we clear negative energies from our being. We hold the space for ourselves, our clients, our collective community, and our ancestors. Rattles and drums are used to shake up stagnant energy and make room for new, positive experiences. In some *Mexica* civilizations, ceremonial items (including musical instruments) and sacred spaces were believed to be “imbued with sacrality and were thought to contain a divine soul-like essence that made them living beings” (Buenaflor, 2018, p. 38). This shifts the perspective and expands the cultural context that music may encompass for some individuals. As music therapists, our music creates its own atmosphere—the “field of play” described by Kenny (2006). At its deepest level, music is a transformative experience that transcends time, space, and self. It is a vehicle for healing at the innermost and collective level. It is illustrated in the words of Kenny (2006):

The music is like a massive mythic artery, which is liquid and vibrating. It is full of life-giving nutrients and chemicals. It quenches our thirst. It travels through all of time and contains the wisdom of the ages and echoes the future. It recreates and cleanses. It brings us to the community of man and life as a whole. It gives us power, strength, and humility. It is a stream that winds back through all of the ages to the essence of our beginning—our first heartbeat, the first story of our existence. It allows us to be part of the whole and yet unique within the undulations of time. It recycles. It purifies. It transforms and renews. It acknowledges a Greater Reality that enfolds and engages our human activity yet expands our awareness and knowledge to embrace vital spirituality, a mythic reality, which waits as a resource for our life and work. Music and spirit linger to awaken our consciousness, our sense of Oneness. Music heals, if we will only hear... (p. 61)

In the context of music therapy in this community, music therapists may consider cultural assessment of the therapeutic space itself. Incorporation of multisensory elements may create a sense of familiarity and comfort while participating in what is viewed as an Americentric healthcare experience. This can include (when and if appropriate) the lighting of a *vela*, burning of incense, or bringing essential oils into the therapy space. In the same way that Avila (2000) describes unpeeling layers of trauma through transformative, symbolic experiences, I have seen clients similarly work through layers of their experiences in the music. For some clients, each song they write shares a part of their journey until they no longer need to *deshogar*—until they are able to find a sense of peace with themselves and the world around them. For others, improvisation may fill this need. I have seen clients play *cuencos* (singing bowls) as forms of energetic and psychological protection, empowered by self-agency and inner strength. Although there is a range of cultural experiences in terms of the medium for change or transformation (herbs, rituals, musics, etc.), the symbolic experiences of death and rebirth remain as a steady, underlying foundation in the space. This has also been referred to as the “mythic artery” by Kenny

(2006).

Along the Great Round, our life cycles are held. Music can reinforce these cycles, preserve these cycles, and hold the space for different phases throughout our lives. Where an egg *límpia* draws out the negative energies of our energetic field, music can draw out our emotions and help us to release what no longer serves us. In the same process that we create a *tlamanalli* (sacred mandala), we use notes in the music to express or understand patterns and give an *ofrenda* of sounds to ourselves, others, and the world around us. In the musical space, we may turn to lyric or song analysis to evoke meaning and support. We explore our cultural selves in the same way we search for ourselves in improvisation. We shape the music as we shape our realities. At the level of a symbolic journey, everything is a reflection of ourselves—everything is an external projection of the process we need to endure at the deepest level of our Being. This process is embedded in our ancient traditions as myth and although we've left them behind as our society evolved (Kenny, 2006), there is power in knowledge they hold and the journey they create for us.

Storytelling as Medicine

Lastly, a culturally informed framework in the borderlands is one that honors the historical and cultural significance of telling your *cuento* (story). From ancient civilizations to modern day publications, there is power in sharing lived experiences—particularly for communities like the RGV who have overcome generations of cultural suppression. Voices of the RGV (2024) advocate for storytelling as its own form of medicine in border communities:

Story medicine, or the medicine of telling stories, is an alternative and timeless option for cultivating personal and cultural healing. By “dosing” ourselves and others with narratives, either personal stories or ancient myths, we can develop a deeper knowledge, understanding, and compassion for ourselves, our communities, and the world at large. (para. 1)

Mexica communities, now commonly referred to as the Aztecs by Western scholars, are considered “master storytellers” (Townsend, 2021, p. 25). In the 20th century, Mexican American genres of music in Texas, also referred to as *música tejana*, emerged as a way to empower and give voice to the colonization and displacement of Mexican Americans in South Texas (Dicky, 1994; San Miguel, 2022). This included *corridos*—a ballad-like song characterized by their musical narrative of people, places, and events. Anzaldúa (1999) describes entering a shamanic state when writing stories—a healing process that uses imagery from the subconscious representing residues of traumas that can be changed or transformed:

I write the myths in me, the myths I am, the myths I want to become. The world, the image and the feeling have a palpable energy, a kind of power. *Con imágenes domo mi miedo, cruzo los abismos que tengo por dentro. Con palabras me hago Piedra, pájaro, Puente de serpientes arrastrando a ras del suelo todo lo que soy, todo lo que algún día seré...* (p. 78)

As music therapists, we are in a unique position to unite the historical significance of storytelling with the depth of expression in *Tejano* music within the context of therapeutic songwriting. On an individual level, music gives form to our clients' experiences. It allows them to place their experiences onto the music and work through their internal conflicts in a way that is tangible and accessible. Music gives narrative to our clients' emotions and allows them the opportunity to shape, embrace, and process their life story. The music validates, hears, and feels what they went through. More importantly, it can support them throughout their individual journeys. When we listen to the musical stories of our clients, our community is empowered. Townsend (2021, p. 38) emphasizes the weight of shared

experiences in Mesoamerican communities and poses the question, “Do we ourselves not become both wiser and stronger every time we grasp the perspective of people whom we once dismissed?” (Townsend, 2021, p. 38). Garza (2024) describes the power of storytelling in South Texas:

Sharing stories is intrinsic to us as humans. It is how we preserve culture, connect with our ancestors, care for our community, and build solidarity. People have historically attempted to silence borderland communities and continue trying to every day. Storytelling has been an act of resistance and love for years and continues to be. In a world where institutions, corporations, and people in power are threatened by our existence and voice, it is important to celebrate our community and uplift our stories. (para. 7)

Their stories are our story. We are still living them. Even today, our people cross the *frontera* in search of safety, opportunity, and a future for their children. Our stories must continue to be told. In the music, our narratives are frozen in song. They echo in the therapeutic space. They linger in the mind, hearts, and energy of our clients. Many artists of *Tejano* and *Norteño* regional music relied on song to keep their stories preserved. As music therapists, we are entrusted with the responsibility of keeping our client’s stories safe, of truly listening, and of keeping their music alive.

Putting Coyolxauhqui Back Together

As I continue to walk along my journey of cultural identity, I can more clearly see how my ancestral practices have shaped how my music therapy practice has unfolded in my home community. Although I can create the space within myself to compartmentalize the two, I must acknowledge the unconscious influences of my culture that are so deeply interwoven in my perspective as a music therapist. Like the third space described in the excerpt above (Crooke & Hadley, 2022), we can find a space in the borderlands that honors both where we have been and what we have learned about music and health—a space where we can listen to the voices of our community and support them along their own health journeys.

Table 2. Remedies in folk medicine (Los Remedios).

Concepts from Curanderismo and Xicanx Ethno-Psychotherapy	Cultural Relevance for Music Therapy Practice
Integration of the whole person	A holistic approach to assessment, treatment, and termination in the music therapy process
Symbols as transformative healing experiences	The recognition of music as a symbolic expression of our inner and outer experiences
Significance of verbal processing	The power of words, lyrics, song analysis, music-guided verbal discussions to deshogar
Perspective on health and illness	The recognition of folk illnesses and symptoms outside of the Western biomedical paradigm and how they may shape clients’ understanding of health
Conceptualization of trauma	The socio-cultural significance of susto that encompasses traumatic experiences and the music therapy process
The role of the practitioner	The role of a music therapist to honor a clients’ varying beliefs and empowering them to access their own inner resources for healing experiences and wellness
The significance of storytelling	The role of songwriting and lyric writing and the

Concepts from Curanderismo and Xicanx Ethno-Psychotherapy

Cultural Relevance for Music Therapy Practice

power in telling your cuentos

As music therapy becomes more accessible along the Texas-Mexico border, we must continue to reflect on our practices and assess how existing therapeutic spaces shape perspectives of health and wellness in the Rio Grande Valley. There are parallel experiences between our cultural healing arts, our music, and our experiences. This shared space is a journey, and each experience is an equally important part of it. We are the keepers of our culture. We are the storytellers in our Latine music therapy spaces. We are one community in the borderlands. In the words of Gloria Anzaldúa (2022, p. 95):

This land was Mexican once

was Indian always

and is.

And will be again.

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