Concepts of Disease in Mexican-American Culture

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BACKGROUND

This paper discusses some traditional concepts of health and disease found among the Spanish-speaking people of the Texas-Mexican border, and the manner in which these concepts contribute to the maintenance of the social system of that group.

In 1957 a study of the changing concepts of health and disease among the Mexican-Americans of Hidalgo County, Texas, was inaugurated. This is one of a series of publications resulting from that study and describes some aspects of life in Mecca, the largest and most heterogeneous of the three communities studied.

Mecca is a small city of approximately 15,000 inhabitants located on the delta of the Rio Grande. Three-fifths of the total population is comprised of persons of Mexican descent, a great number of whom are native-born American citizens.

The overwhelming majority of the Spanish-speaking people of Mecca trace their roots to isolated, rural hamlets which lie on either side of the Rio Grande—south to the Río Pánuco in Mexico and north to the Nueces River of Texas. The life histories of the present older generation Mexican-Americans portray the lives of their parents as spent from birth to death in isolated, familial hamlets, which were seldom visited by strangers.

In the era which followed the overthrow of Porfirio Díaz in the Republic of Mexico, the usually oppressive living conditions in the arid, northeastern section of the Republic were made worse by the furies of revolution and counter-revolution, of banditry and punitive government expeditions which swept across the land. This is the area from which the Mexican-American population of Mecca came. The poverty and the general insecurity of the times caused many thousands of emigrants to seek improved conditions on the United States side of the boundary.

At the time of the surging unrest in the Republic to the south, all the previously undeveloped semi-desert delta lands, from Brownsville to Mission, Texas, were changing hands from the heirs of Spanish and Mexican recipients of 18th century grants (porciones) from the Spanish Crown to Anglo-American speculators. From 1910 until 1930 the speculating land companies gained control of all irrigable land along the lower Rio Grande in Texas. By means of intensive systems of irrigation and emergency floodways the semi-desert region was transformed into a vegetable and citrus producing region of primary importance. After their development the tracts were resold to English-speaking investors and "home-seekers" brought from small towns
and cities in the north central and northeastern sections of the United States and several Canadian provinces.

Each of the land companies then erected a town on its development tract to serve the immigrant population. The land boom and consequent enormous amount of construction activities required the labor of many thousands of unskilled and semi-skilled laborers. This was supplied entirely by immigrants from Mexico and by displaced Spanish-speaking American citizens of the ranchos. One of the many towns erected on the delta of the Rio Grande in the early decades of the 20th century was Mecca.

The differences in custom, language, and standard of living of the two ethnic groups which migrated to the new urban site were perpetuated by a well-recognized policy of separatism. In Mecca, those of Mexican culture were assigned residence, schools, and church on the side of town which lay to the north of the bisecting railway, and the non-Mexican population was assigned residence, schools, and church to the south of the tracks.

Each of the two new communities which comprised the town of Mecca succeeded in transplanting its customary way of life to the new town. Those of Anglo-American small town background quickly formed voluntary associations of a service club and fraternal nature which were designed to unite unrelated individuals with common interests, e.g., by type of vocation, or state of provenance. Today, the 6,000 residents of Anglo-American background are organized into more than 70 social, civic, and fraternal organizations. What remains of their time is further devoted to the social and religious activities of 16 major churches which include within their framework many study groups, women's circles, and other types of formal organizations. The lives of Anglo-American children are mirror images of their parents', and the youngsters are trained in the group way of life by a succession of organized activities which range from school clubs to associations such as Girl Scouts, Boy Scouts, Sea Scouts, 4-H Clubs, Future Farmers of America, and Little League baseball clubs, to name but a few.

In contrast to the highly organized society on the south side of the tracks, the 9,000 Mexican-Americans have transplanted to the urban environment a customary way of life formed in the familial tradition of isolated ranchos. The religious life of this community is represented by a large Catholic church to which the great majority of people remain faithful. However, some 15 small missions of different Protestant sects are present, the largest of which ministers to about 50 families who regularly attend services. Efforts by the Protestant churches to organize ongoing incorporated groups such as women's circles, Bible study groups, and discussion groups have been singularly unsuccessful. An active chapter of the Knights of Columbus (which includes both Anglo- and Mexican-Americans) and a small council of the League of United Latin American Citizens represent the only significant current efforts to organize the Mexican-American community into formally constituted associations. Among the children a Boy Scout troop functions as the only voluntary association. The transference of a familial type of life from the
hamlet to the city is suggested in the often quoted explanatory axiom: "You can take a ranchero from the rancho, but you cannot take the rancho from the ranchero!"

Given their distinctive sociocultural backgrounds, it is not surprising to find that although both groups share certain illnesses, e.g., measles and pneumonia, other ills are restricted to one or the other of the groups. Five illnesses which are confined to the Mexican-Americans are caída de la mollera (fallen fontanel), empacho, mal ojo (evil eye), susto (shock), and mal puesto (sorcery). The first four of the illnesses are categorized as males naturales—sickness from natural cause—and thus within the domain of God. Mal puesto is considered "one of the others," mal artificial or outside the realm of God, the work of the devil. Further, a discussion which concerns any one of the first four illnesses invariably leads to reference to the other three of the males naturales. The four illnesses: caída de la mollera, empacho, mal ojo, and susto are conceptually tied together by the Mexican-Americans of Mecca. Verbalization of this concept takes a highly patterned form: "Doctors do not understand caída de la mollera, empacho, mal ojo, or susto." It is universally averred by Mexican-Americans that Anglo-Americans are not afflicted by any of these conditions; Anglo-Americans speak of the illnesses as "Mexican superstitions."

ETIOLOGY AND HEALING

A description of the four illnesses which are conceptually bound together by the Mexican-Americans follows, but first a word of caution: we shall follow the practice of Mexican-American culture bearers and not dichotomize psychic or emotional ills and somatic diseases. To do otherwise would be to do violence to the logic of the system.

Caída de la mollera is the only one of the four illnesses which is restricted to the very young. Infants are conceived of by the Spanish-speaking population as possessed of a fragile skull formation. The skull includes a section which in this immature stage easily slips or is dislodged from its normal position. The mollera (fontanel) is that part of the skull pictured as sitting at the very top of the head. It is normally sustained in proper position by the counter-poised pressure of the upper palate. A blow upon the youngster's head usually caused by a fall from a height, is believed to dislodge the fontanel, causing it to sink. The sinking of the dislodged fontanel forces the upper palate to depress, in turn blocking the oral passage. A mother or other adult witnessing the fall of an infant from a high place, e.g., a bed or chair, runs an examining finger over the skull in search of an unusual declivity. If such a depression is encountered, a treatment is commenced to correct the relationship of the parts to the whole.

It is more often true that the mother of a child does not witness the fall. Her first indication of trouble is the appearance of the universally recognized syndrome of caída de la mollera. Symptomatic of a fallen fontanel and palate are the inability of the youngster to grasp firmly with its mouth the nipple
of a bottle or of the breast, loose bowels (correncia), and unusual amounts of crying and restlessness. Usually the case is accompanied by high temperature.

Although most women understand the causes and control the curing techniques for fallen fontanel, the delicacy of the corrective operation is such that many young women seek the aid of more experienced older women. Usually one of the child's grandmothers is requested to aid the younger woman to cure the child.

The infant is held in the arms of the curer, face up. The healing is commenced by the recitation of prayers in sets of three. The requisite prayers for this operation are the well-known Catholic Credo, Ave Maria, and Padre Nuestro respectively. During prayers the healer places a thumb inside the mouth of the little patient pushing upward three times against the upper palate. An external pull of some sort is applied at the same time, against the depression left by the fallen mollera. Whereas there is a universal method of applying internal pressure upward against the palate there are several alternate fashions utilized to apply an external pulling power. The most common of the alternatives is for the curer to fill her mouth with water and to suck (chupar) at the depression. Another of the alternative methods is also based upon the principle that the blocking of the digestive processes has caused an imbalance in the wet-dry ratio of the organism. A pan of water may be set upon the floor and the child lowered, head first, in such a manner that the tips of its hair lightly brush the surface of the liquid three times. Some women prefer taking an unused bar of soap which they wet. The tips of the child's hair are then gently sudsed and the soapy hair lightly pulled three times by the curer. In cases which are considered more grave the contents of an egg are rubbed into the hair of the patient above the depression to form a "patch" there. The egg is permitted to remain for several moments so that it may draw upward the fallen fontanel and palate. In such instances where the egg is utilized there is no necessity to apply pulls by other means.

Following the procedures designed to push and pull the fallen parts back to position, the treatment is terminated by shaking these parts securely into their normal position. The child may be held upside-down by the ankles and shaken three times in a brusque manner, or else he may be turned in the arms of the curer to rest on one side. The body is then brusquely shaken toward the head. After the third shaking the balls of the patient's feet are lightly tapped by the hand of the curer, three times.

Caida de la mollera can eventuate in the death of the patient if it is not promptly and correctly treated. The blocking of the oral passageway prevents the ingestion of food and liquids, causing the gradual desiccation of the organism. A failure of the treatment to effect a positive response usually causes the family to seek the aid of a physician, for it is then recognized that the original diagnosis was faulty.

Empacho is an infirmity affecting child and adult. An empachado condition is believed to be caused by the failure of the digestive system to pass
a chunk of food to the intestinal tract. There are emotional facets to empacho, however. Regardless of the original cause, empacho is conceived as a manifestly physiological condition in which a chunk of food clings to the intestinal wall causing sharp pains. Previous to diagnosis, a condition of empacho is often confused with other common indispositions, such as “gas on the stomach,” or “indigestion.” A clear-cut diagnostic procedure factors out empacho from other digestive difficulties.

The patient is made to lie on a bed face down, and the back is bared. The woman in attendance lifts a piece of skin in the rear waist region of the patient between two of her fingers. This skin particle is pinched between two fingers of the diagnostician who listens attentively for a telltale snap or crack emanating from the abdominal region; such a noise clearly diagnoses the condition as empacho. The nature of the illness once established, the curing procedure commences to break up and disengage the offending piece of food from its clinging position. In the course of the treatment the body is used as if it were a beaker as the curer attempts to redress the imbalance between opposing qualities of “hot” and “cold” within the sick organism. The back of the patient is carefully pinched, stroked, and kneaded along the spinal column, as well as around the waist. The massage is interrupted only enough to permit the healer to administer an oral dosage of lead protoxite sold in the pharmacy as *la greta*. La greta is useful to penetrate the chunk of food, softening and crumbling it. Although valued for its penetrant abilities, *la greta* is disvalued for its recognized toxicity; furthermore, the “cold” quality assigned this medicinal in the local pharmacology disturbs the “hot-cold” balance of the organism. The toxicity of *la greta* causes some, more timid, women to prefer another penetrant, equally cold, but less dangerous—*asogue* (quicksilver). In order to regain the lost “hot-cold” balance which had been disturbed by the administration of “cold” *la greta* or *asogue*, “hot” epsom salts are administered. In many cases an additional purge in the form of castor oil, also attributed a “hot” quality, is taken by the patient. In such instances “cool” fruit juices (citric) provide a counter-balancing effect to the “hotness” of the castor oil. Throughout these dosages the patient is kneaded, pinched, and rubbed along the spinal column and waist. Empacho, though potentially fatal by desiccation of the organism, is clearly enough understood and easily enough treated so that prayer is not mandatory.

When a Mexican-American suffers from an empachado condition, it is often suspected that the illness has been caused by the individual having been required to eat against his will. Informants mention hypothetical instances such as a parent calling a son away from play in order to partake of a meal. The unwillingness of the child to desist from his play in order to eat is expected to cause the youngster to have empacho. Another type instance in which one might predict the occurrence of empacho is that in which guests at someone’s home are invited to eat. Although the guest is not hungry, to refuse such an invitation would be considered insulting to the host. Eating in such a case would likely result in empacho for the guest. In each of these hypo-
thetical instances proffered by informants, the afflicted individual had been placed in a situation of conflict and stress. The youngster could not refuse the demand of the parent without showing disrespect; on the other hand, obedience conflicted with the ideal behavior of the independent male. The guest is likewise placed under some constraint to accept the bidding of his host, particularly in the latter's home; contrariwise, if one has recently eaten, he may well wish to refuse such an invitation. The context of the situation in which the individual must choose between alternate behaviors, none of which will adequately resolve the immediate problems, are indeed stressful.

Among the Mexican-Americans, social relationships are conceptualized as bearing inherent dangers to the equilibrium of the individual. All individuals are regarded as susceptible to the virulence of mal ojo but the weaker nature of women and children makes them more receptive than mature males. Certain persons in the community are considered to possess particularly "strong power" over "weaker" individuals. The seat of the power is located in the visual apparatus. Strong glances, covetous expression, or excessive attention paid one person by another exposes the actors to the dangers of an unnatural bond portrayed as the afflicted being drained of the will to act, and the entance into his body of the "stronger power" of the other. As we sat discussing mal ojo, old José explained:

Once I went hunting for rabbits with my compadre. It was he that wanted to hunt, although the area was swarming with rattlers. Anyway, we arrived at the grounds where we had planned to shoot and soon saw a rabbit running across our path, first in one direction, and then in another. I pointed out the running animal to my compadre and told him to shoot it. He fired once and then a second time, but each time the bullets skittered harmlessly by. I told my compadre: "Don't shoot again! There must be a snake nearby that has the rabbit in his charm (liga)." Sure enough! In a moment we saw a tremendously long rattler coiled by a rock, with its jaws wide open. That snake had the rabbit in his charm and was bringing it closer and closer until finally it could devour the creature. That's what mal ojo is like!

A relationship containing elements of covetousness is the classic cause of mal ojo in Mecca, but this is generalized to include any kind of special attention—El ojo es de bello y de feo (evil eye affects the beautiful and the ugly in equal measure)—paid an individual. It is manifested by sudden severe headaches, inconsolable weeping (in the case of children only), unusual fretfulness, and high temperature. The careful person in el pueblo mexicano recognizes a situation in which he or she has coveted someone, usually a child, by the appearance of a pain on one of the agent's temples, and will attempt to prevent the occurrence of serious disability by symbolically rupturing the bond between himself and the other. At this stage of the infirmity the linkage may be ruptured by simply passing a hand over the forehead of the child, or by patting it about the temples.

The syndrome of mal ojo appears abruptly. At its first signs the family of the patient attempts, in anxious fashion, to retrace the child's social activities of the previous few hours in the search for a significantly affective relationship. If the family is fortunate enough to recall such a relationship, the suspected agent is hurriedly recalled to the patient's side to attempt a
rupture of the charm by which one of the actors is held to the other. Ideally, no stigma attaches to an agent of mal ojo unless he refuses the family's request to break the charm; in fact, we found no such instance of a refusal.

In those many instances in which the actual agent cannot be recalled to the patient's side, for example when the child has associated or been seen with a great number of strangers during the course of the day ("Every time my wife goes downtown to shop with the children, the littlest child suffers from mal ojo when they get home") the bond is broken and the intrusive power of the other is drained from the subject by means of sympathetic magic and religious prayers. Most of Mecca's women of Mexican descent understand the premises, diagnosis, and treatment of mal ojo; those who do not control such knowledge easily learn from others.

A hen's egg is taken and rubbed whole over the patient's body to absorb some of the heat and power which has disturbed the balance of the youngster. A water glass half-full of liquid is brought close to the sufferer and the egg tapped three times on the edge of the glass. On the third blow the shell is broken open, symbolizing the rupture of the bond between the patient and the stronger individual. The egg is emptied into the water glass where it is permitted to settle and assume a diagnostic form. If the form assumed by the egg in the glass suggests a "cooked" shape, i.e., sunny-side-up, the condition is diagnosed as one of mal ojo. An elongated shape bespeaks a male cause, a round shape a woman agent. Whatever the result of the diagnosis, all patients who have had the preliminary stages of the treatment (the combined forces of the calm rubbing of the whole egg on and about the body and the quietness of prayer and conversation in a therapeutic atmosphere of tenderness and concern, usually with one's most warm relative—the mother or grandmother) report a suffusing relaxation of body and mind. Many report they "...are asleep by the time the first curative stage is completed."

If the egg presents a diagnosis of mal ojo as cause of the condition, a treatment follows which is designed to drain the intrusive power of the stronger individual from the patient. The egg-water mixture is placed under the head of the bed, remaining there throughout the night. By morning the mysterious draining powers of the egg are presumed to have drawn the alien power from the subject's organism. In the early morning hours the mixture is supposed to be removed from its position beneath the head of the bed and carefully disposed of by burying in the yard, or flushing in a commode. This potent mixture now contains some essential properties of the self of each of the actors; consequently, "One must not throw the mixture on the usual garbage pile subject to the rays of the sun or the scavenging of the insects or animals for to do so would be to dry up the eyesight of each of the persons as surely as the mixture is desiccated by the sun or devoured by the scavenger!" Thus we are warned by a knowledgeable older woman.

Mal ojo, unless it is improperly diagnosed or treated, is not considered of fatal nature. However, a faulty treatment—such as a physician is unwittingly
likely to attempt—postpones proper treatment and allows the infirmity to advance to grave stages—ojo pasado. Ojo pasado is often fatal, due to the severity of coughing and vomiting that are symptomatic of that critical period. The violence of the seizures cause the bile sac (hiel) to break, voiding the green bile. Rupture of the hiel is mortal and there is no known cure effective at this stage of ojo pasado.

A mother permitted one of her young children to accompany a male friend of the family on a trip to a town in northern Mexico. Shortly after their return from Mexico the friend brought the child to its home. In several hours the youngster developed a high fever and became most restive. This initial condition was followed by a severe cough and vomiting. Before the family could organize itself to meet the crisis the child had died. The mother of the child diagnosed the cause of death as mal ojo, the coughing and vomiting having ruptured the hiel. It is her belief that on the trip to Mexico the family friend had played and romped with the child, but had failed to touch it upon the forehead when taking his leave.

Rafael, who has begun to doubt the realities of such things as ojo in the past few years, related an incident which would convince anyone:

You know, the other day before I came to work I shaved, took my whiskers and all off. When I was outside I met a woman who looked at me and said, "You just shaved, didn't you? Took your whiskers off?" Well, I went on to work, and pretty soon I was feeling sick, and then I felt real hot. Well, I went up to Mrs. Brown, my boss, and said, "You know, I don't think I'm going to make it today!" So she put her hand up to my head and said, "Wow!" Boy, my head was really burning! I went on home and got into bed and around nine my brother came home and said, "Come on, let's go see the doc." So I went to see the doc and he gave me a shot, and gave me some pills, and I went on back to bed. I wasn't feeling any better, so I told my wife to go on over to that woman's house and bring her over here. She came over with my wife, and she ran her hands over my face and said, "Well, you looked so young and so cute that I guess that's why I noticed you." Well, she went away then, and pretty soon I began to feel better. I went back to work the next day and Mrs. Brown said, "Well, you sure were sick yesterday!"

A young woman described how she suddenly became sick after her husband arrived home from his army service: "I was working around the house, and then I turned my head and saw my husband staring at my back from the doorway."

Gilberto described the latest instance of mal ojo in his family:

Last week my cousin's cute little baby had ojo. In the hours of the late afternoon my cousin was holding her child out in their front yard. One of the neighborhood men returning from work stopped to talk with the couple, remarking on the child's cuteness. Then he went on his way. That night when they put the child to bed, it began to cry and remained inconsolable through most of the night. Even though I slept in the other part of the house I could hear them moving about with the child. Very early the next morning I could hear my cousin leave the house as she went next door to speak to our neighbor who is a relative of the man with whom they had chatted the evening before. She asked the neighbor to do her the favor of requesting the man to stop at our house on his way to work. The neighbor went and roused the man with strong eyes. On his way to work that man stopped at our place and went into the other room where he ran a hand over the child's face and forehead, cooing to her and talking to her. He didn't remain any longer than about five minutes. When he left the baby had stopped crying.

A young mother recounted the following in one of the interviews held at the Well-Baby Clinic:
One morning my son—the middle one—awoke with a cold and fever. I had to go downtown to run an errand and left the child with his father. My husband took some cardboard from the house and spread it out on the ground for the child. The child was cutely dressed in checked shirt and shorts, I remember, and looked very handsome. My husband went across the street to chat with one of our neighbors and the little boy followed his father. When the boy and his father returned to our house the child began to tremble and had convulsions. My husband recalled that during his conversation with the neighbor, the latter had commented favorably on my boy’s appearance. With this in mind, my husband returned to the other house and asked our neighbor to accompany him to the child. Our neighbor agreed to come, saying, “I guess I can really cause ojo!” My neighbor then took the boy in his arms and fondled him, touching him upon the forehead.

Mal ojo “is like electricity,” said old Marcos. He went on to explain that if someone was walking down a street in town with his child and a passer-by came up to request permission to touch the child about the head and permission was not granted that mal ojo would result.

You never see mal ojo work on an adult, but then . . . one time I was working on the loading platform of the Green Garden shed. I was sitting there with Mr. Ronald and another, equally bald. The other workers were laughing at the picture presented by the three peléns (bald ones) sitting together. One of the onlookers approached me and suggested that I have the others touch me about the head to protect me from mal ojo; but I told him that something like that wouldn’t affect me, for I was an adult and too strong for ojo. But when I got home that night and started to go to sleep I had a terrible ache in the head. Someone from the house went right out and called one of those fellows who had been staring and laughing at me over at the shed and brought him over to the house. He rubbed his hands all over my forehead, and above the eyes, and within five minutes I was no longer bothered by the pain.

In Mecca an incident having an unstabilizing effect on an individual often causes a part of the self, the espirítú, to leave the body. A person who suffers long continuous periods of languor, listlessness, and lack of appetite is presumed asustado. The causal experience may be that of a frightening nature, or it may be the patterned reaction of the afflicted to the vexations of everyday social life. The various forms of the verb mortificar are often heard used by Mexican-Americans to describe a traumatic personal reaction to upsetting situations.

A shock sufficient to disengage one’s espirítú may be caused by the yap of a dog at close hand when least expected, a fall from a horse, or a fall occasioned by tripping over an unnoticed object in the path. A particularly unpleasant sight, such as a highway accident or the knowledge that one has shared a hospital ward with a patient who had died during the night, is unbalancing and makes the person liable to the loss of his espirítú. Equally jarring is a nighttime encounter with an apparition. The most common cause of the loss of one’s espirítú and consequent physical disability is the impingement of society upon the individual. Social situations which engender a disquieting condition of anger or fear in the individual are avoided for they, too, cause one’s espirítú to wander. (The volatile anger of the child is contrasted with the proneness of adults to bear malice over longer periods; comparatively, only the adult type of malevolence is perceived as unstabilizing and causally interrelated with susto.)

Simple susto is easily treated and most older women of Mecca’s north side understand the curing procedures. The patient is made to lie down with
arms outstretched so as to resemble a cross. Nowadays the healing of susto takes place on the wooden floor of the house or on a bed, but informants recall the older custom of the patient being made to lie on a mat on the packed-dirt floor of the home. The patient’s body is swept with a branch of the herb *pirul*. The sweeping commences from the chest and stomach proceeding in lateral directions, and also upwards and downwards toward the extremities. Before sweeping, however, the curer and patient talk over matters of a personal nature such as might throw some light on the reason for the condition. As the cure progresses with the sweeping motions, the curer prays in calm quiet tones, and the patient hopefully calls out to his wandering espiritu to return. Sometime during the calm-enveloped treatment a sudden sputter of liquid, either water or liquor, is emitted from the mouth of the healer, shocking the patient and bathing him about the face. Both patient and curer recognize when the treatment has succeeded in reuniting the wandering espiritu with the body. The patient for his part “feels” that his espiritu has rejoined the body; he begins to feel whole once again, as his voice changes from the plaintive insistence of “¿Donde andas, donde andas?” —where are you, where are you?—to the electrifying “Hay voy, hay voy” —I’m coming, I’m coming! The curer realizes the passing of the critical period when a drop in body temperature and a lessening of fitfulness is ascertained. A treatment may last for three days in more serious cases of susto pasado. At the conclusion of the treatment, the patient is instructed to drink the water from a special receptacle in which are floating herbs and palm leaves blessed during Easter services.

An alternate procedure, portraying the same general principles as the preceding treatment, was expounded by middle-aged Mrs. Garcia.

Until I was fourteen I lived with my family on a rancho just outside of the northern town of Cadereyta Jimenez in Mexico. In those days either the family cared for its sick or else they died. There were no doctors for us to run to whenever we felt sick! Every house was furnished with a copper pot in those days, and when susto occurred to a member of the family that pot would be put on the kitchen fire to heat until its surface became red hot. The patient would lie on the dirt floor of the house and his mother would dig holes under his head, his feet, and each of the outstretched hands. Some water would be poured into the holes, and then the muddied water would be scraped up and put into a vase. Mother would then place a bit of red ribbon, some *alvaca* [an herb], and a gold ring into the vase, as well as four crosses of palm leaf. After the patient had been swept with the pirul branch he was led to the fire where he began pouring the cold liquid from the vase into the red hot copper pot. The terrible hiss given off by the copper as it received the cold mixture frightened the patient terribly. He leaped back away from the fire and shrieked, and a tremor ran through his body (se chilló). At that moment the susto he had suffered ran from his body into the copper pot. Then for two nights following, the patient was swept and prayed over, sweated at night, and had to drink from the copper receptacle before eating in the morning (*en ayunas*), and before retiring for the night.

There is a great number of instances in which neither the patient nor his family recognizes soon enough the nature of the affliction. In those instances in which susto is not recognized quickly enough, its debilitating advance reaches alarming proportions and requires more potent treatment. Advanced cases—susto pasado—are generally brought to the attention of the Catholic clergy with the urgent request for an *ensalme*. The ensalme is the
regular blessing of the sick person performed by the priest as described in Father Simon's compilation of the ritual used in this region (1948). Father Simon recognized the singular extension of the use of the blessing by the Mexican-American laity to include conditions caused by other than physical disturbance. He said:

... people come quite often to the priest and ask him to pray over them. They say, "Padre, quiero que ud. [usted] me ensalme." ["Father, I want you to bless me."] It is always good to find out when they have been to confession the last time. If they have been away from the sacrament for quite a while, it will offer us a golden opportunity to induce them to go to confession and to receive Holy Communion in order to be better disposed to obtain from God the grace they are asking for. In many cases they will come and then the blessing can be given after Mass (1948:145).

The use of the blessing for the sick to include cases of susto is attested to by local priests who report that "many people come who are not really ill" (italics ours). Attempts by the clergy to dissuade the petitioners have proved to be of little avail. We submit that the difference between the calm chatting behavior followed by prayer in the home of the patient with the attendant mother, or the curandero, and that of the relationship between patient and father-confessor in more serious cases is, therapeutically speaking, one of degree rather than of kind.

Cases of susto which are permitted, either through undue postponement of proper treatment or making use of a practitioner not equipped to handle such conditions, e.g., a physician, eventually prove to be fatal. Death is caused by the slow wasting of the organism due to desiccation. The wasting effects of susto pasado lend the condition its other names, mal de delgadito, tis, or tuberculosis. The practical considerations that the confusion of susto with tuberculosis present to professional health personnel and public health administrators treating the Mexican-Americans of the border region will be dealt with in forthcoming papers of the Hidalgo County Project.

The Montalvo family went to a nearby lake for a picnic one Sunday in April. It was young Ricardo's first experience in a body of water and though coaxed and entreated by his family to venture into the water, he refused and remained an anxious onlooker. As the family continued to frolic in the lake, five year old Ricardo went to the car and fell asleep in the heat of the sun. He slept long and heavily throughout the afternoon and was carried, still slumbering, to his bed when the family arrived at home after dark. Several times during the night Ricardo was fitful and talked aloud in his sleep. The next morning the family assumed that he had been asustado the previous day, though not out of fear of the water. Rather, it was the family's insistence that he enter the water, demands to which he could not accede, as the father explained, which was causing the syndrome of susto. The day following the outing saw Ricardo brought to a neighboring woman to be cured.

Mrs. Benítez is a thin, distraught woman of about 45 years of age. For the past six years she has been suffering from attacks brought on by an asustada condition. Mrs. Benítez's aura consists of severe, painful headaches,
and a strange tingling sensation as if she were being pierced by numerous pins and needles. Following the aura she “goes out of her senses” and although able to hear those attending her, is unable to respond. Her limbs become taut and convulsive in movement, the jaw clamps shut, and the teeth clench in ironbound fashion. Upon regaining her senses she has no recollection of the seizure but is exhausted and has an overpowering urge to be completely free from the social world about her. Although Mrs. Benítez has several times been advised by physicians that she is an epileptic, her own diagnosis and that of her friends run counter to medical opinion.

Mrs. Benítez traces her condition from the vexatious (mortificada) period during which she lived with her husband, a man who has since deserted her and the children. “When I lived with my husband he used to beat me at regular intervals. On some mornings following a beating I could not lift my arms to eat with or in order to do the housework. I lived in an upset state all of the time (vivia asustada).” The first seizure she recalls caused her to go to an old man then living in Mecca with a local reputation for his effectiveness in the cure of susto. (This curandero is an unusual example as his cure for susto depended solely upon prayer, whereas all others contacted relied upon several therapeutic techniques to combat susto. Parenthetically, Mrs. Benítez relied to such a great extent upon the Mecca curandero because of his stressing the role of prayer.) At the time of the first seizure she was living with her husband and she visited the old man several more times following seizures caused by her asustada condition.

In December of 1958, Mrs. Benítez suffered a particularly severe seizure occasioned in general by the presence in her one-room apartment of the troubled relationship between her daughter and the daughter’s husband, and in particular by an altercation between herself and the son-in-law. One night in an angry mood the young man came home in search of a revolver which he had left in the care of his mother-in-law. The young man was quite intent on murdering a drinking companion with whom he had had words at a local bar. Mrs. Benítez refused to relinquish the weapon, which further incensed the youth. The son-in-law then proceeded to assault the informant verbally, at the same time knocking his wife about the house. On the following morning, in the early pre-dawn hours, Mrs. Benítez suffered a severe headache which awakened her, presaging the terrible seizure which followed. The violence of the scene during the night had caused her a susto nuevo which, combined with her older susto, created the very dangerous susto complicado or susto pasado.

An older woman of the town recalled how, many years ago, when her family had just arrived in the region, her brother was practicing the art of baking. Every day he used to go to the loading platforms of the warehouses to sell his newly baked breads and cakes. One day as he walked across the platform he failed to notice an open hole through which ice was poured to cool the stored crates of vegetables. The brother’s foot caught on the edge of the open passage and he fell forward, doubling his leg underneath him,
and then fell backward hitting his shoulder. The men who were engaged in the crating operation saw him fall and began to laugh as his breads and cakes scattered in all directions. The brother, unable to extricate himself from the ludicrous position into which he had fallen, and suffering great pain from his injured leg, was incensed at the laughter of the onlookers. (The informant thought the laughter of the workers and the consequent anger and mortification of the victim important enough to repeat three times during the course of the narration.) However, when the men noted that her brother had been injured by his fall they rushed over to help. The victim was carried home by two of the men and others collected his goods for him and brought these to his home.

The first thing that the mother of the injured brother did when he was brought into the house was to ask him if he could straighten his leg, which he was able to do though only with great difficulty. His mother then called a neighbor, a close friend of the injured, and requested him to go out of town to gather the “flesh” of the huisache chino tree just under the bark. When this was brought it was boiled and fed to the victim for eight days, a period during which the leg was rubbed-down.

As soon as possible the brother was laid on the dirt floor of the home and curing for susto was begun.

In Mecca the treatment of the ill is logically consistent with the premises upon which a diagnosis is made. A fallen fontanel is assumed to carry with it the upper palate which blocks the oral passage. A diagnosis is based upon symptoms suggesting that the child is unable properly to ingest food, particularly liquids. The cure attempts to elevate the palate to which is attached the fontanel, thus clearing a passage for food to pass to the stomach. Empacho is perceived as an indisposition caused by the clinging of a hard “ball” of food to the wall of the intestine. Certain penetrants are administered orally to attack the offensive chunk of food, breaking it into smaller pieces. The penetrants possess qualities of toxicity and “coldness.” Consequently, treatment is continued in order to purge the toxic substance from the body, and then to balance the “cold” quality with a “hot” quality. Each time that an imbalance of “hot” and “cold” is created, an adjustment is made to redress the essential balance. Throughout the cure the area of the waist is massaged to help crumble the offensive “ball” of food.

In the case of the other two high-incidence illnesses, mal ojo and susto, an essential part of the self of an individual is believed to be overcome or lost due to the power of a stronger alien force, eventuating in the loss of the individual’s equilibrium. The loss of balance is manifested by somatic illness. In each of these illnesses the treatment procedure attempts first to quiet the patient and to envelop him in a therapeutic atmosphere containing highly concerned people, generally the closely related female members of the family. The low-pitched monotone of prayer, and the relaxed ministrations of the healer, are accompanied by an attempt to recapture the occasion on which the traumatic loss was sustained. In the treatment for mal ojo, the agent
and subject are brought together, if possible, and the agent symbolically
ruptures the bond between the two by caressing the patient, demonstrating
thereby that the condition was unwittingly caused and without malice afore-
thought. The ideally poised state of an individual, that is, before having
been asustado, is re-created by the slow, languorous sweeping of the patient
with a medicinal herb, the low pitch of the healer’s prayers, and relaxed con-
versation between healer and patient. This ideal harmony of a person and
the world about him is rudely shattered by the sudden, frightening sputter
of alcohol or water about the face, or else the shrill hiss of steam which rises
from the red-hot copper pot. The original shock which caused the susto is
recalled in conversation and recaptured in its intensity by either of the two
shock treatments described. The treatments for mal ojo and susto then pro-
ceed to make the individual whole once again. In the case of the former ail-
ment, an intrusive foreign force is drained from the patient, enabling him or
her to act in an ideally independent manner. In the treatment for susto an
essential part of the self—the espíritu—must be returned to the host organism
before the illness, product of such a loss, can be cured.

The traditional framework of knowledge about health and disease of the
Mexican-Americans of Mecca is integrated by a conceptualization of the in-
dividual as a sum of balanced parts and qualities. A healthy individual is
one whose entire being is in balance. The concept is, in some measure, couched
in a framework provided by the so-called Hippocratic system in which the
body is visualized as healthy when sets of contrasting qualities, hot and cold,
wet and dry, are balanced (Madsen 1955). Structurally, the members and
parts of the body are conceived as having specific place and function; a
change in the manner in which any of these parts relate to the whole is pre-
sumed to cause illness.

We have seen that in two of the conditions, mal ojo and susto, illness is
caused by stressful interpersonal relations; and, also, that in some instances
empacho may be due to the nature of a role relationship in which the pre-
scribed behavior of one player is that of unresisting compliance to the will
of another, e.g., child-parent, guest-host. In each case of which we have record
in the field materials, the person suffering ojo or susto has been caused to
lose an essential part of the self. In the case of mal ojo a “weaker” person is
overcome by the strength of a “stronger” individual. All persons in Mecca
are susceptible to mal ojo, but women and children, inherently weaker in the
nature of the case, are more receptive than adult males. Anyone may cause
another to have mal ojo irrespective of the nature of the relationship, al-
though strangers are far more dangerous than relatives, due to the ease with
which the latter may be recalled to the side of the patient to rupture the un-
natural bond between them.

The Mexican-Americans of Mecca perceive the individual as a sum of
complementary parts and qualities. The arrival of a large number of doctors
and medical facilities in the delta region since 1916 has removed much of the
healing from the household and has seriously eroded a number of traditional
concepts. The four illnesses discussed in this paper present a hard core of resistance to modern medical practice, none of them being amenable to the care of a physician. We hypothesize that the persistence of the beliefs in the illnesses caída de la mollera, empacho, mal ojo, and susto is due to the fact that they support certain core values and ways of behavior in the Mexican-American community.

CULTURAL VALUES

Certain aspects of Mexican-American culture are of far greater importance than others to its perpetuation as a unique entity. These aspects may be said to provide a core for the way of life of the people; if the core is affected by change the traditional way of life is vitally affected. The three generation family of socialization among the Mexican-Americans is a focal point of dominant or prescribed values, the ramifications of which deeply influence other areas of the social life (Kluckhohn 1951:415).

Any study of the social system of the Mexican-Americans leads to the family of socialization within the bilaterally organized kinship group. That shallow and narrow unit stands out in sharp relief from the rest of kin and is characterized by denotative kinship terminology in contrast with the general, classificatory usage of the system. Ego’s essential social unit is comprised of his parents and his parents’ siblings, in particular his mother’s sisters. In the second ascending generation both sets of grandparents are respected members of ego’s extended household, but not the siblings of the grandparents. In ego’s own generation his siblings (hermano, hermana) are conceptually separated from others, as are also his first cousins (primos hermanos) separated from cousins (primos) further removed; in all contexts, references to first cousins on both sides pointedly distinguish them from other classes of relatives. Primos hermanos are said to be somewhat like one’s sisters or brothers and one is expected to have especially affective relations with them; particularly is this true between female first cousins. The unity of the female sibling group is of great importance to women of all ages and perdurs throughout a woman’s married life. The strength of the relationship between sisters is such that sisters’ husbands are conceptually brought together in a special bond and known by the self-reciprocal term compadres de pila; thus the sisters’ husbands are separated from all other relatives-in-law in one’s own generation. There is no similar usage for the feminine equivalent, compadres de pila, and the term itself is flaggy and almost unknown in Mecca. In the first descending generation one’s own children (hijo [m], hija [f]) are separated from others of their own generation who are known as sobrinos (m) or sobrinas (f). Thus the distinction observed between first cousins and all other degrees of cousins in one’s own generation is lost in their children’s generation. In Mecca the importance of the relationships found to obtain in the three generation family is equalled only by the bonds between an individual and his baptismal sponsors—padrinos de pila—or by the relationship between one’s self and the sponsors of one’s children’s baptisms—compadres de pila. Persons who
fill statuses within the close family described above are enmeshed in a network of behavior and attitudes which are sharply defined by cultural values which prescribe sentiments of restraint and respect between the individuals concerned.

With few exceptions those who regularly visit one's home are persons whose prescribed behavior toward members of the household is of a respectful nature. A man's home is his castle, but the home is also a sanctified place in which one's womenfolk are safe. At the head of the household is the father or, in the event of his death or absence, the oldest son. "In my home," says one of Mecca's patriarchs, "I am judge, jury, and policeman." Although the mother asserts a good deal of authority with the younger children and with the older daughters, she is expected to be naive about worldly matters and to occupy herself fully with the wants of her children and her husband. Both the father and the mother are figures toward whom conduct is enveloped in terms of extraordinary respect, but the restraint shown in relation to each is derived from different sources. The father must be respected because of his authoritative position at the head of the household, the mother due to her saintly qualities. The organization of the Mexican-American household has been most succinctly described by a young married woman of the community: "In la raza the older order the younger, and the men the women."

In a number of households the nuclear family is expanded by the presence of the mother of either of the parents. In such instances a great deal of friction exists, particularly if the older woman is the husband's mother. All of those with whom the question of residence was discussed stressed the desirability of the young married couple establishing their residence apart from that of either of the parental sets. Indeed, friction is considered inherent in a permanent arrangement in which the parent of one of the spouses resides in their home. El cuerpo y el arrimado en tres dias se pesten (after three days a corpse and a guest begin to smell), it is maintained. The values which order behavior within the household unit proscribe levity or frivolous behavior such as jocularity, dancing, smoking, drinking, or discussions of sexual relations, especially in the presence of one's parents or elder brother.

The condemnation of random visiting between the members of unrelated households precludes the formation of friendship relations between unrelated women of the community. "We are your best friends," the daughter is likely to hear her parents advise. Many times the observer hears women express the value-laden statement: "I don't like to visit with my neighbors. If we have something to discuss it is better done out in the yard." In fact, during the two years in which the author was in Mecca only two cases were discovered in which a woman regularly visited the home of another to whom she was not related. In both instances the visiting was non-reciprocal, i.e., only one of the pair was the visitor, the other was always the visited. Neither of the visitors had any kin in town other than affinals; one of the visitors had been deserted by her husband many years ago. Each of the visitors conceived of herself as a social isolate for whom life was meaningless, hopeless, and without order; one
of these anomic women was contemplating suicide at the time of our acquaintanceship. Both of the visitors regularly suffered from seizures diagnosed as epileptic by local physicians. In each of the instances of irregular visiting the husband of the visited woman peremptorily forbade his wife to admit the visitor any more, an action which resulted from the gossip which surrounded the unusual pattern. In one case the visiting continued and the husband’s sister carried the case to Commissioner’s Court, the charge: trespass. The cultural values of Mexican-American society prescribe the place of the woman as within the protection of the home provided by her parents or her husband; her proper companions are restricted to her husband and children, as well as her mother, sisters, female first cousins, and ritual kin.

Highly congruous with those values which provide the home a sanctified air are others which direct that the men pursue their social activities away from the household. In Mexican-American society a man is expected to pursue the pleasures of the flesh for as long as he is able; it is considered most desirable that a male function in as untrammelled a fashion as possible—a cada cabeza un mundo (each head is a world unto itself) say the chicanos. An individual whose attachment to his home is such as to interfere with more manly activities engaged in with his age-set—palomilla—causes serious concern to his family and the others of the palomilla. Too close an attachment to one’s wife detracts from the regard in which one is held by the community and causes negative sanctions to come into play. In one instance a mother expressed her concern over the fact that her married son tended to remain at home at night with his wife and children. The older woman accused the wife of refusing him permission to leave the house during the night hours. Said the son querulously, “I like to stay at home nights.”

Young men in Mecca’s Mexican-American society move about in informally organized age-sets, or palomillas. A palomilla may contain men who are married, unmarried men, or a mixture of both. With the exception of the very close, confidant-type relationship—amigos de confianza—found in the palomilla between two men no other structured form of relationship exists; members of a palomilla are brought together by mutual interests and the need for companionship. The last factor is extremely important in a society in which the core of the social system is the close family, the values of which proscribe conversation about the very type of behavior which other values demand of younger men. The palomilla spends the hours in which the members are not at work telling stories, drinking, discussing one another’s amorous adventures, arranging barbecues, and discussing problems of common interest. Often one member of the palomilla will recommend a discarded girl friend to another, particularly if they are amigos de confianza. It is only with his palomilla that the young Mexican-American man may “display the full social personality of an adult male” (Pitt-Rivers 1954:90); consequently, two brothers are never found habitually associating in the same palomilla no matter how close their ages.

A number of core values of Mexican-American culture have been described. These highly regarded norms select a narrowly defined group of kinsmen of
three generations as persons whose relationship to ego is of the greatest importance. Supplemented by one's baptismal sponsors and the sponsors of one's children's baptisms, this group is considered the only social unity upon which an individual may rely. Relationships within this group are sharply defined and expressed in behavior characterized by respect and restraint. Within the culture the greatest emphasis is placed upon the differentiation between the expected role behavior of male and female.

The cases of mal ojo which have been included in this article describe a number of situations in which behavior considered highly irregular, as measured by the cultural values, took place. All the cases were believed caused by an unusual amount of attention having been paid an individual by a person whose relationship to the subject was not one permitting such familiarity. (The exception is the young wife whose husband had recently returned from military service. Not enough is known about the context in which the incident occurred to venture a reason for its nonconformity to the general pattern.) In each case in which a child was involved as subject of mal ojo, the accused agent was from outside the close family group. In Rafael's case the passing woman accused of causing him mal ojo had reversed the expected sex roles, making him the passive partner. Old Marcos' illness was caused not so much by the attention that he had received while on the loading platform but the humiliating nature of that attention.

Although empacho is always believed caused by the failure of the organism to digest a piece of food properly, often the failure is attributed to tension caused by contradictory role demands made by the society upon the individual. The value which stresses the independence of the boy is in conflict with that one which prescribes filial obedience; the independence of the individual is also in conflict with the respect behavior enjoined upon a visitor in the home of another.

The five-year-old Montalvo boy found himself unable to enter the water as a little man should in spite of the coaxings and jeers of his sister and parents. The vexations suffered by the distraught Mrs. Benitez were due not to her earlier fear of the husband, nor a present fear of her son-in-law, but rather, as she put it, to her inability to defend herself and her daughter "... even in my own home." Mrs. Benitez lays the general blame for her illness upon the vexations (mortificaciones) of everyday life; a life which, at best, is unhappy. The man who had fallen in the open hole had his leg cured by potions of boiled huisatche chino bark, but his equilibrium was restored by treatment for a lost espíritu.

Other students of cultures in Latin America (Gillin 1948; Adams 1956, for examples) have suggested that fright is a common denominator in cases of soul-loss, and that generally the soul has been captured by magico-spiritual forces which must be placated by the victim and the curer. The material from Mecca indicates that fright is not a necessary condition of soul-loss. On the other hand, the material in this paper is supported by all other reports on the
incidence of soul-loss in the claim that personal or social stress is a necessary, but not a sufficient, condition of loss of soul (see Gillin, 1948).

The case histories of those who have been reported as suffering from susto or soul-loss in Mecca are devoid of the belief, found elsewhere, that loss of the soul is associated with its capture by magico-spiritual forces. The absence of the theme of magical capture among this non-Indian group of south Texas lends support to Adams' impression (1956:197) that the capture of the soul is a peculiarly Indian variation on a general theme of soul-loss.

CONCLUSIONS

It has been shown that the four illnesses herein described have remained firmly embedded in the socio-cultural framework, despite the introduction of an alternate system of belief and competing healing ways. It has been argued that three of these four illnesses function to sustain some of the dominant values of the Mexican-American culture, those which prescribe the maintenance of the solidarity of a small, bilateral family unit; and others which prescribe the appropriate role behavior of males and females, of older and younger individuals. We are unable to demonstrate such an association between one of the four conditions—caída de la mollera— with the configuration of values. We submit that probably this lack of association is related to the fact that caída de la mollera occurs only in children under three years of age, and generally in those younger than six months. It is here contended that children of such a young age are not yet socialized to appropriate role expectations, a contention which seems plausible from other observations of behavior and expectations in the group.

We are still confronted with the question: What are the implications of the empirically observed aggregation of the four illnesses in the conception of the Mexican-Americans? One of the threads which runs through all four illnesses is that they are not amenable to the understanding or treatment of the technically trained physician, be he Anglo-American, Mexican-American, or Mexican. They, furthermore, share the characteristic that only people of Mexican background are afflicted.

The pathologies described above are an area of high anxiety for all sectors of the Mexican-American population. Those whose orientation is toward adoption of Anglo-American socio-cultural behavior—particularly those persons who are now attending, or have once attended, high schools together with Anglo-Americans—tend to disparage these concepts of illness as ingenious beliefs, survivals of an unsophisticated past. The more credulous, on the other hand, seize upon every available opportunity to vouch for the authenticity of the illnesses. Invariably, informants in the latter category will volunteer information about an incident in which a patient was brought to a physician only to be told that there was nothing wrong with him. The patient was subsequently brought to a lay curer who not only diagnosed the illness but successfully healed the condition. The successful effort of the lay curer is always related
triumphantly in a manner to suggest that much more has been at stake than a simple matter of the curing of an individual patient. It is submitted that each success of a traditional healing procedure is a vindication of traditional modes which are beset by pressures to change. The four illnesses described in this article have attained a significance which goes far beyond their importance as pathological conditions. They have become highly symbolic of a traditional way of life. It is predictable that the greater the number of Mexican-Americans who adopt new behavior and values, the more value will the traditionally oriented invest in the aggregate of caída de la mollera, empacho, mal ojo, and susto.

NOTES

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2 The names of all places and persons in this paper are pseudonyms in order to permit maximum privacy to those who aided so much by their cooperation in the study of Mecca.

3 Chicano is from the Spanish Mexicano. It distinguishes Mexican-Americans and Mexican nationals from all other groups.

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