

THE GIFT OF HEALING

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PREFACE

The information contained in this monograph, along with the associated film and slide series, was developed through the efforts of the staff of Proyecto Comprender, a project funded by the Regional Medical Program of Texas (Contract Number 75-108G) in cooperation with the Division of Health Related Professions and the Department of Behavioral Sciences at Pan American University.

The Pan American University staff of Proyecto Comprender consisted of the following people: Julian Castillo, Project Director and Director of the Division of Health Related Professions; Robert T. Trotter, II, Project Coordinator and Co-Investigator, Medical Anthropologist, Department of Behavioral Sciences; Juan Antonio Chavira, Co-Investigator, Medical Sociologist, Department of Behavioral Sciences; Aida Hurtado, Research Assistant and Photographer; Liz R. Chavira, Script Writer for slide series; Lucia Rodriguez, Research Assistant; Silverio Arenas, Research Assistant; Antonio Rivera, Photographer; Esperanza Cantu, Project Secretary; and Olga O. Ambriz, Division Secretary.

Other individuals who contributed their expertise and knowledge of curanderismo include: Sr. Jose Alfonso Trevino, Sra. Maria de la Luz-Rosales, Sra. Maria Marta Balderas, Sra. Socorro Bravo, Sr. Jose Meave, Sra. Guadalupe Meave, Srs. Herminia Chavez-Blanco, Sra. Juventina Martinez, and many others.

This book is dedicated to the people of the Lower Rio Grande Valley of Texas, where this research took place.

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INTRODUCTION

Proyecto Comprender was developed to document the practices of Mexican American folk healers and to present this information as an educational package consisting of a film, a slide series, and a monograph on the Mexican American folk health care system, curanderismo. The goal of the project was, and is, to lessen cultural barriers to the delivery of health care to Mexican American patients by providing the health care professional with information that may help him understand events occurring in the lives of some of their patients.

These events may have a direct effect on that patient's expectations of the health professional and modern medical services; expectations that the health professional may not be aware of through lack of contact with this optional health care system. This educational package is designed to promote awareness of culturally relevant symbols and forms of communication that are used by curanderos in the hope that knowledge of these patterns of behavior can be useful to health professionals in their treatment of some of their Mexican American patients. The goal of the complete educational package is the sensitization of health practitioners to culturally relevant cues in the delivery of health care and, ultimately, the lowering of cultural barriers to good health.

Before beginning the project, we felt that extensive research had been done, but that the findings were practically inaccessible, buried in academic journals or available only

through personal knowledge of the researchers. The original scope of the project was simply to document this information and make it available in a more accessible format.

Within a short time after the inception of the project, we discovered that only a small part of the total curanderismo system had been studied in-depth, while other areas were poorly represented in the literature or completely undocumented. This discovery changed the scope of the project drastically leaving the goals unchanged, yet taking on these goals took on greater importance. These previously undocumented areas of curanderismo suggest a broader base of participation in this folk medical system than was formerly assumed. Therefore, the expanded scope of the project became to research and document these unexplored areas; to document the more well-researched areas; and to provide the broadest possible base of information to accomplish the project goals.

LITERATURE FROM PREVIOUS STUDIES

Before presenting our research findings, it is appropriate to describe the existing research and literature on curanderismo. This review places Proyecto Comprender in its proper historical perspective to avoid repeating past mistakes and to acquaint the reader with alternative material and viewpoints about Mexican American folk medicine.

In general, the literature can be divided into four broad categories:

1. cultural catalogues of materials and practices,

2. ethnographic studies,
3. functional studies, and
4. studies suggesting corrective measures.

These categories are not mutually exclusive and sometimes are used in combination; therefore, we will select a few works from each category and show how they succeed, or fail, in their analysis of curanderismo.

In light of our research, many of these earlier studies appear to be narrow in scope, superficial in their content or biased in their analysis. Some of these works present unreal stereotypes of both Mexican American patients and curanderos.

The results of any research project depend on the adequacy of the methodology employed. In previous studies of curanderismo, some bias appears to result from researcher ethnocentricity, historical stereotypes of Mexican Americans, and/or other methodological shortcomings described below.

CULTURAL CATALOGUES

Researchers writing catalogue articles have employed a variety of methodological approaches; their major goal seemingly being an answer to the following question: "How can we best catalogue the different characteristics of curanderismo so that they can make sense to us?" Most of these articles interpret curanderismo in terms of scientific-professional logic, which is not necessarily the logic employed by the practitioners and users of curanderismo.

This approach, labeled ethnocentric by social scientists,

gives the false impression that the information the reader is given fits into categories or experiences with which the reader is familiar. It fails to present the viewpoint of the people themselves. Especially prone to this fault, the catalogue approach often lifts objects and rituals out of their social context and presents them to the reader much in the same way that museums and encyclopedias present separate facts. These presentations are interesting, but reflect an artificial reality.

Similar problems are encountered in translation. Problems always occur in translating words, phrases and ideas from one language to another because words and meanings are sometimes not closely linked. It is impossible to literally translate, "He kicked the bucket,"¹ into Spanish or "No pongas mosca,"² into English, even though the ideas behind these phrases can be explained.

This problem of translation becomes far more difficult for complex ideas, experiences, and social situations such as health beliefs and health practices. In these cases one must not only interpret meanings, but also thought processes and world views, which are meaningless unless they are placed in their total social and cultural environment. The cultural catalogue approach to folk medicine sometimes produces the same lack of meaning for rituals and healing experiences that are produced by the literal translation of the above phrases. The words come through but the real meaning is left behind.

¹Se murio.

²Quit bothering me or Don't butt in.

The cultural catalogue approach to curanderismo is the earliest and most persistent type of article found in the literature. Early articles consisted of reporting and occasionally moralizing on practices that captured the interest of folklorists (see Bourke 1894, Scott 1923). These articles include an encyclopedia treatment of objects, events, and rituals pulled from their social context and displayed as prized objects, much like one kills and mounts a butterfly collection. Very little information on the life of either butterflies or people is available from this inconsistent data collection method.

Some studies, such as Elizabeth Scott's (1923), portray curanderismo as part of the quaint, primitive customs of Mexican American natives. Scott places curanderismo within the context of the social stereotypes prevalent at that time:

The peons of the rural districts are full of superstition and fears, inherited from generations of ignorant forebearers, and daily they exercise their beliefs in charms and omens. But of all their beliefs, none is more curious than that in the "Evil Eye"-- a superstition shared, in some instances even by Mexicans of the aristocratic class. (Scott 1923:77)

Later articles (Curtin 1947, Romano 1965, Baca 1969, Holland 1963) are more sophisticated in their approach to curanderismo. They provide information that is useful in comparing health practices through time or space, but they continue to suffer from lack of attention to social environments or to the social implications of their catalogue objects and ideas.

Curtin's (1947) important and extensive work on the healing herbs of New Mexico reads like a well documented, annotated bibliography. Her identification procedures at both the popular

and botanical level show an enormous amount of work and dedication. The herbs are classified in a way that makes sense to research scientists, but the illnesses they cure and the health status of the population get lost in the dictionary-like monotony of one classification after the other. She gives elaborate descriptions of the remedies which employ the different herbs, and the different illnesses they are supposed to cure. However, the social context which brings the herbs and illnesses together is never really discussed. The work is important as a source of comparative data, but leaves much to be desired as a social document that explains the beliefs and practices of the people.

Romano's (1965) classification of the folk healer uses categories that are so broad they become useless for designating differences in healers. His ten categories cover both social and geographical positions, but they are not necessarily levels of expertise. His first five categories can be classified as social positions (Romano, 1965:1156):

1. daughter,
2. mother,
3. grandmother,
4. experienced neighbor, and
5. full-time healer.

These first five positions define the healer within a familial and social context.

There are four problems with this classification of healers. First, the fact that one healer is a grandmother and another is an experienced neighbor does not automatically mean one has more

expertise than the other. Second, this classification system does not define the skills or techniques of the healers it tries to classify either from the medical viewpoint or from the curandero's viewpoint. Third, the categories themselves are ambiguous. The same person could conceivably fit all five categories--daughter, mother, grandmother, experienced neighbor, full-time healer. Fourth, the first five categories ignore the existence of male curanderos.

Romano's second five categories can be classified as geographical positions:

6. city or town healer,
7. regional healer,
8. international healer,
9. international-religious folksaint (Nino Fidencio),
and,
10. international-religious formal saint (San Martin de
Porrás).

The fact that one healer lives in a city, another lives across the border, and another is recognized as a saint (or one could be all three) does not clearly define any level of expertise. The same limitations found in the first five categories are found in the second five with the exception that no sexual stereotype occurs. Human (living) and spiritual (dead) beings are grouped together without explanation. These categories do not show differences in healing techniques or relationships with the people they are supposed to heal. Therefore, these social and geographical positions offer no indication of a curandero's skills, activities or level or expertise. Expertise must be assessed by independent measures

of the healer's ability to do the tasks or procedures he is expected to perform.

Holland (1963) classifies folk medical beliefs in three categories: dislocational, emotional, and magical. However, Holland specifically defines only his first category--the dislocation of internal organs. Under this classification, he lists the frequently reported "cultural illness" of Mexican Americans, caida de mollera (fallen fontanelle) and empacho (surfiel or blocked intestine). His second category, illnesses of emotional origin, is only vaguely defined as illnesses caused by the interactionism of the mind and body. Although this definition could apply to almost anything, he specifically classifies bilis (strong emotional upset) and susto (sickness due to shock or fright) as emotional illnesses. His third category, illnesses of magical origin, is not defined at all. These non-defined illnesses include dano (witchcraft) and the already familiar mal ojo (evil eye). Each of these illnesses is repeatedly reported and defined in the literature nearly to the exclusion of most other phenomena in curanderismo. Madsen (1964) and Rubel (1960) provide an acceptable definition and description of these illnesses. These three categories make sense, but they explain very little about curanderismo or its social environment. Holland's research achieves generic consistency, but sacrifices analytical rigor. As in most other articles dealing with illnesses or magical origin, this author never states what he means by magic.

The methodology employed in this second category of articles has been generally ethnographic, (Madsen 1964, Clark 1959a, Saunders 1954, Rubel 1966; among others). Ethnographic studies are designed to research general problems areas such as acculturation, health care, or to research "whole cultures". This leads to generalizations from easily accessible information. These ethnographic studies produced information about curanderismo as a by-product of other research problems, creating the following limitations.

First, the most concisely and extensively described folk illnesses are susto, caida de mollera, mal ojo, and empacho. Common operational definitions of these illnesses are as follows, (Nall, 1967:302):

1. Mal ojo, literally translated "bad eye", is believed to result from excessive admiration or desire on the part of another.
2. Mal de susto (illness from fright) is believed the result of an emotionally traumatic experience.
3. Empacho is believed to be caused by food clinging to the wall of the stomach in the form of a ball.
4. Caida de mollera means fallen fontanelle.

These are the most commonly described Mexican American "folk illnesses"; everyone knows about them, everyone talks about them, and almost everyone can cure them. In essence the description, symptoms, and healing procedures for all four of these illnesses can be easily learned in an hour's conversation in almost any given barrio.

The overemphasis on these folk illnesses in the literature is probably due to their accessibility. None of these diseases are controversial or socially threatening; they form an easy topic of conversation. Talking about these folk illnesses can stir the conversation away from more "sensitive" topics. In addition, many of the activities connected with these illnesses, such as touching a baby after admiring it to prevent mal ojo, are highly visible and would naturally attract the attention of a trained observer. However, other illnesses and cures associated with the curanderismo system are more sensitive and less visible. These illnesses and cures might be easily missed by this research technique, unless they are the focus of the research project.

A second methodological shortcoming of some of these ethnographic studies is that they seem to approach curanderismo as something slightly sensational, unusual, or quaint. An example of the sensational approach is as follows (Madsen 1964:80-81):

European Satanic beliefs are combined with the witchcraft beliefs of pre-conquest Mexico in the folklore of the Magic Valley. It is said that a witch obtains power from Satan enabling him to harm his victims through magical rites. The witches' powers include the ability to fly and transform himself into animal shapes. Some people say that witches can become invisible and listen in on your conversations. This is another reason why it is unwise to discuss the subject of witchcraft too freely.

An example of the quaint description is as follows (Rubel, 1966:168):

Mal puesto (witchcraft) is presumed to

arise as a consequence of one of three kinds of social relationships: a spat between lovers, an unrequited affair, or as a reflection of invidiousness is generally attributed to ill-defined others, usually "the neighbors" [los vecinos] or "the people" [la gente], or "someone" [alguien], and less often to a specific individual.

This approach tends to portray curanderismo as an object of bizzare interest or quaint information, not necessarily as a health resource, nor as an indicator of the health status of the population. In some cases this has led to an over-emphasis that is detrimental to analyzing curanderismo as a part of an overall cultural pattern that contributes to the health beliefs, status, and practices of Mexican Americans.

A third methodological shortcoming arises from the tendency of many ethnographers to concentrate on what the general population has to say about illness and health care. This would be like defining modern medical theories and practices from the public's knowledge. The public's perspective of medicine would include multiple definitions of the same illness, inconsistencies in medical theories, misinformation, and broad areas of inadequate or missing coverage of the less visible specialty areas. Approaching curanderismo from the public's point of view would result in the same methodological errors. Technical knowledge of healing and health care is rather limited and superficial at the popular level. Studies that accept the public's definitions of illness and health care without confirmation from the practitioners, either health professionals or curanderos, have serious limitations,

While it is very important to understand popular beliefs, it is equally important to understand the underlying theories and principles that ultimately produce these beliefs.

These studies fail to produce an in-depth study of curanderismo from the point of view of the curandero himself. This shortcoming is especially apparent in the ethnographer's description, or lack of description, of some of the most salient, yet elusive aspects of curanderismo--namely brujeria (witchcraft) and mal puesto (spells and hexes). The ethnographer usually employs information he obtains at the popular level to interpret curanderismo. Since the popular version of curanderismo often sounds strange and unbelievable to the scientific-professional mind, it is usually relegated to a descriptive treatment, rather than an analysis of the effects of these beliefs on the health practices of Mexican Americans. This problem can be overcome by researching the specialized knowledge of the curanderos themselves. To do otherwise would be analogous to researching how a neuro-surgeon removed a brain tumor or a heart surgeon repaired a damaged valve by interviewing their patients. To understand what these doctors were doing, the ethnographer would have to first become familiar with their concepts and procedures. One cannot expect an ethnographer to jump in cold and really understand what the doctor is doing. The same thing can be said of anyone studying the curandero, his health concepts, and his curing procedures. The problem of explaining curanderismo is greatly magnified when the ethnographer tries to describe that which he does not fully understand or that to which he has not been fully exposed.

Despite these methodological problems, most ethnographic studies have been sensitive to the relationship between illness and its social environment (see Saunders 1954, Clark 1959a, Rubel 1960, 1964, and Madsen 1964, among others). They make a number of valid and important observations, such as the following:

The members of La Raza do not divide the natural and the supernatural into separate compartments as Anglos do. An harmonious relationship between the natural and the supernatural is considered essential to human health and welfare, while disharmony precipitates illness and misfortune. (Madsen 1964:68)

However, these observations are too often buried amongst less important details of their research findings and do not become the most salient characteristics of their reports.

FUNCTIONAL STUDIES

A number of articles about curanderismo analyze its social or psychological functions within Mexican American communities. Articles dealing with social functions generally describe the role curanderismo plays:

1. in reinforcing social values and cultural identification for Mexican Americans (Rubel 1960),
2. in controlling peoples' behavior,
3. in providing Mexican Americans with rationalizations for deviant behavior, and
4. in providing a means of rejecting acculturation. (Clark 1959b:154-55)

The psychologically-oriented articles analyze the functional value of curanderismo in maintaining or reestablishing mental health within a culturally appropriate framework of treatment

or therapy (see Karno 1965, Kiev 1968, and Torrey 1972). These articles suggest that curanderismo satisfies certain psychological needs for some Mexican Americans, because of its ability to reduce anxiety or to provide counseling and therapy within a social environment that is neither unfamiliar nor threatening.

Perhaps, because mental health still remains a frontier for modern medicine, this is the area where curanderismo finds its most avid supporters. Psychologists and psychiatrists have begun to recognize the effectiveness of curanderos in dealing with mental illness (Kiev 1968, Kline 1969, Galvin 1961, Torrey 1972). Kiev's (1968:6) positive comments about curanderismo include the following:

It provides those with disorders such as chronic schizophrenia a kind of social support that enables them to continue to function in a supportive atmosphere. Thus it serves prophylactic purposes. When these practices are no longer available, individuals who previously were able to cope are no longer able. Curanderismo is also important not only as a form of prevention which contributes to lower incidence, but as a form of treatment agency whose presence leads to a reduced flow of people going to hospitals.

Kline's (1969:94) suggestion is perhaps typical of those who want to incorporate curanderos into the mental care system:

One way to deal with this community (Spanish American) resistance to treatment is to develop services with the participation of community leaders and traditional healers.

These observations and suggestions are valid from what is currently known about the cultural determinants of mental

health. However, these studies have methodological shortcomings that should be taken into account. The most obvious of these shortcomings is the lack of empirical validation of these recommendations and observations through the intensive and extended participation of trained psychologists or psychiatrists in the curanderismo system. This is the only way the methods and techniques of the curanderos can be empirically compared to accepted treatment techniques. Kiev (1968) interviewed some curanderos in San Antonio, Texas; Torrey (1972) made an exhaustive review of the literature; and Galvin and Ludwig (1961) found the concept of brujeria adequate for freudian psychoanalysis. Yet, none of these individuals observed the patient-curandero interaction for any significant length of time. This seems analagous to diagnosing and suggesting treatment for a particular psychological condition without having seen the patient's behavior. The diagnosis may be correct but should first be verified by direct observation.

CORRECTIVE MEASURES

This category in reality is a subcategory of the first three. It is presented here for special emphasis and includes articles which either support or oppose the utilization of curanderos as paraprofessional members of the existing medical system.

Most studies dealing with corrective measures (Fantini, 1962; Creson, et. al., 1969; Nall, 1967) begin with a neutral outlook seeking to identify both positive and negative qualities of curanderismo.

These studies normally assume an empirical approach, which in the social sciences means survey research. Unfortunately, they have depended on this literature for the operational definitions of the folk illnesses emphasized in their research.

These researchers usually try to determine the "awareness" of folk illness in a given population (Martin and Martinez, 1966), "commitment" people have to folk illnesses (Nall, 1967), or the extent of peoples' "beliefs" in traditional folk illnesses (Creson, et. al., 1969). The studies appear to be a sincere attempt to assess the health status of Mexican Americans. However, the researchers' "awareness" of a few easily accessible folk illnesses; their "belief" that these few illnesses offer a good indication of the complete range of Mexican American folk health beliefs and health behavior; and their "commitment" to these folk illnesses, produces the impression that curanderismo is more narrow in scope and substance than may actually be the case. Conclusions to these articles often suggest that the more positive aspects of curanderismo be adopted, and the more negative aspects be modified or corrected.

OTHER ARTICLES

One other article (Edgerton, et. al., 1970) will be mentioned briefly for special emphasis as a negative model for research on curanderismo. It describes a research project which focuses on the extensively researched folk illnesses of susto, mal puesto and mal ojo. The article does not mention the result of this survey. However, detailed descriptions of the research

methodology employed by this group raise serious questions about the ethical aspects of certain approaches to data collection. In this case a research assistant was sent to the curandero, faking an illness in order to explore the healing procedures of curanderos.

Thus in order to explore how folk healers treat emotional disorders in the East Los Angeles area, we instructed a research assistant to present herself in person to curanderos as a polyneurotic patient. The research assistant was a resourceful and talented young woman, disarming in manner, and born and raised in Mexico. She was instructed to present a series of neurotic symptoms and emotional conflicts as her reason for seeking help.

(Edgerton, et. al., 1970:127)

This procedure borders on the unethical. The curandero is being made a research object without his or her consent. This research procedure would probably not have been seriously considered had psychiatrists, physicians or clinical psychologists been the object of this study.

Furthermore, it has long been established (see Torrey, 1972) that successful therapy in the treatment of mental illness depends on the rapport between the therapist and the patient and the patient's expectations. Faking an illness is not conducive to good rapport nor positive expectations. Given this methodological approach, one gets the impression that these researchers went into the field expecting to find nothing, and found exactly nothing. Indeed, Edgerton and his associates never specify exactly how they expected the curanderos to respond.

RESEARCH METHODOLOGY

A review of this literature indicates that most studies of

curanderismo have been conducted from the viewpoint of the dominant health culture. From this viewpoint curanderismo is a deviant practice, and deviant practices are usually assumed to be bad or inferior. This viewpoint is reflected in the following:

This pattern is becoming more unusual as these mothers learn the value of modern medicine. And thus the "egg" is being forgotten as favorable experiences with physicians and clinics continue to occur. (Crawford 1961:14)

In researching for Proyecto Comprender, we attempted a neutral, functional approach to curanderismo. We assumed that curanderismo, like medicine, exists because people are ill physically, psychologically, spiritually and not vice versa. The next step was to research and describe the beliefs, techniques and theories of the curandero from the patients' and the healers' perspective.

In our particular case we felt that the best way to learn about curanderismo--the definitions of illness, the concepts of health and body functions, and the treatment procedures--was to study the curanderos themselves. We were interested in what they believed, how they worked, and how they were trained. We felt that the way any given profession defines its field of interest and the way that profession is practiced can be best understood by talking to professionals in that field.

Most curanderos do not have formal institutions where they learn their profession, nor do they have easily visible offices where they practice. Therefore, we had to rely on reputation and lay referrals to identify professional curanderos. From the beginning our strategy for gathering data was fourfold:

1. identification of known and respected curanderos, who were defined as professionals,
2. interviews with representatives of the major specializations in curanderismo,
3. in-depth case studies of a few curanderos, and
4. participant-observation in healing situations.

In identifying known and respected curanderos we relied on two sources of information. First, we consulted with personal friends and acquaintances in the barrios of different cities in the Lower Rio Grande Valley, and secondly, we relied on the relatives, personal friends, and acquaintances of our students at Pan American University. We wanted to know names and addresses of people whom our friends, students, and their families and neighbors considered to be good, reliable curanderos. When asked why we wanted to talk to curanderos, the reasons we gave can be summarized as follows:

1. Research Interests:
 - A. Preservation of an important characteristic of Mexican American culture.
 - B. Dissemination of information to medical and public health personnel so that they may be better able to understand the Mexican American illnesses, concepts of health, and perhaps, to be better able to provide services for Mexican Americans.
2. Information and Personal Development:
 - A. We wanted to learn as much as the curandero would teach us.
 - B. We wanted to know what the curandero considered important as far as illness and health is concerned.

- C. We wanted to know the need that exists for the curandero's service.
- D. We wanted to know why people seek the services of the curandero.

We were given names and addresses, and were personally introduced to a number of curanderos. In most instances a curandero was made known to us after our informant first asked the curandero if we could talk to him or her. In some instances the curanderos refused to see us. The most common reasons for refusal were (1) we would report them to the medical establishment (2) we would laugh at them (3) they did not have time. Our approach was the same as described above for those curanderos we were able to see. At no time did we fake an illness, nor did we fake a problem to gain access to our informants. At no time did we try to mislead anyone as to the purpose of our study, nor what we intended to do with our information. The process utilized to gather the data was to systematically try to uncover and understand the logical premises of the curandero through participant-observation and extensive interviewing. These beliefs and practices were documented by sound recording and still and motion picture photography, whenever possible.

When we approached the curanderos for information early in the study, our strategy had two shortcomings. First, the literature had prepared us inadequately for the information we were to receive. Second, since most of our research staff was Mexican American, we felt we knew, or at least were aware, of what we were getting into; however, Mexican Americans, as well as members of all other cultural groups, participate intensively

in segmented aspects of their culture. As far as folk medicine is concerned, most of us remember the barridas, the yerbitas, the emplastes we experienced in our youth without fully realizing what we were doing or why. We accepted many aspects of our culture on faith, and thereby became only superficially acquainted with specific things such as curanderismo. Our experiences, therefore, did not prepare us for what we were to find in the field.

The first segment of our research was one of intensive interviewing. In all fairness we must say that our informants were very much aware of how little we knew. They knew our ignorance better than we did. We kept asking questions about so-called "traditional folk illnesses," and "traditional concepts of health and body functions." In many instances the specificity of our questions seemed to be ignored, and we were given what appeared to be general and vague answers. It was a rather frustrating experience, but it made us aware of the terminology and concepts used by the curanderos and the tools they use in their treatment procedures. These were unstructured, open-ended interviews addressing themselves to specific topics using whatever questions seemed necessary at the time of the interview. All interviews were recorded and then transcribed verbatim. Examples of these interviews include a taped, four-hour conversation on the use of herbs; a three-hour conversation on the use of candles, a two and one half hour spiritual session, and two hours on how to protect houses, businesses and livestock. We collected more than sixty-five hours of taped information

constituting in-depth studies regarding the knowledge, concepts, theories and tools which the curanderos use in treating their patients. We also collected several thousand feet of motion picture film depicting curing procedures, as well as over 2,500 still photographs.

Throughout our initial interviews, our informants encouraged us to learn the healing process ourselves. We were given a series of tests and were told that one of us could develop himself into a competent spiritual and mental healer, and that the other could work as a healer on the material level.¹ The tests included one in which we sat in a semi-circle with our open palms upward on our laps and our eyes closed. The curandero stood in front of us, a clear glass of water nearby, and said invocations to the spiritual realm. We were told to concentrate on the Supreme Being and we remained sitting in this fashion for about fifteen minutes, with varying degrees of success in keeping our eyes closed and in concentrating. At the end of this session we were asked to describe the sensations we felt. The curandero indicated that one of the members of the research group had the potential to be a medium, because of that person's sensations, actions, and certain vibrations perceived only by the curandero. Through this experience, and others like it, several members of the research staff were offered the opportunity to learn healing techniques within the different realms of curanderismo. Much of the new information gathered by the project became available through this direct exposure.

¹We will elaborate on these terms in the following sections.

The second step in our participant-observation of curanderismo began with a series of nine limpias or spiritual cleansings. These limpieas were used to prepare us to receive spiritual communication and cleanse our bodies from any harm or evil. We then began to observe actual healing rituals, participate in spiritual sessions, and learn the actual prayers, rituals, and diagnostic interpretations used in treatment. We were able to record many of these healing rituals and procedures during actual healing sessions.

Photographic documentation at all these sessions was more problematic. In some cases we were able to photograph actual curandero-patient interaction; in other cases we had to be satisfied with simulated conditions.² It was impossible to document certain ritual settings, because of their sensitivity and the intrusiveness of a flash unit or the noise of motion picture photography. Under these circumstances, we made no attempt to impose upon our informants by demanding the impossible or the impolite.

In addition to some of the technical and social problems encountered in documenting our research, the simple fact is that the reality of curanderismo is sometimes hard to photograph. The spiritual and mental levels³ are especially difficult. Whenever we got into these highly abstract and non-visible levels, we had to rely on the subjective reports of our informants, as

²By simulated conditions, we mean that the curandero executed the exact same rituals and procedures as he would have in an actual cure but this time for the sole purpose of being filmed or photographed.

³We will define and describe these terms in later sections.

opposed to our own observations, a situation that makes social scientists uncomfortable, at best.

The final stages of research included in-depth, open-ended interviews with the patients. The purpose of these interviews was to determine why people seek the services of a curandero, given the existence and accessibility of a competent medical system. These conversations were also taped and transcribed for analysis.

The methodology we employed throughout the project was geared exclusively to the accumulation of qualitative data. This data collection was aimed at gathering the following information about curanderismo:

1. the tools used,
2. the healing procedures,
3. the theoretical perspective of curanderismo as a healing art, and
4. the social relevance of curanderismo as a health care delivery system.

The purpose of collecting this data was not to justify curanderismo but to learn and understand curanderismo well enough to enable us to provide others with an accurate description of its scope and meaning. It is already widely accepted through frequent, recurring use. The purpose of this research was not to convince people about the merits of curanderismo nor to convert anyone; it was to examine curanderismo as a health resource of some Mexican Americans, and to describe the theories, tools, and treatment procedures employed by curanderos bringing relief to these populations.

Unfortunately, a limited amount of time was available for the completion of this project. Consequently, a number of areas

within the curanderismo system were documented by the project, but have not yet been researched to their fullest extent or potential. Other practices were touched on during the research, yet not reported here, due to lack of rigorous, first-hand data pertaining to them. Far more research needs to be done in this area before the complete relationship between beliefs, values, and health for Mexican Americans has been adequately researched and illustrated. The information in this series should not be considered absolutely complete or immutable, but merely a base for understanding and a starting point for further research.

At least six major historical influences shaped the current health beliefs and practices of Mexican Americans. These are the Judeo-Christian religious beliefs, symbols, and rituals; early Arabic medicine and health practices (combined with Greek humeral medicine revived during the Spanish Renaissance); Medieval and later European witchcraft; Native American herbal lore and health practices; modern Western beliefs about spiritualism and psychic phenomena; and Modern Medicine. None of these influences dominates curanderismo (Mexican American folk medicine), but a greater or lesser impact from individual influences can be found in each of the areas included in the folk health care system.

JUDEO-CHRISTIAN RELIGIOUS BELIEFS

Judeo-Christian beliefs and practices provide the basic framework for curanderismo. The Bible and the teachings of the Church have been combined in the minds of the people to produce the foundation for its validity.

The Bible interweaves healing into all of man's existence on Earth. Healing properties are found in many plant and animal parts, and the Bible states (Genesis 1:29-31) that these plants and animals were created specifically for man's use.

The Lord hath created medicines out of the Earth and he that is wise will not abhor them.

Sirach 38:4

Throughout the Bible, references are made to the specific healing properties of animal parts, plants, oil and wine. (See Luke 10:34). However, this pharmacological knowledge is

of less importance in its influence on curanderismo than the concept of healing embodied in God's powers over man. There are two aspects to this concept; first, the belief that God can and does heal directly, and, second, the idea that people with a special gift from God can heal in His name.

The first method, healing through divine intervention, was used as a "sign" to the masses of God's presence amongst them. These "signs" include the examples of Jesus' healing both organic and functional illnesses found throughout the New Testament.

Whenever he put in an appearance, in villages, in towns, or at crossroads, they laid the sick in the market place and begged him to let them touch just the tassel of his cloak. All who touched him got well.

Mark 6:53-56

The second Biblical foundation for folk curing, the healing power of faith, originates in the apostles' instructions to the Church after Jesus' death. In these instructions, healing was directly linked to faith and prayer.

Is there anyone sick among you? He should ask for the presbyters of the church. They in turn are to pray over him, anointing him with oil in the name of the Lord. This prayer uttered in faith will reclaim one who is ill and the Lord will restore him to health.

James 5:14

Other similar passages contain the foundation for the existence of the Mexican American folk healer as an individual apart from the organization of the Church itself.

To each is given the manifestation of Spirit for the common good. To one is given through the Spirit the utterance of wisdom, and to another the utterance of knowledge according to the same Spirit, to another faith by the same Spirit, to another gifts of healing by the one Spirit, to another the working of miracles, to another prophecy, to another the ability to distinguish

between spirits, to another various kinds of tongues, to another the interpretation of tongues. All these are inspired by one and the Spirit, who apportions to each one individually as He wills.

Corinthians 12:7-11

Today these Biblical principles are found in the healing beliefs and practices of modern curanderos. These individuals often explain that their healing abilities are a gift (don) from God, and that they heal through His power and through the patients' belief in God. (See Hudson: 1951 on Don Pedrito Jaramillo).

The soul concept, which is so central to the teachings of Christianity, also contributes to the curanderos' theories of healing; in particular, those cures performed by curanderos working in the spiritualist (espiritista and espirituista) realm of curanderismo. The soul concept affirms the existence of saints and devils, as well as the immortal soul of ordinary human beings. The belief that these souls or spirits (espiritos) can aid or hinder the healer and the patient promotes the desire or need for curanderos to contact them and petition them to use their powers for good or evil ends. This concept, while it has a strong Biblical base, was greatly expanded during medieval times and became a part of the shamanism and sorcery found in modern curanderismo, which will be discussed in a later section.

Finally, the constant Biblical theme of the dual worlds of light and darkness; good and evil; health and illness; life and death runs throughout the practice of curanderismo. This symbolic system links all of the areas of curanderismo together.

To heal may be a sign from God, since health is linked to light and goodness. To harm someone is to work in the absence of light (un trabajo obscuro o negro). It promotes evil and illness. This theme is found on each of the levels of power and existence recognized by the Bible and curanderismo; on the human level it is the curandero who heals, as opposed to the brujo or sorcerer, who harms; on the spiritual level, benevolent souls and saints can bring luck, health and contentment, while malevolent souls and demons bring misfortune, illness and marital strife; on the highest level of existence, God (the light and giver of health) opposes Satan and his evil works.

ARABIC AND GREEK MEDICINE

Pre-conquest Spain had the most highly accredited and accepted system of medical practices available in the Western World. This system combined the earlier Greek and Roman practices of Hippocratic medicine (revived during the Spanish Renaissance) with the highly successful Arabic medical practices introduced into Spain by the Moors (also including Hippocratic influences). These theories and practices were then brought to the New World at the time of the conquest. Anthropologist George Foster (1953) notes the major theoretical components of these beliefs.

The Hippocratic doctrine of the four "humors"-- blood, phlegm, black bile ("melancholy"), and yellow bile ("choler")--formed the basis of medical theory. Each humor had its "complexion": blood, hot and wet; phlegm, cold and wet; black bile, cold and dry; yellow bile, hot and dry...Natural history classification was rooted in the concept that people, and even illness, medications,

foods, and most natural objects had complexions. Thus, medical practice consisted largely of understanding the natural complexion of the patient, in determining the complexion of the illness or its cause, and in restoring the fundamental harmony which had been disturbed.

(Foster 1953:202-203)

During the introduction of these medical beliefs into the New World, the duality of wet and dry has been, for all practical purposes, lost. The importance of the "hot-cold" has been emphasized over and over again in the literature about Latin American folk medical beliefs (Ingram 1940, Foster 1953, Currier 1966). However, the importance of the hot-cold beliefs vary from area to area. Even though residual folk sayings and household beliefs can be found in Mexican American communities that reflect this hot-cold dichotomy, it does not play a central part in the theoretical structure of curanderismo. This absence is noted by Madsen:

Hippocratic medicine was introduced into Mexico in the 16th Century and is still a basic part of Mexican folk medicine but is of little significance in Mexican American folk medicine of South Texas. Minor stomach upsets are believed to be caused by eating too many hot or cold foods in most communities, but the hot-cold complex is completely lacking in some localities. (Madsen 1961 :23-24)

Similar results were obtained from current research, although some emphasis was placed on both the hot-cold and the wet-dry dichotomies by people knowledgeable about herbal remedies (yerberos).

For Mexican American folk medicine, this Hispano Arabic medical system contributed two important ideas: First, it contributed the idea that health consists of a balanced condition

in the body. This makes the readjustment or removal of this imbalance the primary function of the healer. Second, it contributed the idea that medicinal remedies can be discovered in plants and animals, an idea which is reinforced by the teachings of the Bible and which caused many individuals to search out and experiment with new sources of medicine in both the Old, and later, the New World. These two themes of the restoration of health, through the restoration of balance to the body system and of the experimentation and use of medicinal recipes have had an enduring influence on the practice of curanderismo.

The symbols used in the rituals of the curanderos (numbers, words, and objects), the structure of those rituals, and theoretical explanations curanderos give for healing success or failure also reflect the old world historical influences on Mexican American folk medicine. For Mexican American folk medicine, the symbols are overwhelmingly part of the Judeo Christian system. The numbers most frequently used to designate the length of cures, number of times objects are used, etc. are all within the Judeo Christian system of symbolic numbers (primarily 3, 7, 9, and 11, occasionally 13). Many of the objects used to promoted healing are of Old World origin (oil, lemons, garlic, chickens, camomile, the crucifix and many others). Finally, the structure and theory of the curandero's healing arts come primarily from the previously stated historical influences or from more recent European and New World theories of witchcraft, spiritualism, psychic phenomena, and modern medicine.

The ideas embodied in medieval and later European witchcraft contributed heavily to the theoretical base of curanderismo. These ideas were constantly reinforced in the popular mind throughout the three centuries of intensive witch-hunting that lasted from the early 15th Century, through its peak around 1600, and into its decline and final disappearance in the early 19th Century (See Robbins 1959). This time period coincides with the discovery and conquest of the New World, and it can be assumed that these popular concepts accompanied the conquerors. Fortunately, the more ferocious and disgusting practices of the witch burners were left at home, with the brief exception of the Salem Witch Trials.

The basic premise for witchcraft and sorcery is the control of supernatural forces by man himself, rather than their control of him (for examples see Huson 1970, Givry 1971). This belief creates a dual philosophical system within curanderismo. This duality is demonstrated by the differences between the religious attitude and the magical attitude, both of which exist within the curanderismo system.

That which distinguishes religion from magic is neither the goodness of one nor the evil of the other, but the state of mind of the believer and his consequent modes of behavior...In the religious state of mind, man acknowledges the superiority of the supernatural powers upon whose action his well-being depends. His attitudes are preponderantly those of submission and reverence... The magician, on the other hand, believes that he controls supernatural power under certain conditions. He feels confirmed in his belief that if he possesses a tested formula and if he executes it perfectly, barring outside

interference, he will get the results which that formula is specified to give. The supernatural power has no volition or choice of its own. It must respond. The magician works with a confidence similar to that of a student in the laboratory who knows that if he follows the manual instructions correctly, he will obtain a predictable result. The religious attitude and behavior are devout; the magician works with a kind of arrogance--or, at the least, self-assurance.

(Hoebel 1972:578-579)

These philosophies are not mutually exclusive and have both been integrated into a single belief system, especially where that system has many different facets that have not yet been totally integrated into a single theoretical framework. This is true of the modern scientific health care system with its official acknowledgement of the physical, psychological, and spiritual components of human health and illness, as it is true of identical areas of concern within curanderismo.

Two closely related concepts from European witchcraft influence modern curanderismo. The first is a belief in the existence of a source of supernatural power that can be tapped by human beings who possess the correct incantations, prayers, and rituals that are the keys to this power and to its use. The ingredients and the words have changed through time, but many of the rituals used by both curanderos (to heal) and brujos (to harm) follow the structure of these earlier formulas.

The second concept from European witchcraft found in modern curanderismo is a belief in the ability to control or influence spirit beings. This control is exercised through the knowledge of various incantations, prayers, and rituals that can bring about direct human control over these beings. The structure of these

formulas is similar to the ones designed to tap supernatural power. Modern examples can be found that reflect a direct linkage to the ones used in ancient times.

One final influence on curanderismo, traced to medieval European beliefs about witchcraft and sorcery, has resulted in confusion over the ultimate source of the healing power demonstrated by various folk healers. Where does their ability to heal come from?

On this point we find the theologians in opposition to the demonists. If cures have taken place at Lourdes or any other sanctuary consecrated by the Church, they are the undeniable work of the Diety. But, similar cures have also taken place in circumstances where the disapproval of the Church has been clearly shown; these cures, according to the Church, are the work of the Devil. Hence, the Devil holds in his hands curative powers equal to those of God... (Givry 1971:327)

This difficulty produces some of the confusion over the moral rightness of seeking help from a proven healer that exists in Mexican American communities today. Since powerful curanderos are restrained from practicing sorcery (anti-social magic) only by their own moral conscience, many people fear them, even when they seek their help. There is always the possibility that they may do harm.

This belief that curanderos may be the Devil's agents on earth is most pronounced amongst fundamentalist groups and pentacostal churches within Mexican American communities. These individuals seem to feel that all of the works of the folk healers are inspired by the Devil (with or without the knowledge of the healer) and they quote appropriate passages of the Bible that demonstrate, (1) that the Devil is loose in the world and (2) that

these works are the kind of work he is engaged in, subverting mankind. This attitude, combined with a fear of the unknown and perhaps unknowable power of the curandero, perpetuates this confusion over the source of the curandero's power. The more powerful curanderos admit that both good and evil sources of power are available to them, further reinforcing these ambivalent feelings.

NATIVE AMERICAN INFLUENCES

The effects that the knowledge, beliefs and practices of American Indian groups had on folk medicine varies significantly from area to area. The single most important influence in all areas was the incredibly rich and extensive knowledge of medicinal herbs that existed in Native American groups. One of the first tasks undertaken by individuals in expeditions to the New World was to discover and classify new plants and animals, making careful note of their medicinal properties. (Foster 1953:203). The lack of sufficient doctors and medical facilities in the New World caused these newly discovered medicinals, along with their Old World counterparts, to be disseminated throughout Mexico, especially to the frontier regions, in the forms of pamphlets and books of home remedies and medicinal plants. Books of this type are widely used by both Mexican and Mexican American housewives even today. (See Arias, n.d., Capo, n.d., and Wagner, n.d.)

The most important of the early botanical books and medical compendiums, according to anthropologist Margaritta Kay (Kay 1974a, 1974b), was the Florilegio Medicinal, a three volume set encompassing medicine, surgery, and pharmacology. Written by the Jesuit lay

brother Juan de Esteyneffer (Esteyneffer 1711), this work had a lasting effect on the folk medical practices of the northern frontier areas of New Spain.

The work of the 16th Century natural historians of Mexico had already been incorporated into the knowledge of the European apothecary. These included Hernandez (via Ximinez 1615) who had been sent by Philip II of Spain to report on the materia medica available in New Spain, and Nicolas Monardes, the Spanish physician, who wrote knowledgeably about these herbs without ever leaving Spain. Sahagun's data were not available until 1829, but his influence was felt through Martin de la Cruz and Juan Badianus, who produced the beautiful Badianus manuscript of 1595 in which indigenous herbs are given humoral classification. (See Guerra n.d. and 1961). For Esteyneffer, the most important writer of this kind was Farfan. (See Comas 1954) (Kay 1974a:10)

Farfan, mentioned in the above quote, had written a book in 1592, Tractado Breve de Medicina (Farfan 1944) to aid people in rural areas and to aid the poor by providing them with remedies and cures from both new and old world medicinal herbs (Kay 1974a:11). This book may have inspired the badly overworked Esteyneffer to produce his own larger treatise on the same subject.

The Florilegio Medicinal, through Esteyneffer's teaching efforts among the Jesuits missionizing Northwestern Mexico, is at least partly responsible for the blending of Old and New World cures for many of the folk diseases and other illnesses recognized by Mexican Americans throughout the Southwestern United States, as well as similar beliefs and practices among such different American Indian groups as the Papago, Pima, Yaqui, PaiPai, Tarahumara, and Tepehuan, also missionized by the Jesuits (Kay 1974b).

Nentuig (unknown 1951:43) spoke of the "old Spanish women who have either set themselves up or have become in the natural course of events the College of Physicians of Sonora." I think they used the Florilegio Medicinal, which compiled the herbal lore of various Indians of the Southwest, combined it with the materia medica of Europe, attached them to disease conditions that were scientifically recognized in the eighteenth century and diffused this knowledge throughout the Northwest of Mexico and the Southwest United States. For pasmo, alferecia, empacho, mollera caida, tirisia and pujos, which have first been explained by Esteyneffer are still diagnosed today, are cured by the same herbs. (Kay 1974b:8)

Today, many of the same herbs are used to deal with the same diseases. Others were added to the immense herbal knowledge of the folk herbal system through direct contact with various American Indian groups and through experimentation on the part of the Spanish settlers in the northern frontier areas who had limited access to medical facilities. Continued limited access to modern medical services, due to poverty, isolation and discrimination has supported the retention and utilization of this knowledge to the present.

The other influences that Native American folk medicine has had on the curanderismo system are more difficult to isolate. In the border areas the environment supported only scattered groups of hunters and gatherers, thus the amount of contact between settlers and Indian groups was far less than the contacts that occurred between the conquerors and the larger agriculturally based Indian populations in Mexico. In the Southwestern Pueblo Indian complex, where greater contact might have been possible,

these exchanges were limited by overall suppression on the part of the Spanish and secrecy on the part of the Indians. Further Native American influences may be revealed to be a part of curanderismo as more research is done in this area, but Mexican American folk medicine seems to have primarily a western history and theoretical base.

SPIRITUALISM AND PSYCHIC PHENOMENA

Some of the most recent influences on curanderismo come from the writings of the 18th, 19th and 20th Century spiritualists and psychic researchers. The growing importance of the scientific method during that time period, and the ending of persecution for witchcraft, touched off massive investigations into the validity of ghosts, spirits, mediums, fortune tellers, telekenesis, and a hundred other "psychic" phenomenon. Most of this research is anecdotal (with occasional exceptions, such as the work done at the Rhine Institute of Duke University), and the researchers have been content to pile one report on top of the other in the hopes that others, like themselves, will be convinced. Others have ignored the necessity for proof altogether by assuming these phenomena exist, and have devoted their energies to sharing their knowledge with other "adepts" through uncovering and reporting ancient sources of knowledge or through writing of their own experiences and knowledge gained from direct experimentation. The publication and dissemination of this information has resulted in an emphasis on both spiritual and psychic healing within curanderismo both in the U.S. and Mexico.

The single most influential spiritualist writer, who is directly responsible for the growing number of "spiritual temples" in Mexican American communities, is Allen Kardec. Kardec has produced a series of works that explain the structure, maintenance, and function of spiritual healing centers, along with careful descriptions of the rituals, prayers, and incantations necessary to the temple ceremonies.

Another important spiritualist movement is based around the life, teachings, and spirit of a famous young folk healer (now deceased) from central Mexico, named Nino Fidencio. The Fidenistas have built large temples in several cities in Mexico with smaller ones scattered around Mexico and the United States (including Chicago). These centros are staffed by trance mediums who, often in flower-decked rooms, go into trance, don purple robes and (in their words) let the spirit of El Nino descend on them, their bodies forming a link between the material and spiritual realms of existence. Through this linkage, the immortal spirit of El Nino performs cures, does consultations, even predicts the outcome of future events for the members of his cult.

This type of healing, taught in centros espiritistas in Mexico or by travelling adepts from the centros, has its corollary in the every day practices of curanderos not directly connected with these centros. Many professional curanderos state that segments of their healing knowledge comes through spiritual training and subsequent contact with the spiritual realm. Some of their cures are said to be done through this knowledge, while others are carried out directly through the agency of spirits themselves, who have agreed to aid the curandero in his

work.

The phenomena of "psychic healing" is also becoming more common among curanderos. This healing is said to be performed by the curandero directing "psychic energies" directly at the afflicted organ, a form of mind over matter. The importance of psychic healing to the theories of healing held by curanderos is rapidly growing, especially in urban areas.

OTHER INFLUENCES

All of these historical influences have shaped the theories and practices of the modern curandero, as other events have shaped the environment and the needs of their patients.

Until the development of massive irrigation works in the early 1900's, most of the Southwestern United States was best suited for ranching and small scale farming. People lived on scattered homesteads, isolated from the more densely populated urban centers and their associated medical resources. Very few health care professionals were attracted to the area because of its lack of facilities, small number of people and the immense distances between them. During those times, herbs, prayers, and faith in the curandero's healing ability were often the only medical resources the people had.

As irrigation works were developed, urban centers grew. These towns and cities were progressively linked by roads, telegraph, railroads, and other communication systems. This tied the Southwestern region more directly into the political and economic centers of the United States, where previously the region had been isolated, or had been more directly linked to Northern

Mexican urban centers than to the United States. These new concentrations of people in the Southwest, and the wealth associated with the agricultural and mineral industries being developed, attracted growing numbers of health care professionals and medical services to the area. Thus, modern medical practices began influencing the practice of curanderismo.

Even after modern medicine became established in the area, however, poverty, discrimination and cultural barriers to communication and understanding combined to deny many Mexican American's access to this new medical system. For these people, the curanderos continued to be the major available health resource.

Today curanderos from different areas recognize and accept the diagnosis of many diseases defined within the concepts of western medicine. Some go as far as to use modern drugs, anatomical charts, and clinical facilities that closely resemble a doctor's office (Alger 1974:283-84). More commonly they simply recognize these disease categories and refer patients to doctors for those diseases that modern medicine has proven highly successful in healing. In addition, they recognize certain diseases that mimic western disease categories, such as tuberculosis, asthma, cancer, but are thought to be caused by magical works placed on the patient by brujos (sorcerers).

Since the late 1930's, but especially since the return of the World War II veterans, more and more Mexican Americans have gained access into the maintenance of American society, including its medical system. Poverty still exists for too many people, but there is a growing middle and upper class, businessmen, and professionals in all fields. The result of this change is that

both curanderismo and the modern medical system are now important health resources for Mexican American patients. The reasons that people seek the services of one system over the other or, more commonly, utilize both simultaneously, are the subject of the rest of this monograph.

THE EXISTING SPECIALIZATIONS WITHIN CURANDERISMO

Some confusion exists about reported differences in the practice of curanderismo. Part of these differences are due to geographical and historical differences between communities of the Spanish-surnamed population of the United States. Curanderos have had to modify their beliefs and practices to fit the existing environmental and social conditions within their communities, just as medical scientists in other areas of the world have had to cope with similar problems.

Another part of this confusion stems from the term curandero itself, which literally means "healer," from the infinitive curar, to heal. Anyone who performs any type of healing, from brain surgeon to psychic surgeon could theoretically be called "curandero." However, the term is normally used to denote a folk healer as opposed to a member of the modern medical system. Even this restriction, however, leaves far too many areas of overlap and confusion, because of the numerous services Mexican American folk healers perform.

The specializations described below are a catalog system for describing the services available within the curanderismo system, but they do not reflect the healer's own perspectives on curing.

The knowledge of many healers overlaps two or more of these specializations; therefore, these descriptions are placed here merely to indicate the breadth of curanderismo. They do not necessarily reflect the theories or perspectives of the practitioners themselves; this is simply a convenient view from the outside looking in.

Yerberos are the people who have learned to treat common or mild physical ailments through the administration of herbal teas, baths, and poultices. Most Mexican American housewives are familiar with a number of home remedies (remedios caseros), useful patent medicines (aspirin, epsom salts, baby powder, etc.), and first-aid techniques. Yerberos are individuals who, through ability and experience, have become especially knowledgeable about remedios caseros. These individuals often recognize hundreds of medicinal plants and remedies and have been an important health resource in Mexican American neighborhoods or communities for centuries.

The sobadora is a second barrio specialist who treats physical ailments. Sobadoras give massages to relieve both sprains and muscular pains brought on by nervous tension. During football season, many sobadoras supplement the services of trainers and chiropractors, and at all times they provide their patients with economical relief from accidents and the tensions of everyday living.

Another specialist treating a common physical condition is the partera or midwife. Parteras create problems in classification, since they are recognized by the medical establishment, but

are not considered to be a part of it. Thus, they do not exactly fit into the curanderismo system, but they are such an important health resource for many Mexican American communities that they have been included as a part of the folk health care system.

Parteras deliver babies; hundreds of them each year. They are less expensive than doctors and deliver in the home, which makes their services attractive to anyone who cannot afford the growing doctors' fees and costs of hospitalization.

Other folk medicine specialists provide basic counseling services for their clients as opposed to treating physical ailments. These include the senoras who read cards. Using fortune telling cards as a focal point, they use their knowledge of the client's personality and background and their own understanding of practical psychology to provide their clients with counseling and advice; counseling which normally fits the social, economic, and cultural needs of that particular individual.

One other common specialty has been emphasized in the literature on curanderismo. These people have no specific titles, although they are occasionally called curanderos, senoras, or los que saben curar (those who know curing). They are the people who treat the so-called "cultural diseases" of Mexican Americans; susto (fright or shock); mal ojo (evil eye), espanto (soul loss), caida de mollera (fallen fontanel), and empacho (surfeit). These people are sometimes incorrectly classified or confused with the professional curanderos. The difference is analogous to the difference between first-aid and open-heart surgery. Professional curanderos occasionally treat the milder forms of these complaints,

just as a heart surgeon occasionally puts a bandaid on a cut finger, but the reverse is not true. The difficult problems treated by curanderos are as far beyond the capabilities of these more limited folk healers as open heart surgery is beyond the technical skills of an emergency medical technician. Specialists do exist, however, who treat only one or two of these simple complaints.

PROFESSIONAL CURANDEROS

The professional curanderos, full-time healers of proven ability, are less common than these other specialists. They generally concentrate on handling serious physical ailments (diabetes, asthma, terminal cancer), resolving difficult social problems (marital conflicts, family disruptions, business partnerships), alleviating psychological disturbances (depression, impotency, conversion hysteria), changing people's fortunes (luck in love, business, or home life) and in removing or guarding against misfortune or illness caused by hexes (mal puestos) placed on their patients by a sorcerer (brujo) at the instigation of a rival or enemy.

A number of different types of professional curanderos exist. They are distinguished from one another, amongst themselves, primarily by the curing technique or combination of techniques they use.

Three technical areas or levels of healing are distinguished by the curanderos. The simplest and most common is the material level. An individual working on the material level (en lo material) is said to be working while awake, as opposed to being in trance.

Healers working on this level use both objects and rituals to effect cures. The objects include herbs, patent medicines, common household items (eggs, lemons, garlic, ribbon, etc.), and religious or mystical symbols (water, oils, incense, perfumes, etc.). Their ceremonies include prayers, ritual sweepings or cleansings (barridas or limpias), and other complex rituals utilizing all or some of the above. For physical ailments, the herbs alone are often considered sufficient to bring about a cure. For psychological, spiritual, or magical problems the curanderos frequently combine the herbs, objects and rituals into a special cure (curacion) designed to eliminate a specific problem.

The second level of healing, less common than the first, is the spiritual level. In order to work on the spiritual level of healing, the curandero must enter a trance state. Individuals who can work on this level are thought to be able to project their own souls or spirits out of their bodies, making the body a vessel for other spirits. Benevolent spirits then enter the medium's body and take it over, using it to communicate with the patient. The medium is thought to act only as a link between the material and spiritual realms of existence, therefore, the curanderos state that it is not the mediums who cure, it is the spirits. The curandero working on this level merely allows his body to be a communication channel between the spiritual and the material world.

The final, and most rare, level of healing is the area of psychic healing. The curanderos state that they heal on this level by learning to channel mental energy directly from their mind to the afflicted part of the patient. This energy is thought

to work mind over matter by directly modifying the afflicted cells, through retarding the spread of damaged cells and speeding the growth and healing of healthy areas. This level of healing has so far proven difficult to document, and it is consequently given less emphasis in this monograph than it rightfully deserves. There are increasing reports of "psychic surgeons" working the border regions of the United States and Mexico and this phenomena provides an interesting area for further research into curanderismo.

FUTURE PROSPECTS FOR CURANDERISMO

Some researchers have seen curanderismo as static or as a dying practice (Crawford 1961). Neither of these things is true about curanderismo in the research area covered by this report. Curanderismo exists because it satisfies basic psychological, spiritual, and health needs in Mexican American communities. Curanderismo is changing, just as other health care delivery systems change to meet new needs, to utilize new knowledge, or to cope with new environmental conditions.

Some practices have disappeared from curanderismo. Madsen (1964) reports the existence of hueseros (individuals who set bones) in South Texas in the late 1950's. They no longer exist to any important extent, since their function has been taken over by physicians, whose techniques have been proven superior to the old methods. On the other hand, some practices now exist, such as the "psychic surgeons," which either did not exist earlier, or were so rare that they are not mentioned in the literature. By

looking only for the practices that no longer exist, it might be possible to assume that curanderismo is dying out. By the same logic, it might be thought that medicine is dying out since there are no longer physicians who specialize in bleeding or using leeches.

Another facet of the idea that curanderismo is dying out seems to be based on the belief that exposure to the modern medical system and to modern health education will automatically eliminate any credence in the reliability of the curandero. This belief is both naive and ethnocentric on the part of the health care system. Human beings accept and reject things from within the total perspective of their social and cultural environment. Logic plays an important part in these acceptances and rejections

it is the logic from inside the system, not from outside, that dictates what changes will occur. The belief that exposure and education will eliminate the curandero is outside logic that may

be acceptable inside the system, due to the psychological, spiritual, economic or other needs of the curandero's patient. The effect that modern medicine has had on curanderismo is to change it, but not to destroy it.

THE CULTURAL CONTEXT OF ILLNESS

Health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity.

(World Health Organization 1948:100)

The importance of the social context of illness within the cultural environment of human societies is well known but often ignored. Illness always occurs within a social framework; this framework changes with the history, language, and the social experiences of different cultural groups. The successful treatment of illness, therefore, must take these differences into account.

A man in South Texas and another man in Saudi Arabia will both have the same general biological needs when they contact tuberculosis. But their physical needs must be met in ways that take into account the existing differences in their social systems, customs, beliefs, family structures, religions, and their expectations regarding the proper behavior of health care personnel. The only way a health care practitioner can successfully treat the whole man is to understand the social framework that surrounds the biological events of illnesses.

Differences in the social framework of illness among different cultures come about through the way people in ethnic and cultural groups are taught to label reality, mark time, and use space. They use words to label their perception of reality by breaking it down into manageable categories. Groups of objects, ideas, emotions, and relationships are grouped together or separated for special emphasis. People are taught to indicate which particular segments

of reality are important to them by the way their language manages this grouping and separating. The world view or perception of reality in any two cultures is different since no two languages categorize reality in exactly the same way. This diversity in perception is further intensified by differences in the use of time and space in cultural systems (See Hall 1959 1966 for discussions of cultural differences in the use of space and time).

It has been shown over and over that the single most important tool of the health care provider is the ability to communicate (See Reusch and Bateson 1968). This importance is greatly magnified in a social setting where differences of language and cultural expectations exist. Some problems in communication will always exist between health professionals and their patients, since people can communicate best with others who share the same world views and experiences. The greater the number of differences that exist between the social framework of the healer and the patient, the more difficult communication becomes and the less likely that attempts at treatment will succeed. This simple factor creates problems for modern health care and delivery systems because no two cultures, ethnic groups, social classes, or even professions share identical realities.

There are two focal points to these communication problems the world view of illness and treatment held by health care professionals and the often separate social framework for illness accepted as real by patients. Problems in communication between the practitioner and the patient will not be completely worked out

until the effects of both of these realities are taken into account.

For example, Kline states:

The cultural background of Spanish Americans appears to include a basis for the appreciation of psychotherapy and other forms of psychiatric treatment. However, Spanish-Americans seem to identify psychiatry as "Anglo" and, therefore, not a possible source of understanding and support. Psychiatric treatment can be relevant but will not be accepted by the community as long as this identification, with its associated set of expectations, persists.

(Kline 1969:1680)

THE SOCIAL CONTEXT OF ILLNESS FOR THE HEALTH CARE PROFESSIONALS

The extensive and intensive training given to all health care professionals provides them with a social framework of illness that is different from that of nearly everyone else. This training, coupled with the constant communication and interaction that is necessary to make people well, produces a subculture of medicine. Health care professionals share a common language about illness, a common understanding of the social roles of individuals in the health care systems, and common experiences with illnesses. These common experiences make it much easier for health professionals to communicate amongst themselves than to communicate with their patients, who do not share all of these things common to them.

This extensive training, or socialization, is necessary to allow health care professionals to cope with the complexity of both human diseases and with the technical skills needed to treat them. However, since they do not share an identical social framework of illness with their patients, they are participating in a reality that is different from the people who seek their services. Normally, there is enough overlap to allow communication and

understanding to occur. But when the practitioner and the patient are members of different ethnic or cultural groups, communication may become difficult or impossible to achieve. In these cases, the health professional must seek exposure to the values and beliefs of their patients, if they wish to communicate with them.

THE MODERN MEDICAL FRAMEWORK

The differences in world view between the health care professional and the patient are vividly illustrated by the differences in their theories about the causation of illness. Within the modern medical framework diseases fall into two broad categories: those which are primarily physiological and those which are primarily psychological in origin. Most of the emphasis and effort within the medical system is directed toward the physiological category of diseases. The Psychological category is given less emphasis and the social causation of disease is virtually ignored.

To the scientifically trained physician...an illness usually implies a set of molecular, biochemical, and physiological processes or events. Illness are grouped by him in terms of cause, organ system affected and/or pathological process. (Fabrega 1971:25)

The emphasis on the biological aspects of illness has numerous effects on its treatment. When an ill person comes into the modern health care system he or she is normally put through a series of tests that are designed to determine which physiological disorder is causing the problem. With the exception of obvious mental disturbances, only after the possibility of physical

causation has been ruled out is any serious emphasis placed on the psychological status of the patient. Social factors are only rarely viewed as causative factors in ill health.

The biological emphasis in medicine also tends to produce an "isolated individual" approach to the treatment of illness.

The individual body is the prime unit of analysis...Thus the illness of the patient is explained by the characteristics of the disease entity found in him, and the disease is treated to remedy the difficulty.

(Friedson 1970:60)

Friedson, among others, sees this approach to illness as an extension to the "common-sense individualism" of western society (Friedson 1970:59). When it is combined with the need for isolating infectious patients or antiseptic environments for many technical procedures, this isolated individual approach to the treatment of illness tends to increase the differences between the social framework of illness held by practitioners and their patients. The patient's framework--his ties to family, work, friends and background, plus the cultural definition of illness he learned at home--makes it impossible for him to think of himself as an "isolated individual." The practitioner's framework makes it nearly impossible to think of the patient as anything else. Neither of these frameworks can be considered completely right or completely wrong in any ultimate sense. They are different perceptions of the same basic reality of illness; perceptions which cause potential problems in eliminating that illness.

An additional problem has been added to the physiological orientation of modern medicine in the recent past. In order to cope with vast amounts of increased knowledge and increasingly complicated

technical skills, the modern medical system has developed more and more specializations. In many cases this approach to medicine has changed the "isolated individual" to the "fragmented individual." The occasional patient who confronts the medical system with two or more diseases, especially if they affect different organ systems, may have two or more specialists and/or sub-specialists treating him at the same time. Since the efficiency of hospitals is increased by grouping patients with common health needs, the patient's separate treatments may be conducted in different locations within the health facility, or at different facilities altogether. This type of treatment, through its emphasis on a particular problem within a diseased organism, tends to fragment the health professional's perception of the patient as a whole. Fragmentation of this type increases problems in communication and understanding among the specialists themselves. These specialists may, out of necessity, be giving the patient conflicting advice. Specialization undoubtedly produces the most efficient treatment of specific diseases, but makes it very difficult to treat the whole patient as an individual within a special social framework with specific psychological and social as well as physiological needs.

OTHER FRAMEWORKS FOR ILLNESS

The growing number of studies on popular medical beliefs, folk medicines, and non-western medicine by medical sociologists and medical anthropologists have demonstrated that the western medical framework described above is very different from other frameworks of health and health care.

The germ theory of disease is important within western scientific medical theories, while social and moral conditions are not frequently seen as the direct causal agents of illness. The reverse of this is true for many other cultural perceptions of illness. Ghosts, witches, evil spirits and other supernatural beings are seen as the direct cause of illness in some cultural systems. Moral lapses or social wrong-doing is thought to bring about illness in many others, including a number of western religious societies where sickness is seen as a punishment from God.

Two sources of illness exist within the cultural framework held by some Mexican Americans; one is the source recognized by modern medicine and the other is a supernatural source of illness, brought about when a person (brujo) doing anti-social magic places a hex (trabajo or work) on someone. These sources illustrate that alternative frameworks can coexist with the scientific perspective on illness. Any particular illness could, from this "double perspective," come from either source. The sick individual might have identical symptoms regardless of which cause instigated the disease. The success of the cure would depend on the cause; "natural" diseases are cured by drugs, surgery, or other scientific medical techniques. Failure of these techniques is an indication that the illness is caused by a trabajo, requiring treatment by a curandero to remove the causal agent for the disease. Successful treatment of the illness by the curandero is taken as further proof that supernatural causation of illness actually exists, further promoting the persistence of this dual framework.

A reaction of health professionals to the existing dual systems of belief is to suggest increased public health education. However, in terms of time, expense and problems of logistics, it seems far more productive to expose the health care professionals, a relatively small group, to these differences in perception than to try to adequately explain the whole scientific structure of medicine to everyone else in the world. Even by assuming that exposure to theories of modern medicine would be sufficient to change other peoples' perceptions of reality, it is highly unlikely that such exposure would have an unequivocal effect on peoples' beliefs about health and illness. Individual variation would still exist.

Frameworks for beliefs about illness are so diverse that serious problems can result from a person believing in one framework, but being treated by a person who believes in another. For Mexican Americans, this has occasionally led individuals to be diagnosed as suffering from serious psychological disturbances (Galvin 1961, Karno 1966) describing phenomena which have one meaning within their own cultural framework but are evaluated differently by the health care professional.

When Josephine Martinez was 31 and had been married for 10 years, she visited a psychiatric clinic. She complained of feeling increasingly depressed, nervous, introverted and shy. During her marriage she had become plagued by fears and extreme irritability. Mrs. Martinez' parents were born in Mexico and until beginning a Los Angeles public school, she had spoken only Spanish. Her earliest feelings and beliefs were steeped in the rural Mexican folk culture of her parents. In the psychiatric clinic a skilled

clinical psychologist made the following remark concerning Mrs. Martinez' psychological test results: "Her thought processes are somewhat confused and illogical to the point of bizarreness at times. She said 'true' to an MMPI item about being possessed by evil spirits..." Based on this and other information, the psychologist made the diagnosis of "early schizophrenic reaction." Clinical interviews in the course of treatment revealed a moderately depressed woman with strong motivation for help, but no signs of the psychosis "elicited" by psychological testing.

(Karno 1965:1)

Therefore, the indigenous disease categories of a society and the attitudes and expectations of its people toward healing and healers must be recognized as factors that promote communication, or lack of it, between the curer and the patient. The ability to identify disease categories from the patient's perspective can allow health care professionals to make culturally appropriate responses to local patterns of health care, beliefs, and practices. The following sections describe the major existing perspectives on curanderismo as it is viewed from inside and outside the system.

SOCIAL PERSPECTIVES OF CURANDERISMO

Curanderismo, by the very nature of its unofficial and unsanctioned status, tends to be a controversial subject. It is a subject that can illicit positive and sometimes even negative responses. The evaluator's perspective on curanderismo depends on the specific role or function he believes curanderismo performs. Curanderos, like all professionals, are perceived from at least three viewpoints:

1. Perception by the general public--the view from the outside.

2. Perception by those who participate--in the view from within.
3. Perception by those who practice--another view from within.

The most varied is the view from the outside, which is based mostly on myth, superstition, and social stereotypes. It is a synthesis of what people think about curanderos; (1) not what they do, but what people think they do, (2) not who they are, but who people think they are, (3) not what they are, but what people think they are.

Less varied views are held by those who participate in curanderismo, reflecting three different types of client experiences.

1. Those who believe in curanderismo, and feel that they have been helped.
2. Those who participate because they are taken by relatives or friends. These are usually passive users.
3. Those who participate and feel that they have been cheated.

THE VIEW FROM THE OUTSIDE

It would be impossible to document all views which the general public holds regarding curanderos; it is very unlikely that all these views have been documented. Generally speaking, we can classify the view from the outside in the categories discussed below.

These categories are stated here for the sole purpose of analysis and discussion. They are neither exhaustive nor mutually exclusive. Only what may be considered the most outstanding examples of each category will be illustrated, since most of these opinions tend to fade into each other.

Those who do not believe in curanderismo are usually the most outspoken and hostile critics. The reasons why these people are hostile towards curanderos range from rejection based on social stereotypes to serious concern about what curanderos do to the health of their patients.

Those who reject curanderos on the basis of social stereotypes consider them purveyors of superstition and major contributors to the existence of a culture that should have been discarded long ago. This rejection indicates a strong assimilationist tendency. In essence, Mexican American culture is defined as inferior: these people reject anything and anyone who continues to keep it alive. This is especially true of the curandero who reinforces and justifies the existence of what is thought to be "ignorant superstitions" and nonsense. In this case modern medicine is accepted, not because it is thought to be a better or a more efficient system, but because it is a symbol of entrance into a superior culture.

People reject curanderos because they believe curanderos to be frauds and quacks. Some believe all curanderos are frauds, preying on the gullability of people and taking away their money by promising fantastic results.

The concern here is that people may lose their resources to an unscrupulous healer, whose only purpose is to make a quick buck. Others believe all curanderos are quacks; here the concern is for health. These people suggest that the sick lose time, resources, and sometimes their lives by going to someone who really cannot help them. Another concern is that people may be taking medication

prescribed by the curanderos, which may be ineffective in relieving pain. For this reason, all curanderos are labelled as frauds, as quacks, or both because they are thought to harm rather than to heal.

Some people reject curanderos because of the mystery surrounding the source of their power; many people consider them agents of the devil. Their healing powers, their magical powers, their source of knowledge, are all believed to be part of a cult or a false religion. Participating in curanderismo is analogous to worshipping idols and strange gods. In this case, the rejector feels that the best thing to do is to keep away from curanderos.

In essence, curanderos tend to be rejected on cultural or social grounds, on medical and criminal grounds, and on moral or spiritual grounds.

The Doubters

Those who doubt the value of curanderismo include: (1) those who are afraid someone may laugh at them for being superstitious, and (2) those who are honestly not sure of the curandero's values.

The acculturated doubter can be found among the ranks of college students who usually come from very traditional Mexican American barrios and as children were initiated into this healing system. As adolescents, they tend to leave their barrio culture seeking identity in a more acculturated school atmosphere. These people generally admit the existence of curanderismo and probably have relatives and family members who are very much a part of the system. However, they are afraid to admit they have participated for fear of being ridiculed. Nonetheless, the family socialization

process makes these people doubters, not rejectors, despite their relatively high level of education. This type of doubting sometimes occurs among professionals and other working adults.

Some doubters have actually seen curanderos perform successful cures, but remain unconvinced of the value of curanderismo. They may be afraid of getting involved or afraid to admit that curanderismo works in some cases. A great number have witnessed the successful cure of mal ojo; others have seen more spectacular cures of people who could not walk or could not move.

Some people appreciate the therapeutic value of curanderismo but do not believe that the curandero has any power of his own: his power comes from the people's belief and faith in him. These doubters usually state they would never go to a curandero, yet if the curandero can help those who believe in him, let him help. They believe the curandero is really not helping directly but rather the people are helping themselves through the power of their own faith.

Finally, there are people who are skeptical about curanderismo, but want to know more about it. These skeptics can be divided into two groups: the scientifically oriented and the spiritually oriented. The scientific skeptic is not sure if curanderismo works, but would like to empirically assess the curandero's theories and his therapeutic techniques. The spiritually oriented skeptic is interested in the curandero's premise that spiritual harmony is essential to good health, yet the source of the curandero's power to some degree either scares them or makes them apprehensive about pursuing this interest.

In greater or lesser degrees these people find themselves stranded between two realities: the scientific-rational reality of our educational system and the humanistic-faith reality of their early socialization period.

The Concerned

The identifying characteristic of this group is that they have the welfare of the sick as their primary goal. The positively concerned want to incorporate curanderos into the health care delivery system to maximize the treatment potential of their care facilities and to learn those techniques which prove successful. These people believe that curanderos can help in the treatment of the sick. Since their services are already widely sought, they should be included as part of the official health care system.

The unconvinced want to first find out if the curandero really can help. If he can help, either in actual treatment or in convincing people to seek treatment, then perhaps a system of cooperation can be established. If the curandero does not harm, he can be tolerated; if he harms rather than heals, then the necessary steps should be taken to remove him as a health resource.

In most cases the concern is genuine. If the curandero can help, there is no reason to let people suffer needlessly or to incur medical debts unnecessarily. If, on the other hand, the curandero causes harm, he should be removed as a health hazard.

THE VIEW FROM WITHIN: THE CLIENTS

Another view of curanderismo is provided by those who use the

system. These views vary because not everyone goes to curanderos for the same reason with the same expectations nor does everyone achieve the same results.

The Believers

Those who believe in curanderismo are often long-time users of the system. These people can usually spot a quack and thus gravitate to the more successful curanderos. These people seek curanderos because they believe in the curanderos' theories and definitions of illness; they have faith in the therapeutic techniques of the curandero. Moreover, these people have testified they have been helped for a series of problems (physical, social, and psychological).

Curanderos are not miracle workers, and most believers of curanderismo do not consider them as such. These people continue to seek curanderos because curanderos, like most other professionals, keep their clients satisfied. They help them cope with and solve their common, everyday problems. Occasionally they perform what may be considered to be a miraculous cure, reinforcing the already positive attitudes of these believers.

The Passive Participator

Some people participate in curanderismo because they are taken to the healers by friends and relatives who believe in the system. These participants usually fall into two categories, the skeptical and the passive.

The skeptical seek curanderos out of curiosity or to please

someone. These people usually see neither harm nor benefit from their participation. Others, who gravitate around the system, take friends or relatives, without actually participating in the system themselves.

The passive participators are those who have no control over their actions, but are taken by concerned relatives. These patients may be children, the elderly, the mentally retarded, or the mentally disturbed. These patients usually come from families who are strong believers or from families who go to the curandero as a last resort. For the most part, persons in this category of participants tend to have neutral attitudes toward curanderismo.

The Betrayed

Curanderismo, like all professions, has its share of quacks and con artists who are experts at exploiting the faith and inexperience of their patients, taking them for everything they have. Patients who are cheated usually enter the curandero system with a rather heavy problem, expecting some kind of miracle. However, as stated previously, curanderos are not miracle workers. Disreputable curanderos, knowing the vulnerability of persons seeking quick solutions for serious problems, promise more than they can deliver in order to make a quick buck. Many people who fall prey to these dishonest curanderos lack experience in the curandero system. These people not only lose money, but also fail to achieve heightened expectations. As a result they become doubly cheated--emotionally and financially--and they are vehement in their condemnation of the curanderismo system.

Ideally, curanderos think of themselves as agents doing the work of God. Most curanderos claim that their healing powers are a gift from God, and that all their success can be attributed to the mercy and power of the Lord. Being a gift from God, their powers can neither be exploited nor can they be used to harm anyone. The curandero feels that he has a moral obligation to help those in need, to relieve the misery of those who are suffering, and to counsel those in distress. In reality curanderos can only try to live up to this ideal. Many difficulties intrude on their ideal behavior. Survival is expensive now. Moreover, most curanderos have families and dependents who need basic necessities of life. The pressures of having people calling at all hours of the day, every day of the week, can sometimes become a nuisance. As one of our informants told us:

"Sometimes I wish I were like everyone else."

He adds that the responsibility of having so many people dependent on him for so many things is sometimes just not worth it. It deprives him of spending time with his family, especially his children, and from pursuing other interests which he may have. There are patients who become so dependent they will not leave him alone. There are times when he wants to do something else so badly that he does not dedicate as much time as he should to his patients.

This informant is young, has small children, and has a variety of outside interest, including amateur theater. Another informant, a middle-aged woman with a grown-up family and few outside interests,

does not seem to mind people coming at all hours, every day of the week. She states that she enjoys treating people and helping out whenever she can. In essence, personality, lifestyle, and outside interests may determine how much a curandero may deviate from his ideal role. This role deviation notwithstanding, both informants seem very concerned with the health and well-being of their patients.

THE MATERIAL LEVEL OF CURANDERISMO

Curanderismo recognizes three levels of treatment which have been mentioned and discussed briefly. These three levels, the material, the spiritual, and the mental, are not mutually exclusive, and most curanderos employ any combination in the treatment of their patients. Of the three the material level is the easiest to describe, the most extensive, and the most widely reported. All three levels essentially treat the same problems:

1. physical
2. social
3. psychological

The material level manipulates tools and rituals in order to:

- (A) create an atmosphere conducive to treatment,
- (B) alter a person's awareness of his problems, and
- (C) execute a treatment procedure to relieve pain, anxiety, depression, or whatever ails the patient.

These tools and rituals are widely recognized within the Mexican American culture as having the power to cure a person. Treatment procedures are observed by children as they grow up, being themselves exposed to these treatments for childhood maladies. Perhaps the most outstanding characteristic of the tools used on the material level for the treatment of the sick is that they are common, everyday objects used for everyday activities such as cooking.

ILLNESS

The curanderos recognize two types of illnesses, the natural and the supernatural, and claim to have the resources necessary to treat both.

Natural illnesses can be described as illnesses being caused

by natural agents as opposed to supernatural agents. In some areas curanderos recognize the same causes of illnesses that physicians recognize; examples of these can be hypertension, diabetes, tuberculosis, senile psychosis, mental retardation, etc. In these cases curanderos recommend and seek the services of physicians. Other natural illnesses are given a humoral cause. One such illness is bilis, brought about by excessive and prolonged anger and fear. In either case, excessive bitter bile flows into the person's system causing the person to become tense, irritable, experience loss of appetite, and in some cases suffer migraine headaches. Colic in either children or adults is believed to be caused by excessive cold in the person's stomach. In this case the tea of a warm herb such as manzanilla is given to restore the natural balance of the humors.

By far the most important cases which curanderos treat are those brought about by supernatural causes. Curanderos believe in the existence of two universal minds--one positive and good, one negative and evil--which are capable of influencing the destiny and fate of human beings. Curanderos see themselves as being able to tap the power of either or both of these universal minds to harm or heal an individual. This can be accomplished through the manipulation of material, spiritual or psychic levels. In the material level material objects (tools) and rituals are used in prescribed, pre-set formulas designed to bring about the desired results, because the prevailing theory of curanderismo is that all persons, animals, and certain objects can either emit or absorb vibrating energy. This vibrating energy can either be positive or

negative, i.e. happy or sad; good or evil; well-wishes or bad-luck. The curandero, recognizing the powers and properties of different material objects, can use these same objects to alter or correct the vibrating energy surrounding a person. According to this theoretical premise, illness can be considered as a concentration of negative forces within a person's body system. These negative forces, depending on their origin and their purpose, can affect a person physically, mentally, or socially. In his efforts to restore his patients back to health, the curandero manipulates these tools by altering or correcting the patient's force field.

Illness in a supernatural sense can be manifested as anything that its perpetrator desires. Since health is defined as a harmonious balance between a person's physical, psychological, or spiritual entity, illness can manifest itself as a disruption in a person's social, physical, or psychological life. If a physical disruption occurs, then a person may have headaches, stomach problems, or the illness may manifest itself as something which may be diagnosed as cancer, diabetes, tuberculosis, heart problems. Many curanderos are concerned that people are dying needlessly simply because they are unable to either protect themselves from these negative influences or, once harmed, have no idea where to go in order to get help.

In the social level illness may be manifested as bad luck (loss of job, chronic illness, car problems), marital disruptions, drinking problems, rebellious children, and so forth. These social conflicts bring about excessive physical and mental stress on the persons afflicted; a person thus afflicted is usually not well.

At the psychological level illness can be manifested by nervous breakdowns, paranoia, depression, excessive worries. Curanderos are concerned that many persons are placed in mental hospitals simply because they never have consulted with anyone capable of helping them. They believe that if someone could undo the harm being done to these mental patients, they would be capable of leading normal lives and return home.

A supernatural illness is cured by tapping either one of the two universal minds and decreasing or removing the negative influences harming the person. In essence the curandero is dealing with powers beyond human recognition or human evaluation. He attributes illness to a causal agent whose existence must be taken on faith. He manipulates objects which supposedly channel and rearrange forces which are beyond our ability to comprehend. For all practical purposes the material level of curanderismo deals with magic, not the innocent magic of Cinderella or the distorted and violent magic of horror films, but the far more ancient forms of supernatural knowledge found in Medieval Europe, and possibly dating back to Egypt, India, Pre-Christian Europe, and other sources.

MAGIC

Many scientific studies of magic note the similarity between magical rituals or spells and scientific procedures or formulas. In some cases they have the same historical roots, but different histories. However, it is often implied that science turned toward dealing with empirical phenomena, while magic remained stagnated in the supernatural realm. This attitude is different from the

perspective held by people who believe in and practice the material level of curanderismo. They suggest that magic is empirical; it has evolved significantly through time, and its results can be directly observed.

These two views are probably irreconcilable in the beliefs and personal behavior of the individuals who maintain one of these perspectives over the other. However, these differences do not need to lead to practical problems in delivering health care to someone who holds one viewpoint over the other. A pragmatic viewpoint exists to deal with this situation. This perspective states that the magic of the material level of curanderismo is "real" magic as opposed to fictional or entertainment magic, but that it is "real" in a sociological sense rather than in the sense of some "ultimate scientific reality." It is "real" because people believe in this magic and believe that it works. They do things, say things, and think things that they would not do, say, or think of if they did not believe in magic. Thus, people behave as if magic were real. Since it is this behavior and belief that affects the way people will interact with the scientific medical system, the important point to focus on is not the "ultimate reality" of magic, only the more immediate reality of the patient's perceptions and behavior.

SOCIAL THEORIES OF MAGIC

The origins of magic are for the most part lost in prehistory. However, most researchers agree that the following justification for its existence in health care is reasonable.

Nobody is willing to resign himself to a sickness with no remedy. The sick person and his family need to feel that something is being done. This may be a matter of finding simple remedies, and these may or may not be effective. But there must be somewhere a theory of causation which can account for the serious cases.

(Mair 1969:10)

Mair goes on to suggest that magic becomes one major theory of causation of illness and misfortune found in societies around the world.

Magic has been the focus of serious study for nearly a century in the social sciences. It was first approached in a systematic fashion by James G. Frazer (1937), in a twelve-volume set titled, The Golden Bough. In that work Frazer set the framework for most existing scientific theories and studies of magic when he described what he called the "Law of Similarity." Within this perspective, two principles form the foundation for magical theories throughout the world.

First, that like produced like, or that effect resembles its cause, and, second, that things which have once been in contact with each other continue to act on one another at a distance after the physical contact has been severed.

(Frazer 1922:415)

Both assume that things act on each other at a distance through a secret sympathy, the impulse being transmitted from one to the other by means of what we might conceive of as an invisible ether... to explain how things can physically affect each other through a space which appears to be empty.

(Frazer 1922:413)

This perspective describes the theories behind many magical formulas. The persistence of magical beliefs and practices, even in the face of opposing evidence on its validity, is also tied into this need for understanding and action. Many health care

professionals have been puzzled by the persistence of people's belief in magical causation of illness, in opposition to more clinically sound theories of the biological or psychological causation of disease. Perhaps this persistence can be partially explained by one of the social "advantages" that magical theories have over scientific theories. Illness, within the scientific framework, is impersonal; it affects individuals, but it is caused by a virus, stress, trauma, or social conditions such as poverty, crowding, etc. The scientific framework explains why any individual with a given physical make-up will be affected by a particular environmental condition (virus, stress, etc.), but these are impersonal forces affecting everyone equally.

Belief in magic personalizes misfortune. It not only explains what causes an illness, but also explains why the illness struck a particular individual as opposed to his relatives, neighbors, or strangers.

In addition, magic can sometimes provide the patient with hope, where the scientific perspective might produce hopelessness. For example, within the scientific perspective there is only one conclusion to terminal cancer: death. Acceptance of the diagnosis means acceptance of its conclusion. Within the magical perspective of illness, no illness which was caused by magic is ultimately incurable. If magic brought about illness or misfortunes, more powerful magic, properly done, can eliminate it. The patient is placed in a position of hopelessness only if he comes to believe that his treatment started too late to help, or that the person countering the magic against him has less "power" than the force causing it. In both cases it is likely that the patient would seek

help from another source, one that would bring about a resurgence of hope. At least in the case of chronic or terminal illnesses, this psychological by-product of magic may explain part of its persistence.

Many other theories about the practice of magic exist (See Evans-Pritchard 1937, Kluckhohn 1944, Lessa and Vogt 1972, Maus 1972) which try to explain the social and psychological functions of magic within various societies or across cultures. However, the most important perspective of magic in terms of usefulness in encounters between health care professionals and their patients, is the view from within--the patient's perspective.

THE TOOLS

The material level includes specific healing formulas which deal with simple treatments to more sophisticated rituals. This level is also more widely known and practiced than the spiritual or psychic level. The so-called Mexican American folk illnesses, so widely discussed in the literature, are treated at the material level.

A prominent resource employed by curanderos at the material level is a large number of herbs. These herbs are taken as teas and may be considered a sort of chemotherapy. Herbal baths are also prescribed as either treatment for skin diseases or as ritual cleansings. Poultices are also made from herbs and spices to treat such illnesses as mumps, chicken pox, or toothaches. If anything distinguishes Mexican American curanderos from other folk healers, it is their knowledge of a wide variety of herbs and their use.

Theoretically, herbs are classified as having the properties considered essential for humoral medicine. These properties can be described as:

Hot/Cold and
Dry/Wet

Using these four properties, any given herb or combination of herbs may be prescribed, depending on the characteristics of the illness. If a person has an illness caused by excessive heat, then an herb with Cold properties is given. If a person has an illness because of excessive coldness and dryness, then a combination of herbs having Hot and Wet properties is given. In South Texas, this humoral concept of medicine is not very prevalent among the general population. Some curanderos, however, still depend on this theory to classify illnesses and to prescribe herbal treatment.

Books from Mexico are now being circulated among curanderos, which give a more modern description and classification of herbs. Curanderos also recognize some herbs for their chemical properties. Plants, such as poisons, hallucinogens, sedatives, purgatives, are also prescribed because of these properties. Thus, curanderismo is not a static body of knowledge. As curanderos become more sophisticated in their knowledge of botany, human anatomy, and psychology, these chemical properties of herbs are recognized.

Negative forces or vibrations described above are corrected or eliminated by giving the patient a barrida or spiritual cleansing with an object that can absorb these negative forces. The most commonly used tools in barridas are eggs, lemons, garlic, purple onions, doves, black chickens, piedra lumbre (alum), oleander flowers, candles, perfumes, oils, incense, and branches of certain herbs such

as albacar, ruda, and romero. These are not all the tools used by the curanderos; they are, however, the ones most often used in these ritual cleansings.

It is an implied practice in curanderismo that in many of these ritual treatments, especially in those dealing with supernatural illnesses, a sacrificial victim must be used. Black chickens and doves to a large extent serve this purpose. The egg, being a living cell and more economical and accessible, is an accepted substitute. Eggs are believed to have the power to absorb the negative influences or harm being done to the patient. The egg is used largely to either diagnose or to cure a patient. After the barrida, the egg is destroyed by either letting it sit in a glass of water for a determined period of time or by fire. In either case, by destroying the egg, the curandero destroys the harm absorbed and the patient recovers.

Other tools employed by the curandero will work in more or less the same way. The lemon, for example, can trap negative influences, but it can also be used to give strength, or positive influences, to a sick person. The lemon also serves as a point of concentration whenever a person is under difficult circumstances. Some curanderos recommend squeezing a lemon whenever someone goes to a difficult business meeting, a legal encounter, or any other uncertain circumstance. In some instances the curandero cleanses the patient with an egg to absorb the negative influences and then with a lemon to give the patient strength.

Purple onions and garlic are used to give the patient protection from harm. These tools are believed to have the power to repel negative influences. The patient is cleansed with garlic or purple

onions for protection; it is a sort of spiritual or psychological inoculation. The patient can then return to his environment with some assurance of protection, even if someone desires to harm him.

Perfumes, oils, and incense serve as communication devices. These tools, when used with special invocations, are said to attract benevolent spirits (saints or deities) whenever someone needs special favors, protection, or some desired result. Perfumes, oils, and incense emit fragrances and vibrations which are pleasing to the spiritual world, making them essential tools in all rituals. Lemons and eggs directly affect the patient, while perfumes, oils, and incense call on the supernatural world for added strength and protection.

At the psychological level, some curanderos feel that these tools have a strong self-suggestive power since the patient can see that something is being done to help him. In some cases these tools are used only for the patient's sake.

Water and fire (candles) are tools that allow the curandero to control and channel the supernatural powers he has at his disposal. Water is a physical link with the spiritual world. Curanderos suggest that keeping a glass of water under the bed or on an altar will appease bad spirits and bring harmony into a household. Whenever a curandero is undertaking a difficult cure, he surrounds himself and his patient with a ring of water to keep away negative influences. Specially prepared water (agua preparada) can be rubbed on a person's forehead and cerebellum for strength and protection. Other tools such as eggs, lemons, and garlic can also be dipped into this prepared water to enhance their curative powers. Don Pedrito Jaramillo, perhaps the

most well-known and one of the more successful curanderos, prescribed water in almost all his treatments (See Hudson 1951).

Fire is used as a purifier. Flickering candlelight can repel unwanted spiritual beings (espiritus obscuros) and attract benevolent spirits (espiritus de luz). It is used to establish direct communication with the supernatural. Fire or a flame represents the presence of a supernatural order which can create or destroy all types of influences on a human being. The use of fire by curanderos is analogous to the use of fire in catholicism. Whenever a person wishes to ask a special favor from the Virgin Mary or from saints, he lights a candle and says a prayer. Fire in the form of a candle establishes a link between the person asking for the favor and the benevolent supernatural being who has the power to grant that favor.

THE RITUALS

Most rituals involve the manipulation of physical tools and prayers or invocations. The basic ritual in the material level is the barrida, or spiritual cleansing. The patient is swept from his head to his feet with an egg, a lemon, an herb, or whatever the curandero deems necessary. While being swept the person may either be standing, sitting, or lying down. The person is swept in front, in back, and on his sides. Standard prayers used in these rituals include the Lord's Prayer, the Apostle's Creed, and the Twelve Truths of the World.¹ Special invocations are said to specific saints or

spirits to bring about special results. For example, San Martin de Porras is asked to relieve poverty; San Juana de Arco is asked to help in business (she is aggressive); San Judas Tadeo is asked to help in impossible situations; and Santa Marta is asked to bring harmony to a household.

Besides officially recognized saints, curanderos call on other spirits who may be called folk saints. Recognized folk saints such as Don Pedrito Jaramillo and El Nino Fidencio are called upon to help the curandero in his work. Other benevolent spirits who act as protectors may also be called upon for help. These spirits, such as Allan Kardec, may be prominent in the spiritualist movement. They may be historical personalities such as Francisco Villa, or they may be relatives or personal acquaintances of either the curandero or his patient. In any case the sweeping, the prayers, and the invocations are intended to restructure the patient's force field and to eliminate all negative influences harming him.

Another ritual intended to influence people, but from a distance, is the art of candle burning. Different colored candles can be burned in different positions to bring about a desired result. Blue candles are burned for serenity or tranquility, red candles are burned for health or power, pink candles are burned for good will, green candles are burned to remove a harm or negative force, and purple candles are burned to repel and attack bad spirits (espiritus obscuros).

Candles can be burned in triangles. The triangle is considered the strongest formation, whose influence cannot easily be broken. Candles are also burned in circles, in crosses, and in a variety of

formations intended for specific results (See Buckland 1970). Diagnosis can also be made by studying the flame of the candle, the ridges, and drippings in the wax.

For treating businesses, households, stock, farms, and sometimes patients, incensings (sahumaríos) are used. Incense, holy water, and prayer are the main tools used in these rituals. This ritual is executed by first preparing hot coals, then placing the appropriate incense on the coals. Every room or living space in the house or structure is incensed thoroughly, making sure that all corners, closets, and other hidden spaces, such as under beds, are properly incensed. While the healer is incensing the house, he or someone else reads an appropriate prayer. As indicated previously, prayers are intended for specific saints who are supposed to help in specific circumstances, eg. San Martín de Porrás for poverty, San Martín Caballero for good luck, Santa Marta for harmony in the household. The sahumerio is an instance where the curandero treats the social environment of the patient, seeking to bring a change in his lifestyle or living conditions. Indirectly, this procedure may relieve tensions and anxieties which may ultimately affect the patient's health status. Incensing of a house does away with negative vibrations such as bad luck (salaciones), marital disruptions, illness or disharmony. For businesses, stock, and farms, incensing helps with success, growth, and protection from jealous competitors.

A ritual using ribbons may also be used to break negative influences affecting a person. These negative influences usually deal with personal shortcomings which the patient may have; these may include excessive drinking, an unfaithful spouse, rebellious

children, inability to find or hold a job, or the inability to get along with other people. Different colored ribbons such as green, white, or red are placed on the floor, and the patient is asked to walk back and forth three times over them. While walking over the ribbons, the patient says an invocation rejecting (conjuro y rechazo) all malevolent forces which may be intended for him. At the same time, the patient asks benevolent spirits for protection and to return all harm being done to him back to its source. The patient continues the invocation, tying the ribbons in knots. These knotted ribbons are then placed in an empty jar; the jar is buried or hidden in a safe place, and hopefully so are the patient's problems.

The tools, rituals, and prayers described above are some of the most commonly used by curanderos in their treatment procedures. These lists are by no means exhaustive nor are they so intended. Their purpose is to give an idea of which tools the curandero manipulates to treat his patients. The rituals, invocations, and tools used by those who manipulate negative forces to harm people are not included in this chapter. The concern here is mainly to describe healing procedures. While harming procedures are not described, it must be emphasized that they do exist, and that they are used.

HEALING FORMULAS

The following healing formulas were contributed by an informant who has been a practicing curandera for over twenty years. She began healing as a young girl, treating only members of her family. It was not until after she got married that she was convinced to develop her potential as a healer. This list of healing formulas

represents types of illnesses with which this informant and other curanderos deal. These illnesses may range from the simple to the very complex; from the so-called Mexican American folk illnesses to what seems serious psychological problems. In over twenty years of practice this informant has dealt with many problems and many situations. The following list in no way does justice to her skill or her knowledge.

POPULAR ILLNESSES

This informant was asked to describe the popular Mexican American folk illnesses, including susto, mal ojo, caida de mollera, empacho, and bilis. These illnesses are treated at the material level, using tools, rituals, and prayers commonly employed by curanderos; however, they are not often treated by the curanderos themselves. This may be the reason why persons who treat these illnesses are often confused with professional curanderos.

Susto (Fright)

Susto (fright) can affect anyone from a young baby to an elderly person. The more serious illness is called susto pasado, a person who has been ill with fright for a long time. A person with susto pasado suffers from stomach trouble, diarrhea, lack of appetite, lethargy, irritability, and loss of weight. Persons can be frightened at home, at work, in their sleep, or just about anywhere. Even if a person is brave, his body may be surprised and frightened. Susto can sometimes be diagnosed by touching the person's nose; it should be very soft, like cotton.

The cure may be done with an old broom. The sick person lies down and is completely covered with a sheet. The healer (el que cura) sweeps the patient with the broom, saying the Apostles Creed

three times. At the end of each Creed, the healer whispers in the patient's ear, "Come, don't stay there." (Vente, no te quedas alli.). The patient responds, "I am coming." (Aqui vengo.). The sick person must perspire and is then given some tea of yerba anis to drink. The healer then places a cross of holy palm on the patient's head and asks Almighty God, in the name of the Holy Trinity, to restore the patient's spiritual strength.

Caida De Mollera (Faller Fontanelle)

Caida de mollera may be caused by pulling the baby's bottle from his mouth while he is sucking; by a fall from the bed or crib, or by throwing the baby up in the air. The symptoms include inability to suck the bottle, green diarrhea, and irritability.

This illness is treated by wetting the baby's head with warm water and soaping the soft spot really well. The healer then gently places his fingers inside the baby's mouth and pushes up on his palate; with the other hand he gently pulls the hairs on the baby's soft spot. In some cases the healer places warm water in his mouth, and places his mouth on the baby's soft spot, and gently sucks in.

Empacho (Food Stuck To Stomach Or Intestines)

Empacho is caused by having food stick to the stomach lining. In some cases specific foods which are believed hard to digest, such as popcorn, cause empacho. Empacho is also caused by forcing a child to eat food he does not like or want. Some mothers give their children too much to eat; this also causes empacho.

Empacho can be treated by giving the child a purgative. In order to treat the damaged stomach a tea is also given such as te de rosa de castilla or te de yerba del gato. In some cases the healer massages that part of the back behind the stomach with warm olive oil and pulls on the skin. The skin is said to make a snapping noise when the trapped food particles are loosened. In either case, a tea is given to treat the damaged stomach.

Mal ojo, literally translated evil eye, is caused by persons with "strong vision" admiring a child, a grown person, or an object. If these persons fail to touch whoever or whatever they are admiring, their strong vision causes that person to be ill or that object to be damaged. Usually, the most affected persons are children. The symptoms in children are usually irritability, fever, headaches, vomiting, and drooping eyes.

Mal ojo is treated by having the child lie down and sweeping him three times with an egg. The sweeping is done by forming crosses (crusitas) with the egg, on the child's body, starting at the head and going to the feet. While sweeping, the healer recites the Apostles' Creed three times, making sure that he sweeps both the front and the back. The egg is then placed in a jar of water. The jar with the egg may then be placed on the child's head, and another Creed recited. The jar with the egg is then placed under the child's bed, usually under the place where the child rests his head. The next morning at sunrise the egg may either be burned or cast away in the form of a cross.

Bilis

Another popular illness sometimes described in the literature is bilis, which is excessive bile in a person's system caused by extreme anger or fear. This excessive bile becomes concentrated in the person's stomach or intestines. If the person suffers from bilis for long periods of time, the illness may progress to bilis cuajada (coagulated bile). Bilis cuajada causes inflammation of the stomach or of the intestines. Symptoms of bilis include gas, constipation, a dirty white tongue, and a sour, bitter, and dry mouth.

Bilis is treated by taking laxatives once a week for three weeks. Commercial laxatives such as epsom salts or purgative herbs, such as cascara sagrada (sacred bark) are recommended. The idea is to cleanse the stomach of all the accumulated bile and restore it back to normal.

NATURAL ILLNESSES

Curanderos recognize that some illnesses are brought about by natural causes, such as improper function of the body, carelessness, or inability of a person in taking care of himself. In other cases, while not openly describing germs or virus, curanderos talk about infectious and contagious diseases. At the material level, treatment of natural illness is usually done with herbs. The following are some treatments given for natural illnesses.

Hemorrhage

The rose treats hemorrhages, infections, and sores. Whenever a person has a hemorrhage, place three roses in water, boil them, and make the person drink the tea. The geranium also cures menstruating women of excessive bleeding. A tea is made either of five geranium leaves or one flower. The afflicted person drinks this tea for nine consecutive days, preferably before breakfast.

Vaginal Discharges

Some vaginal infections are caused in women who do not abstain from intercourse for the required number of days after giving birth. These vaginal infections are yellow or white. These infections are treated by giving the patient a tea made from herbs called "la cachana y el cachano." The tea is made from two leaves and is taken twice daily, in the morning and in the evening. The person also takes a warm bath made from the following herbs: yerba anis, yerba buena, ruda, mejorana, and yerba de San Nicolas; these herbs are boiled together. After the bath the person is heavily clothed in order to perspire. The person has to perspire in order for the illness to come out.

Gall Stones

Cactus tea is recommended for gall stones. The biggest

part of the cactus is cut and the pulp removed. This pulp is boiled and the tea is used by the patient as drinking water. If the stones are too big and an operation is required, then cactus tea will not help. However, if the stones are not too big and the illness is not too serious, cactus tea helps to get rid of the stones. Cactus is also good to cure infections.

Fevers

Fever can be cured by either using herbs or poultices. Borraja and huachachile cure fevers because both have cold properties. The tea of either plant can be given to the patient in order to cut his fever. Poultices to cut fever are also made from raw meat mixed with vinegar and onions. If meat is not available, then dough can be substituted. The dough is mixed with vinegar to make the poultice. This poultice is placed on the patient's forehead, stomach, back, and the soles of his feet. The sick person has to perspire very much in order for the illness to come out.

Skin Diseases

The fresno (ash tree) treats skin infections such as itches, sores, white spots, or scalings. Branches of the fresno are boiled in a pail and added to the patient's bathing water. The patient takes as many baths as necessary to cure the infection. Fresno can also be used to tighten loose skin by persons who lose weight in short periods of time.

Herbs can be used for any number of illnesses; these illnesses are usually the less serious and the more commonly found in the general population. Curanderismo depends on the use of herbs to such an extent that some curanderos specialize in the use of herbs. These curanderos are usually known as yerberos or yerberas. In almost every traditional barrio one or several persons have some expertise in the use of herbs. To a large degree, one can say that in traditional Mexican American families the first-aid

kit is usually grown in the garden.

SUPERNATURAL ILLNESSES: PHYSICAL

Supernatural illnesses, those caused by channeling negative forces to damage a person's health, can sometimes be confused with natural illnesses. These illnesses may be diagnosed as ulcers, tuberculosis, rheumatism, or migraine headaches, but in reality they are believed to be danos (harm) placed on the person by his enemies. The difference between a natural and a supernatural illness of this type is that physicians cannot cure it. Curanderos say that some patients after spending time and money consulting physicians realize that physicians cannot help them. Thus, they turn to the curandero for help.

Migraine Headaches

Migraine headaches can be given to a person by giving that person certain powders in his food or drink. They can also be caused by burning candles whose purpose is to make that person ill. The afflicted person is swept with an egg, the healer (el que cura) usually reciting the Apostles' Creed or the Twelve Truths of the World. The egg is broken and placed in a glass of water to make a diagnosis. If the white of the egg forms points with bubbles, then the person is being harmed by a velacion (candle burning). If the egg also has red spots, then the velacion is made of red candles in a circle. If the egg has black spots, the powders are being used to harm the patient. Once the diagnosis is made, the patient is given nine barridas (cleansings) for nine consecutive days. The first three barridas are all done with an egg; the second three with lemons; and the third three with purple onions. An incision in the form of the cross is made on each purple onion and three peppers are placed in the incision.

In all cases the tools are burned in live coals after each barrida. During the same nine days, the curandero burns a green velacion (green candle burning) in the form of a triangle. The triangle protects the patient from further harm and destroys the harm already being done. When the candles are lit, an invocation is usually said to a saint or benevolent spirit to aid the candles in restoring the patient back to health.

The patient is prescribed a cocimiento (a tea); this tea is usually made of ruda (rue) and yerba del Cristo (herb of Christ), which must be taken in the morning before breakfast. If the patient was given something to eat or to drink, the healer recommends a laxative to be taken with chocolate mexicano (Mexican chocolate).

Sores

Some people develop skin eruptions because of some trabajo (work) that has been done on them with oils. These oils may be placed on the person's clothing, their work tools, or wherever it is certain that these oils will be touched by the victims. These people are given a series of baths, usually from seven to twenty-one, made with fresno (ash tree), lemon, and yerba del pajaro (herb of the swallow). Some bad skin sores also need barridas. The egg for these barridas has to be from a black hen. These people may also be given a specially prepared incensing (sahumerio) such as the sahumerio de San Cipriano. This incensing will cleanse the patients of all evil that has been done to him.

Rheumatism or Arthritis

There are some persons who are unable to use their hands, arms, legs, or feet. A figure is usually made of these people and their limbs are stuck to their bodies with needles. For all practical purposes these people become frozen. Other people get their needles stuck one at a time, so it takes them longer to become paralyzed.

These patients are usually given a series of nine barridas, for nine consecutive days. The first three

barridas are given with lemons, the second three with ducks eggs, and the last three with black chickens. These barridas are usually concentrated on the patient's afflicted parts with the healer reciting the Twelve Truths. Strong invocations are also made to saints and other benevolent spirits to aid in the cure. Invocations may also be made to evil spirits asking them to release the patient and restore him back to health. Some black chickens used in the last three barridas die right away or within a few days. In some cases the black chickens are burned immediately after the barrida to destroy the harm they have trapped in their bodies. The patient is also anointed with holy oil and rubbed with specially prepared alcohol.

The above three examples should give the reader an idea of how the curandero manipulates his material resources in order to treat his patients. Some rituals are more elaborate than others. In most cases the patient and his family are asked to participate by helping the curandero locate the tools he needs to prepare for the rituals, and sometimes by joining in prayer while the rituals are performed. In either case, there is always an exchange of communication and enough participation to keep everyone involved.

SUPERNATURAL ILLNESSES: PSYCHOLOGICAL

At these levels the curanderos deal with tension, household problems, personality complexes, and sometimes with what seems to be serious psychological disturbances.

Marriages

Some couples may be having problems in getting married, either because of family problems, inability to find a job, etc. They come and ask for help in solving their problem so they can get married. Some healers read their cards to determine if something or someone is blocking their way to prevent

them from getting married. If a negative intention is blocking their marriage plans, the curandero may give them a series of barridas--nine or seven--with roses and holy candles. The persons are usually wrapped in a white cloth while they are being cleansed; they are also prescribed baths with roses. The curandero also lights a white velacion (white candle burning) in a circle to concede the marriage.

Household Problems

There are some persons who have all kinds of household problems; they cannot find work, they have no food, there is constant illness, their car breaks down, they cannot get along with other people. These people usually have had a salacion (bad luck) placed on them. This is usually done by spreading some powders or graveyard dust on their house so everything will go wrong. These people usually have to be given nine barridas with fire on nine consecutive days. The first three barridas are given with branches of three herbs; albacar, ruda, and romero. The second three barridas are given with a wide, dried pepper. The pepper is dried and stuffed with romero, seven teeth of garlic, three cloves, and two cinnamon sticks. After each barrida, the tools are burned in live coals. After the sixth barrida, the persons are cleansed with a combination of three incenses: myrrha, estoraque, and copal. The last three barridas are given with garlic; this garlic is also burned after each barrida. A special prayer, la mano poderosa (prayer of the powerful hand) is said during each barrida. This prayer is supposed to be very powerful because it signifies the power of life: it does away with all evil and protects the household from future harm. The persons may also be prescribed banos especiales de fortuna (specially prepared baths of good fortune).

Inferiority Complex

Some persons feel that everyone looks down on them, or feel that everyone treats them badly. They are unable to get along with people and have few friends. These people are usually given three barridas with different colored roses, an oleander branch, and a ruda branch. An invocation is made to benevolent spirits to give this person spiritual strength and

to help him find himself. This person is also prescribed seven baths with seven herbs, usually albacar, ruda, romero, yerba buena, verbena, mejorana, and anis. After the three barridas, the person is given a sahumerio for good luck. He may also be encouraged to use specially prepared perfumes that will help him get along with others.

MENTAL ILLNESS

This is a specific mental case--very difficult. This patient worked for the street maintenance department of a small city in South Texas. Every day after work a voice would lead him out into the brush and sometimes keep him there till 2:00 a.m. This activity was wearing out the man and his family and he was going crazy. A bad spirit was following this man, and would not leave him alone. This man was cured, but it took three people to cure him: myself, a friend, and a master from Mexico. This man was given three barridas each day for seven days, one by each of us. The tools used were eggs, lemons, herbs, garlic, and black chickens. The man was also prescribed herbal baths and some teas to drink. He was also given a charm made from the haba marina designed to ward off any more negative influences which might be directed at him. This patient regained his sanity.

At the material level, the curandero is a very good manipulator of symbols. Moreover, these are symbols and rituals which his patients recognize and are very much a part of their culture. In essence, the curandero shares a common world view with his patients--he understands their problems and the source of their problems; he is familiar with their lifestyles; he shares the same health beliefs and health practices of his patients. A common world view, a common culture, and a common language give the curandero a control over his treatment procedures and the advantage of getting all the information he needs for therapeutic purposes. The expectations of the patient also work to the curandero's advantage. For some,

curanderismo is something they learned at home and have come to depend on for their health maintenance. For others, going to an unsanctioned health care system means that they need help badly. The curandero gathers the information, manipulates symbols, prescribes, and the rest is up to the patient.

The practices of the curandero working on the spiritual level are different from those working on the material level. The curanderos see themselves as a communication link between the human and the spiritual realms of existence. They have control over the action of some spirit beings, and through these beings they affect the lives of their patients. On the spiritual level, the curanderos state that it is spirit beings who effect the harm and make the cures on this level.

MEDIUMS

Mediumship, the ability to act as a communication link with the spiritual world, is a very ancient and widespread practice; it has been noted in all times and has been reported in most human cultures. It is so common that the practices of the medium have been given a special name by social scientists. It is called shamanism. This makes it easier to discuss and compare the practices of shaman from many different cultures by avoiding the negative connotations that some of the specific names for shaman around the world have developed, such as medicine man, witch doctor, medium, spiritualist, etc.

A shaman may be defined as a man or woman who is in direct contact with the spirit world through a trance state and has one or more spirits at his command to carry out his bidding for good or evil. Typically, shamans bewitch persons with the aid of spirits or cure persons made ill by other spirits... Depending on his traditions and beliefs, a shaman may also influence the course of events, find lost or stolen objects, define the identity of people who have committed crimes, communicate with the spirits of dead relatives and friends of clients, foretell the future, and practice

clairvoyance. Contemporary anthropology tends to view the shaman as a psychotherapist, but the people of the cultures in which he operates believe him to be able to contact and deal with an invisible spirit world.
(Harner 1973:xi-xii)

Many curanderos working on the spiritual level of curanderismo fit this definition and perform some or nearly all of these shamanistic activities. The symbols and language they use are simply the Mexican American cultural expression of this worldwide human phenomenon. This fact is directly recognized by some of the curanderos themselves, especially those who belong to national and international organizations with memberships from all over the world. These groups periodically gather in a host country, like any other professional group, to exchange ideas and techniques about their practices.

THE SOUL CONCEPT

The basis for the spiritual level of curanderismo rests on the "soul concept." The soul concept is a belief in the existence of spirit beings; a belief in the immortal soul of once living people. This concept is important not only to curanderismo but also to the religious and mystical beliefs found in all western cultures.

The soul is variously described by curanderos as a force field, an ectoplasm, concentrated vibrations, or a group of electrical charges that can exist separate from the physical body of human beings. It is thought to retain the personality, knowledge, and motivations of the individual, even after the death of the corporal body. Under the proper conditions the soul is believed to have the

ability to contact and affect persons living in the physical world.

While souls can occasionally be seen as ghosts or apparitions by ordinary human beings, they are more commonly thought to exist in a special spiritual realm. For some people, this realm has various divisions that have positive or negative connotations associated with them (i.e. heaven, limbo, purgatory, hell). Other people see the spiritual realm as a parallel to the physical world. They state that the spiritual is a more pleasant plane to live on, but few attempt any suicidal test of this belief. One informant made the following observations, while discussing the spiritual level of curanderismo.

Those of us who have developed our abilities through the World Spiritual Doctrine call these (entities) "spirits" (espiritus), but actually "spirits" and "souls" (animas) are the same thing. In the past they were called souls, as our grandparents taught us, and now we call them spirits.

The spirits' activities closely parallel their former activities in this world. Since the personality, knowledge, and motivation of the spirits are much the same as they were for the living being, there are both good and evil spirits, spirits who heal and spirits who harm, wise spirits and fools.

Spirit Communication

Many of these spirits are thought to want to communicate with or act upon the physical plane. Some have left tasks undone in their physical lives, which they wish to complete; others want to help or harm; many wish to communicate messages to friends and relatives, telling them of their happiness or discontent with their new existence. Mediums, curanderos with the ability to work on the spiritual

realm, are a communication link between these two worlds. The impression that some curanderos give is that there are multitudes of spirits who want to communicate with the physical world and they tend to hover around those who have the gift (el don) to become a medium, waiting for an opportunity to enter their bodies and possess them.

THE GIFT

All people are felt to have the innate ability to receive spiritual communications, but this ability is more pronounced in some than in others, just as all human beings have the potential to speak, yet only a few become great orators. Only certain people have the gift (el don) to work on the spiritual level; however, this distinction is one of degree rather than one of kind.

The ability to become a medium is centered in the cerebro, that portion of the brain found at the posterior base of the skull. Those with the gift are said to have a more fully developed cerebro, while those who do not are said to have cerebros which are weak. This "weakness" has no relationship to either the intelligence or the moral nature of the individual, only the ability to communicate with the spiritual realm. Weak cerebros represent a danger for anyone who wishes to become a medium. One informant was warned about this problem.

I: My mother talked to her (a curandera working on the spiritual level) and all she said was that I didn't have the potential, or that if I did learn a few things, how to cure this and that, and I tried to perform it on someone that was ill, it (the illness) might rebound on me.

Q: She told you you could not do this? That it would rebound

on you?

I: Yeah, I never asked why. Whatever she says goes. She said that if I ever get to the point where I did learn something pertaining to curanderismo and I tried to practice it on somebody else, or tried to cure somebody that it would rebound on me. So the best thing to do would be just to keep out of it.

In most cases, encounters with curanderos like the one described above appear to be sincere attempts on the part of practitioners to prevent people from doing harm to themselves, rather than attempts to minimize the number of people practicing curanderismo. The danger mentioned is very real from their point of view, and to not warn someone about it would be a serious ethical lapse. Curanderos frequently test their clients and friends for gifts, and those with the gifts are generally encouraged to develop them.

TESTING FOR THE GIFT

Only rare individuals demonstrate mediumistic potential spontaneously and can utilize their gift without further training. Most potential mediums are discovered through testing and go through an extensive training process to use the gift. This testing and training takes many forms and is partially dependent on the knowledge, abilities, and personality of the curandero doing the testing.

During the course of this research, most of the members of the research team were tested by one or more curanderos for latent gifts. The curanderos did not have any known contact with one another and, interestingly enough, there was a considerable degree of agreement amongst them on both the existence of abilities and what those

abilities were for particular individuals. This consistency strongly indicates further research should be pursued in this area to uncover the basis for it.

The least elaborate test performed on the research team was a laying-on-of-hands. The team was ushered into a curandera's workroom and sat on the day bed and chairs she had provided so they could talk with her. To prepare them for the test, she asked what their birth dates were and stated that people born in certain months (not astrological signs) were more likely to develop healing powers than people born in other months. February and August were two of the months indicated as birth months for potential mediums.¹ She then began a prayer to the spirits, asking them to communicate with the research team. She went to each person, placed a cross in special oil (acete de siete potentias) on their foreheads, and clasped each of their heads with one hand in the forehead region (la frente), the other at the base of the skull (el cerebro). She later explained that she concentrated on sensing the person's spirit between her hands. She sent mental vibrations through the person's brain and the sensations she perceived are normal, tight, and loose. It is persons with tight vibrations who have the ability to concentrate and the potential to work in the spiritual realm.

The test performed by another curandero is interesting in its points of contrast to the one above. Rather than a direct sensation of potential, through a ritualized "laying-on-of-hands", this test

¹Not all curanderos adhere to this theory. In fact, one indicated it was completely false.

depended directly upon contact with the spiritual realm to produce its results. Five members of the team were at the home of a curandero who was establishing a new spiritual center in one of the towns of the research area. After talking for some time, he asked if he could perform a test on the team. He explained that before attending a spiritual session, it is beneficial to know whether any of the participants had the potential to become a medium. If any of the participants possessed that gift, he would have to take precautionary measures to protect these individuals from harm during the session.

To test the group he had everyone sit comfortably in a semi-circle at one end of the room. All participants were instructed to remove all metal objects from direct contact with their bodies, not to cross their arms or legs at any time during the test, and to sit with their eyes closed. They were to sit with their hands resting on their laps, palms up, and to concentrate on a supreme being, "God or whatever else you want to call him," excluding all other thoughts. He told them, "Forget about everything else and concentrate on just that (the supreme being); afterwards, whatever you felt, you will tell me. It might be that you felt very light, like you were floating or that you felt like you were sinking. If you don't feel anything, then tell me you felt nothing."

He brought a clear glass with water and placed it upon a table beside him. He had the group sit silently and close their eyes. He stood beside the water glass making a silent invocation to the spirit realm. The test lasted for fifteen minutes.² When the test was

²For the social scientists in the group, the impulse to peek was nearly overwhelming at times and may have spoiled their concentration.

over, he asked the group to describe any sensations that were felt:

Person I: I felt I was going up and down three times. It was like when you're upside down and then turn all of a sudden and the blood rushes to your head. Like lifting up and then all of a sudden zooming down. One time I felt like I was leaning, but I didn't.

Curandero: And you?

Person II: I felt an alternation of darkness and pressure. In the darkness I could see images. Either blood vessels or perhaps faces. The pressure was like too much light. It was brilliant.

Curandero: Did you feel your head nodding up and down?

Person II: Yes. I also heard a baby cry outside the house.

Curandero: There was no baby outside. That was in your mind. You nodded your head in answer to a question. I asked the spirits to indicate which of you have the faculties to be a medium. As soon as I asked the question, you began nodding.

Person II: It felt as if my head would slowly become lighter and lighter and would raise up. As soon as it got there, it would become heavier and slowly sink down. It was strange, because it felt like it was doing that by itself. That went on for some time.

Curandero: You were the only one who answered the question. (To another person) If he prepares himself correctly, he can become a very powerful medium. That's why his head bowed, it was to indicate an answer to that question.

The curandero then asked the other three persons present to describe their sensations. One had felt nothing, one saw swirls of colors, and the other felt slight differences in pressure. From similar tests on other groups, these are all common responses to sitting with your eyes closed for fifteen minutes concentrating on a supreme being. Only one individual out of this group was indicated to have the potential to be a medium. However, the curandero later

discovered another person present at that test to have the potential to be a clairvoyant (vidente). This is a power connected with the duties of a spiritual temple, and will be discussed later.

THE SOCIAL DANGERS OF CURANDERISMO

Not everyone who is discovered to have a gift develops it. There are a number of dangers and inconveniences that make the life of a curandero unattractive to potential curanderos. Some people fear the social problems associated with becoming a curandero, while others are bothered by the element of supernatural danger involved. Many people may discover they have the gift and ignore or even repress this information for fear of being set apart. One curandero stated it thus:

Many people don't want to (become mediums) because of fear, of embarrassment, and many other things. They don't want to get involved because of their profession or their home life.

Other people ignore the problem of being set apart, but are concerned about the legality of curanderismo. The medical practices acts of many states are written in such a way that curanderismo is potentially illegal. Some types of spiritual healing could possibly be construed as practicing medicine without a license. The mediums reject this suggestion; from their viewpoint it is not they, but spirits, who perform the cures. This potential problem causes some people to choose not to become curanderos.

Curanderos are viewed from many different social perspectives within their own communities. Some people seek them out as their sole or major health resource, while others view them as quacks, fakes,

or even the Devil's emissaries on earth. All of these people view the curandero as a person set apart from the rest of humanity, either by his gifts or his actions. The curandero is viewed as different from "normal" people; this difference produces respect, distrust, and even fear. Sometimes it produces the accusation that the curandero is a brujo, a witch doing anti-social magic.

SUPERNATURAL DANGERS AND SPIRITUAL PROTECTORS

Most people decide not to become mediums because of the supernatural rather than the social dangers involved in this profession. There are some dangers associated with having the gift and not using it. The primary danger, from the curandero's perspective, is that the potential medium has a brain that is sensitive to spiritual communication and possession, yet does not know how to protect himself from spiritual intrusions. These problems were pointed out by one curandero before one of the researchers began training as a medium.

Many people have problems and don't know why, until they find they have these faculties. When you have this potential, there will be someone (spirits) pulling you to develop this thing you have. You can have many problems if you have this potential and do not develop it.

The problems encountered, if the gift is very strong, include possession at one extreme to frequent bad dreams at the other. In some ways it is nearly as dangerous not to develop these faculties as it is to develop them.

The most vulnerable time for the medium comes during his development. He has "opened up new channels in his mind" and does not yet know how to close them or protect himself. This is the main

reason why it is necessary for the developing medium to be trained by another fully developed spiritualist. The developed spiritualist can place a mantle of protection over his apprentice until that person is able to protect himself or herself from harm. This potential harm has two sources: one human, one supernatural. The human danger comes from other spiritualists, especially those working with evil, in the dark realm (trabajan en obscuro). These people can "sense" the development of new mediums, and sometimes attack them, either through magic on the material level or through agents in the spiritual realm. The reasons some brujos make these attacks are not clear. In part it seems to be done because of the rivalry that exists between those working in the good (lo bueno) and those working in the bad (lo malo); it may be that the attacker does not want other people practicing in his field. In most cases, unless the attacker is very powerful, the apprentice's teacher is easily able to counter these attacks, which usually come at night in the form of bad dreams.

A more serious danger exists in the spirit realm for the developing medium. There are few people who can develop the ability to become a medium, and there are many, many spirits who want to make contact with the physical world. Some of these spirits are good; some are evil. According to the curanderos, they tend to fight for a chance to enter the apprentice's body. Without his teacher's protection, these spirits could take over the developing medium's body and create problems; they can at the very least exhaust the apprentice. These spirits can also physically harm the apprentice by causing him to fall from the chair during trance or to thrash

about the room and injure himself. To counteract these problems, the teacher gives the apprentice mental strength and controls the spirits' access to him.

These early dangers are not permanent. At some point in their training the apprentices receive spiritual protectors that aid in their development and protect them in the spirit realm. One curandera gives this method for contacting a protector.

You buy a crystal bowl. You take it to church and you ask the priest to bless it for you. Then you fill the bowl with water in your home or wherever you have it, and you speak into it. You will say: "In the name of the Father, the Son and the Holy Spirit; God the Father; God the Son; God the Holy Spirit; dear brother (name of spirit you are contacting) give me your spiritual strength and protection." Then the spirit will direct you and in return you will give it respect. The spirit will tell you what recipe you are going to use and what you are going to cure. You can't really start to work until you have this protection.

During the apprentice's development one or more spirits announce themselves to the teacher and apprentice as protectors, and from that time on they give the developing medium protection in the spiritual realm.

Some people claim to be spiritually protected by famous people, such as Don Pedrito Jaramillo, Nino Fidencio, Francisco Villa, or Emiliano Zapata. Some claim their patron saint or their favorite saint as a protector. Among the most common are San Martin de Porres, San Martin Caballero, La Virgen de San Juan, and Miguel Arcangel. Other curanderos name ordinary spirits with ordinary names and life histories as their protectors. One curandero stated:

Francisco Rojas. He gives me protection. It could be because I go to his spiritual center. If they (the mediums at the center) see I am in danger, they protect me through prayer. The spirit protectors are something like a telegram; if they see grave danger ahead for a person they send protection to him.

A developing medium normally receives at least two protectors during his training. They become spiritual gatekeepers. During the medium's trance they are in charge of protecting his body while his spirit is away from it. They choose which spirits will enter the body and how long they stay, and they call back the medium's spirits at the end of the trance. Without this spiritual protection, it is said that the medium could not work in the spirit realm. On other occasions, these protectors also teach and give the medium instruction on curing that he could not find in books or from other mediums, thereby aiding him by increasing his knowledge.

Once the medium has full control over his gift, the teacher withdraws his protection and the new curandero is on his own. He is expected to protect himself from attacks against him from either the physical or the spiritual realm. In most cases he is expected to defend himself through his knowledge, his mental strength, and the help of his protectors. However, spiritualists and other curanderos do sometimes form groups for mutual protection and to share knowledge.

CONTACT WITH THE SPIRIT REALM

The spirit realm usually cannot be contacted through a normal state of consciousness. Contact comes through dreams or when a curandero goes into a trance. Both of these states are "altered

states of consciousness"--states when the mind is receptive, according to the curanderos, to contact with the spirit world.

Contact with spirits through dreams is not uncommon within curanderismo. One curandera stated, "Spirits work with or give waking manifestations to people who are not scared. To those who would be frightened, they usually communicate in dreams." She also stated, if you have this gift, "You may hear voices at night..or have a revelation. If so, you can put a glass of water, a rosary, and a crucifix at the head of your bed so that you will not be frightened by these manifestations. The spirits know who is scared by these things and who isn't; they work with each in the way that best suits that person's needs."

THE TRANCE

The most common way a curandero works with the spirit world is not through dreams, but in trance. A trance state is something that is learned by the curandero during his training to become a medium. It is a form of controlled possession. The medium allows spirits to take possession of his body; to control his hands, his legs, his mouth, and to use his body to communicate with people in the physical world. It is this element of spiritual possession that makes this form of curanderismo unacceptable to Mexican Americans who belong to fundamentalist churches. They feel this type of possession is a manifestation of evil, rather than the natural ability of some human minds, as the curanderos view it.

The trance state is said to be achieved when the medium is able to project his own spirit up and out of his body into another place.

This place can be somewhere else in the physical world or different places within the spiritual realm. During the trance, they state that they remain conscious of all of the places they go and things they do, remembering them upon their return to their bodies. The only place their soul is not allowed to go without special preparation and strength is the room where their physical body rests. Therefore, they state they have no knowledge of what happened there, since their spirit was "somewhere else" during the trance.

From the perspective of the observer, after the trance begins, the curandero sits, eyes closed, and begins to breathe heavily. Sometimes the body sags, then returns upright as a spirit "takes possession of the body." When these spirits "come down" upon the curandero, a number of changes take place. The facial expressions of the medium changes as does his body posture. Each spirit supposedly attempts to conform the medium's body as closely as possible to its own physical appearance and mannerisms when it was living. Thus, a man with a crippled arm in life would hold the arm of the curandero's body in as close an approximation to his old physical appearance as possible. The same practice holds true for other physical mannerisms, such as a woman plucking at her dress, a man brushing his whiskers, or another petting a dog that had accompanied him into the spiritual realm.

By changes in voice and speech patterns, the spirits are distinguishable. A medium, regardless of sex, may speak with the voice of a man, woman, or child. Preliminary observations indicate that there are differences in the choice of words and word patterns between those of the spirit and those of the curandero. However,

none of these changes are complete; there is always a recognizable element of the curandero in the spirit being. This is explained because the spirits do not gain absolute control over the body. The possessing spirit could never be as attuned to the body as the body's own spirit. When the trance ends, the possessing spirit leaves the medium's body, he again breathes heavily, and his own spirit returns, without any knowledge of what went on in the room while he was gone.

DESARROLLO

Most curanderos must undergo training to learn to achieve and control the trance state. This training can proceed in a number of ways. Upon very rare occasions, a person can spontaneously become an adept medium. These people may go through a series of trance states and learn without help to control these states and to cure. More frequently the developing medium, upon discovery of his gift, either goes to a spiritual center (centro espiritista) and receives development (desarrollo), or is trained by a curandero who can work on the spiritual level. While the training is reported to be similar in both cases, the only developmental sessions directly observed were the curandero-apprentice type; it is this process that is reported here.

This training, called desarrollo, is a gradual process of increasing the apprentice's contact with the spirit world, giving him more and more experiences in controlled trances and possessions and giving him the knowledge necessary to develop and protect himself. The teacher is also responsible for not giving the apprentice the

knowledge too fast to keep him from harming himself. For example, one apprentice, a member of the research team, came across a "voodoo doll" that had been shown to a colleague, so he asked the curandero what he should do if he found such objects.

Curandero: When you come up with something like that the best thing to do would be to tear it apart. There is a formula that you use as you tear the thing apart that will stop the harm from being done. Then, you should burn it after you tear it apart. You do several conjurings (conjuros) on it and it starts disintegrating until everything is burned.

Apprentice: Can you be harmed by handling it?

Curandero: No, not if the harm is directed at another person.

Apprentice: Can you tell me the words?

Curandero: Later I can, but not right now. I could tell you the words that you use and you could say them, but the person who is doing the evil would find out and would attack you if you didn't know how to protect yourself.

Apprentice: OK, so how do I learn to protect myself?

Curandero: You need to develop yourself completely. So you can deal in other things (other forms of psychic energy and magic). That way you will learn to protect yourself in every case, what to do in each instance. After you develop yourself, the spirits will give you a formula on how to protect yourself. Then, later on you will be able to use this knowledge along with different materials to defend yourself. Many people think these things are unimportant, but they are important. You have to be prepared.

The apprentice is encouraged to learn, but in the proper order. After one step of the process has been mastered, he can move on to the next; learn new skills, and develop his powers in a logical manner.

Developing to be a medium is a highly personal, very idiosyncratic process. The desarrollo does not follow exactly the same course for any two developing mediums because their experiences are subjective impressions of an altered state of consciousness. These impressions are effected by the cultural expectations and experiences of the individual's mind. In addition, they must be described in a language system that does not have the precise vocabulary to adequately handle these types of impressions; therefore, some of the things the apprentice experiences are simply indescribable.

Before the research began, several curanderos warned the researchers that some things within the spiritual level could not be seen, heard, touched, nor smelled in any ordinary sense; they could only be experienced. The following section should be read with these limitations in mind. It presents three perspectives on the development process an apprentice goes through to become a medium. The information was developed through direct participant observation and is given from the perspective of the observer, the curandero, and the internal perspective of the apprentice himself.

The desarrollo sessions are held one, two, or more times a week, depending on the availability and time of the curandero and the apprentice. Each session lasts from one to two hours, only a portion of which is devoted to the trance.

As in all other events within the Mexican American folk medical system, a high premium is placed on the social aspects of human relationships during the desarrollo sessions. The apprentice goes to the curandero's house or workroom, and they sit and visit. There is no

rigid formality at these sessions and to begin immediately, without social discourse, would be considered rude and abrupt. Therefore, the topics of conversation in these initial visits (platicas) range from current events, politics, art, and hobbies, to events in the lives of friends and family. The actual development begins only after the principles have sat, relaxed, and talked as friends.

There is no element of superiority/inferiority in these sessions. The teacher approaches the apprentice as a social equal. There are differences of knowledge, power, and assurance between them, but not inequalities in social status. The apprentice is approached as one who is invited, not forced, to learn.

When the visiting (platica) has reached a certain point, the curandero indicates it is time to begin the actual desarrollo. To protect the apprentice from hitting his head, should he fall during trance, the curandero moves a wooden chair into the center of the of the room. The curandero guides the desarrollo by utilizing two psychic forces, spiritual currents (corrientes espirituales) and mental vibrations (vibraciones mentales). A metal chair or any metal object in contact with the individual could cause mild electrical shocks when the curandero concentrates these forces on the apprentice. Therefore, mediums always sit on wooden chairs, which are non-conducting, and remove watches, rings, glasses and any other metal objects in contact with their body. The glasses are removed even if they are not metal because it is believed that the psychic energy can potentially shatter them or they can be broken if the apprentice falls.

To prepare himself for the trance, the apprentice dips his hands in a crystal bowl of prepared water,² sitting on the curandero's desk or alter, and rubs this water on his forehead (la frente) and his cerebro. This necessary step was explained during an early research session.

Researcher: Why do you have him put the water on his forehead and the cerebro?

Curandero: That is to protect him and to help him develop.

Researcher: Do you put it on in a certain manner or do you simply put it on?

Curandero: You simply put it on.

Researcher: You don't put it in the form of a cross or something like that?

Curandero: No, you just put it on. Anyone who is developing or developed puts it on for protection.

After putting on the agua preparada, the apprentice sits on the chair in a comfortable position. His feet rest on the floor, and his forearms rest on his lap. His hands rest on top of his knees, with palms upward and the fingers gently curling. In this position, the apprentice is able to relax and begin to go into trance.

As the apprentice is going into trance the curandero stands in front of him, feet slightly spread and arms held out at his sides at nearly a forty-five degree angle, and in the same plane as his body. He holds his palms facing toward the apprentice and speaks

²This prepared water (agua preparada) has had special incantations said over it to give it special "magnetic properties" (propiedades magneticas).

invocations (either silently or aloud) to the spirit realm. These invocations are said to protect the apprentice during trance.

To the observer, the apprentice goes in trance, he closes his eyes, and relaxes. His breathing becomes regular and deep. He tends to sag forward, bowing his head and bending at the waist, perhaps even bobbing or swaying slightly. He suddenly sits bolt upright, assuming a posture and facial expression noticeably different from the ones he normally has. When the apprentice sits up, the curandero states, it is because the first spirit has descended upon him and the development session has fully begun. Curanderos also indicate that other spirits are clustered around him for a turn at possession.

The curandero takes water from his bowl (copa) with his left hand and sprinkles a circle of prepared water (agua preparada) completely around the apprentice. This forms a protective circle; forming a barrier which prevents further spirits from reaching the developing medium. This limits the number of spirits that can descend on him and provides him with some protection against malevolent spirits during a particularly vulnerable time. The spirits can, reportedly, cross the barrier to leave the area, but cannot re-enter once they are beyond it.

From the apprentice's perspective, he begins the trance by sitting and relaxing. (The curandero has previously told him to concentrate in much the same way he did for the testing procedures.) He closes his eyes, and begins to breathe deeply. Colors, muted purples mixed with greens and occasional sky blues, often swirl in front of his eyes. Focusing on these colors helps his concentration

and within a few seconds a slight feeling of remoteness descends upon him. This feeling creates conflicting sensations. On the one hand, he feels as if he can stand slightly back from himself and observe his own actions as an outsider. On the other hand, he begins to feel sensations in his body that suggest he should shift his posture, should make certain gestures, should move. The spirit controls the body much like a puppet is controlled. This gives the apprentice the dual sensation of being able to observe and feel what is happening. These sensations go beyond simple kinetic perceptions. Two sensations generally present themselves first, a combination of sex and age. Weight is the next, combined with particular physical features. Yet writing them as a sequence is misleading, since these sensations present themselves more rapidly than the sequence could be read. These sensations are heightened by concentration. Heightened concentration is accomplished by the apprentice blanking his mind to intruding, extraneous thoughts. With proper concentration, the apprentice has the sensation of being inhabited by someone else, while a small part of his mind remains as an observer over this process. According to the curanderos, if the apprentice wishes to achieve a complete trance state, he must learn to send this "watch-dog" portion of his mind out of his body. Only then will the trance and possession be complete.

These sensations can persist for a long or a short time. During these "contacts" the developing medium feels himself move, smile, write, gesture, or go through a number of other actions. Then, it is as if someone cut the strings on the puppet, and he sags and

breathes deeply once again. The feeling of remoteness remains, but the sensation goes away almost as if it were pulled out of him by an unknown hand. After this, the process begins again with new sensations, gestures, and activities.

Early in his desarrollo, the apprentice cannot talk while in trance, but he frequently gestures, or even writes (with either hand). The writing, although different from his own, remains similar from session to session, according to which spirit it is. Some spirits tend to repeat visits from session to session, especially those who have decided to aid the development of the apprentice or to become his protectors. Each new spirit that "comes down" on the apprentice during the trance session can be recognized by its particular posture, facial expressions, gestures, writing, and later, voice and speech patterns.

From the perspective of the observer, all of this activity looks even more like a puppet adopting different characters, each with his own postures, gestures, sex, weight, and age. One character may be proud, another prim, another crippled, another fat. A steady progression of mute personalities are presented to the observers view. Occasionally, an earlier character presents itself for a second time. From session to session there are both repeating characters and new ones. Some present themselves for a very short time. Others remain and try to communicate. It is not unusual for a spirit to try to speak; however, these early attempts are normally unsuccessful. This speech is generally inaudible or mumbly because the apprentice becomes interested in what is going to be said, loses concentration, and in the process makes it impossible for the spirit to

speak. Often the apprentice feels as if his jaw were being massaged during these attempts. According to the curandero, these sensations indicate that the spirits are preparing the body for the ability to speak.

Apprentice: My jaws hurt.

Observer: He is preoccupied with not being able to talk.

Curandero: The time will come when he will begin to speak. There are mediums who on the fourth or fifth development begin to speak, and there are others who will not speak until the twentieth or twenty-fifth development. Those are good indications which he is getting. The sore jaw means that he is being given massages so that he will be able to speak soon.

It is not uncommon for the spirits to write messages long before they can speak. To the apprentice, this writing feels as if his hand is moving of its own accord. In fact, if he concentrates on the writing, it often becomes illegible or he intrudes his own words, or nonsense syllables on the messages. If he relaxes the hand as much as possible, identifiable words and messages come out. One interesting feature about this writing is that each spirit writes consistently with either its right or left hand. Therefore, in the course of one desarrollo session, the apprentice may write messages with both hands, regardless of which hand he normally uses for writing. As the development of the new medium progresses, his ability to write and speak improves. The curanderos explain that the spirits must open new channels in the body and brain, so it is to be expected that practice and exposure would enhance the spirits' ability to use the body, and the body's ability to respond.

To the curandero, this process is one in which he encourages and aids the apprentice's spirit to disassociate itself from his material body. Spirits present themselves to him, clustering around the apprentice. Some simply stand by, some descend on and begin developing the apprentice. The curandero perceives all of these spirits and can describe their appearance, can even receive the sensation that they are related or not related to the neophyte. One curandero described a spirit that he perceived during a desarrollo session in the following way:

Curandero: I think it was a spirit who is related to him.

Observer: Was it a woman?

Curandero: He doesn't know him. He was just at his side.

Observer: What did he look like?

Curandero: He's tall. He's a little bit taller than him (the neophyte).

Apprentice: It couldn't be my father then. He's shorter than I am.

Curandero: To me it is a relative of his. That other one that presented himself (at an earlier session) was also a relative of his. But this one isn't old. This one is younger.

If the developed medium tires during the desarrollo, the curandero often lights a candle to give him further mental strength. After a series of spirits have presented themselves, the apprentice comes out of trance. The apprentice's ability to remain aloof from himself rapidly diminishes, the dual sensations go away, and, as he opens his eyes, he feels "normal" once again. To the observer,

the last spirit or personality leaves, the apprentice sags one last time, then sits up with his normal posture, opens his eyes, and gets up from the chair. The curandero states that he brings about this ending. He recalls the neophyte's spirit, causes the other spirits to leave, and brings the neophyte out of trance and back to a normal state of reality.

The session does not end here, however. The curandero takes the time to probe the sensations of the apprentice during the trance, to assess how his desarrollo is progressing, and to answer the apprentice's questions and doubts. This session begins with the apprentice relating what each spirit and sensation felt like when it descended on him.

Apprentice: At the beginning, just before the first one presented herself, I felt a very bright light. It was pure white, like flash. Then, I felt a lot of heat on one side of my face, and a smell; something between candles and skin.

Curandero: Well, the heat could be the respiration of the spirits. That is natural. The smell thing is natural too. When you are developed you have all of those faculties.

Apprentice: The first one to come down was a woman. She is crippled on her left side. I could feel myself leaning that way, as if there was no support in my side. I just bent over and couldn't stop. I stopped when my head almost touched the floor on that side. Then I sat back up.

Observer: He brought you back up.

Apprentice: How?

Observer: I don't know. All he did was to stretch out his hand, hold it about two feet from your head. Then he moved it in an arch. As he moved his hand upward, you sat back up. He didn't touch you, but you sat up at the same speed he moved his hand.

Apprentice: It felt as if a pressure had been removed and I had support in that side again. Did he do something to the room?

Observer: No.

Apprentice: The room became very bright when we first started out. In fact, it was so bright that it was hard to concentrate.

The curandero does not always explain what each sensation means, saying that each person, as they develop, becomes more sensitive to their environment and that the apprentice must expect to encounter odd sensations such as bright light, noises, changes in pressure in a room and other sensations associated with his developing powers. For example, the curandero explained one action the apprentice found disturbing.

Apprentice: The first day I was here I sat on that chair and felt very uncomfortable, so I went and sat on another chair. Why was that?

Curandero: Many people who come to see me have serious problems. When a person sits on a chair, they leave an impression on it. So, when you sat there you picked up those impressions. It happens because of the faculty you have. As soon as you sat on the chair you got all of the sensations that people have left when they sit in that chair. Since you are becoming sensitive to people's problems, you felt uncomfortable and you moved.

At the end of these desarrollo sessions, the conversation reverts back, once again, to social conversation for a time before the apprentice takes his leave.

PRACTICES OF MEDIUMS

The fully developed mediums have some control over how they work. There are several options available to them. Many mediums

work alone. Some of these may work only for family problems, while others may work even for his own knowledge and gratification. Some mediums work in groups, with other mediums and other persons who have spiritual or psychic powers. Other mediums work in spiritual centers (centros espiritistas) that are formal spiritual churches dedicated to a particular spirit (Nino Fidencio, Francisco Rojas, etc.).

MEDIUMS WORKING ALONE

Many curanderos with abilities to work on the spiritual level of healing prefer to work at home, alone. Their practices are less uniform than mediums working at the spiritual centers, since they do not have to conform to the calendar and ritual structure of temples. The following is a description of the actions of a lone medium from the perspective of a college student in his early twenties who was one of her clients. This particular curandera had been handling problems for him, his parents and his family for several years.

Researcher: Can you describe how this curandera works, in as great detail as you can?

Student: We drive up into the driveway of a fairly decent-looking place. She walks out and greets us, shakes our hands, asks how we are doing and how we have been. Then we go inside. She's got a small room from about here to the wall, perhaps 8 by 10 feet. She has an alter with saints and candles and flowers on it. She has a small vase, shaped like a crystal ball, sitting on a table. Sometimes it has water in it and sometimes it's turned upside down.

You walk in there and sit down and she's talking with you. She's not in her trance, it's just social talk. Then she sits and puts her hand on that crystal deal. She taps it, closes her eyes, and she starts asking you what kind of problem you have or whatever you want to ask her.

Researcher: Her voice changes?

Student: Yes it does. It's a lot lower. All of a sudden her voice becomes soft, sort of like whispering. Really mild.

Researcher: Does she keep her hands on the glass all of the time?

Student: No. Sometimes she grabs a folder with papers in it and starts writing down things on it, using her finger.

Researcher: Can she read what she has written?

Student: I'm pretty sure she can.

Researcher: How does she cure people?

Student: She does it in a number of ways. Some time ago my mother had pains on both of her heels. She went to the doctor and the doctor didn't find anything wrong. So she went over to this lady again, who said it was something (a trabajo or hex) that (a woman across the alley from his house) had put in the yard. When my mother's out hanging up clothes, she's barefooted and she stepped on it. And that's what was hurting her. So (the curandera) gave her a "shot" on her arm like a regular shot. And that cured her.

Researcher: How did she give her the shot?

Student: (simulated the action of giving her an injection without a syringe or hypodermic).

Researcher: Could your mother feel it?

Student: She told me she didn't. But it cured her.

The informant went on to tell of several other cures this curandera had performed for his family. She sometimes prescribed herbs, suggested the use of perfumes to ward off envidia (envy) against the family from their neighbors, and suggested that the mother perform a series of barridas on her son-in-law to remove a hex against him that was making him ill and keeping him from work. Each of these cures could have been suggested or performed by a curandero working

on the material level of curanderismo. In this case what sets this curandera apart from those working on the material level is not the tools she uses, nor the rituals she suggests, but the source of her diagnosis and cures. She received them and passed them on during a trance as communications to the patient out of the spiritual realm.

While there are differences in style between lone mediums, the type of actions described above seem fairly typical. The atmosphere in these encounters is warm and personal. Sometimes the trance state has more or has less ritual trappings surrounding it, depending on the personality of the medium. But whatever the style, the clientele the medium treats is fairly small, made up of family, neighbors, and friends of friends.

Another very different type of mediumship occurs where the trance session is open to more than one person at the same time. This is a form of group session that can be carried out by a lone curandero, but is more often found at spiritual centers.

DEVELOPING CENTERS

Part of this research involved participation in a newly developed spiritual center in a small border town in South Texas. During the research period, the center started out as a place for a well-known curandero to come one day a week and help people in that town. Gradually, a group of people came together and the curandero began to work there on the spiritual level. The nucleus for the center began to form around the curandero. At the time of this writing the group was still headed by a lone medium, but others were in the process of developing. In the mean time the group was trying to accumulate

resources to build a small center for the group to work in without interferences.

In the beginning, the medium held spiritual sessions in a flower and gift shop wedged tightly between a pool hall on one side and a beer joint on the other. The songs of the juke box and the clicking of the pool balls could always be heard in the background as the spiritual session progressed. The session was held in the back room of the shop, since it was the only room that could accommodate from twelve to twenty or more persons sitting, somewhat widely spaced, in a circular formation.

These spiritual sessions were held on Tuesday nights³ and the events at these sessions always followed an orderly pattern. About an hour before the session was scheduled to begin, the regular members of the spiritual group began to gather at the store, standing or sitting in small groups in the front room, or the workroom (but seldom in the back room where the session would be held). They generally brought family members and friends with them who were having problems and wished to be cured; others came out of curiosity.

These sessions always begin with a period of social visiting and conversation. During this preliminary period, the curandero manages to talk with nearly every individual or family group present for the sessions. These were social conversations, rather than consultations, and always seemed to reassure people and make them more comfortable.

³Tuesday is a day that is thought to be good for healing.

When the curandero finally decided it was time to begin, he would indicate that people should begin to gather in the back room. The woman who owned the store would shepherd everyone in while all of the regular members of the spiritual group were dressing. They were encouraged to wear white, so they would put on robes they had made for these sessions, while the others were setting chairs, benches, and a day bed in a circle for everyone to sit.

The curandero always sat in one corner of the room with the circle of chairs bulging out in front of him. To his right was a chair for his apprentice, to his left an altar with a jar of agua preparada, brought to the store from his office. Cut flowers, preferably red ones, were often placed on the altar (at the request of one of the spirits that "came down" during one of the early sessions).

When everyone has gathered and is seated on their chairs, the curandero begins his instructions to the group. There are frequently new people and visitors who do not know the proper behavior for a session, so these instructions are always necessary.

The people are asked to remove all metal objects from contact with their bodies. The cures during these sessions utilize what the curandero calls spiritual currents (corrientes espirituales) and mental vibrations (vibraciones mentales). When these currents and vibrations flow through metal that is in contact with the skin they can produce mild electrical shocks, which can disturb the person and interrupt the cure. People are also asked to remove their glasses because a buildup of these forces is thought to be capable of shattering glass. The people are instructed not to cross their arms and

legs during the trance. This has the effect of increasing the intensity of the vibrations in the area, making it uncomfortable for the spirit present in the body of the medium.

Occasionally, people unknowingly possess some mediumistic potential and fall into trance spontaneously during the session. For this reason the curandero gives the group instructions on what to do if they should feel themselves falling into trance. They are instructed to cross their thumbs diagonally across the palms of their hands with their fingers extended straight out. Then they are to cross their arms, with their hands held in this position, across their chest. This action breaks the incipient trance. If the person fails to do this and falls into trance, he can be recalled by calling his name three times or by splashing water on them in the form of a cross.

After the instructions the curandero prepares himself for the trance by rubbing agua preparada on his forehead and cerebro and having his apprentice do the same. The participants prepare themselves by dipping their hands in water with rose petals and rubbing it on their forehead. The lights are turned out, a candle is lit, and the invocation to the spirits is read. This invocation states that the purpose of the session is to contact good spirits (espíritus de la luz). It asks that the good spirits protect the medium and the people present from evil spirits and evil influences throughout the trance.

While this invocation is being read, the curandero goes into trance. By the time the invocation is complete, he is in trance and the first spirit makes its presence known. Several spirits generally

"come down on" the medium during these sessions and each is marked by a voice change, changes in posture, gestures, and facial expressions on the part of the medium. The following transcription from one of these sessions reflects the feeling and activity present at a spiritual session in a developing temple.

Spirit: Buenas Noches (this spirit has the voice of a male).

This spirit was merely preparing the way for a second one. He leaves and shortly afterwards another announces his presence. This second spirit is present to instruct the members on the way to prepare the spiritual center.

Spirit: Good afternoon.

Response: Good afternoon and welcome. Who are you, hermano?

Spirit: Gente pobres como ustedes. (A poor one, like you.)

Response: Bienvenido, mucho gusto. (Welcome, we are pleased to make your acquaintance.)

Spirit: You will wear white at these sessions...Bring flower and water...The flowers must be natural flowers... They should be red or pink...

The spirit further instructed the people to place water in a large container so it could be blessed by a spirit that was coming next called Padre Elias. Padre Elias was responsible for baptizing those present into the spiritual realm with this water and giving the regular members their spiritual names and their duties and positions in the temple.

Spirit: Padre Elias will give you a spiritual baptism... Those who want and accept this baptism will be given spiritual marks and spiritual names...You will receive a protector (hermano guardian)...This is a voluntary thing.

Response: Everything in the name of the Father we accept, hermano.

This spirit left and was replaced by a female spirit, who explained that the people had done some things wrong when the curandero had seemed to be in trouble.

Spirit: Never touch him (the medium).

Response: O.K.

Spirit: Never touch him.

Response: No, no, we won't touch him.

Spirit: Put water on him, talk to him, but don't touch him. He is protected any way and nothing will happen to him. I am leaving. I only came by to say hello and because you called me.

Response: We are very grateful that you look over (the medium) and us.

Spirit: When I am called, I come. Goodbye.

Response: Goodbye.

The next spirit that came down was Padre Elias. His voice was stronger than the other spirits; it seemed to fill up the room. His speeches were much longer and more forcefully given than the others, much like sermons in church with many allusions and symbols.

Padre Elias: I want to explain some things before I baptize you. The road for helping our father is very steep and very narrow. At your sides, many doors will open offering you anything you want. But you have to know which door to open. Seven doors will be placed in front of you, but you will find truth behind only one. Behind the others, you will find suffering, shame, and tears. The long and narrow road is the only true way. You can find riches and many beautiful things, but you will have to pay for them in the end.

Response: But God will put goodness in our hearts, so we will know how to choose so that we will know the truth and understand it.

Padre Elias: The door to our Father is very small and very narrow and very few will be able to fit through it. No matter how narrow it is, you will be able to fit through it if you make the right choice. Depending on the road you have chosen, you will know how to choose between the door of pleasure, between the door of vice, the door of knowledge, all in front of the door of truth.

Your choice depends on you alone. In this ideal time of grace you will be given things according to the will of the Father. And that which you give Him will be received. Look well at what you are going to give Him. Money is not acceptable. You do not give Him gifts, but truth. That is all. And as it is given, so it will be received. At the same time, your acts will be considered and according to this you will keep on receiving. Remember one thing, no one reaches the father without purifying the spirit. The material things you will leave here. The spiritual things are the only ones that reach our Father. You can wash a dress and get the stains out. The soul and spirit cannot be washed. They will be presented to the Father as they are. It is up to you whether they get there stained or clean.

Meditate on what I have told you. I am going to retire for a few minutes so you can do so.

At this point the spirit left for a few minutes, then returned.

Padre Elias: I have come back, hermanos. Have you meditated?

Response: Yes.

Padre Elias: I have presented these roads so you might understand them. Are you disposed to receive this spiritual mark? If you have any questions, ask them.

Response: What is there that awaits us after all of this?

Padre Elias: A question will be answered with another question. In what way can our Father serve you?

Response: In all ways.

Padre Elias: Your answer was the answer I wanted.

He then proceeded to the baptism. Beginning on the right side

of the medium, as he faced inward into the circle, he had each person that was willing come forward and with the water made available earlier baptized each into the spiritual realm, giving each a spiritual name and protector. Later in the session each individual was given a duty and station to fulfill within the temple.

Padre Elias: Give me your hands. Blessed are you who are lending your services and brain so that God's will will be accomplished. With Josue (Joshua's) name you will be received into our spiritual world. You will invoke his spirit to protect you from whatever worries you have or whatever difficulty you meet. He will answer your plea as your guide and protector. Because in his name you have been baptized in a state of Grace.

Each was then asked to dip fingers into agua preparada and to make a cross on the forehead and at the cerebro. Each volunteer passed by the medium being baptized, blessed, and given a new name. At this point the spiritual center was begun in earnest.

Many other spirits came down at this and other sessions. Some come merely to visit, sometimes providing comic relief to the otherwise serious atmosphere. Some come down solely to heal the sick.

The healing spirits announced themselves and asked those who had problems to come forward. This is one of the few times during these sessions that people were allowed to move inside the circle. Each person with a problem came forward and stood just in front of the seated medium. The medium then grasped the patient's hand or hands with his forefinger and thumb encircling the wrist. With his eyes remaining closed at all times, the medium sometimes stood with one hand on the patient's forehead and another at the cerebro, searching the patient's mind with currents and vibrations that would

pinpoint the problem. When this examination was finished, the spirit suggested cures. The cures often combined herbal remedies, magical formulas, rituals, and promises of direct spiritual intervention to solve the problem.

At the end of the spiritual session, which often lasted two to three hours, the final spirit left, indicating the the medium's spirit was returning. A closing prayer was read, thanking the spirits for their aid and attention. As the medium comes out of trance, the lights are turned on and people once again begin social conversations, interspaced with discussion of all of the events that occurred during the session.

Someone would always take time to relate the events of the evening to the medium, who has no memory of the events that occurred in the room while his spirit was out of his body.

Medium's Associations

These examples are examples of the works of solitary mediums, although the latter was working toward establishing a temple.

These solitary mediums are in a vulnerable position. They are open to attack within their viewpoint from both the physical world or the spiritual realm. If other curanderos are jealous or dislike them, they may be attacked and have only their own strength and knowledge to protect them. This is one of the reasons that mediums band together in loose associations, or even formal, international organizations.

The loose associations are based on friendship and geographical proximity. One curandera stated, "I have friends that protect me.

They check on me (periodically) and if they see something is going to happen to me, they light a candle and pray for me. Or, I receive a spiritual message and I pray for them. Then, nothing goes wrong for them." This type of association often grows up between the teacher and the apprentice, even extending to other apprentices the teacher has had

The associations of mediums within the spiritual center is much more formalized. In some cases, these groups perform functions similar to a licensing body. One informant described these associations as they exist in Mexico, near the border.

It is similar to a doctor who cannot work without licensing. All the mediums in the temples belong to a group. They have proof that they belong to an association of spirituals.

One woman, for example, founded a center because she started working at another center and discovered she could cure. So she became a member of a spiritual association in Mexico and asked for permission to start her own center. To prove that she belongs to the group, she has a picture of all of the people who belong to the association. It is large. Eight hundred to nine hundred people belong.

These associations protect, send out teachers to give their members the latest techniques and advances, and help establish spiritual centers where none existed before. Because of frequent border crossings and other cultural influences, the structure and the rituals of Mexican spiritual centers have had a strong influence on curanderismo in the United States.

SPIRITUAL CENTERS

Spiritual centers now exist throughout Mexico and the number existing in Mexican American communities in the United States is

steadily growing. These centers are spiritual churches (templos) devoted to healing and communication with the dead. They have practicing mediums who counsel and heal, they train new mediums, and they have a regular calender of events in which their members participate.

Certain activities are held on specific days of the week in these temples. One such temple set aside Tuesdays and Fridays for curing; Mondays, Wednesdays, and Thursdays were devoted to the desarrollos of new mediums and clairvoyants; on Saturdays sermons (caceras) were given explaining the scope, purpose, and philosophy of these centers; and Sundays were left free to allow people to go to mass or other church services. This temple also held occasional dias de la luz (days of light) when malevolent spirits are invited to come down and members of the temple would try to convert them from working in the bad or dark realm to working in the good or in the light.

There are many positions that exist in these temples in addition to that of the medium. While the medium is working in trance, a clairvoyant (vidente) observes him. The vidente is a person who is capable of seeing into the spiritual world and reporting all that he has observed to the client. Each temple also has a rock, a guide, and columns. The rock is supposed to be a guardian of the temple and to protect the mediums from harm. If they are attacked by bad spirits, the rock is supposed to bring them out of trance and to protect them. One informant said, "He comes to be, symbolically, what Saint Peter represents in the Bible, guarding the gates of heaven." The

guide gives the opening invocation and closing prayer for the spiritual session and is responsible for the smooth functioning of the temple. The guide decides when the cures or sermons will be held. The columns stand in the temple, and help the mediums if they have requests. They are the only members, except the guide, who can move around during a spiritual session.

Once a temple has been established, it may have from one to twenty mediums working. The more mediums working, the better; otherwise, a medium may have to let his or her body be used by several different spirits, exhausting the medium. The larger templos may have four or five videntes, as well as the mediums, and may be putting several apprentices through desarrollo at the same time.

Many Mexican Americans who believe in spiritualism, some coming from as far away as Illinois, California and Oregon, travel into Mexico to visit the larger spiritual temples. The following is a description of one such temple given by a person who lived there and visited it regularly.

In Tempico there are several places where spiritualism is practiced with official permission. There is a spiritual association in Mexico that draws up a document that states that the persons in charge of such places have permission to help anyone who comes to see them. On various occasions I went to different temples and saw that this (phenomenon) is something that people should know about. If you go to these places and ask for help, they don't demand any set amount of money; they ask you to give according to your means.

The persons who do the curing are dressed in white robes and they work in rooms adorned with blue and white, which is the symbol of the spiritual center. These persons are called mediums. The dead person's spirit is able to penetrate the medium, while he is in trance, and communicate with the people coming

to the center.

In these centers, the patient enters the room where the medium is working and is swept (una barrida) with sweet basil (albacar) or with water prepared with lotion and ether. A vidente is also present to describe the spirit and some of the things associated with it to the client. The patient is allowed to speak with the spirits and either be healed or given messages from the spirit world.

One center is called Roca Blanca, because the spirit that predominates is called Roca Blanca. This center is about twenty-five years old. The owner's name is Lupita. She founded it after discovering she could cure after working in another center. She asked a spiritual association for permission to practice and it was granted.

I went to this place simply because I was curious. I was swept with albacar and the medium was at my side. While I was being swept, the medium went into trance. The sister who was sweeping me asked the spirit who he wanted to talk to. He said, "with the one you are sweeping." Then the sister finished sweeping me and directed me to talk with the person who was addressing me. When she (the medium in trance) talked to me, she sounded like a man. He asked me, "Do you know who I am?" I have a cousin who got killed in a place in Tampico. "You must be my cousin," I said. "Yes, exactly, I am your cousin." "Look," he said, "You have come here with your husband." On other occasions I really had been there with my husband, mother and different relatives. "You have come here with your husband because you think he is hexed and that is why he is sick. But that's not true. He has a physical illness that the doctor can cure. Don't believe it's anything bad."

He said, "I'm going to prove who I am by coming to your house. Tell my cousin I'm going to see her." You see, I have a sister who's not nervous at all and who isn't afraid of anything. On Tuesday, as my sister was leaning by the window watching a television show, she felt someone embrace her. She turned and saw no one.

On another occasion, at 3:00 o'clock in the morning, I was awake and worried, because my husband was not

home. I was afraid something had happened to him. So I asked that spirit, by name, to bring my husband home, whatever he was doing. At the moment I called the spirit, the rocker on the porch started rocking real fast, as if someone were in it. After a while it stopped. Ten minutes later my husband was home.

On another occasion we went to another center. As my mother went up front to get cured, he (the informant's cousin's spirit) presented himself to her. He told her just because he was dead didn't mean he didn't do anything. He said everyone was assigned different work. Everyone had a job to work on. There were many spirits who wanted to communicate with this world and he had presented himself because he had beaten the others to it. They fight one another to come talk with persons they love or their relatives that are living. My mother asked him about my father, who is also dead; why didn't he present himself at these centers. The spirit said the reason was that "we're so many here that he doesn't have the chance to speak to anyone. Only ones who were mediums have the chance to come down."

From the evidence of these examples, these centers appear to serve a very important function beyond their attempts to cure various mental, physical, and spiritual disorders. They also help ease the pain and problems people have in relation to the death of members of their family. For these people the centers prove that there is a life after death and bring word of how the dead person's spirit is faring in his new world.

Not all of the centers are identical with the ones described above. They vary according to their size, the people developing them, and the spirits who associate with them. There are some people who believe they are complete fakery, others who believe they are evil, and some who are convinced that they produce miraculous cures and honest communication with the dead. It seems certain, regardless of the validity of any or all of these beliefs, that they serve an

important social function within the communities in which they exist. They provide people with hope and counsel about physical, mental, and moral problems and they ease the problems associated with death, for family members.

THE PATIENTS' PERSPECTIVE

The shamanism of the spiritual level should not be viewed in isolation, outside of its cultural context and function. Patients go to spiritual healers (wherever and however they practice) to get relief from physical, social, and spiritual problems. The ultimate goal of the spiritualists is to provide relief through communication with the spiritual realm. This relief is achieved in much the same manner as it is achieved on the material level of curanderismo; through the administration of herbal baths, teas, and poultices, by means of changing positive and negative forces affecting the patient, by combatting or reversing problems being created by spirits on the spiritual plane, and through magic. The major difference is that the agent bringing about the improved conditions is thought to be a spirit being, working through the curandero, rather than the curandero himself.

On some occasions the spirits prescribe simple herbal remedies for physical problems of their patients. These recipes (remedios) are normally similar to the ones presented in the previous chapter, although occasionally a spirit will recommend a new use for an herb. These new remedies may become common knowledge and continue to be used on the material level. On other occasions, the spirits may suggest that the patient perform the already familiar rituals of the

curanderismo system (such as the barrida). The following cure was suggested by a medium in trance.

Informant: My brother-in-law was working at...(a motel) ...in Weslaco. When he started working they laid off this other guy who had been working there for several years. This guy didn't like it, and he's been known to be messing around with black magic. I don't know what he did to my brother-in-law, but every other day he'd have to be taken home because he was sick. He started throwing up, had shaky knees, and weak joints. So my mother and I went over to see this lady in Reynosa and she told my mother just what to do. My sister rubbed her husband with a lemon every night for three days. She also gave him some kind of tea, but I don't remember what kind. On the third day a big black spot appeared on the lemon, so we threw it away and he's been fine ever since.

Spirits are thought to be able to influence people's lives, in addition to having knowledge about material remedies. They control spiritual currents (corrientes espirituales) and mental vibrations (vibraciones mentales) that are capable of affecting the patient's health directly. Spirits are thought to be able to manipulate the patient's fortune by directing positive or negative forces at them from the spiritual realm.

During spiritual sessions held at the developing center described earlier, a spirit repeatedly presented himself and treated several patients. One of these patients was a man in his early thirties who was suffering from lower back pains. One week he presented his back problem to the spirit and was told to buy an Ace bandage and bring it to the next session. The man did so, but upon presenting this bandage to the spirit, the spirit chided him for not following his instructions correctly. The spirit stated that the bandage was too narrow and not long enough. The man was instructed to buy a new bandage, and place it on a window ledge to catch the morning dew

(thought to have healing properties). Further, he was to place a glass of water under the head of his bed and a jar with alcohol at the side. He was to take the bandage, wrap himself with it in the instructed manner, and lay quietly on his bed for no less than two hours. The spirit promised to visit him at that time and complete the cure. The man followed these instructions and stated that he did gain relief from his back pain.

The same spirit treated another patient, a young college girl, who periodically suffered asthma attacks. The girl's mother, a regular member of the group, brought her to the session since she was suffering from the onset of an attack. The spirit stood and clasped her head with one hand on her cerebro and the other on her forehead, sending corrientes espirituales through her brain. The spirit then told her to take a sip of agua preparada and sit back down in the circle. This treatment was successful in overcoming this particular attack. The mother mentioned that these cures often gave her relief for several weeks or months.

Another patient asked this spirit for help for a social and emotional, rather than a physical problem. Her husband had gotten into withcraft (brujeria) and she was frightened that he or his friends might attack her, or attack members of her family. A considerable amount of tension existed between the families and she was under continual stress. She had been nervous for some time and had gone to a doctor for help. The doctor prescribed a mild sedative for her, which she had been taking for about three weeks, without apparent relief. The spirit probed her mind, then told her to take

three sips of agua preparada (presumably to break any spells against her). The spirit promised to provide her with protection and help from the spiritual realm, to counteract anything that her husband might do.

SUMMARY

Work on the spiritual level of curanderismo takes many forms. At its simplest, it involves a single medium contacting the spiritual realm for cures and advice for patients. At its most complex, it involves what amounts to an organized religion existing in elaborate temple surroundings and serving hundreds, even thousands of persons daily. The mediums who work on this level are shamans, and as such, represent the Mexican American cultural expression of a worldwide phenomenon. From the perspective of the clients, mediums are able to establish communication with the spiritual realm. These links are used to comfort and to heal, as well as (on the negative side) to irritate and to harm. Thus, spiritualism is becoming an important health resource in many Mexican American communities. It fits within the overall context of Mexican American folk medicine and is closely linked through symbols, rituals, and theories to the other levels of curanderismo.

Most of the cures that have been described appear to have a strong psychosomatic element in them. This suggests that curanderismo has legitimate therapeutic value in this area and is responsible for alleviating the suffering of some patients with these types of problems. People also claim that it has therapeutic value for physical ailments and they state they have witnessed cures of cancer,

diabetes, and other physical problems. However, the research data compiled for this monograph neither substantiates nor refutes this claim.

SOCIAL STRUCTURE AND THE CHOICE OF HEALTH RESOURCES

The earlier chapters attempted to describe and explain curanderismo from the viewpoint of the people who use that system. However, no social system exists in a vacuum. Health and illness always occur within a social context. It is within this context that any individual maintains his health, becomes susceptible to illness, defines his sick role, and is nurtured back to health. Therefore, at least the seven following characteristics are essential in describing and analyzing health in any social system:

1. Environment
2. Culture
3. Family Structure
4. Occupational Status
5. Kin and Peer Network
6. Health Resources
7. Accessibility to Health Resources

This is not a hierarchy of needs or influence on a group's health status, but a description of some of the factors that impinge on each individual simultaneously as they try to make rational choices about health and about their utilization of health resources.

ENVIRONMENT

The environment of an area broadly determines what types of illnesses and misfortunes may affect a group of people. Certain problems are more prevalent in certain environments. Frostbite occurs more frequently in the Arctic and temperate zones than in the tropics. Just the reverse is true of malaria. However, simply

being human is a part of the environmental system and human beings, regardless of where they are, carry certain diseases along with them: heart disease is one. Within the social context of illness, the environment in which a family lives can be divided into two principal components: physical environment and emotional environment.

To a large degree, for human beings the physical environment determines nutrition, housing, utilities, work, and other living conditions. It also includes such things as climate, drinking water, animals and pests, plants, and so on. All of those physical and animal things that affect human living conditions are a part of the physical environment.

The emotional environment, on the other hand, can be defined as the social, psychological, and spiritual well-being of any given family or individual. This greatly broadens the social context of health.

Social well-being may be disrupted by marital conflict, large families in crowded quarters, sibling rivalry, alcoholism or drug abuse, and perhaps hostile or unfriendly neighbors. All these negative circumstances may create serious physical and psychosomatic illnesses caused by tension and stress.

Psychological well-being can be disrupted by isolation, prejudice, discrimination, loneliness, job dissatisfaction, cultural conflict, excessive worries, and insecurity. Indeed, isolation has long been correlated with suicide, and discrimination with violence. These are perhaps extreme examples of self-inflicted and provoked dangers to health, but they nonetheless underscore the meaning of psychological

well-being.

Spiritual well-being constitutes a realm beyond the normal limits of social science. However, we cannot deny that the violation of certain moral codes and the development of certain guilt complexes do constitute threats to good health. In the same vein, once a person becomes ill, spiritual well-being (or faith) can become an important factor in the individual's recovery or lack of recovery.

Curanderismo places a strong emphasis on the social, psychological, and spiritual aspects of the environment surrounding illness. Since modern medicine is developing similar areas of interest, the following example is given to show from the patient's viewpoint how social and moral disruptions can produce physical problems. An informant relates how one of her neighbors tried to harm her. She and her neighbor were very close, and she had suspected nothing:

When my twins were born fifteen years ago, this lady who rented one of my houses was very close to me. She would come over for coffee and we would talk. I used to help her with food and clothing. She had a very large family. Then suddenly one day she left. The house was empty. She owed me for the rent and other things. Shortly after that I began to feel sick. I felt like rubber, as if my whole body were a sponge. My mother-in-law consulted with this lady in McAllen. She said that this neighbor had harmed me. We searched in the empty house and we found the harm (el dano). It was a crucifix. They had taken off the Christ and tied it with red ribbons, wire and herbs.

The curandera attending this case was able to perform a ritual that restored the harmony within the system.

CULTURE

Illness is culture bound. Culture influences the individual's interpretation of those messages that ultimately help a person decide if he is ill and determine the type of help he will seek. One person may believe his stomach is upset, because he ate too fast, and take a laxative, while another may believe his stomach is "hot" and may take a refreshing herb. Differences in food preference may keep a patient from following dietary instructions. Also, language differences can impede communication with health professionals. In one culture, being ill may mean dispensation from responsibility, while in another it may mean an open admission of weakness. Culture provides the entire framework of health and illness discussed in an earlier chapter.

FAMILY STRUCTURE AND ORGANIZATION

The structure and organization of the family greatly affect the patient's perspective of health and illness. First, the family is the primary social unit where learning (socialization) takes place. This socialization is one of the strongest forces determining how a patient perceives the existence or non-existence of illnesses.

Mexican American families are not like other families in socializing children in health concepts and health definitions. An informant who is very knowledgeable in the use of herbs makes the following observation:

Well, it is that one learns these things because of grandparents, aunts, and from experience... Both my grandmothers healed with herbs. Since I was small, I was very interested in knowing this. I paid much attention. My father likes

to have many herbs at home, to cure. He also told me many things.

Another informant tells how she learned about curanderos as a child:

When I was a child I used to hear my family talking. Someone placed something on my father and he got very ill. He almost died. Other things happened to other members of our family, but they died because they did not get cured. They were given something to eat and their bellies got big and hard. The rest of their bodies sort of withered down.

A mother of seven claims she learned late (at the age of 22), but she learned well:

I learned from my mother-in-law. I did not believe that there were bad people in this world. But now I believe because it has happened to me. People have tried to harm me, and my children. I have to protect myself.

As can be seen from these examples, it is within the family that a child learns to interpret the reality of life which surrounds him. Part of this reality is learning certain health habits and health practices, (eg. brushing teeth, keeping the body clean, eating the proper foods, playing in safe areas, and learning how to cross the street). The child also learns basic health concepts and definitions of what constitutes health and illness. One child may learn to clean and nurse a cut, while another may learn it is shameful to cry whenever he gets hurt. This socialization process remains as part of a person's knowledge and will ultimately determine his health behavior.

The family, to a large degree, defines the crisis potential of any given illness depending on which member of the family gets sick and the seriousness of the illness. In purely practical terms, any serious illness will upset most families. However, if the main breadwinner of the family gets seriously ill, the survival of the

family unit itself may be threatened.

Mexican American families have two important characteristics: the majority are working class and they are larger than the average American family. Unlike most adult-career centered Anglo families, most Mexican American families are child-home centered. These families revolve around the activities of their children, children being very important to the definition, function, and happiness of the family system. Indeed, if someone were to pick a symbol to represent life in the barrio, none would be better than children playing in an empty lot or on the street. Given the resources of working families and the central place of children, an ill child can become a serious family problem, both from an emotional and a psychological point of view. An illness of the mother is equally disruptive, since the smooth functioning of the home unit and the welfare of the children depend to a large extent on her health. The result of this home-family orientation is that illness may have greater relative social importance within the context of the Mexican American community than it does for other ethnic communities.

OCCUPATIONAL STATUS

The occupational status of the main breadwinner is the most important determinant of the lifestyle and health resources of any given family. As far as health maintenance is concerned, occupational status determines the following health characteristics: nutrition, housing, transportation, clothing, utilities, recreation, insurance, and medical care. For the individual worker, occupational status means exposure to stress, accidents, industrial contamination,

workman's compensation, sick leave, and family insurance. All these factors contribute to susceptibility to illness and, once ill, determine whether he has the resources to assume the sick role. In other words, can he afford to be ill. The absence of a worker may mean total deprivation for the family, depending on the availability and type of aid. For many large Mexican American families with few resources, the curandero may be the most accessible health resource at their disposal.

KIN AND PEER NETWORK

Beyond the nuclear family, kin and peer networks also become important in the maintenance and restoration of health. The kin and peer networks become important as part of the lay referral system which helps the individual define his illness and decide whether he will assume the sick role. When a person becomes ill, he seeks advice from those around him. If the illness persists, the person is then encouraged to seek help to recover for his sake and for the sake of those who care for him. If this encouraging is done by kin, the person feels loved; if it is done by working peers, the person feels important. It may also be that the kin and peer networks, to some degree, can help with resources while the person is ill. A person deprived of kin and peer support is an isolated person, and isolated persons are high health risks.

HEALTH RESOURCES

Ultimately, a person's or a family's health status depends on the presence or absence of those who are able to heal. Different

societies and cultures have different definitions for health professionals--those who can heal. Yet all societies in one form or another have individuals who profess to be experts in the healing arts. Mexican Americans, as stated earlier, have a dual health system at their disposal. Historically, traditional medicine rather than modern medicine has been the main health resource of this population. Agricultural isolation, poverty, discrimination, respect for age and experience, as well as strong traditions made people rely mainly on themselves and their own resources to maintain their health and care for their ill. As Mexican Americans become more urban, they come into more contact with modern medicine. They learn to rely on modern medicine without completely giving up their traditional medicine.

ACCESS TO RESOURCES

The first problem of access to health care for Mexican Americans is economic. The availability of modern medical services is largely dependent on the income of the family. Since approximately sixty percent of the Mexican American male labor force works in semi-skilled and unskilled jobs, the economic resources of Mexican American families often limits their utilization of health services to crisis situations.

All forms of health care delivery--hospitals, public health clinics, and private practice--involve a series of bureaucratic procedures which in themselves decrease the motivation of people to seek these services. Recently, federal programs have been devised to try to overcome this economic barrier to health and have succeeded in

scattered areas. However, the piecemeal development and application of these programs have created their own problems. The lack of coordination in these programs has led to continued fragmentation of medical systems and the bureaucratic entanglement of health care programs. Given the higher tolerance for illness among the working class and the availability of a large and diverse number of home remedies, it is no small wonder that some Mexican Americans wait until they are seriously ill before seeking health services. The impersonality and insensitivity of bureaucracies is a problem for all people, but may be especially difficult for Mexican Americans, since they are a population that places higher values on personal relationships and the personal approach to life. Inconveniences such as filling out forms, waiting, going to different doctors for different illnesses and to different clinics on different days for different members of the family can be avoided by opting for curanderismo. Moreover if someone is to assume the sick role, it may be better to do so with someone who is closer personally and culturally to the patient's cultural environment (i.e. admit to himself that he is handicapped and place himself as a dependent on the skills of someone who claims he can heal) (Londy 1965).

A CHOICE OF HEALTH CARE SYSTEMS

Curanderismo, when viewed within the social context of Mexican Americans, forms part of a pattern of cultural choices that is always present. Health care professionals are often unaware or insensitive to a Mexican American's ability to move comfortably in two cultures.

Mexican Americans have a choice of two languages, two lifestyles, and two health systems. This cultural switching is so natural that it disrupts neither thought nor life processes.

Although most people choose their health resources on the basis of accessibility and need, there are individuals who would not dream of going to a curandero and others who completely reject the modern health care system. The two health systems offer something that the individual needs. Therefore, for many people the choice between curanderismo and modern medicine is not an either/or proposition. Some Mexican Americans choose both, utilizing each for its respective benefits. A mother of seven cited above says the following regarding physicians and curanderos:

We are very peculiar (curiosos). If I know that I am sick, if I have a heart problem or high blood pressure, I'll go see the doctor. I also take my children...vaccinations, throat infections, or whatever. Sometimes you go, and the doctor gives you a shot, and you still don't get well. When the doctor can't help me then I go see (a healer). Sometimes I go to him first. He gives good treatments. I am able to save the doctor's fee. We sort of make ourselves fit wherever we can. (Donde quiera nos acomodamos.)

A woman in her late thirties who suffers from rheumatism tells the following account:

I went to the doctor. He made me get undressed and put on a little robe. He examined my hands and my knees. Then he told me I had rheumatism. I already knew that! He said he couldn't do anything for me, just give me a shot. He charged me fifteen dollars. Now I go to him only when I feel real sick and need the drugs. Otherwise I go see (a healer). I don't know why but I have more confidence and faith in him. He gives me herbs, and I feel fine. However, when I feel fine for a long time, I stop taking the herbs. Then I get sick all over again.

Another informant relates why she has faith in a particular curandero:

I have seen many things. Some cure and some just "cure" your pockets. I have seen those, too. I met (the healer) many years ago. My brother took me. He had known him for a long time and said he was very good. My husband was very sick in bed and he had been like that for some time. In nine days my husband was out of bed and walking.

Mexican Americans have been expected to move away from traditional medicine as they become more educated. Their socialization process, however, instills certain values and certain expectations in each individual. The Mexican American socialization process calls for warm interpersonal relationships and person-centered respect rather than object-centered respect. The unfortunate truth is that modern medicine has become more object-centered than person-centered. Curanderismo has an advantage over modern medicine in this area as far as interpersonal relationships are concerned. The patient normally enjoys a warm open communication with the curandero, whereas heavy patient loads may cause him to wait four or five hours to see the doctor and spend only fifteen minutes with him.

To a greater or lesser degree, Mexican American families make use of both traditional and modern medicine, based on subjective criteria, of what is considered to be the best or the most convenient of both systems. Mexican Americans are socialized in both systems; therefore, they have an option depending on the given definition of any particular illness and the type of relief that is wanted.

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