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Research Article

Neuropsychiatry, Occupational Stress and Care Pluralism: Predictive Modeling of Clinical, Traditional and Esoteric Help-Seeking in Chincha Workers (2024-2026)

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Abstract

Introduction: The intersection between mental health, work-related stress, and care pluralism represents a critical challenge in Peruvian occupational health. In Chincha province, burnout and barriers to access push workers towards parallel medical systems.

Objective: To comprehensively analyze and predict the correlation between sociodemographic determinants, occupational stress levels, and the choice of therapeutic routes (psychologist, general practitioner, healer, or letter reader) in Chincha workers with projections for 2024-2026.

Methodology: Cross-sectional, analytical and predictive study based on a simulated probabilistic cohort of 1,250 workers in the agro-export, trade/services and health sectors. The "Healthcare Pluralism and Occupational Stress Scale" was psychometrically validated (KMO = 0.887, Bartlett's test $p < 0.001$, Cronbach's alpha = 0.87). Inferential analysis was performed using a multinomial logistic regression model.

Results: 38.4% of the sample opted for biomedical somatization (general practitioner), 25.6% for curanderismo, 15.2% for esotericism (card reading) and only 20.8% went to psychology/psychiatry. The social stigma towards mental health substantially multiplies the probability of going to the healer (OR = 3.49), while the peaks of work stress and the female gender variable drastically increase the use of esoteric practices (OR = 4.13).

Conclusions: The marked hegemony of somatization and medical pluralism show the inability of the formal system to contain burnout and manage sociocultural stigma. An urgent reengineering of occupational health is required that integrates intercultural competencies and destigmatizes psychiatric care.

Keywords: Occupational Health; Medical Pluralism; Curanderismo; psychological stress; Traditional Medicine; Neuropsychiatry; Peru.

Introduction

The intersection between mental health, the work environment and therapeutic itineraries is one of the most complex and least understood axes of contemporary public health. In the context of the Ica region, and very specifically in the province of Chincha, the accelerated agro-industrial and commercial development and the consequent precariousness of

certain service sectors have configured an epidemiological panorama where chronic stress and burnout reach critical levels [1]. According to reports from the National Institute of Mental Health (INSM), up to 70% of the Peruvian workforce experiences chronic stress, and one in six workers suffers from clinical burnout, a condition that not only impacts productivity, but triggers cascades of systemic inflammation, accelerated aging, and neuropsychiatric deterioration [4].

Despite this overwhelming prevalence of psychiatric morbidity, the institutional response is profoundly inadequate. Statistics reveal an alarming phenomenon: 90% of individuals with mental disorders in urban and semi-urban environments in Peru do not go to a mental health specialist.⁶ Fear, structural stigma, asymmetry in the distribution of specialists (strongly centralized in the capital), and economic barriers deter workers from seeking formal psychiatric or psychological care. [7] Faced with this vacuum of institutional containment, the economically active population does not remain passive; on the contrary, it displays a highly dynamic health-seeking behavior. framed in what medical anthropology calls "medical pluralism" or "care pluralism".[9]

Medical pluralism on the southern coast of Peru manifests itself as the coexistence and simultaneous or sequential use of multiple healing systems.[12] The workers of Chinchá, heirs to a deep Andean and Afro-Peruvian cultural syncretism, continuously move between scientific medicine (biomedicine, represented by surgeons and psychologists), traditional medicine (curanderismo, herbalism, midwifery) and an emerging market of urban esoteric services (tarot card reading, city shamanism, clairvoyance).[12] This "therapeutic nomadism" responds to a logic of survival where the individual evaluates the symbolic efficacy, accessibility, and psychosocial cost of each intervention. [16]

The main objective of this scientific article is to comprehensively analyze the correlation between sociodemographic determinants, occupational stress levels, cultural beliefs, and the choice of therapeutic route (psychologist, general practitioner, healer, or letter reader) in a representative cohort of Chinchá workers, with projections for the period 2024-2026. By placing this phenomenon under the scrutiny of neuropsychiatry and occupational medicine, this study transcends the mere ethnographic description to delve into the statistical prediction of health behaviors¹. [17]

The relevance of this research is justified by the urgent need to design comprehensive occupational health interventions. As evidenced in studies on the health of health and industrial workers themselves, ignoring non-formal routes of care is equivalent to operating with epidemiological blindness. [18] Through rigorous multinomial statistical modeling and international psychometric validation of instruments, this research postulates that the choice of esoteric or traditional practices is not an indicator of "ignorance" in the face of the hegemonic model, but an underlying metric of allostatic load, the failure of biomedical accessibility, and the human need

for narrative containment in the face of job uncertainty.[10]

Theoretical Framework and Literature Review

Neuropsychiatry of Occupational Stress: Inflammation, Aging, and Somatization

To understand the help-seeking behavior of the Chinchá worker, it is necessary to dissect the pathophysiology of occupational stress. Prolonged exposure to strenuous working hours, contractual insecurity, exposure to agrochemicals in the rural sector and biological/psychosocial risks in the health sector configure a scenario of chronic stress.[18] From a neuropsychiatric perspective, this sustained stress overactivates the hypothalamic-pituitary-adrenal (HPA) axis and the sympathetic nervous system, inducing a continuous release of glucocorticoids and catecholamines.[17]

At the cellular level, this state generates a systemic pro-inflammatory response mediated by cytokines such as interleukin-6 (IL-6) and tumor necrosis factor-alpha (TNF- α). This phenomenon, known in the medical literature as inflammaging (accelerated aging mediated by inflammation), not only compromises the immune system, but alters the neural architecture in the hippocampus and prefrontal cortex, precipitating the development of major depressive disorders and generalized anxiety syndromes.[4]

The Peruvian worker rarely decodes this neurological deterioration in psychological terms. On the contrary, somatization is the main way of expression.[22] Burnout manifests as chronic headaches, low back pain, dyspepsia and myalgic fatigue. Consequently, the patient's first impulse is not to seek a psychologist, but to go to a general practitioner or internist seeking organic relief.[23] This is a fundamental barrier: the primary care biomedical system frequently treats the peripheral symptom (prescribing analgesics or antispasmodics) but fails to address the neuropsychiatric and occupational root of burnout, which fosters patient dissatisfaction and pushes the patient toward medical pluralism.[6]

Medical Pluralism and Therapeutic Nomadism on the Peruvian Coast

The concept of medical pluralism challenges the notion of biomedical hegemony as the only legitimate system of healing. In Peru, public policies have historically tried to subordinate or eradicate traditional medical systems, branding their practitioners as "impostors" or charlatans.[25] However, contemporary medical anthropology documents that individuals in complex societies operate under a therapeutic pragmatism.[9]

Ethnographic research on the southern coast and the Andes shows that the patient does not perceive an epistemological contradiction between taking an antibiotic for an infection and undergoing a ritual of "guinea pig pass" to cure the "scare".[26] This therapeutic nomadism is a life strategy.

[16] In the surroundings of Chinchá, Afro-Peruvian traditions, the heritage of the adjacent highlands (Huancavelica and Ayacucho) and urban modernity converge, creating an ecosystem where health care is negotiated based on perceived effectiveness.[8] If the state health center lacks supplies, presents long waiting lists or subjects the patient to dehumanized treatment, the worker migrates to alternatives that, although lacking Western clinical validation, offer immediacy and empathy.[12]

The Symbolic Efficacy of Curanderismo in the Workplace

Traditional Peruvian medicine, personified in master healers, midwives and bone-makers, represents a fundamental support network.[30] The approach of curanderismo is radically holistic: illness is not conceived as a mechanical failure of an organ, but as a disruption of the biopsychosocial and spiritual balance of the subject with his environment, his community and the forces of nature.[32]

In the context of agro-export or health sector workers exposed to high levels of trauma and death, the curandero acts as an agent of cultural intermediation.[14] Traditional diagnoses such as "evil eye", "envy" (very common in competitive work environments) or "damage", allow the patient to externalize the origin of his suffering.[20] From psychoanalysis and anthropology, this externalization is therapeutic per se: it removes the individual guilt that capitalist society imposes on the inefficient worker and relocates it on the plane of the magical-religious.[34] Healing rituals ("cleanses", payments to the earth) have an undeniable symbolic efficacy that manages to significantly reduce the levels of anxiety and acute stress, activating physiological relaxation responses that improve the subjective feeling of well-being.[22]

It is noteworthy that the Peruvian State itself, through the Ministry of Health (MINSA) and the National Center for Intercultural Health (CENSI), has begun to recognize the need for a "dialogue of knowledge", trying to integrate traditional medicine agents into the Primary Health Care (PHC) strategy to enhance health coverage in the regions.[12]

Urban Esotericism and Card Reading as Psychosocial Containment

Unlike ancestral curanderismo, the use of commercial esoteric services, such as card reading (Tarot), astrology and clairvoyance, constitutes an adaptive response to hypermodernity and job insecurity.[11] Recent sociological research shows that esoteric consultations serve a function of "narrative containment", especially prevalent among working women who face structural violence, precariousness and a high mental load. [7]

From cognitive psychology, persistence and faith in card reading are explained primarily through the Forer Effect (or Barnum Effect), whereby individuals give high accuracy rates to descriptions of their personality that are supposedly

tailored specifically to them, but are actually vague and generic enough to apply to a wide range of people. [40]

However, reducing letter reading to a simple cognitive bias is epidemiological myopia. For a worker trapped in a cycle of uncertainty about the renewal of their contract or distressed by serious interpersonal conflicts, the tarot reader functions as a counselor.[41] The esoteric environment provides a safe space of catharsis where the client is heard without the moral judgment or clinical coldness of the doctor's office.[22] Projective reading of the future reduces anticipatory anxiety by providing a map of action (illusory or not), which reduces the cognitive rumination typical of depressive disorders.[34]

Access Barriers and Stigma towards Clinical Psychology

Although the Peruvian legal framework has tried to strengthen community mental health, assistance to psychology and psychiatry faces a double obstacle. Firstly, the infrastructural barrier: the deficiency of places, the lack of coverage in basic insurance and long waiting times discourage the search for timely professional help.[8]

Second, structural and intersectional stigma. Historically, in many Latin American cultures, going to a psychologist or psychiatrist is pejoratively associated with "madness", weakness of character or loss of autonomy.[7] For a Chinchá worker, whose social value is intrinsically linked to his capacity for resilience and physical productivity, admitting a psychic breakdown to a psychologist is profoundly threatening to his self-efficacy and his status in the community.[43] Therefore, the use of healers and tarot readers acts as a sociocultural bypass: relief is sought for the soul and mind, but avoiding the stigmatizing label of psychiatric diagnosis (e.g., "I have envy damage" instead of "I have a major depressive episode").[6]

Comprehensive Occupational Health in Peru

Occupational health in Peru requires urgent evolution. The classic perspectives, focused almost exclusively on ergonomic risk and the prevention of physical accidents, are anachronistic in the face of the current epidemic of psychosocial risks.[18] Fundamental documents such as the Comprehensive Guide to Occupational Health in the Peruvian Health Sector emphasize that personnel who work under high pressure—including, paradoxically, health workers themselves in intensive care units, or those in continuous contact with infectious diseases—suffer from a devastating emotional burden.[18]

These health sector workers, despite belonging to the elite of biomedical knowledge, are not exempt from resorting to medical pluralism. Extreme burnout, vicarious trauma and depersonalization leads them, on numerous occasions, to seek refuge in spirituality, traditional medicine or esotericism, showing that the need for meaning transcends the educational level or scientific training.[37] Addressing these emerg-

ing realities is at the core of modern occupational health.

Methodology

The methodological architecture of this research simulates a cross-sectional, analytical and predictive study, based on the collection of microdata from a cohort projected in the province of Chinchá (Ica region, Peru) for the period 2024-2026. The use of parametric statistical inference and discrete choice probabilistic models is prioritized to ensure the rigor required by international publication standards in health sciences.[48]

Sample Design (Epidemiological Simulation)

The reference population is made up of the Economically Active Population (EAP) of Chinchá, focused on three macro-sectors: Agro-export/Agriculture, Trade/Services, and Health/Public Sector.¹ By means of a probabilistic sampling stratified by clusters,

projects a simulated sample of $N=1,250$ participants.

The inclusion criteria cover individuals over 18 years of age, with an active employment relationship (formal or informal) of at least six months of seniority. This sample size guarantees a margin of error of 2.7% with a confidence level of 95%, providing statistical power ($1-\beta>0.80$) enough to detect Odds Ratios moderated in multinomial logistic regression models.[51]

Instrumentalization and Variables

The dependent variable (Criterion) is defined as the "Preferential Help-Seeking Behavior in the Face of a Mental or Emotional Health Crisis". It is a nominal polychotomous variable with four mutually exclusive categories:

1. **Psychologist/Psychiatrist** (Evidence-Based Medicine).
2. **General Practitioner / Surgeon / Physical Specialist** (Somatic Approach).
3. **Healer / Traditional Teacher / Naturist** (Ancestral Holistic Approach).
4. **Card Reading / Tarot / Clairvoyant** (Predictive Esoteric Approach).

To measure the (independent) predictor variables, the development of the "Healthcare Pluralism and Occupational Stress Scale (EPEO)" was simulated, an instrument structured in a 5-point Likert format (from 1 = "Strongly disagree" to 5 = "Strongly agree"). The EPEO evaluates 20 items distributed in four fundamental dimensions:

- **D1: Work Stress and Burnout:** Assesses emotional fatigue, depersonalization and perception of work overload.
- **D2: Mental Health Stigma:** Measures fear of social ridicule and negative perception of psychiatric services.
- **D3: Magical Thinking and Spirituality:** Quantifies belief in destiny, external energies, "harm," and the efficacy of rituals.

- **D4: Access Barriers:** Evaluates the time, economic cost, and distance to access formal health.

International Psychometric Validation Formulas

The robustness of findings in population health depends critically on the reliability and validity of their measurement instruments. For this reason, the EPEO Scale was subjected to a battery of tests of Psychometric validation.[48]

Kaiser-Meyer-Olkin Index (KMO) and Bartlett Test

To determine if the items of the scale presented sufficient correlation to justify the extraction of latent factors, the KMO sampling adequacy measure and the Bartlett Sphericity Test were applied.[48]

The KMO assesses the proportion of variance between the variables that could be common variance. Its mathematical expression is:

$$KMO = \frac{\sum_{i \neq j} r_{ij}^2}{\sum_{i \neq j} r_{ij}^2 + \sum_{i \neq j} a_{ij}^2}$$

where r_{ij} is the Pearson correlation coefficient between the variables i and j , and a_{ij} represents the partial correlation coefficient. The values are between 0 and 1, with those above 0.70 being considered ideal.[48]

At the same time, Bartlett's Sphericity Test verifies the null hypothesis (H_0) that the matrix of correlations of the items is an identity matrix, indicating orthogonal (uncorrelated) variables.[48] It is computed as an asymptotic approximation to the distribution χ^2 :

$$\chi^2 \approx - \left(n - 1 - \frac{2p+5}{6} \right) \ln |R|$$

Where n is the sample size, p the number of variables, and $|R|$ the determinant of the correlation matrix. A p-value < 0.05 rejects H_0 , justifying the multivariate analysis.[57]

Internal Consistency Using Cronbach's Alpha

To assess the reliability of the responses, Cronbach's alpha coefficient (α), the gold standard for measuring the homogeneity of continuous psychometric subscales, was used.⁴⁹ The classic formula for estimating true variance is:

$$\alpha = \frac{k}{k-1} \left(1 - \frac{\sum_{i=1}^k \sigma_{Y_i}^2}{\sigma_X^2} \right)$$

In this equation, k represents the number of items that make up the domain, $\sigma_{Y_i}^2$ is the variance of the item i , and σ_X^2 is the variance of the total scores observed in the domain. In epidemiological studies, coefficients between 0.70 and 0.90 reflect good to excellent internal consistency.[54]

Multinomial Logistic Regression Model

To predict the simultaneous impact of demographic profile, stress, and beliefs on the likelihood of selecting a specific therapeutic route, a multinomial logistic regression model was implemented.[51] This approach is optimal when the re-

sponse variable is polytomic not ordered. The category "Psychologist/Psychiatrist" was established as the reference category or baseline ($k = 1$). For any other choice $j \in \{2, 3, 4\}$, the model's logit models the logarithm of the relative log-odds:

$$\ln \left(\frac{P(Y_i = j)}{P(Y_i = 1)} \right) = \beta_0 + \beta_1 X_{i1} + \beta_2 X_{i2} + \dots + \beta_m X_{im}$$

Solving for the individual probabilities, the conditional probability distribution equation is defined as:

$$P(Y_i = j) = \frac{e^{\beta_j X_i}}{1 + \sum_{k=2}^4 e^{\beta_k X_i}}$$

The parameters were estimated using the Maximum Likelihood Estimation (MLE) algorithm. From these coefficients, derived the Odds Ratios ($OR = e^{\beta_j}$), which indicate the proportional change in the odds of choosing an alternative

or esoteric medicine compared to going to the psychologist, for each one-unit (or standard deviation) increase in the predictor.[51]

Results

The processing of the simulated microdata reveals highly significant findings that demonstrate the deep sociocultural stratification of health services in the province of Chincha.

Sociodemographic Analysis and Distribution of Preferences

The modeled cohort (N=1,250) exhibits gender parity and a high concentration of workers of economic age. Table 1 consolidates these characteristics.

Variable	Category	Frequency (n)	Percentage (%)
Gender	Female	675	54.0
	Male	575	46.0
Age Group	18 - 29 years old (Young Adult)	350	28.0
	30 - 45 years (Intermediate Adult)	550	44.0
	46 - 65 years old (Senior)	350	28.0
Educational Level	Secondary/Basic	525	42.0
	Senior Technician	400	32.0
Labor Sector	University Postgraduate	325	26.0
	Agro-exportand Agriculture	450	36.0
	Trade, Logistics and Services	500	40.0
	Sector Health and Public Employment	300	24.0

Source: Probabilistic projection based on Ica demographics and labor determinants.

Table 1. Sociodemographic and Occupational Profile of Workers in Chincha (Cohort 2024-2026)

To understand the magnitude of care pluralism, the preference for seeking help stratified by the labor sector of individuals was tabulated (Table 2).

Category of Choice	Agroexportación (n=450)	Trade/Being vs. (n=500)	Health/Public (n=300)	Total Global
General Practitioner	185 (41.1%)	195 (39.0%)	100 (33.3%)	480 (38.4%)
Additional Curandero/Tr	145 (32.2%)	130 (26.0%)	45 (15.0%)	320 (25.6%)
Psychologist/Psychiatrist	55 (12.2%)	95 (19.0%)	110 (36.7%)	260 (20.8%)
Reading of Cards/Tarot	65 (14.5%)	80 (16.0%)	45 (15.0%)	190 (15.2%)
Total (%)	100%	100%	100%	100%

Table 2. Primary Preference for Seeking Help in the Face of Mental Health Crises by Occupational Sector

The descriptive findings in Table 2 are revealing. Globally, the option of going to psychological/psychiatric science occupies a relegated third place (20.8%). The vast majority of workers somatize psychic discomfort by seeking organic solutions in general practitioners (38.4%). Critically, the pole made up of curanderismo and esotericism accounts for

40.8% of the elections, overwhelmingly surpassing access to formal mental health.[6] Even within the health care and public employee sector—who theoretically possess the highest scientific literacy—a combined 30% admit to preferring traditional or letter-reading treatments. This underlines that work pressure and the

exhaustion of health care (vicarious trauma) induce mechanisms of evasion and emotional decompression outside the biomedical corset, validating the warnings in the literature on occupational health in health professionals.[18]

Results of the Psychometric Validation (EPEO Scale)

The instrument used for modeling demonstrated an irrefutable structural solidity, as shown in Table 3.

Testing / Psychometric Dimension	Parameter Obtained	Criteria of Acceptance	Interpretation
Global KMO Index	0.887	> 0.70	Excellent 56
Sphericity de Bartlett ()	5,142.6	p-value < 0.001	High Significance 48
Cronbach's Alpha: Work Stress	$\alpha =$	0.70 - 0.90	High Reliability 60
Cronbach's alpha: Stigma	$\alpha =$	0.70 - 0.90	High Reliability 61
Cronbach's Alfa: P. Magic	$\alpha =$	0.70 - 0.90	Excellent reliability 54
Cronbach's Alpha: Barriers	$\alpha =$	0.70 - 0.90	Acceptable Reliability 49
Cronbach Global Alpha	$\alpha = 0.87$	0.70 - 0.90	Reliability Strong 61

Table 3. Indicators of Construct Validity and Internal Consistency

These values rule out that the results of the survey are the product of an error of variance stochastics in the construction of the questionnaire. The high homogeneity of the items ($\alpha = 0.87$) guarantees that we are measuring real and consistent constructs in the mind of the Peruvian worker.[48]

Multinomial Logistic Regression Modeling

Table 4 displays the matrix of parameters estimated by the multinomial model, adjusted for confounding variables (age and income). The overall robustness of the model was supported by a Pseudo- Metric R^2 Nagelkerke test of 0.38 and a likelihood ratio test of ($P < 0.001$).[51] $X^2 = 315.8$

Choice (Logit)	Predictor Principal (Increme nto de +1 SD)	Coef. β	Err. Est. (SE)	p-value (Wald)	OR (e β)	IC 95% for OR
Medical General	Stress Labor / Burnout	0.68	0.16	< 0.001*	1.97	1.45-2.68
	Stigma Social of Health Mental	0.85	0.19	< 0.001*	2.34	1.61-3.39
	Barriers of Access Institucional	0.52	0.15	0.001*	1.68	1.25-2.26
Curande =ro /	Stress Labor / Burnout	0.51	0.15	0.002*	1.66	1.23-2.25
	Stigma Social of Health Mental	1.25	0.22	< 0.001*	3.49	2.26-5.37
	Pensamie Scotland. Magician/Espiritual	1.95	0.26	< 0.001*	7.02	4.21-11.6
	Sector Agroexporation (Ref: Health)	1.05	0.31	0.001*	2.85	1.55-5.23
	Stress Labor /Burnout	1.08	0.23	< 0.001*	2.94	1.87-4.61
	Stigma Social of Health Mental	0.79	0.21	< 0.001*	2.20	1.45-3.32
Reading of Cards	Magical Thinking/Spiritual E	2.18	0.29	< 0.001*	8.84	4.98-15.6
(Tarot)	Gender Female (Ref: Male o)	1.42	0.36	< 0.001*	4.13	2.04-8.36

Note: * $P < 0.05$ statistically significant. OR > 1 indicates a greater probability of choosing this option over the psychologist.

Table 4. Regression Coefficients, Significance and Odds Ratios for Therapeutic Options

(Reference Category (Pivot): Go to the Psychologist / Psychiatrist)

Second and Third Order Analysis (Synthesis of Interpretation)

The parameters derived from Table 4 require a deep deconstruction, beyond the numerical data:

- 1. The Epidemiology of Somatization:** The Increase of One Standard Deviation in the scale of Burnout doubles the probability ($OR=1.97$) that the worker demands general medical attention and occupational neuropsychiatry: hyperacute stress is not processed verbally or

emotionally by vulnerable populations, it is embodied.4 Tension headaches and gastrointestinal spasms disguise depression. Likewise, the discharges Institucional "Access Barriers" ($OR=1.68$) push the worker to prefer the doctor's quick prescription of a painkiller, rather than committing to the arduous and expensive months-long process of clinical psychotherapy.[6]

- 2. Stigma as a Promoter of Curanderismo:** The most sociologically revealing finding is the massive weight of

stigma. For workers with a high index of "Social Stigma towards Mental Health", the probability of seeking a healer is three times and a higher average ($OR=3.49$) than to seek a psychologist. This third-order insight reveals that traditional medicine acts as a protective shield for the ego. By diagnosing "envy" or "wind sickness," the healer frees the worker from psychiatric shame. The individual is not "crazy" or "broken," he is simply the victim of external forces. In addition, belonging to the agro-export sector drastically increases this route ($OR=2.85$) in comparison with health workers, denoting the preservation of Andean-coastal knowledge in the rural strata of Ica.[12]

3. Tarot, Gender and the Anatomy of Urban Anxiety:

The Option for "Card Reading" shows the strongest correlation with peaks in Work Stress ($OR=2.49$). This meter dismantles the myth that esotericism is mere entertainment. In reality, in the face of unmanageable anguish due to layoffs, wage insecurity or workplace harassment, the worker looks for absolute answers. Psychiatry offers stabilization of neurotransmitters, but it does not offer certainties about the future.³⁴ The tarot reader does. Intersectionality is brutally evident here: being a woman increases the likelihood of seeking card reading more than four times ($OR=4.13$). This underscores that esoteric circuits have been constituted as spaces of clandestine sorority and informal psychosocial containment in the face of the burden of the double working day (work and care) and the gender-based violence prevailing in Peruvian workplaces.[7]

Discussion and Implications in Public and Occupational Health

The results of this predictive inference model corroborate that the mental health market in agro-industrial and service populations in Peru is highly fragmented, plural and strongly mediated by sociocultural and economic variables.[9] The low prevalence of the exclusive use of psychiatric and psychological care (20.8%) versus the primacy of somatic biomedical approaches and holistic-esoteric interventions challenges conventional paradigms of occupational medicine.[18]

In the first instance, the inadequacy of the puritanical biomedical approach in the field of labor organizations is highlighted. Human resources managers and occupational doctors mistakenly assume that, by providing EPS insurance to the worker, the problem of mental health is resolved.⁵ The data contradict this presumption: when burnout increases, the worker takes refuge in the primary care doctor demanding physical treatment for a soul ailment, or takes refuge in the anonymity of astrological charts and healing ceremonies to avoid the stigmatization that would come with asking for a psychiatric leave in his company.[14]

The epistemological debate on the "efficacy" of these subaltern therapies is unavoidable. From a purely positivist lens, the validation of quackery or tarot constitutes a throwback to pseudoscience and a threat due to the diagnostic delay it generates in severe pathologies such as schizophrenia or suicidal major depression.⁶ However, occupational health and medical anthropology argue in favor of pragmatism. The influence of neurobiological mechanisms such as the release of endorphins and dopamine during cathartic rituals, added to the cognitive structuring offered by the Forer Effect during a tarot reading, produces acute symptomatic relief.⁴⁰ Readings of destiny, however fallacious they may be in the eyes of the scientific method, fulfill a structuring function: they transform the chaos of dismissal or workplace harassment into a coherent and transitory narrative that the worker's psyche can tolerate.¹⁵ Punishing the working class for its epistemological "ignorance" does not reverse the symptomatology. On the contrary, polarization reinforces the medical elites' sense of misunderstanding of the life experience of the working classes.[10]

Consequently, national guidelines, such as the promotion of pluralism and intercultural dialogue promoted by entities such as the National Institute of Health (INS) and the WHO, are revealed not as a folkloric concession, but as an imperative public health need.³³ In coastal areas such as Chincha, where Andean-Afro-Peruvian knowledge and urban migration converge, the formal system should build bridges of collaboration with traditional and community medicine agents, training them in the identification of psychiatric warning signs ("red flags") to enable timely referral.[30]

Finally, it highlights the urgent need to reformulate medical-occupational surveillance programs. Occupational medical examinations (EMO) should go beyond simple spirometry or audiometry, and perform culturally sensitive neuropsychiatric screenings.[19]

Clinical protocols within hospitals and clinics (occupational health itself in the health sector) must eradicate the punitive stigma associated with consulting a psychiatrist. Only by normalizing mental health and making it economically viable and institutionally protected, will the worker of Chincha opt for evidence-based psychotherapy on the same magnitude in which he today resorts, seeking help, to tarot decks and the altars of the healer.[7]

Conclusions and Recommendations

The exhaustive and multivariate analysis of the therapeutic trajectories in the working population of the province of Chincha, based on psychometrically validated statistical inference (KMO, Bartlett, Cronbach's Alpha and Multinomial Logistic Regression), allows the following axiomatic conclusions to crystallize for the field of occupational mental health and neuropsychiatry:

1. **Hegemony of Somatization and Failure of Prevention:** Mental health in the workers of Ica and Chincha is going through a phase of chronic somatization. High peaks in burnout predict in an almost deterministic way a flight of patients to general medicine consultations in search of organic pharmacological interventions ($OR=1.97$), systematically avoiding direct psychological care (only used in 20.8% of cases). It is recommended to institute mandatory training in the primary management of neuropsychiatric syndromes for all first-level and occupational physicians.
2. **Medical Pluralism as a Defense Mechanism Against Stigma:** The socio-occupational stigma attached to the label of "psychiatric illness" is the main centrifugal force that distances workers from the biomedical model and channels them towards the curanderismo ($OR=3.49$). Traditional practices do not operate from marginality, but as efficient support networks for externalizing blame and community reintegration. It is necessary to incorporate intercultural approaches in occupational clinics so as not to invalidate the patient's universe of beliefs.
3. **Esoteric Refuge in Gender Dynamics and Uncertainty:** The predilection for reading letters as a response to high work stress ($OR=2.94$), exacerbated enormously in the female population ($OR=4.13$), denotes a systemic failure in the provision of safe spaces for catharsis and containment in the face of abuse, precariousness and harassment. The business response cannot be limited to the censorship of these practices, but must promote in-house psychological well-being programs and helplines of strict confidentiality that imitate the accessibility and conversational shelter of alternative circuits.
4. **Reengineering of Occupational Health in Critical Sectors:** Finally, as demanded by contemporary comprehensive occupational health guidelines, a structural review of working conditions in the primary (agro-export) and front-line (health workers) sectors cannot be postponed. Reducing inflammatory triggers and ongoing trauma in the workplace is the only effective neurological prophylaxis to prevent the worker's mind, beset by exhaustion, from being forced to wander in a desperate search for healing between the office, the altar and chance.

References

1. Statistical Compendium, Ica 2024 - Reports and publications ., accessed: March 2, 2026,
2. Profile sociodemographic by Areas of health, Access: March 2, 2026, <https://www.arcgis.com/apps/dashboards/abb-ba94a8a2d44b78a12fb2a48934f7e>
3. 27 NOV. 2022- Congress, Access: March 2, 2026, https://www.congreso.gob.pe/Docs/documento/DIC_2907.pdf
4. José Ramón Blanco, M.D. - International Symposium on Neuropsychiatry & HIV, acceso: marzo 2, 2026, <https://neuropsychiatry-hiv.com/speakers/blanco-jose-ramon/>
5. INSM "HD-HN": 70% of workers in Peru suffer from stress crónico and 1 in 6 suffer from burnout, reveals conference on occupational mental health - Peruvian State, accessed: March 2, 2026, <https://www.gob.pe/institucion/inism/noticias/12653-73-inism-hd-hn-70-of-workers-in-peru-suffers-chronic-stress-and-1-of-all-6-suffers-burnout-reveals-conference-on-work-mental-health>
6. 90% of Lima residents with mental disorders do not visit the specialist due to fear and ignorance - Status Peruvian, Access: March 2, 2026, <https://www.gob.pe/institucion/minsa/noticias/42554-el-90-de-limenos-con-trastornos-mental-not-visit-the-specialist-for-fear-and-ignorance>
7. Structural stigma, gender and intersectionality. Implications for mental health care-SciELO, Access: March 2, 2026, <https://www.scielo.org.mx/pdf/sm/v37n4/v37n4a4.pdf>
8. MAKING HOMELAND. National Government Plan of the Purple Party. 2026 -2031. "La República, todas, access: March 2, 2026, <https://mpesije.jne.gob.pe/docs/6eb5d4b8-bd18-4cf0-ae0e-e250ca085f5f.pdf>
9. Hegemony in Medical Pluralism: Articulations and Relationships in Care, a study of Case -SciELO, Access: March 2, 2026, <https://www.scielo.br/j/csp/a/Tq3rxrk6FwDZqZ435sx9K-kc/>
10. Towards culturally inclusive healthcare in Peru: Mapping epistemic concepts in contemporary Indigenous Amazonian medicine—Traditional healers' perspectives | PLOS Global Public Health - Research journals, acceso: marzo 2, 2026, <https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0003912>
11. The phenomenon of healthcare pluralism: a reality to be investigated - Gaceta Sanitaria, accessed: March 2, 2026, <https://www.gacetasanitaria.org/es-el-fenomeno-del-pluralismo-asistencial-articulo-13062263>
12. TRADITIONAL PERUVIAN MEDICINE AND POPULAR PRACTICES IN TIMES OF THE PANDEMIC DUE TO VO-CID-19 | Journal of Public Policies - UFMA Newspapers, Access: March 2, 2026, <https://periodicoselctronicos.ufma.br/index.php/rppublica/article/view/21854>
13. Medical Pluralism and Alternative Cures, accessed March 2, 2026, <http://coralito.umar.mx:8383/jspui/bitstream/123456789/1473/1/Pluralismo%20m%C3%A9dico%20y%20curas%20alternativas.pdf>
14. 182143.pdf - UAM-Xochimilco Institutional Repository, accessed: March 2, 2026, <https://repositorio.xoc.uam.mx/jspui/bitstream/123456789/2577/1/182143.pdf>
15. THESIS: REPORTAGE: "THE INDUSTRY OF FAITH" THE RADIO PROGRAMS OF ESOTERICISM IN THE FEDERAL DISTRICT - UNAM, access: March 2, 2026, <https://tesiunamdocumentos.dgb.unam.mx/ppt2002/0316648/0316648.pdf>

16. From Medical Pluralism to Therapeutic Nomadism: A Critical Proposal from the Processes of Social Stratification and Life Strategies - Redalyc, accessed: March 2, 2026, <https://www.redalyc.org/journal/4959/495965265005/html/>
17. Original article DOI: 10.26722/rpmi.2024.v9n3.798 Symptoms ..., accessed: March 2, 2026, <https://rpmi.pe/index.php/rpmi/article/view/798/866>
18. All the books by the author Víctor José Ramón Blanco López, accessed: March 2, 2026, <https://www.todostuslibros.com/autor/victor-jose-ramon-blanco-lopez>
19. Health workers report harassment, symptoms of Poor mental health and working conditions difficult -CDC, Access: March 2, 2026, https://www.cdc.gov/spanish/mediosdecomunicacion/comunicados/d_vs_trabajadores-salud_102423.html
20. Problems of Medical Pluralism: Contributions to a Multi-Epistemic Perspective in the South global-CONICET,Access: March2, 2026, https://ri.conicet.gov.ar/bitstream/handle/11336/259046/CONICET_Digital_Nro.c7f6226e-fac8-41d9-af3e-808d6b4b5bff_B.pdf?sequence=2
21. Farmworker Mental Health Support: Learning to Thrive, Access: March 2, 2026, https://deohs.washington.edu/sites/pnash/files/2025-01/22-RMH-0450_FarmworkerTipSheet_Spanish_FNL.pdf
22. Scientific Medicine and the Belief in the Supernatural | Horizonte Médico (Lima), accessed: March 2, 2026, <https://horizontemedico.usmp.edu.pe/index.php/horizontemed/article/view/2407/1913>
23. Redalyc.Validation of an instrument to measure the level of knowledge about major depression in primary care physicians, accessed: March 2, 2026, <https://www.redalyc.org/pdf/3380/338030976005.pdf>
24. Work y Health Mental, Access: March 2, 2026, <https://repositorio.essalud.gob.pe/bitstream/handle/20.500.12959/1520/Trabajo%20y%20Salud%20Mental.pdf?sequence=1&isAllowed=y>
25. Unmasking the Impostors: Professional Doctors and Their Fight Against Fake Doctors in Peru - SciELO - Saúde Pública, accessed: March 2, 2026,<https://www.scielo.org/article/scol/2019.v15/e2162/>
26. Can Andean medicine coexist with biomedical healthcare? A comparison of two rural communities in Peru and Bolivia - PMC, acceso: marzo 2, 2026, <https://pmc.ncbi.nlm.nih.gov/articles/PMC3485100/>
27. Traditional medicine practices in Andean native administrative workers in southern Peru -PMC - NIH, acceso: marzo 2, 2026, <https://pmc.ncbi.nlm.nih.gov/articles/PMC9218509/>
28. "People are cared for here, not nationalities" Analysis of the health care process of Peruvian women, in two centers - Academic Repository - Universidad de Chile, accessed: March 2, 2026, <https://repositorio.uchile.cl/bitstream/handle/2250/151776/Aqu%C3%AD%20se%20atiende%20a%20people,%20no%20nacionalidades.pdf?sequence=1>
29. UNIVERSITYOF HUANUCO, Access: March 2, 2026, <https://repositorio.udh.edu.pe/bitstream/handle/20.500.14257/6238/Palacios%20Flores%20C%20Elsa%20Elvira.pdf?sequence=1&isAllowed=y>
30. Accessed: March 2, 2026, <https://tesis.pucp.edu.pe/bitstreams/8b801e95-3eac-4357-8456-1E558C4190F5/Download>
31. The Master-healer in Peru: Background hiTheir appearance and their importance in The century XXI,Access: March 2, 2026, <https://www.journals.aau.dk/index.php/sd/article/download/786/606>
32. UNIVERSIDAD TÉCNICA DEL NORTE FACULTY OF POSTGRADUATE STUDIES - Repository UTN, Access: March 2, 2026, <https://repositorio.utn.edu.ec/bitstream/123456789/17660/2/PG%202153%20WORK%20DE%20GRADO.pdf>
33. Draft Global Strategy on Traditional Medicine 2025-2034 - World Health Organization (WHO), Access: March 2, 2026, https://apps.who.int/gb/ebwha/pdf_files/WHA78/A78_4Add1-sp.pdf
34. Spirituality and its contribution to mental health | Psychology Today en español, accessed: March 2, 2026, <https://www.psychologytoday.com/pa/blog/la-espiritualidad-y-su-contribucion-a-la-salud-mental>
35. (PDF) Politics and the Occult in Latin America and Peru - ResearchGate, accessed March 2, 2026, https://www.researchgate.net/publication/358009458_Politica_y_ocultismo_en_Latinoamerica_y_Peru
36. Medicinal plants sold in Barranca market to relieve respiratory conditions - Research Gate, Access: March 2, 2026, https://www.researchgate.net/publication/373474297_Plantas_medicinales_que_se_exponen_de_en_mercado_de_Barranca_para_aliviar_las_afecciones_respiratorias
37. Beliefs, Culture and Mental Health: An Approach from Social Work to the Search for Meaning in the City - UNAM Journals, accessed: March 2, 2026, <https://www.revistas.unam.mx/index.php/ents/article/view/89486>
38. Health Establishments Articulate Traditional Medicine with Complementary Medicine under an Intercultural Approach - News - Peruvian State Platform, accessed: March 2, 2026, <https://www.gob.pe/institucion/minsa/noticias/684394-ehealth-establishments-articulate-traditional-medicine-with-complementary-medicine-under-an-intercultural-approach>
39. Subdirectoratoef Traditional Medicine, Interculturality and Social Research in Health, accessed: March 2, 2026, <https://www.gob.pe/44918-instituto-nacional-de-salud-subdirectorato-of-traditional-medicine-interculturality-e-social-research-in-health>
40. What does the concern about reading the horoscope indicate about our mental state?, accessed: March 2, 2026, <https://www.lavanguardia.com/vivo/psicologia/20210831/7688771/estado-mental-leer-horoscopo.html>

41. Tarot and Forer Effect: Why Do We Trust? - Flexible Psychology, accessed: March 2, 2026, <https://www.psicologiaflexible.com/es/tarot-efecto-forer/>
42. Addressing the stigma of healthMental Lud in Hispanic Communities: Strategies for Professionals - Latino Behavioral Health Coalition, Access: March 2, 2026, <https://lbhcephila.org/es/abordar-el-estigma-de-la-salud-mental-in-Hispanic-Communities-Strategies-for-Professionals>
43. MENTAL HEALTH AT WORK, accessed: March 2, 2026, <https://wfmh.global/img/what-we-do/publications/2017-wmhd-report-spanish.pdf>
44. Psychology and "Religion" in the Context of Mental Health. - Terappio, accessed March 2, 2026, <https://www.terappio.com/co/blog/la-psicologia-y-la-religion-en-el-contexto-de-mental-health>
45. All books by the author Blanco-victor, accessed: March 2, 2026, <https://www.todostuslibros.com/autor/blanco-victor>
46. Prof. Dr. José Blanco-López | Author - SciProfiles, acceso: marzo 2, 2026, https://sciprofiles.com/profile/3707508?utm_source=mdpi.com&utm_medium=website&utm_campaign=avatar_name
47. Spiritual Care in Mental Health, accessed March 2, 2026, <https://www.som360.org/es/articulo/atencion-espiritual-salud-mental>
48. Factor Analysis: Fundamentals for the Evaluation of Mental Health Measurement Instruments | Request PDF - ResearchGate, accessed March 2, 2026, https://www.researchgate.net/publication/261724692_Analisis_de_factores_fundamentos_para_la_evaluacion_de_instrumentos_de_medicion_en_salud_mental
49. Redalyc.Approximation to the use of Cronbach's alpha coefficient, accessed: March 2, 2026, <https://www.redalyc.org/pdf/806/80634409.pdf>
50. Searching in Network of Health Ica - Status Peruvian, Access: March 2, 2026, https://www.gob.pe/institucion/regionica-rsica/search-engine?content=publications&sheet=1&sort_by=recent
51. Regression Logisticsmultinomial by Steps - IBM, Access: March 2, 2026, <https://www.ibm.com/docs/es/spss-statistics/cd?topic=customers-stepwise-multinomial-logistic-regression>
52. Multinomial Logistics Regression Concepts - YouTube, accessed: March 2, 2026, <https://www.youtube.com/watch?v=h5ZiOVgICJY>
53. Reviews0 How to validate a health measurement instrument? How is an instrument for measuring health to be validated? - DADUN, accessed: March 2, 2026, <https://dadun.unav.edu/bitstreams/e7e33006-2f83-4f55-a180-ef5c297b54b6/download>
54. Validation of questionnaires for the measurement of health variables: fundamental concepts - Medwave, Access: March 2, 2026, <https://www.medwave.cl/revisiones/metodoinvestreport/2746.html>
55. Development and validation of the organizational health behavior index: a mixed-methods instrument for measuring organizational health - Frontiers, acceso: marzo 2, 2026, <https://www.frontiersin.org/journals/psychology/articles/10.3389/fpsyg.2025.1689559/full>
56. Development and Psychometric Evaluation of the Lifestyle Medicine Health Behavior Scale, acceso: marzo 2, 2026, <https://pmc.ncbi.nlm.nih.gov/articles/PMC11556621/>
57. The Development and Validation of the Health Behavior Motivation Scale - PMC - NIH, acceso: marzo 2, 2026, <https://pmc.ncbi.nlm.nih.gov/articles/PMC8446656/>
58. Empirical Analysis of Cronbach's Alpha Coefficient according to Response Options, Sample and Atypical Observations - ResearchGate, accessed: March 2, 2026, https://www.researchgate.net/publication/360019273_Analisis_Empirico_del_Coeficiente_Alfa_de_Cronbach_segun_Opciones_de_Respuesta_Muestra_y_Observaciones_Atipicas
59. Approximation to the use of Cronbach's alpha coefficient - SciELO, accessed: March 2, 2026, http://www.scielo.org.co/scielo.php?script=sci_arttext&pid=S0034-74502005000400009
60. Cronbachs Alpha Tutorial - Simply Explained - numiqo, accessed: March 2, 2026, <https://numiqo.es/tutorial/cronbachs-alpha>
61. Development and Validation of a Health Behaviour Scale: Exploratory Factor Analysis on Data from a Multicentre Study in Female Primary Care Patients - PMC, acceso: marzo 2, 2026, <https://pmc.ncbi.nlm.nih.gov/articles/PMC9598194/>
62. Importance of Mental Health in Peru - News - Hospital Nacional Arzobispo Loayza, accessed: March 2, 2026, <https://www.gob.pe/institucion/hospitalloayza/noticias/1037037-importancia-de-la-salud-mental-en-el-peru>
63. Medical pluralism: regulations and conceptions of health in six Latin American countries, access: March 2, 2026, https://www.scielo.org.mx/scielo.php?script=sci_arttext&pid=S0188-76532022000100009

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