THE TRANSFORMATION OF *CURANDERISMO*: OPTIMIZING HEALTH AND CULTURAL COMFORT IN THE MEXICAN AMERICAN COMMUNITY

THESIS

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Guadalupe Macías Contreras, B.L.S.

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DEDICATION

I dedicate this work to my sister-in-law:

Mary Lou Macías 1952-2000

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"If we stand tall it is because we stand on the backs of those who came before us." ~ Yoruba proverb

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GUADALUPE MACÍAS CONTRERAS, B.L.S.
Southwest Texas State University
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SUPERVISING PROFESSOR: BARBARA TREPAGNIER

Curanderismo, the art of healing, has been an integral part of health care for Mexican Americans for several generations. Although *curanderos/as* have collaborated with conventional medicine over time, the practice of *curanderismo* itself has remained largely in the background as a cultural phenomenon. This study found that the acculturation and upward social mobility of Mexican Americans has not caused the practice of *curanderismo* to diminish over time. Rather, *curanderismo* remains an effective healing modality for physical, psychological, and spiritual problems. *Curanderismo* transformed itself from an indigenous healing system to a *mestizo* one, and continues to change in step with Mexican Americans in this country. In addition, *curanderismo* provides the "cultural comfort" to Mexican Americans that is lacking in conventional health care. A dual health system, thus, is utilized by many Mexican Americans to optimize health care outcomes.

CHAPTER I

> ' . . . I haven't heard from my boy in two months. Yesterday a letter from the government arrived telling me he's lost in action. I'd like to know whether or not he's alive. I feel like I'm losing my mind just thinking about it.'
>
> 'Have no fear, sister. Julianito is fine. He's just fine. Don't worry about him anymore. Very soon he'll be in your arms. He'll be returning already next month.'
>
> . . . *y no se lo tragó la tierra,* Tomás Rivera

INTRODUCTION

Since the early part of the last century, the presence of Mexican Americans has been felt in the United States. While Mexican Americans have attempted to assimilate into American society and become part of the "melting pot," most are unwilling to fully abandon ethnic traditions. Some of these ethnic traditions have been stigmatized by American society. One such stigma, or negative social label, was placed on the traditional healing beliefs and methods practiced by folk healers, persons who are not licensed medical doctors. *Curanderismo*, the art of curing or healing, was the way that indigenous people sought relief and healing before modern medical science took prominence. *Curanderismo* is based on Aztec and pre-Columbian indigenous traditions (Applewhite 1995). Indigenous knowledge of medicinal herbs was subsequently blended with the religious beliefs, symbols, rituals, and medical practices of the Spanish conquerors (Mayers 1989). Its use today reflects Mexican Americans' continuing resistance to assimilate fully into the dominant culture.

History of *Curanderismo*

When the Spanish *conquistadores* (conquerors) arrived in Mexico, they found that the indigenous people of Mexico possessed an extensive and impressive knowledge of curative herbs and plants. The indigenous shamans of Mexico used symbols in curing, for example, herbs, plants, special objects, and rituals for the Gods or environmental forces whose favor they invoked (Davidow 1999). The *curanderos* (healers) were believed to possess a *don* (gift) that enabled them to cure or provide relief to people with psychological, spiritual, and physical illnesses (Applewhite 1995). According to Trotter and Chavira ([1981] 1997), the Spanish brought their own medical knowledge to Mexico based on "Judeo-Christian religious beliefs, symbols, and rituals" (p. 25). The Spaniards' medical knowledge was influenced by early Arabic medicine and health practices (combined with Greek humoral medicine, revived during the Spanish Renaissance).

During the Spanish conquest of Mexico, however, the Catholic missionaries decided that *curanderos* or shamans were performing as witches of the devil, and determined that they should be kept out of the medical care system (Kay 1993). *Curanderos* at the time found that conforming to the new social order was the only way that their healing art could survive (Kay 1993). The solution was to adapt their symbols and culture to those of the Spanish. The *curanderos* used the prayers of the new religion as replacement symbols to represent their own indigenous prayers. They, like the rest of the indigenous society, were able to achieve survival of the culture, albeit at the cost of blending it with another one and accepting large sacrifices. They managed to represent their healing perspective to the new *mestizo* (mixed) society in a manner that the dominant social group could tolerate.

The Spanish conquerors were indifferent to the activities of women and children; therefore, it is women who have primarily retained and disseminated knowledge of the healing arts (Kay 1993). Hence, *curanderismo* has customarily been practiced informally in many Mexican American families and extended groups using *remedios caseros* (home remedies). Formal healing treatments, on the other hand, were administered only by a recognized and specialized *curandero/a*. In the past, a *curandero/a* would not charge a fee because that would imply that the *curandero/a* was capitalizing on a gift received from God. Patients would, therefore, compensate the *curandero/a* with goods or services within their capability. In contrast, a monetary fee is not an uncommon practice in today's more commercial economy.

Mexican Americans and *Curanderismo*

There has been much confusion in the Mexican American culture concerning the perception of *curanderismo*. Some believe that *curanderos/as* heal through a *don* (gift) from God. Others think *curanderos/as* use supernatural forces to harm others—that *curanderismo* is somewhat akin to witchcraft. Those Mexican Americans who rely on *curanderos/as* do so covertly because they may possess incorrect or limited information about *curanderismo*. What's more, they may be embarrassed about participating in an activity that is clouded with mystery and connected with the "old ways."

Mexican Americans who use *curanderismo* as an alternative healing option risk being ridiculed by members of the dominant society and other Mexican Americans. In some instances, their own children and grandchildren may be unfamiliar with the practices and beliefs of *curanderismo.* Consequently, those Mexican Americans who use *curanderismo* are freer in their conversations and exchanges about *curanderismo* with

friends and relatives of their own age group who share similar life experiences. Those Mexican Americans are likely to keep their knowledge of *curanderismo* from their children and grandchildren until necessity dictates, for example, when high cost or unavailability of conventional medical care for the type of symptoms they experience occurs. In such a case, the option to consult a *curandero/a* will be brought up cautiously to discern the response from the child or grandchild to the suggestion.

Cultural Dichotomy and *Curanderismo*

For several generations, some Mexican Americans have seen themselves in the "looking glass" of American society and have felt ashamed of their indigenous appearance and traditions. Mexican Americans are caught in a cultural bind of having to manage the impressions they present to their cohort group, to their children, as well as to the rest of American society. Due to a long history of discrimination, Mexican Americans generally do not disclose much cultural information to members of the dominant group (Meier and Ribera [1972] 1993). Mexican Americans may disclose cultural information that has been modified, making it more acceptable. This was necessary for survival throughout several generations in order to cope with the dominant group's misunderstanding and insensitivity. In addition, Mexican Americans want to influence the perception that they are as American as anyone else. This facilitates receiving the dominant group's approval and the social rewards that such approval provides. In other words, people of Mexican descent have developed a working relationship with their conquerors.

Nevertheless, the healing art of *curanderismo* has survived in the United States, and word-of-mouth recommendations have remained an excellent method by which

healers continue to be accessible to patients. In fact, there has been a resurgence of *curanderismo* in the Mexican American community in recent years, and people of Mexican descent in the United States continue to consult with *curanderos/as* located both in the United States and in Mexico. Many Mexican Americans, regardless of socioeconomic status, rely on *curanderismo* for treating specific illnesses or psychological problems. Just as they have accepted the dichotomy of their biculturalism, so have they accepted that *curanderismo* is appropriate in some situations, and conventional medical technology is appropriate in others. Thus, a working relationship between the two healing systems is the result.

CHAPTER II

REVIEW OF LITERATURE

The history of Mexican Americans in the United States is marked by duality. This duality extends to their health care needs and practices. In addition to conventional health care, many Mexican Americans believe in and practice *curanderismo. Curanderismo* is the *mestizo* healing system described in scholarly literature as "traditional medicine" and "folk medicine" (Roeder 1988:26). This author prefers to discuss *curanderismo* as traditional medicine because the term "folk" connotes lower-class status. My review of the current literature about *curanderismo* produced studies that describe healers' and patients' knowledge and experiences. The studies were conducted in states that were once partly or entirely derived from Mexican cession.

Parallel Healing Worlds

Theory of Curanderismo. Trotter and Chavira's ([1981] 1997) ground-breaking study is unique and important because these authors were allowed by healers to tape record, photograph, and videotape their healing rituals and procedures. In fact, they were invited to apprentice under two of the healers they interviewed. They were active participants and not mere observers of the processes. They also witnessed sessions of the *desarollo* (development of healing potential), which is the training for an apprentice to become a "medium" of spiritual communication (Trotter and Chavira [1981] 1997:35).

Trotter and Chavira began collecting information about *curanderismo* under a project funded by the Regional Medical Program of Texas. Their goal was to re-document existing information and make it more accessible to health professionals. They found that the existing literature over-emphasized folk illness and that *curanderismo* in its totality had not been investigated in depth. Trotter and Chavira and their research team spent over six years interviewing sixty healers in the Lower Rio Grande Valley in Texas. Most of their research staff were Mexican Americans whose previous experience with *curanderismo* was superficial; thus, they were unprepared for the challenging research ultimately conducted.

During their investigation, the researchers used an empathetic approach in interviewing and observing the healers and the curing process. This facilitated their discovery of a theory of *curanderismo.* According to Trotter and Chavira ([1981] 1997), *curanderos/as* recognize two types of illnesses, natural and supernatural. Healers practice one or more specializations. The specializations are: *parteras* (midwives), *sobadores* (muscle therapists), *yerberos* (herbalists), *señoras* (card readers), and professional *curanderos/as* who use from one to three levels of healing treatments. The healers describe the three levels as the material level, the spiritual level, and the mental level. In the material level, preset formulas of objects and rituals are used by the healer to alter a person's energy and restore health. In the spiritual level, a *curandero/a* enters into a trance and become a medium for benevolent spirits to communicate with the patient. In the mental level, the *curandero/a* channels mental energy directly to the patient's body. Even though a *curandero/a* may have a gift for healing, he or she may not be able to work on all three levels of treatment.

Trotter and Chavira ([1981] 1997) maintain that emphasis is placed on social communication in the form of *pláticas* (conversations) in all *curanderismo* interactions, from the *desarollo* to the healer-patient consultation. Healers share a culture and common social experiences with their patients. This establishes rapport and facilitates treating the patient as a whole person, rather than treating a disease, which is the mode in conventional medicine. Moreover, a healer sometimes involves the patient's family in the process; thus, the patient has an entire social group concerned with the patient's well being. Trotter and Chavira ([1981] 1997) found that *curanderos/as* have adapted their beliefs and practices to the social environment of this country. They argue that Mexican Americans as a group are changing and are more trusting of the scientific community, but will continue to participate in *curanderismo* because it meets social and cultural needs.

My research findings are similar to Trotter and Chavira's. The healers I interviewed practice one or more specialization and their healing methods encompass one or more of the three treatment levels found in Trotter and Chavira's theory of *curanderismo.* The *curanderos/as* I interviewed place a high emphasis on the *pláticas* as a means to gently extract the patient's "whole" physical, psychological, and spiritual concerns. In addition, my study further uncovered that *curanderismo* fulfills a need for "cultural comfort" for the healers and patients. Healers express that, for them, providing comfort to the patients is paramount. Healers also find peace of mind in their cultural vocation. Moreover, the patients acknowledge in various descriptive terms that the healing experience is one of utmost comfort. I discerned that the feelings evoked from the experience are related to involvement in a phenomenon that is uniquely cultural and, thus, evokes feelings of emotional safety and comfort.

Silent Collaboration. In her study, Roeder (1988) argues that, although Hispanics are the largest minority in this nation, they do not use public health care facilities as much as other minorities or Anglos. She contends that numerous studies have attempted to explain why this is so, and how medical facilities can be adapted to better serve Hispanics. These questions generate more questions regarding alternative health care use by Hispanics. For example, researchers then question whether alternative health care influences or interferes with orthodox medical care, and how the tradition of *curanderismo* use is affected by being Hispanic in the American society.

In her review of literature, Roeder found that the early documentation about *curanderismo*, dating from the late 1800s to the mid 1950s, primarily documented what scholars perceived as folk medical practices. The second generation of scholars, from the mid 1950s to the 1960s were anthropologists whose model was cultural determinism. In other words, these scholars claimed that it was the less-acculturated Mexican Americans who practiced *curanderismo.* To illustrate, Saunders (1954) argues that acculturation is the solution to resolving patient and health professional misunderstandings and that the goal for the Mexican American population, therefore, is acculturation. According to Roeder (1988), a more diverse group of scholars emerged during the 1970s and 1980s. This group is divided into three subgroups: "the traditional observers and compilers, cultural determinists, and the innovators and dissenters" (Roeder 1988:16). Among this group of scholars were Chicano scholars who attacked the shared subculture model of the second generation of scholars. The shared subculture model tended to present Chicanos as more or less homogenous working-class, rural people and emphasized differences between Anglo and Chicano systems (Roeder 1988).

Roeder sought to analyze how Mexican Americans' experiences with *curanderismo* are influenced by immigration and life as minorities facing majority beliefs and practices that differ from their own. In Roeder's study, thirty-five Mexican Americans from the Greater Los Angeles area were interviewed for the Chicano Heritage Project of the University of California at Los Angeles. Five two-person teams conducted open-ended interviews during a six-month period. Although more men were interviewed than women, the responses show that home-style *curanderismo* is generally perceived by both sexes as women's work.

Roeder (1988) claims that the study revealed more about what folk beliefs and remedies exist than about the participants' knowledge and use of beliefs and practices. Immigration and minority status has affected Mexican Americans' health beliefs and practices. The Chicano Heritage Project found that knowledge of traditional healing is passed to succeeding generations, although not equally. Roeder posits that while the close proximity to Mexico helps to preserve culture and traditional ways, the location of one's residence affects the distribution of knowledge. That is, suburban living dilutes exposure to traditional contacts.

Many lower-class status Chicanos continue to use inexpensive home remedies, however, Roeder's research teams also discovered that an increasing number of middle-class Chicanos are seeking traditional healing because of the resurgence in ethnic pride. In Roeder's words, "In some homes, grandmother's remedies were scorned by her daughter or granddaughter, but are now being tried again by the third or fourth generation" (1988:37). Roeder's study produced two important findings: one, patients are generally dissatisfied with conventional medicine; and two, in the traditional healing

system, the patient trusts the healer who is perceived as recognizing that the patient's condition as worthy of treatment.

In another study, Rivera (1988) found conflicting results in prior studies about the prevalence of *curanderismo* in the Hispanic community in Colorado. He contends that, depending on the geographic location of the studies, research completed during the 1960s indicates a high prevalence in the belief in *curanderismo,* which decreased during the 1970s and 1980s. In this study, Rivera surveyed Hispanic women residing in two barrios on the outskirts of Denver, Colorado, and found that Hispanics still practice *curanderismo.* Rivera (1988) argues that one cannot assume that the descriptions of folk illnesses are of no consequence to modern medicine. Rivera defines folk illnesses as those described by patients in "traditional folk terminology" (1988:238). The symptoms of those same illnesses may be described differently in conventional medicine. Sufferers of folk illnesses take the symptoms as seriously as they would any other symptom, however, they may not seek assistance for those illnesses. This is no different from other individuals who do not always attend to conventional illnesses. In addition, Rivera (1988) maintains that the beliefs and practices of *curanderismo* will continue as long as there are barrios where the Mexican culture is prevalent. He also suggests that there will be a decrease in the beliefs and practices of *curanderismo* with each succeeding generation, a finding my study refutes.

In Mayers's (1989) study, research indicates that there are two health systems used by elderly Mexican American women. This group of Mexican American women uses an informal health system consisting of home remedies using herbs and vegetables prescribed by knowledgeable housewives. If this treatment is not perceived as suitable for

the illness, alternatives are the formal folk health system and the medical health system. Mayers found that patients cross over from one health system to the other. Patients in Mayers study resorted to folk medicine because of dissatisfaction, misunderstanding, and frustration with the medical outcomes of treatment they have received. Patients also dislike the manner in which they are treated by medical personnel and the high cost of treatment. Conversely, if little improvement using folk medicine is seen by the patient or by the *curandero/a*, the patient is referred to a practitioner for conventional medical treatment. Although the two systems are used either alone or simultaneously, the participants know when it is appropriate to use one system or the other. Mayers (1989) charges that rather than competing with one another, the two health systems complement and supplement each other. Mayers suggests that physicians who work with Mexican Americans should learn about the theory and practice of *curanderismo* so that they can treat their patients more successfully.

Applewhite (1995) conducted ethnographic interviews with 25 Mexican American elderly people from two senior citizen centers in Arizona about *curanderismo* and its influence on their health care behaviors. Although most of the participants in the survey had lived the majority of their lives in the United States, they were either traditionalist (more comfortable with the Mexican culture than the Anglo culture) or bicultural (comfortable in both cultures). Applewhite's study gathered information about what elderly Mexican Americans know about *curanderismo,* how they acquired the knowledge, to what extent the participants use the knowledge to treat their health problems, how their cultural beliefs and spiritual faith affect their health care behavior, and who they turn to for help when they are ill.

Applewhite (1995) found that, although the participants could not precisely define *curanderismo*, they had knowledge about it from observation and participation as patients and practitioners. Most of the participants learned about *curanderismo* during their childhood and early adult years. Moreover, the participants received treatment from family members or *curanderos/as* within their cultural environment. As adults, the participants sought assistance from *curanderos/as* for treatment involving their children. What's more, as the participants aged, they sought treatment for themselves using herbal remedies for minor ailments, relying on conventional health care only for major medical problems. The elderly participants also used *curanderismo* when modern health care was not helping them, or in combination with modern health care to increase their chances of health improvement. Many of the participants described their health care as a combination of modern medicine, folk healing, and a strong belief in divine intervention.

The participants in my study are much like those in the above studies. Most learned about *curanderismo* early in life through family health care practices and beliefs. In contrast to most groups in the studies in the literature reviewed, my participant group was relatively young, well-educated, and middle class. They have lived in the United States all or most of their lives and are proficient in English and Spanish. Further, they are comfortable in both the Mexican and American cultures and in combining the two. In contrast to the participants reported in many of the prior studies, these participants use both conventional and traditional medical care, not out of necessity, but by preference.

AIDS and Curanderismo. Acquired Immune Deficiency Syndrome (AIDS) is not a folk illness, but it is affecting the Hispanic community in such high numbers that researchers are looking to *curanderismo's* role in its treatment. In a recent study, Rivera

(1990) interviewed *curanderos/as* to investigate their beliefs on AIDS and how they treat this modern illness. Rivera initially interviewed *curanderos/as* only in the United States. He contacted *curanderos/as* in the state of Colorado and found that they were unable to cure AIDS. Rivera also interviewed two owners of *botanicas* (healing artifact stores) in the United States to find out what paraphernalia they recommend to their patients for the treatment of AIDS. The *botanica* owners acknowledged that AIDS cannot be cured. They could only offer their customers artifacts, such as Saint Lazarus[1] medals, to hold while praying to God for assistance in their struggle with AIDS and other incurable illnesses.

Rivera subsequently interviewed three *curanderos* in Mexico to see if their responses concerning AIDS would differ from those of the American *curanderos.* One of the Mexican *curanderos* specializes in herb treatment and massages. The other *curandero* specializes in curing cancer and considers himself a *sabio* (sage) and *cientifico* (scientist) rather than a *curandero.* The third healer, a *curandera,* specializes in *embrujamiento.* According to Rivera (1990), *embrujamiento* is an illness caused by adversaries using evil forces through spells and hexes.

The three Mexican healers interviewed by Rivera know that AIDS is a sexually-transmitted disease and that it has been identified by the medical profession as an incurable disease. AIDS is not recognized as a folk illness. It is seen as a new physical illness. *Mal aire* is the only illness perceived as associated to AIDS. For example, one healer believes that AIDS is precipitated by pollution, a form of *mal aire,* which literally translates as "bad air." Rivera's research (1990) reveals that, unlike Mexican American *curanderos/as,* there are some Mexican *curanderos/as* who are confident that they can cure AIDS with herbs and plants. Rivera (1990) argues that *curanderismo* has strengths

[1] In the Holy Bible, John 11:1, Jesus rose Lazarus from the dead after he had been in a tomb for four days.

that could help prolong the life of an AIDS patient, for example, hope through prayer and family support as treatment modalities can be incorporated into conventional medical care.

In my conversations with the healers I interviewed, the subject of incurable diseases and death would sometimes surface. None of the healers claim they can cure AIDS or cancer, but they do assist their patients who are receiving conventional medical care. They pray for the patients and counsel them about their personal and family relationships as they deal with terminal illnesses. In other words, they serve to ameliorate the harshness of deadly diseases by providing comfort and support. For the time being, there is no indication that the conventional medical world places any importance in its silent partner, *curanderismo,* but many researchers in the studies I reviewed suggest that medical professionals look to alternative medicine to expand their health care base.

Culture in the Psychiatric Realm. Koss-Chioino and Canive's (1993) study illustrates how the medical profession can better serve Hispanic patients by learning more about traditional medicine. Koss-Chioino and Canive (1993) found that psychiatric explanations were assigned to culturally-related symptoms. The researchers interviewed nine Hispanic males who were under treatment in a mental health facility in Albuquerque, New Mexico. Each patient's illness was diagnosed by the patient or his family as *embrujado* (bewitched). All of the patients had different psychiatric diagnoses, however, the two most common ones were paranoid schizophrenia and major depression. The patients expressed feelings of being overwhelmed by a force or spirit that took over their actions. As a result, they would often turn to religion for help.

In their study, Koss-Chioino and Canive (1993) present symptoms and causes

found in *embrujamiento* (bewitchment) and the interpretations recorded in the patients' charts by the clinicians in the mental health clinic. In the patients' charts, for example, "evil force causes 'successive misfortunes' syndrome" was interpreted as "hopelessness/ helplessness syndrome as explanation for major depression and dysphoria" (Koss-Chioino and Canive 1993:181). The researchers took note of how a patient was described in a clinical chart as engaging in ritualistic behavior. When his wife stated that she would pour some hot water, he would follow with cold water and, likewise, when she used salt, he would follow with pepper. Koss-Chioino and Canive (1993) argue that the patient's behavior may express what is reported in Shulman and Smith's (1962) study to be Hispanic beliefs of balancing hot and cold in remedies to combat illnesses. Hence, Koss-Chioino and Canive contend that the Mexican American patient in psychiatric treatment is dealing with a double struggle—a struggle with the bewitcher, and a struggle with the therapist who belongs to a higher social class and is usually from a different ethnic group. I contend that the patient is also dealing with the issue of hot and cold in terms of the warmth of cultural healing versus the perceived coldness of conventional healing.

One of the patients in my study spoke of how a colleague's antagonism and bad will was found by a *curandero* to cause the patient physical discomfort. The responsibility for removing the *daño* (harm) caused by the colleague was assumed by the healer. Within a month, the patient saw a complete reversal of the colleague's attitude, which included an apology. In my conversations with healers, some said that they were reluctant to work with patients whose illnesses were caused by evil forces or bad will because there is a danger of being drawn toward negative forces. One *curandera* tried to incorporate the treatment of *susto* (fright) into the psychiatric treatment of a rape victim,

but the hospital administrators where she was employed as a nurse did not permit her to assist the patient in such an unorthodox manner.

Americans and Alternative Healing Methods and Beliefs

Levin and Coreil (1986) posit that for the past two decades, the public perception of the health and medical establishment has changed dramatically. The authors cite the following as reasons why Americans are turning to unconventional healing methods: the rising costs and risks of treatment, the growing interest in self-care and self-help, the growth of holistic health alternatives, as well as international interest in traditional healing. The researchers address various new age healing activities in their study, which they grouped into the three types discussed below. Levin and Coreil describe "new age" as the Age of Aquarius into which the earth was to pass at the turn of the 21st century, and they describe "new age-ers" as devotees of new age healing (1986:889).

When they analyzed data on 81 healing systems or techniques identified with new age, Levin and Coreil (1986) found three general modes of healing under their criteria for new age healing. The first mode is comprised of groups or organizations that place a major emphasis on means of attaining somatic or psychosomatic health. These health methods may be based on healing methods from the past, but are usually considered to be new methods. The proponents of the second mode of new age healing emphasize the study of ancient teachings and occult knowledge that is now available for people's spiritual well-being. The third mode of new age healing stresses contemplation as a way to attain health.

Levin and Coreil (1986) found that new age healing has not produced a specialized class of practitioners, and that some new methods are a combination of

ancient (or indigenous) and modern practices. Levin and Coreil contend that new age healers are similar to traditional folk healers (such as *curanderos/as)*, in the advocacy to the unity of body, mind, and soul (or spirit). In addition, the researchers found that new age-ers have not totally abandoned conventional medical care. Rather, certain segments of this population tend to seek alternative healing methods for non-disease-related concerns, such as marital problems or a general dissatisfaction with their lives. For disease-related concerns, they turn to conventional medicine. Although seemingly worlds apart, the practice of combining holistic and conventional medicine when deemed necessary is something that new age patients appear to have in common with Mexican American patients who combine *curanderismo* and conventional medicine.

The review of literature about *curanderismo* produced several studies that concentrated on the beliefs and experiences of Mexican Americans living in different regions of the southwest. Most studies found that elderly Mexican Americans and new immigrants are more likely to use *curanderismo* as a healing alternative than younger assimilated Mexican Americans. My study was conducted without a convenience sample. I recruited all participants. Because of this and the fact that my referral base was composed of young Mexican Americans, I found that a young middle-class segment of the Mexican American population participates in *curanderismo.* This finding led me to question why this is so. In addition, it led me to inquire about technology-based healing.

Further, when I interviewed patients, they provided referrals to healers. Consequently, the research focus expanded to include healers. My study delves into how individuals become healers and how they adapt a healer identity to their ethnic identity. Trotter and Chavira's study encompasses healing theories and many aspects of the

healing process from the healers' perspective. The information in Trotter and Chavira's study was invaluable when conducting conversations with healers as I was a novice to the healers' perspective on healing. When I interviewed healers, I found that some maintain networking relationships with other healers who treat patients with diverse alternative healing methods.

The studies reviewed are designed to provide information for scholarly research, but they can inform the medical community about its hidden healing associate. For this reason, I concluded the review of literature with a summary of a study found in a medically-oriented journal. The study reports a growing interest in unconventional healing methods in the United States. Equally important, the study found that Americans are presently using alternative methods to complement medical care because those methods advocate holistic healing such as that found in traditional *curanderismo*.

CHAPTER III

METHODOLOGY

Qualitative Research

This study was designed to investigate current participation and knowledge of Mexican Americans in the belief and practices of *curanderismo.* Qualitative research is the most appropriate form of investigation and interpretation for this project. A subject such as *curanderismo,* which is relatively concealed in our society, is best served by questions that are open-ended and flexible. Most important, qualitative research encourages interaction between the researcher and the participants to facilitate a richer learning experience. The participants are regarded as equals instead of "others" who are often "colonized" through the research model (Denzin and Lincoln 1994:41). Because I am a Mexican American and have experienced *curanderismo* in my family, I was able to empathize with the participants as they shared about this sometimes secret part of their lives. This both enriched the data and reassured the participants that I share a similar culture. My first priority in the interim process was to establish rapport with each healer and each patient. Only then could I invite them to share information about *curanderismo,* information that has traditionally been a closely-guarded secret to cultural outsiders.

Recruitment Procedure

The participants for this research were found through word-of-mouth referrals from family, friends, and resource centers primarily within the Mexican American

community in Austin, Texas. I conducted in-depth interviews intermittently between July, 1999 and September, 2000 with persons who experienced *curanderismo* as healers or as patients. The interviews ranged from twenty minutes to two hours. My Mexican American heritage makes me especially well-suited to do this research because I am both bilingual and bicultural and therefore proficient in both the language and culture of the participants. I assured the participants that confidentiality and anonymity concerning their participation in the research would be observed, providing them a "Research Participants' Information and Confidentiality Sheet" (see Appendix A). I also asked the participants to chose whether or not to permit tape-recorded interviews and whether to speak English, Spanish, or both languages during the interview. I asked the participants unstructured questions in an informal conversational manner. Some questions were adapted from previous research and I developed others. I constructed the questions such that they could be modified during the course of the interview in order to elicit each healer's, as well as each patient's, personal response. Pseudonyms are used when any reference is made to the participants. Appendix B presents unstructured interview questions used in the interviews.

Data were collected for two participant categories, *curandero/a* and patient. The data were recorded as verbatim conversations, tape-recorded with permission of the participants. Two participants, Mattie Montañez and Miguel Salsedo, preferred not to be interviewed in person and opted for in-depth survey responses via e-mail. Significant words, cultural expressions, experiences, and individual and group perspectives or views were annotated on the margins of both the e-mail responses and the transcriptions of the participant interviews.

I used a friendly, informal conversational tone at the onset of the interviews. This approach is appropriate in interactions between persons of Mexican descent (Applewhite 1995). I continued with task-related questions that were integrated into the conversation. This methodology is adapted from Spradley's (1979) ethnographic interviews. According to Spradley (1979), the researcher should express cultural ignorance and pose a "grand tour" question to the participant (p. 86). In other words, the researcher should ask descriptive questions to receive significant features of a cultural scene or phenomenon. The researcher then should follow with "mini-tour" questions, example questions, experience questions, and "native-language" questions, that is, cultural translations (Spradley 1979:88).

I asked the participants grand tour questions to find out their general knowledge about *curanderismo* and their own participation in the healing process. I followed with mini-tour questions to find out specific details about each participant's experiences and beliefs and how they affected their use of *curanderismo* and conventional medicine. When interacting with the participants, I chose not to feign absolute cultural ignorance because of my ethnicity and experiences with some aspects of *curanderismo.* What's more, I contend that I would not have derived such rich descriptions about *curanderismo* had I not gained cultural acceptance and rapport with the participants.

To establish cultural rapport, one must converse with the other person to establish *confianza* (trust), *respeto* (respect), and knowledge of the culture before moving on to the inquiry of in-depth confidential information (Applewhite 1995). Most of the interviews that started in English quickly developed into English/Spanish code-switching as the participants' degree of comfort increased. I have the advantage of being accustomed to

code-switching, which is changing back and forth between English and Spanish. Moreover, I am well versed in Hispanic linguistic and cultural symbols. These similarities between the participants and me, plus my knowledge about *curanderismo* through life and anecdotal experiences, resulted in the trust and respect necessary for cultural rapport to develop between researcher and participant. A glossary defining Spanish words found in the scholarly literature or used during the interviews is presented on page 86.

Once rapport was established and confidentiality assured, I emphasized that the information would be analyzed without judgment for scholarly purposes. Because of my cultural background, I was trusted not to be critical or condescending, and most of the participants were willing to share their experiences without reserve. Many participants politely returned the confidentiality form I provided them, indicating that a written guarantee was unnecessary. I assured the participants that their input would serve to inform others about *curanderismo*. Through education, the stigma attached to *curanderismo* will likely lessen. In addition, I informed the participants that herbal and other alternative cures are currently in use throughout the world, but with modern packaging and different names.

In addition to the healer and patient interviews, an additional source of data for this paper was through participant observation. Using this method, the researcher takes part in the social phenomenon under study (Johnson 1997). Two of the three activities in which I participated, a *curanderismo* workshop and a botanical walk, were open to the general public and were compensated by a nominal fee and a donation, respectively. The other activity, observing a healer and her patients in the consultation environment, was

the healer's unsolicited contribution to my research. The healer allowed me to observe the healing process because, again, being Mexican American helped to establish instant rapport with the healer. Unlike other researchers, I was able to gather data without resorting to false pretenses.

Analytical Process

The analytical process used in this study was adapted from Kurasaki's (1997) grounded theory approach, which starts with major themes and then is refined as the analysis develops. As the analysis progresses, the major themes are split into subthemes. The major themes are also sometimes combined as the analysis continues. Because of the "double" sample in this research, the data were already divided in terms of healer and patient categories. When the interviews were transcribed, I coded the transcriptions that contained key words and concepts identified as relevant from the list of unstructured questions used in the interviews for each of the two categories.

The second level of coding entailed splitting the data into subthemes from the patterns and themes that emerged after a thorough reading and review of the data. Categories were assigned to the raw data for each sample type, that is, healers and patients. When the second level of coding was completed, it became clear that the themes would be better presented undivided by sample type. Hence, the third coding categories focused on the recurring major themes that the data itself presented for analysis, regardless of whether the participant was a healer or a participant. After developing and refining the coding categories, the data were analyzed to find links to theoretical concepts.

Theoretical Framework

The theoretical framework for this project is the symbolic interactionist perspective. Cooley's ([1902] 1922) concept, the looking glass self, helps describe how Mexican Americans' perception of the dominant culture's image of them has affected their bicultural identity and self-judgment. Goffman's ([1963] 1986) work, which centers on the tension created within the self and the social constraints within the self, is also used in the analysis. In his study of stigma, Goffman notes the strategies used by stigmatized individuals to function in a society that sees them as less than whole persons. Goffman further advances his theory with a dramaturgical approach. He argues that the self, as actor, is constantly interacting with an audience. In his view, the actor engages in impression management to control his or her social audience. This research project looks at how Mexican Americans manage their complex social roles and interactions when accessing different healing systems. Cooley's and Goffman's theories are an appropriate method for analyzing how Mexican Americans socially perform and manage their Mexican, their American, and their blended cultural identities.

Participants

As mentioned, the sample for this project was composed of two groups: a healer group and a patient group. In order to solicit participants in the healer group, an invitation to participate in this project was offered to Mexican American individuals who self-identify as *curanderos/as,* as well as other individuals who assist Mexican Americans with healing treatments. Because some individuals use alternative healing methods in assisting Mexican Americans, they are regarded as *curanderos/as* by the community, even if they do not identify as such. Participation in the patient group was limited to

individuals of Mexican American descent who claim knowledge of *curanderismo.* The patients' knowledge of *curanderismo* was accepted in its broadest sense, from anecdotal information and use of traditional home remedies to actual participation in a healing session or ceremony directed by a *curandero/a.*

Participant Observation. While recruiting participants I, too, became one. As a participant observer, on March 14, 1999, I attended a workshop held in Austin, Texas, by Elena Avila, a *curandera* from New Mexico. The workshop was not intended to instruct us, the participants, on how to become *curanderos/as.* Instead, Elena informed the workshop participants about her transformation from psychiatric nurse to *curandera.* She told us about all the training she underwent before she received an eagle feather, the symbol recognizing her as a *curandera* by her final instructor. Elena then conducted healing rituals with participants who volunteered to become subjects of public consultations and treatment. Elena requested confidentiality regarding the ritual process and the patients. She encouraged us to participate in the healing ritual. This created a sense of unity among the group of about 50 people who, for the most part, did not know each other. Moreover, there was a sense of genuine group empathy and compassion for the patients who placed their trust on the healing process.

On October 17, 1999, I also participated in a walk through Zilker Botanical Gardens sponsored by the American Botanical Council of Austin, Texas. The walk was led by Doña Enriqueta Contreras, a midwife and healer from the Sierra Juarez of Oaxaca, Mexico. Doña Enriqueta and an interpreter spent approximately three hours pointing out plants and explaining their medicinal properties. During the presentation, Doña Enriqueta talked to us about the importance of caring for the plant and animal life of this planet.

After the walk was completed, Doña Enriqueta again stressed how important it is to care for the earth and our environment. Doña Enriqueta said she never learned to read or write, however, because of her knowledge of herbs and nature, she is sought by academicians and students who want to learn from her.

My experiences with *curanderismo* began early in life, much like the cultural experiences of other Mexican Americans raised in the Texas/Mexico border environment. As a child, I was administered herbal remedies. I also observed a *limpia* (ritual cleansing) in which my grandmother was treated by a family member. Participating in Elena Avila's *curanderismo* workshop was the first time I observed a recognized professional *curandera* conduct a healing activity. I was surprised at how the ritual performed by Elena was not new or strange, but very similar to what I had witnessed many years ago. Elena's account of her life informed me about the strength of the calling to heal, for Elena's departure from her life as a nurse to become a *curandera* could be perceived as an "illogical" decision. As a single parent, Elena sacrificed much to attain a master's degree in psychiatric nursing and achieve a successful career in conventional medicine. Therefore, to make such a drastic change in mid-life was courageous.

Doña Enriqueta possesses an impressive knowledge of herbs and plants, which she sees as living things that we humans fail to fully appreciate. From Doña Enriqueta's tour, I learned that we ignore many herbs and plants in our surroundings, which we could use to cure ourselves. Doña Enriqueta could use her knowledge for personal profit but, instead, she has established a birthing center in Mexico with the donations she receives for her talks. She comes to the United States periodically to gather donated goods that she uses in her center in Oaxaca.

Healers. Some of the *curanderos/as* I contacted reacted with suspicion or denial or did not respond to my telephone messages. Others were not available due to busy academic or healing-related schedules. Of the twelve *curanderos/as* I contacted for interviews, five *curanderas* and one *curandero* granted interviews. The healers' ages range from 32 to 60 years of age. All of the healers attended college and four of the six received college degrees. Three of the healers are Catholic or participate in Catholic rituals and practices. One healer rejects organized religion, one is Protestant, and another is a member of the Church of Christian Science. Three healers self-identify as Mexican American, one as Chicana, one as Hispanic, and one as Latina. Also, those healers who self-identify as Mexican American and Chicana recognized indigenous roots as a component of their identity. Four healers are bicultural and two feel a stronger connection with Mexican culture than American. All of the healers are bilingual, but one prefers to speak English and one prefers to speak Spanish. The five *curanderas* are: Sandra Pérez, Valerie Díaz-Medina, Victoria Lozano, Little Ora Lujan, and Caroline Luna. Conrad Luna is the *curandero* in the group. The sample description of the healers is shown as Appendix C.

Sandra Pérez, a 32-year old *partera* (midwife) *curandera*, was trained in midwifery in El Paso, Texas. Sandra is registered as a Direct Entry Midwife in Texas since 1990. In addition, she received traditional midwife training from a renowned Zapotec midwife healer from Oaxaca, Mexico. She recently returned to Texas after working as a traditional midwife with the Six Nations Band Council Health Service in Ontario, Canada. Sandra practiced in Ontario under an exemption for aboriginal

midwives from Ontario's Regulated Health Professions Act and the province's Midwifery Act.

Valerie Díaz-Medina is a South American in her mid-thirties. She is currently completing her doctoral dissertation in psychology at a Texas university. She was born in South America and immigrated with her family to the United States at the age of five. She does not claim to be a *curandera* and finds it curious to be considered as such. Nevertheless, Valerie is recognized as a *curandera* by the Mexican American community. She was referred to me by several Mexican American women as a *curandera.* Also, an older Mexican American *curandera* recognized her gift and became her mentor. Valerie was raised as a Protestant but has studied and explored many different traditional and non-traditional religious beliefs, including the Jewish faith and Buddhism. She describes herself as a bilingual and bicultural Latina. She uses different methods of healing, depending on the patient.

Another *curandera,* Victoria Lozano, is a 38-year old who grew up in a small Texas town close to the Mexican border. She has a master's degree in social work and is employed by the State of Texas in Austin. She is a Mexican American whose indigenous roots include Mayan, Aztec, and Kickapoo. Victoria practices the indigenous rituals of her ancestors along with Catholicism. I asked Victoria how she would describe herself, that is, as a traditionalist who is more comfortable with the Mexican culture, as bicultural, or as assimilated into Anglo culture. Her response was, "I think from the technical point, I would say bicultural. But as a professional, I would say I would have to be totally assimilated. But as a person, an individual person, I am more of a traditionalist. It's like a spectrum. Depends who you are with." When I asked her about a language preference,

she also replied that it depends on the person with whom she is communicating. During the interview, we spoke in English but often code-switched to Spanish.

Caroline Luna, the fourth *curandera,* is described along with Conrad because their healing activities are conducted as a team. Caroline, who is married to the *curandero* Conrad, provided anecdotal information about him. Conrad is a well-known psychic healer who owns and operates a Mexican import store in Austin, Texas. He is in partnership with Caroline, who is also a *curandera.* Conrad told me that he normally refuses to participate in interviews because of prior unfavorable experiences. Caroline explained that she is also extremely cautious about granting interviews to people who want to know more about Conrad. In the past, researchers extracted information from the Lunas to use for the researchers' own credit and aggrandizement. I felt honored to be granted an interview.

Despite his initial reluctance to be interviewed, Conrad spent several hours at the import store casually conversing with me. I was provided with valuable insights about his life as a *curandero.* After several visits to the Lunas' import store, Caroline invited me to interview her at the Lunas' home. She provided information about both of them through a lengthy interview. Both Caroline and Conrad are college graduates. She is a Mexican American who refers to her parents, as do many Mexican Americans, as *tejanos* (Texans). Caroline is comfortable in both cultures, but prefers to speak Spanish. Our conversation code-switched from English to Spanish at about every third or fourth sentence. Caroline was very active in the Catholic Church until she became involved with Conrad. She and Conrad now attend churches of many denominations in Austin, Texas. Caroline says she shares beliefs in different Protestant faiths, but remains Catholic.

According to Caroline, Conrad's Aztec mother was very knowledgeable about herbs and healing. She related that, as a baby, his mother realized that Conrad could heal. She would hold him in her arms and direct him to use his touch to heal patients. Conrad was raised Catholic, but now worships, as does Caroline, in many different faith services. He was a member of the Church of Christian Science when he first became serious about healing. Conrad is bicultural but, unlike Caroline, is more comfortable speaking English than Spanish. Conrad and Caroline were teaching at a community college when they decided to follow a path dedicated to healing. At that time, they lived in Corpus Christi, Texas, but moved to Austin, Texas, to establish an import business that includes a healing area.

The last *curandera* I interviewed is Little Ora Lujan. Little Ora is a very slender, tall 40-year old *curandera* who practices in Corpus Christi, Texas. She is a Hispanic Catholic whose ethnic background is Mexican. She is more comfortable with the Mexican culture, but has no language preference. Besides Conrad, Little Ora is the only participant I interviewed at the location where she consults with patients. She allowed me to interview her between two patients' consultations at her one-room healing area in the back of a beauty salon. There were about ten patients sitting in the salon waiting area, while some waited outside the building. On the morning of my visit, the patients in Little Ora's inner consultation area included six Mexican American women and one Anglo woman. I observed and confirmed with Little Ora that her patients do not tell her their problems at the onset of their consultation. Rather, she receives messages, which she writes rapidly on a pad, and then tells the patients what problem they want resolved. She then quietly converses with them and instructs them about how to resolve the problem.

Some of the healers are currently employed in what one *curandera* terms "mainstream employment," such as education, health, and social work. They provide assistance and social services to the community. In other words, the healers' conventional, as well as unconventional, career and life choices reflect their desire or need to help others. Five of the healers interviewed currently live in Austin, Texas, and one lives in Corpus Christi, Texas. All of the interviews except Little Ora's in Corpus Christi were conducted at the healers' homes. I made four visits to Conrad and Caroline Luna's combination import store and *hierberia* (herb store) before I was invited to their home by Caroline. No socioeconomic information was requested of the healers, however, based on my observations, the healers can be described as living middle-class lives.

Patients. Of the 28 persons I contacted for interviews based on referrals as potential participants, 11 granted interviews. Eight patient participants are female and three are male. The patients' ages range from 22 to 59 years of age. Of the eleven patients interviewed, nine have advanced beyond high school to attend college with six receiving degrees. Six patients are Catholic, three are Protestant, and two are not members of an organized religion. Two patients reported their ethnicity as white and Mexican American, while the remainder self-identified as Mexican American or under the umbrella term Hispanic. Seven of the patients also self-identified as bicultural and four claimed a stronger connection to the Mexican culture. All the patients are bilingual in varying degrees, but five prefer to speak English and two prefer to speak Spanish. All of the interviews except two were conducted individually. Because Elsa Smith and Ashley Allende have been friends since childhood, these two participants were interviewed at the same time. Ashley happened to visit Elsa at the time of our scheduled interview and

agreed to join the conversation. The sample description of the patients is shown as Appendix D.

I began the patient interviews with Mitzi Ybarra, a college graduate in her early thirties who works in the education field. She is from a very small town in South Texas whose population is predominantly Mexican American. Mitzi said she is very traditionalist in many ways. Although she is bicultural, she is more comfortable with the Mexican, or traditional, culture of her ancestors. She is bilingual, and is proud to speak Spanish. She admits that it is a struggle to maintain the strong Mexican family values inculcated by her parents. Mitzi said that she has had many experiences in *curanderismo.* She maintains that there is a place for her Catholic religious beliefs and also a place for *curanderismo* in her life because they both involve prayers and faith.

Mitzi discussed how difficult it was growing up in the Texas Valley and not be "fully" Catholic. Her family on her father's side was Jehovah's Witness. Mitzi's family on her mother's side, on the other hand, felt very strongly about their Catholic faith. Her grandmother on her mother's side, in spite of her father's disapproval, took Mitzi and her brother to the Catholic Church at every opportunity. Her parents decided that the children could choose a religion when they were older. This made Mitzi feel like she was being pulled in two different directions until she made the painful decision to choose Catholicism.

Elsa Smith is 35 years old and is also college educated. She grew up in the Texas Valley and now works for the State of Texas as an auditor. Elsa told me her father is "*americano* or *gringo*" and her mother is Hispanic. Before college, she always listed herself as "other" when she had to select an ethnicity. In college, she initially identified

as Mexican American. She later found out that her ethnicity was changed by the college administration to American or Caucasian because Smith is her last name. When she received a college transcript with a "W" (white) for ethnicity, she called the office because she distinctly remembered checking "Mexican American." She was informed, "Your last name indicates who you are." Elsa had a similar experience with religion. Her white father was Methodist, and Elsa was raised Methodist although her Mexican American mother remained a practicing Catholic. As an adult, Elsa found it difficult to pick a religion, and cannot understand why it is always so important for everyone to know "what she is." Elsa is fluent in English and Spanish and sees herself as bicultural. Although our interview was conducted in English for the most part, Elsa's command of the Spanish language is extensive.

Ashley Allende, Elsa's close friend, is a 35-year old lawyer from Brownsville, Texas. She received her education at a prestigious college on the East Coast. Her religion is Catholic. When I asked her ethnicity, she said "*mejicana.*" Her father was born in Texas and her mother in a Mexican border town. Although her first language was Spanish, our interview was conducted in English with a few words in Spanish to her friend, Elsa, and to me. When I asked Ashley if she was a traditionalist Mexican American, if she was bicultural or totally assimilated into the Anglo culture, she quickly responded that she was assimilated. Her friend Elsa agreed. I inquired further, asking if she could relate more to the dominant culture than the Mexican culture, that is, if she felt that she was more like an Anglo. She responded, "Oh, no! I feel more *mejicana* than anything else. No, if you ask me what my identity is, it's *mejicana.*"

Brenda Ashford is the youngest participant in this study. She is a 22-year old

college student. She is a Baptist and is comfortable in the cultures of her white American father and her Mexican American mother. Her preferred language is English and she told me that most of her friends are Anglo. I asked her, "What do people consider you? Do they think you are white? Or look white?" She responded, "It's funny because my white friends see me as looking like a white person and my Mexican friends see me as looking Mexican." She grew up in a small college town northeast of Austin, Texas. Brenda referred her mother to me as a potential participant. Brenda said she knew that her mother had experiences in *curanderismo* through the use of home treatments and consultations with *curanderos/as.* I interviewed Brenda by herself. I subsequently interviewed her mother, Mercedes Roiz Ingleside; however, Brenda was present during her mother's interview.

Mercedes, Brenda's mother, is 40-plus and is a high school graduate. She is a Methodist and identifies as a Hispanic. She confided that she is confused and frustrated about how to self-identify. Mercedes is comfortable with both the Anglo and Mexican cultures and sees being bicultural as "grabbing" the best of both worlds. She told me she preferred to speak English, but when she finds someone who speaks Spanish, she will mix it in. In fact, this is what she did as soon as the interview began. She spent her youth in the Texas Valley, but because she wanted to escape from the Mexican culture, she married outside the culture. She explained that there was a lot of talk in the community about individuals or families suffering from the effects of *embrujamiento* (bewitchment) caused by others that she did not want to "marry into all that." Still, Mercedes has maintained very close ties to the Mexican culture through her mother (Brenda's

grandmother), who assists family and friends using *curanderismo.* Mercedes has consulted several professional *curanderos/as* recommended by her mother.

Mattie Montañez is a 54-year old female patient who also self-identifies as Hispanic. Like Mattie, both of her parents were born in the United States. Her maternal grandparents were born in Mexico and migrated to Texas when they were very young. Her paternal grandmother was born in Texas, while her paternal grandfather was born in Mexico, but migrated to Texas in his twenties. Although Mattie has taken some college courses, she did not receive a college degree. She is comfortable in both the Mexican and the Anglo cultures, considering herself bicultural. She is also equally comfortable communicating in English or in Spanish. Mattie is a member of the Catholic Church.

Pam Martínez is a 49-year old woman who works for the U.S. government as a secretary. She is a Catholic and self-identifies as Hispanic. Pam is a high school graduate. Her father is Mexican American and her mother has Spanish ancestry. Pam told me she is bicultural but that as she grows older, she has become more comfortable with her Mexican roots. Her language of preference is English, but said she has begun using more Spanish recently. Pam grew up in a small town near Austin, Texas. Her family moved to Austin when she was in the third grade. Her experiences with *curanderismo* involve her aunts and her grandmother using home treatments to heal family members. She remembers the experiences as "very sincere" because many prayers were recited.

Graciela (Gracie) Ozuna is a 50-year old legal assistant who works in a small town close to the Mexican border. She is a practicing Catholic. Despite a grueling work schedule and a hard life, Gracie has attained some college course credits. Like many Mexican Americans in her age group, Gracie's father was born on the Mexico side of the

border and her mother was born in the United States. This is common because of the heavy migratory movements from Mexico to the U.S. since the early part of the 20th century. Gracie paused for a few minutes before identifying her ethnic background as Hispanic. She told me she feels more comfortable with the Mexican culture and prefers to speak Spanish. She has remained in the same town all her life, only traveling within Texas and occasionally to the northern United States to visit her daughter and her sisters.

Enrique Flores is a 56-year old man who is a computer specialist in a government agency in Austin, Texas. He has a bachelor's degree and 30 hours of graduate work. Enrique does not belong to any religion, but he does believe in a "being somewhere," his word for God. Enrique self-identifies as a Mexican American or Hispanic. He describes himself as a traditionalist *mejicano* who "jumps" to the dominant culture because of work and friends. One particular "jump" he mentioned was caused by three of his daughters marrying Anglos. He stated that he prefers to speak Spanish, however, our interview was conducted mostly in English. His maternal grandmother was a recognized *curandera* in the South Texas town where he grew up.

Miguel Salsedo is a 50-year old with a graduate degree. Miguel currently works as a tax policy analyst for the State of Texas. To the e-mail inquiry about "religion or belief in a higher power," Miguel responded, "yes." His ethnic background is Mexican American. Miguel describes himself as bicultural, and English is his preferred language. He was taken to a *curandero* as a child, but that was his only experience in *curanderismo.* Miguel wrote that he does not use *curanderos* when he gets sick. Still, Miguel responded "yes" to the question, "Do you believe present-day healers can help others by using technology?"

Carl Longoria is 59 years old and also a state employee who works as a computer programmer. He dropped out of school at 17 to work and help his parents financially. Although he has enjoyed a career in the computer field for over thirty years, Carl has always regretted his lack of education. His life's goal became earning a college degree. He eventually received his bachelor's degree as an older adult. Carl is a Catholic, although not a practicing one. He describes himself as a Mexican American who is more comfortable with the Mexican culture, but would rather speak English than Spanish. Carl was born and spent his early youth in a small Texas town close to the Mexican border. He spent most of his adult life, however, in other areas of the United States located far from the Texas-Mexico borderlands.

Both healers and patients can be best described as middle-class, educated Hispanics (Mexican Americans, Latinos/as) who are someone's next-door neighbors, friends, or colleagues. The healers and patients are productive participants in American society, but do not forego a connection to Mexico based on their ancestry. Most of the participants in this study have conventional medical resources available to them, but choose to participate in *curanderismo* as an alternative or in conjunction with conventional medicine.

CHAPTER IV

DATA ANALYSIS AND FINDINGS

Cultural Issues

Extensive information about technical aspects of the healing process, that is, the rituals, symbols, and prayers, can be found in Trotter and Chavira's ([1981] 1997) *Curanderismo: Mexican American Folk Healing.* With that in mind, I informed the participants that my intent was to learn about their own experiences regarding *curanderismo* and the emotions that accompanied those experiences. I asked the healers how and when they knew they would become healers. They responded with their personal histories and the events that impelled them to make, in some cases, a seemingly drastic life change. In addition, patients provided their perceptions about what makes a person an official *curandero/a.* Both healers and patients discussed how they felt about participating in the healing process. They also spoke freely about their "problematic" ethnic identities as well as their identities as healers and patients of *curanderismo.*

A Call to Heal. Espín (1997) posits that the "calling" to heal is manifested through an illness, a message, or role modeling. All of the healers I interviewed, with the exception of Little Ora, spoke to me of their inner struggles prior to the decision to become healers. Some of the healers came from healer families and their male or female relatives passed on their healing knowledge to them. Others received a spiritual calling, that is, they heard voices from spiritual "guides" who insistently communicated to them

that they must become healers. These same guides instruct them during healing sessions with patients. Caroline Luna sees guides as angels, saints, or the healer's patron in each particular case. According to Trotter and Chavira ([1981) 1997), *curanderos/as* claim their knowledge is transmitted through voices, or they act as agents of the spirits who carry out the cures. Also, potential healers often believe that other master healers "happen" in their lives for the specific purpose of helping them in their own evolution as healers. In other words, someone else helps them to heal themselves and others.

All of the female healers except Caroline knew very early in their childhoods that they wanted to help people resolve their problems and heal their illnesses. Only after she married Conrad, the well-known psychic healer, did Caroline begin training as an herbalist *curandera.* Victoria Lozano's parents and grandparents practiced different types of healing; therefore, it was a natural progression for her to become a *curandera.* She grew up with the philosophy that everyone is a healer. She sees healing as part of the heritage of indigenous and Mexican cultural traditions. Sandra Pérez, a midwife with knowledge of herbal treatments, was also a child when she realized that she wanted to learn how to use plants and understand people and nature.

Caroline, Valerie, and Victoria reported facing internal conflicts as adults before they made a conscious decision to "come out" as *curanderas,* in other words, to accept the urging of the voices calling them to become healers. One reason they had for resisting is the fear of being an ethnic person who is also "too different." According to Goffman ([1963] 1986), members of minority ethnic groups employ assimilative techniques to restrict the display of anything that will emphasize their differentness. Espín (1997) posits that healers are insiders in their cultural religious traditions, but outsiders even in

their own culture because their role brands them as different. Thus, because of their ethnicity in an Anglo culture, they are doubly outside the U.S. mainstream. Another reason for resisting the call to become healers is that an eventual loss of conventional employment and its economic and social benefits must be considered. Caroline disclosed that she also resisted involvement in healing because she had been very close to the Catholic Church. Although Catholic beliefs and practices have greatly influenced *curanderismo,* the Catholic Church discourages participation in *curanderismo* because of its perceived association with witchcraft. What's more, Caroline feared the stigma of being married to a *curandero.* Her own mother was shocked when she and Conrad left their careers as college teachers to heal people "under a tree in the hot South Texas sun." According to Caroline, Conrad had already gone through his own conflict. He had to face a paralyzing illness before succumbing to the realization that his mission in life was to be a *curandero.*

The expectation of constant intrusions into their personal and extended family life is another deterrent to accepting a healer lifestyle. For example, the *curanderos* interviewed by Trotter and Chavira ([1981] 1997) complained about patients who call upon them at all hours of the day, every day of the week, to such an extent that they become a nuisance. Healers are not altogether anxious to take on the responsibility that comes with involvement in others' problems and illnesses.

In the *curandera* workshop I attended, Elena Avila told the participants of her struggle to become a full-time *curandera* after obtaining a master's degree in psychiatric nursing and enjoying a successful career in the conventional medical field. She tried to incorporate *curanderismo* into her nursing practices; however, this was not acceptable to

the medical institution where she worked. As a result, she felt compelled to abandon nursing. Avila's book, *Woman Who Glows in the Dark: A Curandera Reveals Traditional Aztec Secrets of Physical and Spiritual Health,* was published in 1999. Revenue from book sales offsets the loss of income that resulted when she left nursing. Also, Avila has found success in her association with the New Age workshop circuit for alternative living and health care choices.

Several of the *curanderas* I interviewed recall a person or an event that triggered the acceptance that they become healers. Valerie spoke of the end of puberty with its hormonal havoc as the beginning of stronger messages from her guides. Little Ora designated the birth of her fourth child as the time of her acceptance. Victoria's *curandero* grandfather was dying when he asked her to help him. She said she massaged him with alternative medicine and gave him some of her energy. Victoria believes the combination of alternative medicine and her energy working together helped her grandfather live for several more years. The outcome of this significant event was that Victoria could no longer ignore her vocation to help others. Some healers claim that the messages they received from inner voices or "guides" are so powerful that the *curanderos/as* feel physical discomfort at times. Because the messages are so insistent, excuses and obstacles are invalidated in their minds as they accept their vocation in life.

Most patients are unaware of the inner conflicts experienced by those who commit to a healer calling and become the *curanderos/as* they consult about their problems and illnesses. But the patients are consistent in their understanding of *curanderos/as* as talented or gifted with healing powers. In Mitzi Ybarra's words:

> [Patients] don't have to believe in [*curanderos/as*'] healing powers. You can have a complete atheist who doesn't believe in God and who doesn't believe in any type of healing other than the [medical] doctor. They don't have to

> have faith at all, and still have a healing. . . . But if [*curanderos/as*] tell you, 'this didn't work because you didn't have faith,' then, hey, you'd better pack it up and don't go back to see them because if someone is really going to help you, they are going to help you. They are doing this because it is their life.

Mitzi's views emphasize how the intervention from a divine source is regarded as so powerful that even a patient's lack of faith will not diminish a healer's ability to heal.

Elsa Smith says that you cannot be "classically" trained to be a *curandero/a.* She believes that healing is part talent and part experience. Friends Elsa and Ashley said they would not go to a *curandero/a* who, according to Ashley "did not come referred." Ashley believes that "there's an element of trust from the patient that the *curanderos/as* know what they are doing and that they have healing hands and a healing soul that is going to help heal the patient." She added, "not just any person who's got a sign out."

As mother and daughter, Brenda Ashford and Mercedes Ingleside may not agree about everything, but they told me they share the same beliefs as each other about *curanderos/as* and their healing powers. Brenda Ashford believes in the power of prayer and that praying for good things aids in healing. Brenda's mother, Mercedes, asserts that there are people that God has selected to receive special powers—healing powers. According to Brenda and Mercedes, if a healer mentions a price for services, that is a signal that the person does not have God's power.

Mattie Montañez, too, understands that, "If one is an honest healer, that person has been given a good gift. God works with one that is educated as well as one who has little or no education." Carl Longoria says that because prayer was involved in his healing process, he "felt it was God who was somehow behind this person, and had given him some special privileges to cure people." Enrique Flores knows that his grandmother was an intelligent *curandera,* and that she was much appreciated in the community.

However, his perspective regarding his grandmother's abilities differs from those of the other patients. Because his grandmother's ancestors were indigenous, Enrique credits his grandmother's knowledge of the cures as passed on by her ancestors rather than the receipt of a special *don* from a higher power.

Identity. Historically, Mexican Americans have had many problems dealing with their identity (Meier and Ribera [1972] 1993). Because of the blurred boundaries between the United States and Mexico and the human traffic between the two, Mexican Americans cannot entirely set aside the part of their identity that is Mexican. At the same time, Mexican Americans' efforts to assimilate have been coolly embraced by the dominant culture (Meier and Ribera [1972] 1993). In fact, the identity label for people of Mexican descent is not always self-assigned. Rather, confusion is often at the forefront and many are left to rely on an ever-changing identity, which is most often dictated by the government or the majority culture. Consequently, many use the government's umbrella term, Hispanic, for what they perceive as official purposes. But they will self-identify as Mexican, Mexican American, or Chicano/a to those with whom their true identity can be expressed. According to Goffman ([1963] 1986), society tells a member of a stigmatized group that he or she is a member of the wider group, but somewhat different, and that the difference is not easily denied. For Mexican Americans, the dominant society accepts them as Americans, but because of racial characteristics, not quite so. This serves to exacerbate identity confusion.

According to Stryker (1980), there are different types of identities and the level of importance of each identity depends on the situation. Stryker also contends that certain identities evoke commitment from individuals in relation to those with whom they

interact. The five *curanderas* I interviewed have at least three identities: American woman, Mexican American, and healer. Most Mexican Americans identify as Americans based on citizenship by birth or naturalization. Being American involves adopting the norms and values of American society, for example, acceptance of English as the primary language and placing emphasis on individual achievement over group interests. Mexican Americans also complement their American identity with elements of the Mexican culture such as cultural and social customs, the use of Spanish, strong family values, and constancy to the Catholic religion. Those Mexican Americans who are *curanderos/as* either self-identify as such or are identified by those who recognize them as healers. As discussed below, Mexican Americans continuously negotiate their identities as their different social interactions dictate.

At first, Valerie did not want to be identified as a *curandera* because she felt she was already identified and discriminated against for being a Latina. Valerie says that the more she became involved in healing, the more friends she lost. They were afraid that she would read their minds. According to Valerie, those individuals either do not understand or cannot accept that she only helps those who seek her help. She does not use her gifts indiscriminately. Nevertheless, for those friends she lost, new ones came along who accepted her and embraced her healing gifts.

Little Ora, on the other hand, identifies as a faith healer. According to Wardwell (1994), folk healers use herbal remedies in their practice while faith healers use few material elements. Little Ora lives in Corpus Christi, Texas, which is a predominantly Mexican American community. When she told me that she does not advertise herself, I understood why she had no need to. Little Ora has a large word-of-mouth Mexican

American patient pool. For them, her identity is Little Ora, the *curandera.* Outside her healer identity, Little Ora lives a "normal" life. Her social interactions as a Mexican American do not interfere with her healing activities. If her identity as a faith healer is discovered by non-patients with whom she interacts, it should be easier to accept than *curandera.* Faith healer is a term that is more familiar to American society in general. *Curandera* is a foreign stigmatized term and identity even for some Mexican Americans who lack knowledge of the ancient healing system within their culture. Goffman (1959) argues that individuals perform differently or show a different side of themselves for each social group they encounter. In other words, one person can have many social selves or identities. The flow from her self-identity of healer to her assigned identity of *curandera* comes as easily for Little Ora as being Mexican and being American.

Before she became a *curandera,* Caroline Luna was not only identified as a Mexican American, but also as a member of two respected institutions—academia and the Catholic Church. Caroline's most difficult choice was made when she gave up her Catholic identity in order to become a *curandera.* Several times during our conversation, Caroline emphasized how much she struggled with her decision to change identities. She described her inner turmoil in this way:

> I was the president of the Catholic Daughters for five years and to me this was like—I questioned it a lot. I didn't want to be married to a *curandero* because I thought a *curandero* would be someone that practices a lot of the things that the Catholics don't. . . . I took [Conrad] for nine months to different [healers] because I did not want to be married to a *curandero.* I didn't even want to be married to a minister of a different denomination. Even though it's nondenominational, *yo no queria salirme de mi rueda de* my church (I did not want to leave my church circle). That was very important. Now I know that church is a people and we make the church.

Before she took such a drastic life change of becoming a *curandero's* wife, Caroline took Conrad to other healers. She wanted to confirm that he was, indeed, a

curandero before she would commit to changing her life. After she was finally told by a Mexican healer to stop subjecting Conrad to "tests" because he was, clearly, a gifted person, Caroline convinced Conrad to "come out." She felt that by his accepting a *curandero* identity, the two of them could assist a wider patient population than Conrad was serving at his nondenominational church. In addition, Caroline told me that when Conrad was a young boy, he would talk to his guides who appeared to him as indigenous boys. Regarding Conrad's experiences, she reported:

> And you don't want people to think you're crazy, which is the first thing they say. '*Esta loco. Esta hablando con niños* (He is crazy. He is talking to children).' So, anyway, as a child, he used to have that and he grew up and he wanted to be normal. But when he went into the service [Vietnam], he could be guided which route to take. One time he and this young man were the only ones to come back [from a mission]. He had this young man on his shoulder because he had been injured. And he found out that the blood coming out from the soldier wasn't from the soldier, but from him. At that point he knew that his mission in life was to help others. And, so it was really difficult because *mi* (my) honey *es mas aparte* (is more apart, introspective).

Goffman ([1963] 1986) argues that public school entrance is when children usually first learn about and experience stigma. Outside the protective circle of the family, children learn what constitutes "normal" and what constitutes possessing a stigma. According to Goffman, if persons possessing a stigma manage to get through the early school years without experiencing the negative view others have of them, they may face the initial experience as adults. Conrad realized there was a stigma attached to his capability to see beyond the "normal." However, when he was in Vietnam, his sensitivity was not a stigma but an unexpected boon for his commanders. Conrad guided the platoons on which routes to take in order to escape enemy fire. Nevertheless, some years later when he started dating Caroline, he had to contend with an identity that is stigmatized once again.

Patients face similar and sometimes more complex identity conflicts. For example, Elsa Smith can be categorized as a Mexican American once removed. Although Elsa's father is white and her mother is Hispanic, Elsa did not have to "classify" herself as ethnic until she was in school. She told me that her father was aware that treatments with *curanderismo* were a common practice in his household, and he never objected. Elsa remembered an incident when she and her brother were playing around the docks where her father worked as a shrimper. She fell into the water and the inside of her legs was scraped by barnacles. Her Mexican grandmother was brought to the site of the accident by Elsa's mother, and she passed an egg over Elsa's body and prayed. Elsa recalls a sense of being comforted by her grandmother's presence and prayers. Her father then took her home, but no doctor was ever called to treat her injuries. Instead, her grandmother applied a fresh aloe poultice. Elsa is still confused about her father's reaction. She says:

> And that's all she wrote. I didn't see a doctor. And I'm thinking the injuries may not have been so severe that they did not require a doctor or else my father would have said something. But who knows? He never had a problem with anybody doing anything, you know. And it was considered normal, you know, which is strange on his part, 'cause he wasn't raised anything in this or near this. I mean, he didn't know any *curanderas* or any of these cures, or whatever.

Before Elsa was born, when her father married her mother, he became part of a large Hispanic family group. Hence, he became a "wise" person. A wise person, according to Goffman ([1963] 1986), is someone who is privy to the secret life of stigmatized "others" and is sympathetic toward them. This wise person, then, is accorded courtesy membership in the clan.

Elsa finds that the Mexican culture represents home values to her. She told me:

> This is not to say that my father's values, or Americanisms, did not have a part in my life, because anybody looking at me wouldn't even begin to think that I was even part Mexican. Because I don't look like one. . . . So I

> don't think I have any predominance in either culture. I like both cultures, and I can enjoy both cultures. So I think that I am actually, or maybe, a classification unto itself.

When she was a child, living in the predominantly Mexican American environment where her Anglo father was accepted provided Elsa the advantage of learning and appreciating the cultures of her two families. Nevertheless, when Elsa moved to Austin, Texas, to work, she sought out Hispanics at her workplace and in the Mexican side of town. She "threw out phrases in Spanish" because it was important to be accepted as a Hispanic. According to Goffman's (1959) descriptions of social interactions, performers "put out feelers" to see if the situation they are in can be defined differently. Elsa was searching for signs that would convey to her that she was amongst her own people.

Further, Elsa also looked for a medical doctor with a Hispanic last name because her family's doctors had always been Hispanics. Her friend Ashley said, "'Cause it's not like you have a language problem." Elsa told Ashley and me:

> Well, no. And the other thing being that I obviously don't look Hispanic. Sometimes it can make you mad, and sometimes it's to your advantage. . . . I know the rules. There are some people that get very turned off by Hispanics. The funny thing is that they'll make comments to me, not knowing. So then I'll make a mental note that it's not somebody that I would say 'I just had *enchiladas*' . . . That's not going to happen. Don't speak Spanish! Don't say anything! And don't even allude to the fact that you are half Hispanic or Mexican. That's just called survival.

Elsa, then, is acting in the manner that Goffman (1959) would describe as that of a "protective agent." If we see the whites that Elsa interacts with as performers, Elsa is acting as a protective agent for her Mexican identity for survival purposes, as she stated. In addition, she is acting as a regular member of the dominant group to "spot" the performers that she can give ropes with which to hang themselves, in her eyes. She can

also alert other Hispanics about the true feelings of racist individuals who pretend to be otherwise.

Brenda Ashford's grandmother, like Elsa's, also provided care to friends and relatives. Although at the time Brenda's grandmother was not considered a *curandera* by her own family, she may have been recognized as such by the community. When I interviewed Brenda's mother, Mercedes Roiz Ingleside, Brenda was present. The two argued at length about whether the grandmother could be classified as an "official" *curandera.* Brenda, a college undergraduate, recently learned that *curanderismo* was what her grandmother practiced at home. She remembers it as something comforting and "sort of magical" that helped form a connection or bond to her grandmother. She insists that her grandmother is a *curandera* by the scholarly definition in her Mexican American studies material.

Mercedes, on the other hand, vehemently opposes calling her mother a *curandera.* She told of warning her mother not to help neighbors and friends lest she be "named" a *curandera.* In fact, throughout the remainder of the interview, Mercedes would suddenly interject that her mother was not a *curandera.* The interchange between mother and daughter shows how the perception of *curanderismo* is changing over time. Each succeeding generation of Mexican Americans is adapting it to their needs, and perception changes accordingly. This departs from Rivera's finding that *curanderismo* is disappearing with each succeeding generation (1988).

Mercedes and Brenda exemplify generational differences in perceptions and attitudes about *curanderismo.* Mercedes spoke of wanting to escape from the Mexican culture and become part of the dominant culture. She believed that if she married a white

man, her dream of assimilation would become a reality. As a result, her two marriages have been to white men. Notwithstanding her assimilation efforts, she often felt it necessary to consult specialized *curanderos/as* for specific problems and concerns. She believes that *curanderismo* is part of a cultural connection for Mexican Americans. Nevertheless, she cannot conceive that her own mother, who treats others with herbs and remedies, should bear that often-maligned label from her Mexican heritage—*curandera.* Her 22-year old daughter, in contrast, comments with pride about how discovering that her Mexican grandmother may be "classified" a *curandera* made her appreciate her grandmother's healing knowledge and experience. Brenda now has a stronger bond with her grandmother. She wants to find out more about the Mexican culture and *curanderismo,* and she feels fortunate to have her own living resource. This finding refutes the interpretations of the early scholars who claimed that *curanderismo* was practiced by the less-acculturated Mexican Americans (among others, Clark, Kiev, Madsden, Mayers, Samora, and Saunders, as cited in Roeder 1988). This finding also refutes Rivera's suggestion that each succeeding generation will see a decrease in the beliefs and practices of *curanderismo* (1988).

I, too, had a grandmother who lived next door and had her own herb "patch" by the side of her house. She treated the family, especially the children, with home cures and advised my reluctant mother on their use. I spent much of my childhood in Crystal City, Texas, in her company, learning culture. It was this grandmother whom I accompanied when she went to a relative for a *barrida* (sweeping, cleansing), and who allowed me to quietly observe her conversations with other women about their experiences with healers

and healing. Chicana artist Carmen Lomas Garza aptly depicts a *curandera* conducting the cleansing of a patient in a Mexican American home (see Appendix E).

After I was a married, my grandmother often talked to me about her adventures in midwifery. She claimed that she had delivered an impressive number of babies when there was no "real" midwife available. I politely listened to the stories and mentally filed them away. One of the stories she told was how, in her late thirties, she had assisted the only Mexican doctor in Crystal City when his wife gave birth to their only child. The doctor insisted on bringing the child himself, but panicked at seeing his own wife in the actual birth process. My grandmother took over and delivered the child, who later became a well-known Chicano activist. According to my grandmother, she refused payment but the doctor showed his appreciation by never charging her for his consultations after that.

Espín (1997) posits that the role of healer seems to be part of a system of sex roles and power allocations that are established within the Hispanic culture. Espín's findings indicate that women who are *curanderas* are afforded more freedom and respect than other women by the men in their families. The Hispanic community at large, as well, is more tolerant of their activities because *curanderas* are perceived as doing the work of God. *Curanderas*, therefore, go about their business in the Mexican American community unquestioned. Within my grandmother's community, the medical doctor and the healer each had roles to fulfill. But when my grandmother stepped in to assist the doctor, she gained respect, especially from the other women. By recounting and embellishing the incident, she presented herself before other women as someone who had acquired upward social mobility. Goffman (1959) argues that individuals tend to offer

their observers (in this case, listeners) an impression that is idealized. According to Goffman, in most stratified societies, the higher strata are idealized and individuals aspiring to move upward will embellish their performances in order to conform to the dominant values of the society.

Just as Brenda's mother cannot accept how involved her own mother was in the cultural healing system, my mother claims that she does not believe in *curanderismo.* On the other hand, she admiringly repeats the stories of my grandmother's midwifery activities. In her eyes, my grandmother's identity as a *partera* was never fully established in the community. From the examples of Brenda's and my family experiences, it appears that the second generation of Mexican Americans in this country attempted to assimilate by discarding Mexican health practices, which are associated to an indigenous past. Nevertheless, because of the cultural familism existing in the Mexican American community, the next generation gained cultural education from their grandparents who were often in close physical proximity. Still others who want to reclaim their Mexican American identity seek cultural information in educational institutions. Roeder (1988) contends that heightened awareness of their own culture leads members of a minority group to scrutinize more closely the traditions and health practices of the majority culture.

Enrique told me that his mother knew how to treat *mal de ojo* and *mal de susto.* His following words were, "I always say *que los mejicanos tan feos y los viven curando de ojo, y tan machos y los viven curando de susto.*" (I always say that the Mexicans are so ugly, yet they are always being treated for an illness caused by another person's strong vision [or energy], and so macho, yet they are always being treated for fright). Enrique's

statement is an example of the self-deprecation that some Mexican Americans practice. The indigenous appearance of most Mexican Americans is considered unattractive by many Anglo Americans. As in Cooley's looking glass self, many Mexican Americans see a reflection of themselves as ugly, appraise and accept the negative descriptor and, as a result, respond emotionally to the appraisal with shame. According to Cooley ([1902] 1922), people develop self-concepts based on the image of themselves they see reflected in other people, and will act accordingly.

Although many comments, such as Enrique's, are made in jest, there is pain behind the judgment of ourselves as less than acceptable. For example, the word *macho* means courageous in Enrique's statement, but the positive context of the word is diminished by stating that those *machos* are always being treated for "fright." In saying "*los mejicanos*" (the Mexicans) instead of "*nosotros los mejicanos*" (we Mexicans), Enrique is distancing himself from the part of his identity that is discreditable. Goffman ([1963] 1986) argues that individuals may move back and forth in supporting, identifying with, and participating among their own groups. Individuals express "affiliation cycles" where they accept or reject special opportunities afforded by in-group participation. When Enrique distances himself from his Mexican identity by his remarks, he is moving toward his American identity, where in-group participation is more favorable.

Religion and *Curanderismo*

When the Treaty of Guadalupe Hidalgo was signed in 1848, Mexicans living in Texas continued living much as they had before (Meier and Ribera [1972] 1993). The religion they had acquired after the Spanish Conquest of Mexico was a blend of indigenous and Catholic rituals and practices. Becoming "American" provided Mexicans

with more religious choices, which many opted to exercise. In the equation of being both Mexican and American, many have managed to adopt Protestant beliefs as part of being American. Nevertheless, some have also managed to simultaneously retain *curanderismo* with its Catholic prayers and saints as part of remaining Mexican. If more Mexican Americans leave the Catholic faith in the future, the practices and rituals of *curanderismo* may be further adjusted to accommodate other religious beliefs and practices. Also, other religions may come to accept some or all of *curanderismo's* beliefs and practices. Some of the patients I interviewed were already improvising prayers. An example is Brenda Ashford, whose grandmother advised her that if she did not know the appropriate prayers, she could pray in her own words. The emphasis of *curanderismo* is having faith in God, therefore, patients recite what prayers they know, even though some are aware that *curanderismo's* healing rituals consist of specific Catholic prayers for specific treatments.

The early *curanderos/as* of Mexico followed their vocations within the fringes of the Catholic religion. I found no studies regarding the evolution of *curanderismo* or of the connection of *curanderismo* in present-day Mexico with religions other than the Catholic Church. The findings of my research indicate that more Mexican Americans, including healers, are departing from strict Catholic dogma and embracing other religions. In addition, the findings suggest further synchronization of *curanderismo* with other beliefs.

The participants are emblematic of these historical changes. With one exception, the healers I interviewed worship God through diverse religious affiliations. Only Little Ora said Catholicism is her sole religion. Valerie Díaz-Medina is a Protestant whose entire family became disillusioned with the Catholic Church in her South American

country. According to Valerie, the Catholic Church conducted religion as a business, charging money for indulgences. Indulgences gained through prayer and other prescribed works specified by the Catholic Church can be applied much like credit toward the remission of the temporal punishment due to sin. Valerie's family turned to Protestantism while still living in South America. Valerie has studied Buddhism and the Jewish faith among other religions.

As mentioned, Conrad was originally involved with the Church of Christian Science during his early training, but now he and Caroline attend churches of all denominations. Victoria Lozano's family of origin did not belong to an organized religion. Instead, her family practiced indigenous rituals and Catholic devotions to the *Virgen de Guadalupe* and *Virgen de San Juan.* Presently, Victoria prefers to attend a church that is less rigid in its views than the Catholic Church. Similarly, Sandra's family on her father's side were Jehovah's Witnesses after being Catholic; however, they did not strictly observe any organized religion. Rather, Sandra was taught to respect and love the earth and nature.

Education and *Curanderismo*

Allowing that the participant sample was small, the participants' education level differs from expectations based on government statistics about Hispanics in general. According to U.S. Census figures, among Hispanics 25 years and over, 56% males completed high school, and 10.7 % completed college degrees (U.S. Census Bureau 2000). Census figures for Hispanic females show that 56.3% completed high school, and 11% completed college degrees. The healers and patients I interviewed have attained an education level that is higher than average for Hispanics. One *curandera* attended college

for one year. Two healers received bachelors' degrees, one received a master's degree, and one is working on her doctoral dissertation. The midwife healer was trained in the practice of midwifery in El Paso, Texas, and has been a documented midwife in Texas since 1990. In addition, she has trained with a renowned *curandera/partera* from Oaxaca, Mexico. She also worked for the Six Nations Band Council Health Services in Ontario, Canada, as a traditional midwife.

Two of the patients are high school graduates, and three have some college instruction beyond the high school level. Three patients have bachelors' degrees, one completed 30 hours of graduate work, and two completed graduate degrees. Only two patients live in small towns. All other patients currently live in Austin, Texas, work in various government, legal, and educational institutions, and live in typically middle-class American neighborhoods. This differs from much of the earlier research, which was conducted in public housing projects, barrios, and rural areas (Mayers 1989). Accordingly, early researchers concluded that a strong belief and practice of *curanderismo* exists among those Mexican Americans with lower education and income. For instance, Lyle Saunders (as cited in Roeder 1988) presents Mexican Americans as influenced by "old village patterns such as dependence on folk remedies and folk practitioners; authority of, and dependence on, church, family, and *patrón* (boss); little emphasis on education; and a slow rhythm of life, governed by the seasons rather than by the clock" (p. 12). Mayers (1989) also maintains that *curanderismo* seems to be widely used by the rural and working-class population of Mexico and other Latin-American countries, as well as the barrio people of the southwestern United States.

In a more contemporary study, Espín (1997) similarly claims that "healers and clients alike espouse a worldview that differs from and even contradicts that of U.S. middle-class culture" (p. 166). Conversely, Roeder (1988) claims that midwifery, use of home remedies, and consultation of healers is not limited to rural or low-income people. Rather, she explains, those practices result from a resurgence in the interest in natural health practices and a determination to retain ethnic traditions by Mexican Americans. Because the participant sample for my project was small and obtained by word-of-mouth referral, I suggest that further research is needed among middle-class, educated Mexican Americans, such as those who participated in my project. More research should dispel the perception that *curanderismo* is a barrio phenomenon.

I also contend that as more Mexican Americans move out of the barrios and into middle-class neighborhoods, the "voice" of cultural healing will be heard in more middle-class homes. According to U.S. Census figures (2000), education levels have risen for people of Hispanic origin since 1974, when Hispanic origin data were first collected. This rise in education could be pushing Mexican Americans into the middle class. According to Weber (as cited in Zeitlin 1997), "class situation tends to determine life chances" (p.242). With the freedom to determine one's life chances comes the power to voice and protect one's preferences. To illustrate, middle-class Mexican Americans who practice *curanderismo* as a health care option are more empowered by their class status to defend and promulgate their choice than lower-class Mexican Americans. Espín (1997) also charges that educated elites in the United States are becoming interested in other healing methods and religions. This interest also encourages an eventual acceptance of *curanderismo* by mainstream American society.

Technology and *Curanderismo*

I asked the healers if they used any technology in their healing, for example, were their abilities such that they could assist a patient who contacted them via telephone or the Internet. Most of the healers I interviewed told me that they use some type of technology, such as telephones and computers, to counsel or cure patients. Only two *curanderas,* Victoria Lozano and Little Ora, have never attempted using technology. Victoria prefers being present with the patient and believes that a computer would diminish the energy that she is looking for in the patient. Little Ora says that, depending on each healing situation, she could probably use technology to help her patients. Valerie Díaz-Medina says she helps patients who contact her through the telephone or Internet correspondence. Sandra Pérez, who is a midwife *curandera,* uses the medical tools required by the medical standard of care in combination with the care she provides as a *partera.* Sandra contends that she is sufficiently experienced to tell what is transpiring during the birthing process without using technical tools. But she uses technology in order to follow standard medical procedure. Furthermore, she makes every attempt to honor her patients' decisions regarding the use of technical tools.

According to Caroline Luna, she often advises patients about herbal treatments by telephone. On one of my visits to Conrad and Caroline Luna's import store, Conrad handed me printed instructions on the type of distance healing that he administers to his patients. Trotter and Chavira ([1981] 1997) maintain that *curanderos/as* who learn to use their mental level can effectively heal at a distance based on the power available to the healers' minds. Their information on this aspect of *curanderismo* is limited because Trotter and Chavira concentrate on the material and spiritual levels of *curanderismo.* I

found no other references in the literature on *curanderismo* about distance healing using the mind and none about technologically-based healing. Rather, diverse healing modalities involving distance healing are described Levin and Coreil's (1986) study of new age healing.

A major component of the healing process is the requisite faith of the *curandero/a* and the patient in a God that has gifted the healer with powers not available to others. Consequently, many Mexican Americans often consult healers about family members and then relay the instructions and prayers to the affected individual. Use of the Internet and telephones implies that a different type of relationship between healer and patient is evolving. More important, the modes of communication and the healing process are changing in step with today's way of life for both healers and patients. What does not change is the absolute faith of healers and patients in a higher power—a God who can transform the healing process and dispense healing by whatever means are available to believers.

Costs and *Curanderismo*

Whereas in the past, *curanderos/as* were not monetarily rewarded for their services, in today's society *curanderos/as* may be forced to charge fees for their services in order to maintain a minimum standard of living. *Curanderos/as* still receive non-monetary gifts for their services, but gifts as payment limit their ability to pay for their living expenses for obvious reasons: the *curandero/a* must pay for goods or services with U.S. currency, as required of all Americans. For all that, *curanderos/as* and their patients believe that healing powers are a gift from God that must not be exploited. Most of the *curanderas* I interviewed meet with patients in the *curanderas'* homes and charge no

fees. Any compensation is voluntary. Some charge a nominal fee. For instance, Conrad charges twenty dollars for a consultation and accepts donations for healing treatments. Little Ora also charges a fee. I spent a morning observing her meetings with patients. When the consultation was over, without a word, the patients each gave Little Ora ten dollars. On the other hand, she refused the donation I offered as compensation for her time and for the long distance calls required to coordinate our interview.

The standards of medical practice for midwifery are also a financial challenge for *parteras (*midwives). *Parteras* often serve poor families who come from populations that still respect traditional values. *Partera* Sandra Pérez found a standard that is consistent with the teachings of both Aztec and Iroquoian traditions as an ethical standard for many native people. According to Sandra:

> This standard requires the healer or midwife to give service without concern for payment. Compensation for the practice of midwifery is not discussed by the midwife or any other traditional healer because of its close relationship with the divine. To charge for what we consider a very sacred gift is not acceptable. This standard of practice is a classic and current example of theory of the gift economy. . . . The fees for education, continuing education, and documentation are compounded by the costs of supplies required to practice midwifery in accordance with the standards of [medical] practice. These costs force the removal of gift economy principles from midwifery.

Goffman ([1963] 1986) charges that those who are initially socialized in an alien community inside what is considered a normal society must learn a second way of being. This way of being or social conduct must conform to what is felt to be real and valid by the normal society. For Mexican Americans, the normal society is the dominant (Anglo) one. *Parteras,* thus, must set aside the traditional gift economy and conform to the practices upheld by the dominant medical community.

At the *curanderismo* workshop in which I participated, the attendance fee was twenty dollars. During her presentation, *curandera* Elena Avila told those of us in

attendance that the fees she charges in her healing practice are equivalent to the hourly rate she earned as a psychiatric nurse. Still, she admits, she is content to receive modest goods and services from her less financially-secure patients. When I participated in the botanical walk through Zilker Park in Austin, Texas with *curandera* Doña Enriqueta, the American Botanical Council provided an interpreter and handouts referencing each plant and its use (Appendix F). A donation was requested, but the amount was left at the discretion of the participants. The funds collected from the walk and other activities sponsored by the Council served to defray Doña Enriqueta's trip to Austin, Texas, and to provide funds for her birthing center in Mexico.

I asked the patients if there were any costs involved when consulting *curanderos/as.* The responses revealed that there either were no costs or minimal costs attached to a consultation. Carl Longoria saw no exchange of money between his mother and the *curandero* who cured him of seizures when he was a pre-adolescent. Enrique Flores does not recall his *curandera* grandmother receiving any fees, but added, "They may have given her something." Others, like Ashley Allende and Elsa Smith, discussed how payment took the form of a contribution. Elsa said that "rates aren't being charged that should or could be for this talent." To this, Ashley responded, "Maybe that's why it's not a big enterprise. At least in the United States." Mattie Montañez responded in a similar manner to my question by e-mailing this response, "Voluntary fee usually, the most was $10.00 or $15.00." This is consistent with what I saw when I visited Little Ora and observed her consultations.

Brenda Ashford also says of her grandmother, "She does it to help. They are not supposed to charge. People sometimes give them things, but they are really not supposed

to charge." Her mother, Mercedes, emphasized that, "You pay *lo que tu puedas* (what you can). None of these [*curanderos/as*] charge you five hundred dollars just to walk in the door." Further, Mitzi Ybarra's spiritualist friend told her, "*Yo no te voy a cobrar* (I am not going to charge you). It is my job to help you. If you want to give me something, that's fine. If you ever go to someone and the first thing they ask you is for money, then don't see them." Although the spiritualist, like Mitzi, is an American, both the use of Spanish and the first words he says to her emphasize that he is a *curandero* of the Mexican tradition, that is, he does not charge fees.

Disclosure of *Curanderismo*

I asked the participants if they discuss their knowledge and experiences in *curanderismo* with others, for example, friends, colleagues, or members of the dominant culture. Generally, Mexican Americans are reticent about disclosing their knowledge and experiences with *curanderismo* to others. There were no studies in the literature reviewed that addressed this issue. In Applewhite's (1995) study, however, the participants were reticent about discussing spiritual *curanderos/as* because of the belief in good and evil spirits. In addition to how participants in this study dealt with disclosing information about *curanderismo* to others, I also wanted to find out if there was a difference between healers and patients in terms of sharing information about a subject that is little known outside the Mexican American community. The responses derived from the healers are followed by the patients' responses.

The import store owned by *curanderos*-in-residence Caroline and Conrad Luna has a mural on one side of the building advertising a healer. Despite their own openness, Caroline and Conrad understand that often patients do not want others to know they have

problems and are seeing a *curandero/a.* Caroline spoke of patients who hide their association with *curanderismo.* To help those patients, there is a back entrance with a parking area that is hidden from public view. The two *curanderos*, on the other hand, do not hide their healer status because they do not want *curanderismo* as a cultural phenomenon to die. *Curandera* Little Ora, provides healing services in a business environment, however, she claims that to advertise would be to lose self-respect. The only indication of her presence is a sign over the door of a modest storefront showing a lightning bolt and the words "Little Ora Strikes Again."

Although she has a large following of patients, Little Ora does not discuss this aspect of her life with her friends. I asked her if she told her friends from other groups that she was a healer. She replied, " I have white, I have black, I have Italian, I have everything, but I don't tell them. I don't have to tell them." When I asked, "Is there a reason for that?" she replied, " Respect for myself. Because people would come up to me and say, 'OH!!' [pause] I don't advertise myself." Goffman ([1963] 1986) maintains that because of the rewards of being considered a normal person (like anyone else), almost everyone who can "pass" as normal will do so at some time or another. If Little Ora reveals to her friends that she is a *curandera,* she may be perceived as possessing a stigmatized personal identity. In contrast, the same identity is perceived as prestigious and honorable to her patients.

The remaining three *curanderas* disclose only to those they feel comfortable with, acknowledging that "presence" and humility are part of coming to terms with their calling. Victoria Lozano told me that presence means to be truly there for the patients, that the goal is to connect with them to make them feel comfortable. I asked midwife

Sandra Pérez if she associated with people of the dominant culture where she would have to explain what she does, or whether she stays in a setting or environment where she doesn't have to explain. Sandra responded that she does not provide care in a setting where she would have to explain it because then "it becomes 'folkloric' or 'interesting.'" In other words, people from the dominant culture may seek *partera* birthing knowledge merely to observe "others'" curious ways. Clearly, Sandra prefers to provide care to women who subscribe to Mexican customs and practices because they are familiar with *partera* birthing. According to Sandra, *partera* birthing respects the autonomy and the dignity of the woman and, most importantly, the entire process treats the baby's physical and emotional arrival with utmost respect.

A recurring theme among the healers was that being a healer made them feel "humble." As a result, most are discreet about their activities, but not because they are ashamed or fearful of discovery. The healers in this study have no doubt that they are fulfilling their calling to heal and are comfortable in their roles as *curanderos/as*. Further, some of the healers I interviewed told me they are closely associated with other healers using alternative healing methods, for example, acupuncture and aroma therapy. This is a notable change from former times when healing activities were kept secret and never discussed outside the Mexican American community. Goffman ([1963] 1986) argues that there are "back" places where individuals can be in the company of others like them and experience an atmosphere of comfort and cooperation. It appears that Mexican American *curanderos/as* are linked to networks of other types of alternative healers with which they can form bonds and exchange information.

My inquiries regarding disclosure to others met with mixed responses from patients. Of the 11 patients interviewed for this project, only two male patients stated unequivocally that they have no problem discussing their knowledge and experiences with *curanderismo,* including with members of the dominant group. In fact, Enrique Flores, whose grandmother was a recognized *curandera,* is proud of his grandmother's status.

In contrast, four patients would not share their knowledge and experiences with anyone. Miguel Salsedo offered that he does not disclose to anyone because his experience as a patient occurred during his childhood. Brenda Ashford believes members of the dominant group would not know what she was talking about and, she adds, "it's too much trouble having to explain it. I think it has been kept in the Mexican American culture and it should be kept that way still. It is something that is ours." Elsa Smith feels that, in today's litigious society, one cannot afford to be generous, that is, *curanderos/as* could be harmed by those very individuals who receive the *curanderos/as'* healing gifts. Brenda and Elsa's fathers are white, while their mothers are Mexican American. Both can distance themselves from their Mexican ancestry because their last names and physical appearance allow them unquestioned membership in the dominant group. Nevertheless, they acknowledge their bicultural identity to other Mexican Americans. This is not the case concerning *curanderismo.* Their responses show that they exercise caution about disclosing knowledge about *curanderismo* to anyone.

Further, Mercedes Roiz Ingleside prefers not to share information about *curanderismo* with whites. She bases her decision on her husband's lack of understanding and his past ridicule of the information she shared with him. In other words, she assumes

all whites will respond negatively, as he did. Similarly, Graciela Ozuna would not discuss *curanderismo* with white people because "they don't believe." Goffman ([1963] 1986) claims that discreditable persons handle their risks by dividing the world into a large group to whom they will not disclose discrediting information, and a small group to whom they will disclose all. I found that Mexican Americans follow a continuum when disclosing information about *curanderismo*—on one end is no disclosure, then tentative overtures, and finally full disclosure based on complete confidence in the receiving individual at the other end.

The remaining five patients would share information cautiously, and only to others possessing an "open mind," regardless of ethnicity. As I completed more interviews, it became clear that the patients found it easier to talk about their experiences with other Mexican Americans, but only when they inspire *confianza* (trust). *Confianza* must be established even with other Mexican Americans, who may fall under the assignation of culturally traditional to assimilated in varying degrees. When conversing with the patients during the interviews, I found that within minutes most were talking to me as though we were closely related. Still, there were one or two who were more reticent in providing information, or who would take more time before speaking freely. For example, Pam Martínez did not admit that she had any personal experiences in *curanderismo.* She began many of her sentences with hypothetical phrases such as "Let's say someone . . . " or "Suppose someone . . . "

With some participants I had to "probe" by rephrasing the question, "Do you discuss your knowledge and experiences with other people, for example, friends, colleagues, or members of the dominant culture?" Sometimes I would simply ask, "Do

you discuss *curanderismo* with others?" Other times, I would ask, "Are you equally at ease discussing your knowledge with other cultural groups?" or "In today's world, would you feel comfortable in telling anybody about your experiences?" One patient sent me this e-mail response, "With some people that I can connect. If I feel comfortable with some people, I'm very open. In my life I know everything is not BLACK and WHITE." As a result of this response, I became more conscious of the gray areas. Mitzi, for instance, told me that she would broach the subject to Mexican Americans with, "Have you tried an alternative form of healing?" She would then back off if they were not receptive or continue if they showed interest in finding out more. When I asked, "Would you disclose to anyone?" she responded:

> If I was telling the story probably to someone that I wouldn't ordinarily talk to, I don't know. If you were not *mejicana*, I don't think I would be as open because I think if you are talking to someone that has not been exposed to it nor is doing research, they would act like I was crazy. Although Robert [a healer], my friend, he says, '*los gringos estan muy locos* (the Anglos are very crazy), they don't believe in the scripture.'[2] . . . The people that you have confidence in, I would say that I would disclose. Or someone that is really in need of help. If they have tried everything possible and they were in need of help.

Mitzi's response is indicative of how Mexican Americans impart special cultural information only to individuals who merit their trust and who, in their perception, are in need of the information.

One of the patients, Ashley Allende, is much freer than the other patients in discussing *curanderismo.* Ashley told me of her experiences when she attended college on the East Coast some years back. She could not logically explain the *curanderismo* "egg thing" to her roommate. Nevertheless, by the end of the first semester, she was curing the roommate with an egg when the roommate had a temperature. Ashley would

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[2] In the Holy Bible, Mark 7:13, Jesus Christ gave the apostles the power to heal. In Mark 7 31:37, the actions attributed to Jesus Christ were used by healers of the time, who considered them effective.

go to the cafeteria and get an uncooked egg. She said the cafeteria workers thought she was "real strange" because, unlike the other students, she wanted the egg uncooked. I asked, "Whoever you did it to, was it another Mexican American?" She said:

> No. A *gringa* from Ohio. But she was born of two hippies so that there was a very free, loving, kind of [upbringing]. She very much accepted anything that was different, and felt that she was devoid of culture and any ethnicity because, I mean, they are, you know, just *gringos* from out in Ohio and middle class. And so, she really embraced a whole bunch of stuff. And she was also very logical.

I asked, "So, in today's world, would you tell anybody else, 'Here, let me do this. . . .'?" Her response was:

> I think I would. I mean, I would share in terms of 'Maybe you need to go see someone to cleanse you.' And I have! I have said to other lawyers at the courthouse that are *gringos,* 'Man, you've got yourself some bad vibes. You need to cleanse yourself. Get yourself fixed.' If it's someone who is like you, or something.

Ashley's answer shows that she would articulate her message in a manner that she believes her non-Hispanic audience can readily understand.

The findings of my study add to the body of work discussed in the literature reviewed. I found that much of *curanderismo* remains the same in terms of healers' perspective and developmental training. However, a transformation is occurring in the phenomenon of *curanderismo* due to changes in the culture. As previously noted, alternative healing has become more acceptable to mainstream America. *Curanderismo* as a healing modality has the potential to affiliate with other alternative healing practices described as "new age." However, I found that healers and patients appear to have an unspoken agreement to keep *curanderismo* within the Mexican American culture. In addition, my findings agree with the consistent message in the literature reviewed that

health professionals would do well to learn more about traditional healing in order to better assist patients.

CHAPTER V

CONCLUSION

Educated, middle-class Mexican Americans seem to find what I call "cultural comfort" from *curanderismo.* Several themes surfaced in the analysis of the data that indicate this. Those themes are: identity issues, the unique blend of Mexican and American cultures resulting from generations of "halfhearted" assimilation efforts, hesitancy of Mexican Americans to disclose cultural information, religious issues, and the transformation of *curanderismo* to accommodate its contemporary healers and patients.

Concerning the issue of Mexican Americans' identity, some of the participants were confused about how to self-identity for this project. They expressed that how they self-identify is not always of their own choosing, but rather a government assignation. Further, the practices of the majority culture are absorbed by Mexican Americans and deemed more acceptable and worthy than minority ones. It is not surprising, then, for generations of Mexican Americans to equate participating in American society with disowning important elements of their minority culture. Such is the case presented by the findings of this study. Some of the participants recall how their parents, in their effort to assimilate, did not encourage knowledge of the Mexican culture, especially participation in practices such as *curanderismo.*

A point of tension that surfaced in the participants' responses was the tendency to

refrain from disclosing cultural information to others. This could be due to assimilation efforts or attempts to decrease social distance from the ideal Mexican American image, an issue also related to Mexican Americans' identity. Nevertheless, the "Mexican" in most Mexican Americans is undeniably strong. Mexican Americans' knowledge and experiences about *curanderismo* may vary, but what they know or recall about it appears to be connected to the warmth and comfort felt around the filial ties of home, family and culture.

With one exception, most healers in this study profess to have known since childhood that they had healing abilities or gifts. Still, the decision of a Mexican American in the United States to follow a calling and become a healer is difficult because the individual is already burdened with a racial stigma. Furthermore, practicing *curanderismo* as a healer often means that an already established identity, one's income and religious beliefs, and sometimes, familial relationships and expectations, are placed in jeopardy. Adding a healer label will often make a person different not only to the majority society, but to the Mexican American community as well. Yet, *curanderos/as* feel compelled to provide comfort and healing to those who seek their assistance.

Similarly, being an ethnic American and utilizing traditional medicine as a patient invariably will not put one closer to the desired idealized perception as a "full fledged" American. In fact, participation in any ethnic activities only increases the perception of "otherness." As illustrated using Cooley's ([1902] 1922) looking glass self concept, people prefer to show the world an idealized aspect of themselves through their membership in recognized mainstream professions and social classes.

When the question regarding religious affiliation was addressed by each of the participants, I found an assimilation trend that had not been addressed in the literature on *curanderismo.* For several decades Mexican Americans have been perceived as a homogenous group, so much, in fact, that they have been lumped with other Spanish-speaking groups into a "Hispanic" classification. Only a few social institutions have recognized the diversity of thought, behavior, and aspirations of Mexican Americans. Religion is one of these institutions in which overtures to assimilate are welcome. Mexican Americans, as a result, have not always retained the Catholicism associated with their *mestizo* heritage. The information derived from the participants' responses shows that a number of Mexican Americans have accepted Protestantism as a means of worship. This indicates that Protestant religions are providing Mexican Americans acceptance and comfort. The responses further imply that there is a growing trend to incorporate Protestantism in the practice of *curanderismo.* The participants in this research believe in the concept of a strong faith as the key to *curanderismo's* power. Consequently, some of them do not see a deviation from the traditional Catholic prayers as problematic, as long as one proceeds with complete faith in the healing process. Curiously, it was the Catholic Church's actions that prompted Mexico's indigenous healers to blend their healing practices with religion, and now blending *curanderismo* with other religions is occurring within some segments of the Mexican American community.

The most notable theme to emerge from the analysis was an overall transformation of the beliefs and practices of *curanderismo* reported by the research participants. The traditional practice involving personal contact of the *curandero/a* with the actual patient or an emissary has evolved to new practices involving the use of

medical tools, distance healing, and contact via the Internet. Despite this change, word-of-mouth referrals and recommendations remain the primary method of arranging the initial consultation with a recognized, legitimate healer. Indeed, this is the most effective method to obtain participants for scholarly research.

Related to the transformation of healing beliefs and practices are the changes in the profile of the healers and patients from that found in the literature reviewed, with the exception of Roeder (1988). The collective characteristics of healers and patients in the literature reviewed depict the Mexican Americans who believe and practice *curanderismo* as lower class, poor, uneducated, and living in public housing, barrios, or rural areas. The healers and patients who participated in this project are far from that description. The majority of the participants are college educated and belong in the middle-class socioeconomic category. In addition, a Mexican American identity now includes additional *mestizaje* (mixture) with the dominant and other racial groups. Thus, we must conclude that evidence of a continuing transformation in *curanderismo* will surface in concordance with changes in Mexican American identity and culture.

In the past, economic necessity and lack of access to conventional health care facilities and services made it necessary for Mexican Americans to use home remedies and to consult *curanderos/as.* When conventional health care was available, communication with health care professionals was difficult for those who were not proficient in English. Today, many Mexican Americans are members of an English-literate middle class, yet remain loyal to the traditional practice. The participants in this project reveal that maintaining the beliefs and practices of *curanderismo* is this country is conflictive and challenging for most Mexican Americans. In spite of this, there is no

indication of *curanderismo's* imminent demise. Why is *curanderismo* still practiced in the face of countless obstacles since the time of the Spanish *conquistadores*?

The answer to why *curanderismo* is still a vibrant part of the Mexican American community lies in the transformation of *curanderismo* from the traditional manner that originated in Mexico to the manner in which it is practiced in the United States today. This transformation was necessary for *curanderismo* to function and be in harmony with a people who do what it takes to survive, contribute, and be recognized as Americans while still retaining their ethnicity. Changes in *curanderismo* have also occurred because the racial/ethnic composition of Mexican Americans is changing. According to the U.S. Census (2000), Hispanics or Latinos reported the highest percentage of responses (3.4%) for combination with other racial groups. Because Mexican Americans are already a mixed culture, they tend to be less prejudiced about mixing further with the majority or other ethnic groups. Each time a new group joins the mix, new traditions are added and blended into the culture. As the commonalities with each new group are recognized and differences are absorbed, Mexican Americans are reinvented. This leads to an increase in the number of people who self-identify as Mexican American or who by familial ties are connected to the group. Trotter and Chavira ([1981] 1997) posit that, as more persons become aware of *curanderismo's* holistic approach to health, they may demand this approach from their physicians and clergy. I suggest that the influences of, and assimilation into, the dominant culture and blending with other groups will encourage a revitalization of *curanderismo* and its beliefs and practices.

As described by the participants, the cultural connection and "pull" from the nearby mother country is strong. In addition, due to the Chicano Movement of the 1960s

and 1970s, there has been a renewed pride in ethnicity among Mexican Americans. Furthermore, through education and other means of communication, some have become aware that *curanderismo* is not the only alternative medicine available. In fact, a holistic and natural approach to medicine is now embraced by many members of the dominant society. Some of the participants express pride that *curanderismo* was in existence long before non-conventional healing methods came in vogue for the dominant group. Perhaps *curanderismo* remains, for the most part, selectively "underground" because it is one of the last vestiges of traditional Mexican culture. Surely, it is best safeguarded within its own community.

APPENDIX A

RESEARCH PARTICIPANTS' INFORMATION AND CONFIDENTIALITY SHEET

You have been asked to participate in a study that is part of a thesis project entitled:

CURANDERISMO

- **You may obtain answers to pertinent questions about this study by telephoning:**

  Guadalupe M. Contreras 512-292-0172 e-mail lupitac@earthlink.net Thesis Author
  Dr. Barbara Trepagnier 512-245-8054 Office 512-245-2113 Department

- **Participation in this study is voluntary; you may withdraw your consent to participate at any time.**

- **You have the right to a description of the nature and purpose of the study.**

- **You have the right to be given an opportunity to ask questions concerning the study, the procedures involved, and confidentiality steps taken.**

- **You have the right to be given the opportunity to consent or not to consent to participation in the study without any element of force, fraud, deceit, duress, coercion, or undue influence on your decision.**

- **Your confidentiality will be respected and your identity will not be revealed to anyone other than the author or the advising chairperson, as listed above.**

- **Any reference to your responses and answers will be done in a manner to protect your identity and confidentiality.**

Thesis Author_____ **Date**_____

Committee Chair_____ **Date**_____

APPENDIX B

Curanderismo: Mexican and Mexican American Traditional Healing
(Background Information and Unstructured Interview Questions)

1. **Sex _____**

2. **Age _____ (can be an age range, e.g., between 20-25, early 30's, mid 30's, late 30's)**

3. **Education: High School High School Some College/No Degree**
   College Graduate Postgraduate Work/No degree Postgraduate Degree

4. **Religion or belief in a higher power _____**

5. **Ethnic Background_____**
   Parents' Ethnic Background_____
   Grandparents' Ethnic Background _____

6. **If Mexican American, how would you describe yourself:**
   Traditionalist (more comfortable with Mexican culture than the Anglo culture);
   Bicultural (comfortable in both cultures); or
   Assimilated (more comfortable with the Anglo culture than the Mexican culture)?

7. **Language preference _____.**

8. **What do you know about _curanderismo_? What are your some of your experiences regarding cu_randerismo?_**

9. **If you are a _curandero/a_, how and when did you know that you wanted to be a healer?**

10. **If you are a _curandero/a_, what type of healer are you?**
    ***Yerbero/a*? (Herbalist)**
    ***Partera*? (Midwife)**
    ***Sobador/a*? (treat sprains & strained muscles)**
    ***Curandero/a*? (supernatural/spiritual as well as physical world)**

11. **Do you have any teachers/guides? (How did you acquire your knowledge about _curanderismo_?)**

12. **What emotions do you feel during the interactions of a session/consultation?**

13. **How do your cultural beliefs and spiritual faith affect your well being?**

14. **Do you discuss your knowledge and experiences in _curanderismo_ with others, e.g., friends, colleagues, or members of the dominant U.S. culture? Explain.**

15. **How do you know when it is appropriate to use conventional medicine or _curanderismo?_**

16. **If you are a _curandero/a, d_o you use technology, e.g., phone, e-mail, in healing? How? If you are not a _curandero/a,_ do you believe present-day healers can help others by using technology?**

17. **Are fees charged?**

APPENDIX C

Sample Description - Healers

Name	Sex	Age	Education	Religion	Race/ Ethnicity	Traditionalist; Bicultural; Assimilated	Language	Calling
Valerie Díaz-Medina	F	35-40	Master's in psychotherapy; working on Ph.D.	Protestant; interest in Buddhism, Jewish.	Latina (from South America).	bicultural	bilingual	5 years old; stronger after puberty.
Victoria Lozano	F	38	Master's in Social Work.	Catholic and indigenous rituals.	Mexican American; Kichapoo, Aztec, Mayan, Spanish.	technically: bicultural; professional: assimilated; personal: traditionalist.	depends on listener.	Grew up in healer family, acceptance of calling in early 30s
Sandra Pérez	F	32	Some college; TX midwife school; traditional midwife training.	Rejects organized religion; earth-based spirituality.	Chicana; descendant of Spanish and native people (Aztec/ Coahuiltecan).	traditionalist, resists assimilation.	bilingual	18-19; great-grandmother midwife; learned about nature and plants from grandmother and elder uncles.
Caroline Luna	F	60	Business degree.	Catholic; all denominations.	Mexican American: tejano roots.	bicultural	Spanish	Early 40s.
Conrad Luna	M	59	Psychology degree.	Church of Christian Science; all denominations.	Mexican American; Aztec, Mexican	bicultural	English; then learned Spanish.	Infant, stronger after Vietnam.
Little Ora Lujan	F	40	1 year college.	Catholic	Hispanic	traditionalist	bilingual	6-7 years old; stronger after 4th pregnancy.

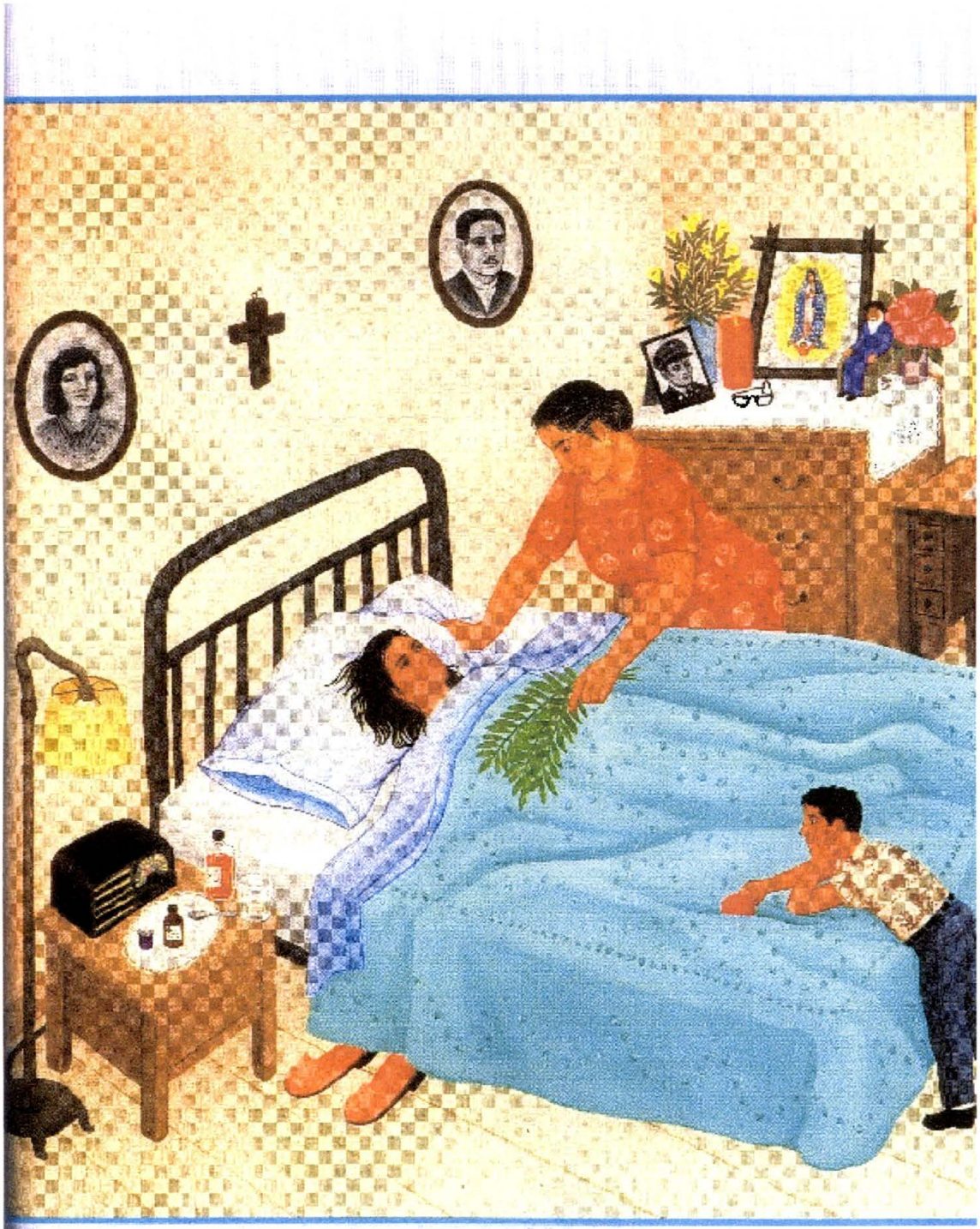
APPENDIX D

Sample Description - Patients

Name	Sex	Age	Education	Religion	Race/ Ethnicity	Traditionalist; Bicultural; Assimilated	Language
Elsa Smith	F	35	college degree	Methodist	white/Mexican American	bicultural	bilingual
Ashley Allende	F	35	law degree	Catholic	Mexican American	bicultural; feels traditionalist	bilingual
Mitzi Ybarra	F	35	college degree	Catholic	Mexican American	traditionalist	bilingual
Brenda Ashford	F	22	college student	Baptist	white/Mexican American	bicultural	English
Mercedes Roiz Ingleside	F	40s	high school	Methodist	Hispanic	bicultural	English
Mattie Montañez	F	54	some college	Catholic	Hispanic/ Mexican American	bicultural	bilingual
Miguel Salgado	M	50	post-graduate	higher power	Mexican	bicultural	English
Enrique Flores	M	56	degree + hours	none	Mexican American	traditionalist but jumps to other	Spanish
Pam Martínez	F	49	high school	Catholic	Hispanic/ Mexican American	bicultural; with age going traditionalist	English, now more Spanish
Graciela Ozuna	F	50	some college	Catholic	Hispanic	traditionalist	Spanish
Carl Longoria	M	59	college degree	Catholic	Mexican American	traditionalist + bicultural	English

APPENDIX E

Curandera



Artist: Carmen Lomas Garza

APPENDIX F

Doña Enriqueta's Plant Walk[3]
Zilker Botanical Gardens, Austin, Texas
October 17, 1999

The following plants are selections from the garden in the order of our tour:
Medicinal uses are suggestions only:

Notes: Fresh plants boil only 5 minutes.
Dried plants boil 10 minutes.
Dry in a cool place; do not dry in sun—loses curative power.

Trumpet Flower or Yellow Bell (*tronadora*)—use flower for intestinal blockage, vomiting; leaves are good for diabetes.

Mal aire, empacho—tea: for a baby, use one flower, more for adults.
Diabetes—3 stems for tea. Every 6 hours or room temperature in 2 liters of water. Two bunches control sugar.
Empacho—massaging along spinal column. Also gases.
Tea in a.m. before breakfast and at p.m. for 3 days.

Fern (*elecho*)—use root for kidney problems.

Prostrate, urinary tract, trickling: use root for 15 days for infection.

Horsetail (*cola de caballo*)—use stalk for kidney problems.

Discharges, vaginal yeast infections. Tea: use 2 joints. Boil 5 minutes, cut into small pieces, releases properties. Used for hair color, wine color.

Ginger Plant (*jengibre*)—use root for detoxification, flowers used in spiritual healing.

Root for one, flowers for other.
Root is nutritional, spice. For kidney problems, and purifier, detoxifies blood.
Tea: 10-12 days to detox in a.m. without breakfast. Use root and flowers.
Flowers for nervous system, migraines. Can't sleep. Lets essence go. Use crystals with flowers for tranquility.

Texas Sage (*cenizo*)—use purple flowers to make tea for coughs.

Respiratory, cough, asthma. Handful of leaves. Boil and sweeten with honey and one garlic tooth.
Flowers: purple healing color for *susto*. Use a pot with purple flowers and put up and down body and call name.

Water Lily (*lirio*)—used for wide variety of colors in spiritual healing.

Each color of violet heals differently. Colors for different body parts. Respected for positive energy. Spiritual healing for negative energy.

Lily Colors—combinations important—points of energy handled by colors.

Morning Glory—for trancing.

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[3] Permission to copy the handout was obtained on December 11, 2000, from Gayle Engels, of the American Botanical Council. The bolded print is the handout information. The unbolded print is my translation of Doña Enriqueta's instructions in Spanish.

Magnolia (*magnolia*)—flower used in treating depression and anxiety.
Flowers: depression, nervous system, insecurity, and help to take decisions.
Tea: petals according to age. Too much will hurt you.

Artemisia/Wormwood (*estafiate*)—used for menstrual cramps, coughs, contains anti-parasitic properties, and good for diabetes.
Gripe, rub and breathe. Also for parasites. Small branch for 1 cup of tea for 7 days a.m. before breakfast for parasites. Also decreases sugar diabetes.

Altamisa (*Santa María*)—used for labor. Tea to accelerate 1 hour or two.

Sage (*mirto*)—used for earache and as a mouthwash.
Earache: pinch off a piece of leaf, do a plug and put in ear or in oil (Mennen). Put in oil for 20 days and use oil for drops. Also anti-parasitic. Sage protects other plants so ants do not eat other plants.

Wild Sage—same as other sage

Iris (*lirio*)—used in poultice for fractures and abscesses.
Root for bone breaks. Grind and put in gauze instead of cast for fractures, misplaced bones, to get mashed blood out.

Maidenhair Fern (*cilandrio*)—used for healing fright.
For *susto*: a big bunch. Put alcohol and brush yourself. Also use as tea.

Bamboo (*bambú*)—use stalk for diabetes.
Stalk 6 inches and cut up. Soak overnight in water and drink water 15 to 20 days. Rest and then re-do. Helps circulation.

Japanese Fern (*palma*)—used for kidney problems, also as vaginal douche.
Kidney, female organs, bleeding, menstrual odor. Drink root tea and use as a vaginal rinse; venereal disease. Can use during pregnancy.
NOTE: During pregnancy do not use *ruda* or *epasote*.

Turk's Cap (*malba*)—used for coughs.
Respiratory: flowers only.

Tree Moss/Ball Moss (*musgo*)—used for rheumatism.

Plum Tree (*ciruelo*)—use fruit for coughs.
Cinnamon (*canela*), sage (*cenizo*), and 1 clump with honey.

Live Oak (*encina siempre verde*)—use bark as a cavity preventative.
Bark of live oak for gums, cavities, bad breath. Rinse and boil and keep in jar and rinse.

Echinacea (*equinacia*)—used for infections, antibiotic and calmative.
Strong healing properties: diuretic, antibiotic, anti-inflammatory, antidepressant.
Tonsils, kids' vomit, diarrhea. Boil chunks of root.

Chard (*aselga*)—source of iron.
Different than spinach. Iron: anemia, low white blood count. Raw in tea or steam.

Passion Flower (*pasiflora*)—used as a calmative.
Wild and cultivated. Wild has smaller leaf. Non-cultivated is better. Tranquilizer, stress, fear, nervousness. 1 flower per cup of tea twice a day a.m. and p.m. before bed.

Zinnia (*zenia*)—used to treat feelings of abandonment, wide variety of colors are used for spiritual healing.

Yarrow (*chisme*)—used for fevers and incontinence.
Called *chisme* (gossip) because it spreads. Colds, fever. Bathe with 2 leaves, boil and bathe. Also poultice to put on feet.

Thyme (*tomillo*)—used for coughs and menstrual imbalances.

Rosemary (*romero*)—used for coughs, flowers used for migraines, also used in spiritual healing.
Edible. Respiratory, *limpias*. Flowers for migraine, make tea.

Verbena Lemon (*cedrón*)—used for stomach problems, colic.
Digestive problems, colds. Plants that have aroma are tranquilizing.
Lemon grass, *te de limón* (lemon tea) for digestion.

Catnip (*flor de castillo*)—used to treat convulsions.
Epilepsy. Tea: can use stalk, flowers, and root.

Yerba Santa (*yerba santa*)—used as poultice medium for abscesses and swelling.
Edible. Parasites, abscesses, infections. Use plaster on venomous stings, snake bites.

Peppermint (*menta*)—used for colds/flu.

Plumeria (*cacalosucil*)—used for removal of scarring tissue and removal of warts.
Sap from bark for scarring; removes warts.

Flowers—nervous system, migraines.
Root for one, flower for other. Flower for insomnia (lets essence go). Crystal with flowers for tranquility. Fresh: 5 minutes. Dry: 10 minutes.

Banana (*plátano*)—
Stalk: make hole and get the sap for high blood sugar. One tablespoon a day for diabetes.

Jasmine (*jasmín*)—
Abandonment and depression. Make a tea or use in bath. Breathe essence.

Peach Tree (*durazno*)—
Bark for 1st /2nd degree burns.
Boil bark and wash hurt. Will heal. Or toast and grind. Use as talc for 3rd degree.

Lavender is tranquil.

Oregano—colic, menstrual.

Basil (*Albahaca*)—plants are male/female. Purple = female. Green =male. Edible. *Limpias*, respiratory, menstrual.
Tea before period (5 days). If too long, combine Monday through Friday. 1 or 2 teas a day.

Fennel (*inojo*)—edible, fever, digestive. Purple = male.

Bay leaf—colic, urinary, burning = tea.

Perico (*anís*)—*parteras* use for afterbirth to clean rest of placenta—root cleans.
Also for stomach ache.

Comfrey (*suelda con suelda*)—root for fractures.

Aloe Vera (*sábila*)—diabetes, hurts, wounds, burns, infections.

Cactus (*nopal*)—diabetes.
Blend every day and drink. Lowers sugar.
Barrel cactus (*viznaga*). Edible.

Roses—colors important.

Orange—for coldness: bath of flowers. Deep colors bring up heat. For loneliness: bath, rub. Aroma has connection of energy flows. Contrast helps. Loss of family member: colors go to the heart (bright colors). What do we want? Plants will not accept negativity. Faith and respect.

Bright red—think about spiritual connection with colors. Anger—put flower in your hand, will shrink.

Pink—tranquility, tender, brings state of peace, body, earth. Pregnant: uterus of mother earth, peace.

White—purifier, body. Cleans obscurity, anger, fear, *susto*, rage. We create darkness. Bathe more, wash yourself. Tea.

Yellow—problems, anger, gall bladder, liver.

Doña Enriqueta's Message
[my translation]

We are all one. Nature loosens [facilitates] spiritual communication. Pills do not cure what hurts you. We have disconnected with our conscience. People without conscience are behind science. We are going too fast; therefore, we forget nature. We must get back to nature and communicate with nature.

GLOSSARY

The Spanish words or terms were used during the healer and patient interviews and by the scholars in the literature reviewed. Definitions are derived from dictionaries, folk medicine literature, and personal knowledge.

Aire, aigre ~ air or cold that enter the body, causing an illness; a draft. In Mexican Indian tradition, evil spirits are associated with *aire.* According to the ancient Aztecs, illness was not natural; it had mystical causes, and was carried down from the mountain on winds. (Roeder 1988:317).

Barrida ~ a sweeping; cleansing. See *limpia.*

Botanica ~ healing artifact store.

Chicano/a ~ Mexican American; form of "mexicano" truncated by dropping the first syllable and pronouncing the initial X as in Nahuatl; popularized by the movement of the 1960s; today often with overtones of nationalism and activism; offensive to some older conservative Mexican Americans because originally it was applied to lower-class Mexicans (Meier and Ribera [1972] 1993:280).

Cientifico ~ scientist.

Confianza ~ confidence; trust.

Curandera ~ female healer.

Curanderas ~ more than one female healer.

Curandero ~ male healer.

Curanderos ~ depending on the context, more than one male healer; a male and female healer; a group of healers composed of males and females.

Curanderismo ~ the art of curing or healing.

Curar ~ to heal.

Daño ~ harm.

Desarollo ~ development of healing potential at the spiritual and mental levels (Trotter and Chavira [1981] 1997:180).

Don ~ a divine gift for healing (Applewhite 1995:247).

Embrujado ~ bewitched.

Embrujamiento ~ bewitchment; witchcraft or magic is used to cast a spell or place a hex on a person. A spell is an irresistible influence or charm. A hex is something to bring bad luck.

Gringo/a ~ a mildly pejorative term for a foreigner, especially an Anglo Saxon (Meier and Ribera [1972] 1993:281).

Hierberia ~ herb and medicinal store (also *yerberia*).

Hierbero/a ~ a healer who treats patients with herbs (also *yerbero/a*).

Huesero/a ~ bone therapist (Applewhite 1995:247).

La Conquista ~ the conquest (Spanish conquest of Mexico).

Limpia ~ ritual cleansing; purifying or sweeping of the patient, using an egg or a little broom made of herbs (Roeder 1988:322).

Mal de ojo; ojo ~ individuals possessing a strong vision or power unconsciously affect weaker individuals, for example, children (Rivera and Wanderer 1986:363).

Mestizo/a ~ a person of mixed Spanish and indigenous blood.

Mestizaje ~ mixture.

Mejicano/a ~ depending on context, a person from Mexico; a Mexican descent male/female.

Partera ~ midwife.

Patrón ~ boss, protector, patron; in Mexico and U.S. Southwest usually a large landowner (Meier and Ribera [1972] 1993:283).

Plática ~ conversation.

Remedios caseros ~ home remedies.

Sabio ~ sage.

Señora ~ lady; in *curanderismo,* card reader.

Sobador/a ~ individual who treats sprains and strained muscles; muscle therapist.

Susto ~ fright.

Tejano/a ~ a male or female native Texan.

Virgen de Guadalupe ~ the title given to the Virgin Mary after she appeared in 1531 to Juan Diego, an indigenous Catholic convert. The *Virgen de Guadalupe* is noted for her *mestizo* appearance.

Virgen de San Juan ~ another manifestation of the Virgin Mary.

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VITA

Guadalupe Macías Contreras was born in Crystal City, Texas, on June 16, 1942, the daughter of Gregoria Gutiérrez Macías and Benito Rincón Macías. After completing her studies at Crystal City High School, she married Lucio Contreras. During the following 20 years, she lived overseas and in different parts of the United States. Academically, she attended several colleges and universities throughout the United States and Puerto Rico. She received the degree of Bachelor of Liberal Studies from St. Edward's University in Austin, Texas in August 1995. While at St. Edwards, she became a member of Alpha Sigma Lambda Psychology Honor Society. She entered the Graduate College of Southwest Texas State University, San Marcos, Texas in January 1996. She became a member of Alpha Kappa Delta, International Sociology Honor Society in March 1997. On October 5, 2000, the host of *Cotorreando*, a local Spanish-language program, interviewed Guadalupe regarding her master's thesis research on *curanderismo.* On March 24, 2001, she participated in the Southwest Texas State University Images of Women Conference. Her presentation was titled "Behind the Scenes: Mexican Americans and *Curanderismo.*"

Permanent address: 3013 Sesbania Drive
Austin, Texas 78748

This thesis was typed by Guadalupe Macías Contreras