

Migration and Healing in a Latino/a Context

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Bio:

Martha Diaz is a junior majoring in Anthropology with a minor in Women Studies from California State University, Fresno. In the summer of 2011, she was chosen to join the National Science Foundation's Anthropology summer program at the University of North Texas to conduct a research project on healing practices among Latino/as. She also received a research fellowship in the Ronald E. McNair Post-Baccalaureate Achievement Program at her home institution. Martha is currently doing research with her professors at California State University, Fresno. The goal of the research project is to comprehend factors that prohibit minority groups from pursuing careers in the STEM (Science, Technology, Engineering, and Math) fields. After completing her undergraduate degree in Anthropology at Fresno State, Martha plans to pursue a Masters and Ph.D. in physical anthropology.

Abstract:

Folk healing is a concept that has preceded the use of physicians including perinatologists, psychiatrists, and pediatricians. Learning about folk healing allows a glance of the history and belief systems that continue to be practiced particularly in regions of Latin America. It is important to acknowledge the individuals who practice folk healing to further the understanding of men and women who have cured a large number of patients with fatal diseases that exceed that surpassed the natural and the supernatural realm. Taking a closer look into their early lives allows us to see events that influenced them in the healing styles that they currently use. Migration, family, wars, and economic factors have long played a role in their lives and healing practices, but this knowledge has constantly been clouded by information that focuses primarily on folk illnesses alone rather than those who actually cure and detect the illnesses. Taking a closer look into their past, and why they have chosen to migrate to the United States and leave Latin America, opens a window of knowledge that has not been widely discussed.

Introduction

Folk healing introduces an ideology that differs from what is commonly seen in medical practitioners. A folk healer's main objective when treating a patient is to cure a patient's psyche along with their corporeal form, whereas medical practitioners merely tend to patients' physical ailments (Neighbors, 1969; Rubel, 1966). To gain access to this folk ideology, it is important to obtain this information from the source of folk healing, which are the healers themselves. The purpose of this paper is to examine traditional folk healer's life histories among Latino immigrants in the Texas area. There have been various ethnographies, books, and articles written concerning folk healers as well as folk illnesses (Baer & Bustillo, 1998; Gonlin & Lohse, 2007; Huber & Sandstrom, 2001; Kiev, 1968; Montiel, Crowe, & Torres, 2009; Mull & Mull, 1983; Neighbors, 1969; Rubel, 1966; Trotter II & Chavira, 1980; Trotter & Chavira 1981, Zacharias, 2006). Most of this literature addresses the religious healing and diagnosis of folk illness and medicine use. It appears that limited acknowledgement has been given to those who actually practice folk healing. This paper will look into the lives of those who practice folk healing in the United States along with their experiences in doing so, if any, in their native country. The focus is on the healer's own perspectives of curing and how the practice of healing, both in their earlier lives and countries of origin, affects their daily lives in terms of healing others.

According to Ari Kiev (1968), a vast majority of Latin American communities in the United States depend on healers to cure what is commonly referred to as folk illnesses. For the purpose of this paper, these men and women who cure will be called healers (Baer & Bustillo, 1998; Huber & Sandstorm, 2001). Healers are typically defined in text as being men and women that are forty or older, though there are cases of some healers being as young as thirteen (Gonlin & Loshe, 2007). Healers are said to be primarily from a lower socio-economic status, just as

most of the patients whom they cure (Kiev, 1968). Perhaps the most recognized pioneer in research involving folk healers was Arthur Rubel who conducted ethnographic fieldwork in a town he referred to as *Mexiquito*, in the southern Texas area (1966). As he wrote about this town, he noted that a major point of influence on the town's lifestyle and socialization revolved around the belief of both folk illness and the healers whom he referred to as a *curanderos* (1966). This contextualized the importance that healers have on communities, in this case, for a Mexican-American community in southern Texas (Rubel, 1966). To truly grasp the concept of what a healer is, one has to acknowledge the healer's past; knowing the past will make it possible to comprehend how their present healing practices are constituted (Trotter II & Chavira, 1981).

Throughout this paper the term "folk illness" is defined as an illness that affects a person psychologically and/or supernaturally, which in turn can cause actual physical harm to an individual (Huber & Sandstrom, 2001). The definition used in this paper for the term supernatural or *sobrenatural* is anything that cannot be explained by science and has a spiritual connotation, be it good or bad, which leads to unexplainable happenings in either a person's body or his or her surroundings (Trotter II & Chavira, 1981). Illnesses reported as being of natural cause, *causa natural*, will be defined as illnesses that can be healed by going to a certified physician and without a healer's spiritual intervention (Lujan & Campbell, 2006). The term *causa no natural* or "unnatural" illness is used interchangeably with the term *causa sobrenatural* or "supernatural illness"; the meaning for both terms signifies an illness that cannot be cured or detected by certified physicians, and neither can be explained by modern science (Huber & Sandstrom, 2001; Neighbors, 1969). The term *Babalawo* will also be used throughout the paper to describe a hierarchical position in the *Yoruba* religious context meaning "high

priest” (Lefever, 1996). *Yoruba* itself will signify the Nigerian based religion, most commonly known in the United States as Santeria (Bonifacio, Angeles, & Olagoke, 2010; Lefever, 1996).

To understand a folk healer, one must take a look at their current practices to identify and compare; if any were done in the healer’s past, it may have led them to their current healing style. Folk healers typically cure patients with natural substances such as herbs, oils, candles, and eggs (Trotter & Chavira, 1981). This research addresses the existing gap in the literature about how folk healers treat folk illnesses by focusing on the daily lives and life histories of the healers. Research previously done on folk illness and healers are seen in the works by Rubel (1966), Baer and Bustillo (1998), and Braden (1930). This paper adds further detail of these healers’ life histories through interviews and participant observation. Several questions are posed to the participants in order to further understand their upbringings. What is their country of origin? How long have they lived in the United States? How does society react to them in the Texas? Are they able to conduct the same practices as they did in their country of origin? What are the major illnesses that they see in the United States compared to their country of origin, if any? Why did they or their family decide to come to the United States?

This entails taking a closer look into each of the healers’ country of origin to observe why the need to migrate occurred in the first place (Escobar, 2007). Both of the study participants, one from El Salvador and the other from Guatemala, mentioned fleeing their countries due to the encroaching threat of civil war at the time.

Background

The ethnography conducted by Arthur Rubel (1966) in the town of *Mexiquito* was used to gain context on the atmosphere of a culture that seeks the services and spiritual guidance of folk healers. Work done by Neighbors (1969), Mull and Mull (1983), and Huber and Sandstrom

(2001), focused on the healers themselves: their practices, religious beliefs, family, and early life histories. These authors were used to conceptualize how healers function in terms of *curando*-healing, and in their socialization with their patients. To understand the native culture of healing and its roots as it pertains to Latin America, the work of Gonlin and Loshe (2007) were utilized. Their healing skills hold them in high regard within the community, leading them to have influence over other aspects of the people's lives (Kiev, 1968). The impacts could lead to different perspectives in areas such as death, technology, and forms of economic trade (Gonlin & Loshe, 2007). Economic trade is the concept seen most in the United States; it is seen through the monetary payment offered to a healer for their curing services (Huber & Sandstrom, 2001). It is the healers who establish the means of payment, depending on the economy of the area (Lujan & Campbell, 2006).

Gonlin and Loshe (2007) describe how Latin American folk healing is contemplated in the present day, and how it continues to evolve. These authors suggest that spiritual beliefs, especially belief in folk illnesses and healers, could impact a community's social organization treatment of the dead, use of technology, and forms of economic trade (Gonlin & Loshe, 2007). This aided in formulating the concept of *enfermedades no naturales* and folk healing in a broader sense to include its vast impact in a Latin American setting.

To grasp the deeper meaning concerning the religious aspects as well as the psychological aspects of healing, the works by Ari Kiev (1968), and Barris and Irazabal (2009) were examined. Arthur Rubel (1966) and Ari Kiev (1968) served as a back bone to the future research conducted on Latin American healers, and folk illnesses. Literature from authors such as Barris and Irazabal (2009), Zacharias (2006), and Montiel, Crowe, and Torres (2009), expand on both Kiev's (1968) and Rubel's (1966) initial findings as well as questions that both Kiev

(1968) and Rubel (1966) posed. Recent research, in combination with investigations conducted from Kiev (1968) and Rubel (1966), has helped formulate a concept of what folk healing entails, as well as questions concerning other aspects of folk healing, such as which healing herbs are applied, religious implications concerned with healing, and how folk healers initiate their protégé. After reviewing the literature and methods used, it became apparent that the angle least approached in investigating folk illnesses was the folk healers.

Life Histories

Two individuals were interviewed about their life histories. One is a woman who refers to herself as a healer and is originally from El Salvador. My second informant is a male from Guatemala who does not necessarily agree that the term healer accurately describes his practices but rather refers to himself as a *Babalawo* (Berg, 2009). Both informants spoke of their encounters with *enfermedades naturales*- and *enfermedades sobrenaturales*, and how they treated them (Mull and Mull, 1983; Trotter II & Chavira, 1980; Rubel, 1966). The different perspectives of these two healers gave a clearer view on how varying beliefs and opinions affect healing practices; in this way, it is possible to discover what it means to be a healer, as well as its possible repercussions.

The healers were asked about the deciding factor that led them to migrate into the United States and the reasons that they chose to remain. Reasons why they continued to practice healing in the U.S was also of interest (Levitt & Jaworsky, 2007).

Factors Influencing Migration

Both participants migrated to the U.S. as a result of push and pull factors. The push factor was the consideration taken when leaving their native country; the pull factor is what led them to want to migrate to the U.S. For one of the informants in my study, the impending civil war in her

native country of El Salvador was the deciding factor that drove her family in the decision to leave the country. The second informant in my study also left his country, Guatemala, when signs of a civil war began to appear with in terms of student protest and murders caused by militant forces (Schirmer, 1998; Fauriol & Loser, 1988). In Guatemala the war began from 1960 to 1996, and in El Salvador it was roughly from 1980-1992 (Santiago & Binford, 2004). Both informants explained that prior to the official outbreak of the civil war, they had already witnessed civil disruptions in the form of deaths, kidnappings, and small scale warfare in their towns (Armstrong & Shenk, 1982; Fauriol & Loser, 1988; Escobar, 2007). Participants informed me that, at the time, the United States seemed to them and their families the safest place to live as war continued to ravage their native countries (Levitt & Jaworsky, 2007). One of the participants came with his family to California in search of safety, economic prosperity, and education (Escobar, 2007). The other arrived in California as well, for security reasons since, according to her, the United States was powerful and seemed to be the safest place to be (Levitt & Jaworsky, 2007).

Civil War in El Salvador

From 1961 to 1971 El Salvador saw a growth in their manufacturing sector; however employment in this sector did not arise as it was expected (Armstrong & Shenk, 1982). Though manufacturing proved adequate for the United States, El Salvador would learn that it would have an undesirable economical effect on its population. The lack of employment caused many families to live in poverty. Around 1969, El Salvador, with a population of 350,000, began to see the emergence of slums called *Tugurios* (Armstrong & Shenk, 1982). The countryside was fairing no better; the Salvadorian government realized that they would have to continue to clear more land in order to diversify their crop production to grow the economy, causing peasants to

be pushed off of their land (Santiago & Binford, 2004). In response peasants began to form illegal unions in the years 1963 to 1965, which demonstrated the growing discomforts felt among the people of Guatemala, which was a prelude to the coming distress of the country (Escobar, 2007). Additionally the year 1972 proved to be a crucial moment in the oncoming civil war of El Salvador (Armstrong & Shenk 1982). It was in 1972 when the Party of National Conciliation (PCN) won election over the National Opposition Union (UNO). The election was rumored to be won through corruption (Armstrong & Shenk, 1982). The U.S. became a strong supporter of the Salvadorian military force, counteracting the leftists and their ideals (Santiago & Binford, 2004). Migration began to increase in the United States as a way for Salvadorians to escape the danger that they were experiencing. However, asylum was only granted to a few individuals who had prior connections to the U.S (Santiago & Binford, 2004). This caused a majority of the Salvadorian migrants to arrive to the U.S. illegally (Greenhill, 2010). The hope for economic prosperity, and safety from the war led many Salvadorian migrants to overlook the possible dangers of entering the U.S. illegally

It was before the official calling of the war in El Salvador from 1980 to 1992, when one of the informants from my study, decided to leave El Salvador with her family, before situations began to intensify in violence. The United States felt the safest place at the time for the informant and her family, so they decided to go as soon as possible to escape any future pre-war mishaps (Escobar, 2007; Levitt & Jaworsky, 2007).

Conflict in Guatemala

The second informant who was part of this study is from Guatemala and experienced a civil war in his country as well. The war ran its course from 1960 until 1996 and, like the one in El Salvador, it would also take the lives of peasants, political figures, and of students among

others (Schirmer, 1998). Indigenous groups mostly of *Maya*, origin, were heavily targeted (Schirmer, 1998). Years prior to the war in 1944, military and political uncertainties arose in Guatemala (Escobar, 1998). The politician, Jacobo Arbenz, ran for office on a platform of land reform (Escobar, 1998). This along with other political leftist ideals created discomfort in both the political and military realm (Fauriol & Loser, 1988). A militant (counter) left-wing movement arose in the 1960's, which has proceeded to operate with a series of *vicious campañas de insurgentes* (Bourgois, 2001). Corruption in the Guatemalan government began to spread, creating *guerrillas* to fight the corrupt government that was gaining political ground (Schirmer, 1998). The military itself began to split; some of the discontent officers would form new *guerrilla* groups in the early 1960's (Fauriol & Loser, 1988). The violence began to spread into Guatemala's urban areas, which caused fear and discomfort for those living in the area, as was described by my informant, Oragun (Bourgois, 2001).

“...pues hubo muchas cosas políticas, ósea empezó el terrorismo, las guerrillas entonces muchos inmigramos entonces ninguno podía ir a estudiar que estudiaba antes y ya empezaron a matar...mataron a estudiantes todos esos hubo como un tipo de revolución...todos los estudiantes empezaron a revelarse, hicieron protestas y todo eso entonces una persecución contra los estudiantes, entonces muchos se quedaron y unos nos fuimos y yo me vine para acá”

[Well, there was a lot of political things, terrorism started, guerillas, and then a lot of us immigrated because nobody could get an education, and those who did study started getting killed...they killed students all of those...they started a type of revolution...then all the students began to revolt, they did protest and all of that,

then they began to prosecute against the students, so a lot of people stayed but a couple of us left, I decided to come here (United States).] (Oragun, July 28, 2011)

By 1979 the indigenous population of Guatemala, *Los Maya*, also began to support the *guerrilla*'s war efforts against the larger organized government for Guatemala (Schirmer, 1998). It was at the beginning of the war that my second informant and his family decided to leave Guatemala and migrate to the United States (Escobar, 2007; Levitt & Jaworsky, 2007).

United States Support of Latin America

The U.S. was an economic and militant supporter of the governments of both El Salvador and Guatemala in their fight against leftist governments (Schirmer, 1998; Santiago & Binford, 2004). Between, 1983-1984, Americares Foundation, in conjunction with the Order of the Knights of Malta, supplied \$3.4 directed for medical aid for the countries' armies to disperse in local villages (Schirmer, 1998). The economical sustainability provided by the U.S. government assisted in reconstructing homes, government buildings, hospitals, and farmland (Czaika, 2009; Schirmer, 2009). Other services supplied by this aid included initiatives to support the populations in the times of food scarcity; increasing production of diversified crops, potable water, and sanitation; and projects to provide electric services in rural areas (Schirmer, 1998).

Migrating to the United States

According Czaika (2009), there are three main motivations for individuals to migrate; family reunification, labor migration (economic activity), and escape from a war-torn country (asylum seekers and refugees) (Greenhill, 2010). The participants in my study both decided to leave their countries for the third reason mentioned by Czaika (2009) (Greenhill, 2010). Even after the wars had ceased in their native countries, both informants decided to continue living in the United States. Various reasons encouraged each participant in their decision to remain in the

United States, such as education, economy, and family (Escobar, 2007; Levitt, & Jaworsky 2007). The United States is attractive to would-be immigrants from around the world (U.S. Census, 2010). During the time of economic and political turmoil in El Salvador and Guatemala, the United States was seen as a land of opportunity and prosperity, ideas which led Latin American migrants to choose to live in the U.S. rather than another country such as Canada or England (Oboler, 1995). The United States Census Bureau, (2010) reports that approximately, 16.3% of U.S. population are migrants of Latin American origin (Levitt & Jaworsky, 2007). In the state of Texas approximately, 37.6% of the state's population have Latin American backgrounds (United States Census Bureau 2010). The number of Latin Americans began to grow in the 1980's during the war (United States Census Bureau, 1993). The United States saw a growth of 61% in 1970 to 1980 of people of Latin American descent (United States Census Bureau, 1993). During 1980 to 1990, growth in Latin American population was 53%; as the wars began to disseminate, migration began to proceed at a slower pace (United States Census Bureau, 1993). Today in the Dallas area alone, approximately 100,000 migrants are from El Salvador, and 11,000 migrants from Guatemala (DFW International, 2010). Enabling all of this migration, are the positive numbers reflected in terms of economical, political and educational success for Latin Americans in the United States (DFW International, 2010; United States Census Bureau 2010; Escobar, 2007). According to Escobar (2007), this affirmation of possible benefits was the motivation that led migrants to want to establish themselves in the U.S.

Healing in the United States

One of the participants interviewed was Catholic. When she came to the United States she was able to continue practicing Catholicism without any negative backlash. The only sign of her future healing, while living in El Salvador, were her *premoniciones* that were experienced in

a dream state (Huber & Sanstrom, 2001; Trotter II & Chavira, 1980). Even so, not much attention was paid to these dreams or feelings of coming events until she was told by her husband's godfather that she held a *don* for healing while living in California.

The second healer spoke of having to go through an initiation process, although not all healers do this, in order to be acknowledged as a healer in the *Yoruba* religion (Huber & Sandstrom, 2001). This initiation consisted of the participant going to Nigeria and studying under the tutelage of a *Babalawo* for six months (Lefever, 1996). The details of what occurred during those six months were something my informant was not allowed to divulge since it involved *ritos sagrados* or sacred rituals. This initiation process was crucial to this informant's life. It was during his studies that his methods of curing were established, as well as opinions on curing and the classification of illnesses (Mull & Mull, 1983).

Native Influence

A healer's religious perspective is central to how they cure folk illnesses, how they treat patients, as well as the ailments that qualify as a folk illnesses (Kiev, 1968). It has also been noted in different ethnographies that the ways in which a healer feels towards their country of origin subconsciously affect their patients' view of their own countries (Trotter II & Chavira, 1980). For instance, one informant mentioned that in El Salvador she did not practice healing at all, so for her, healing was a new concept. Regardless of her lack of healing in the past, the informant still felt a pride and a sense of connection to her country of origin. This showed itself in her *Botánica* with posters and flags representing the country of El Salvador. The *Botánica* also held paraphernalia from other countries such as Mexico, Venezuela, and Guatemala, which established a sense of appreciation towards their native countries.

The second informant mentioned that he did practice a form of curing which was called *Mayismo*. It was upon his arrival to the state of Texas that he began practicing *Yoruba*. He felt as if *Yoruba* was closely inclined to the religious practices he had back home, and immediately fell in step with the local *Yoruba* community (Moret, 2008). The informant mentioned that at the time of the civil war in Guatemala there was also a persecution of, *la gente indígena*, indigenous people, and *chamanes* or shamans (Schirmer, 1998). His family fit into both of these categories, which enabled them to make their decision to leave the country, to pursue a safe life, free from persecution. This led the informant to set aside his practice while in U.S and to earn a college degree as a veterinarian in California; however, after nine years in this career, he decided that he no longer enjoyed his chosen field of study. He began to feel unfulfilled; it made him realize that his true calling was not to be a veterinarian, but rather to follow the spiritual footsteps of his family. However, instead of proceeding with *Mayismo*, he went forth with *Yoruba*, an African based religion (Lefever, 1996; Moret, 2008).

Context of Healing

One of the research participants has a *Botánica* in the East Dallas area. A *Botánica* is a store that sells spiritual based items used to cure or to protect an individual from getting *embruado*, or bewitchment, using products such as herbs, holy water, rosaries, amulets, candles, and so forth (Cruz & Gates, 2000). The participant owns a small shop on the second floor of a two story building that is in an open air business center. Other businesses around the *Botánica* include a smoke shop, health clinic, and a grocery store. The informant, originally from Guatemala, has been in the Texas area for about twenty years. The research participant practices *Yoruba*, an African religion based on the use of magic (Lefever, 1996; Moret, 2008). According to him, the majority of his patients seek him out for help with *enfermedades sobrenaturales*

rather than *enfermedades naturales*. Along with healing, the participant conducts rituals to help people obtain things that they desire such as love, money, and protection. Even though healing is a part of his life, it is not the center of his ritualistic practices. His focus tends to be on the religious and magical aspects of *Yoruba*, rather than the wants of individuals.

This participant mentioned that he initially practiced his rituals and curing sessions at home, but, due to family issues, he decided to rent the present location. The *Botánica* in itself has two rooms, each is about sixteen feet in width and fifteen feet in length. One room is where he keeps his altars, and the other room (the one in the front of the store) is where he sells spiritual based items (candles, soaps, rosaries, necklaces, etc.) (Cruz & Gates, 2000). The first room, where he sells spiritually based items, was where interviews and a portion of the observations were conducted. The second room in his *Botánica*, are where his alters dedicated to the *Orisha*'s were kept (Lefever, 1996; Moret, 2008).

My second informant, a female from El Salvador, owns a *Botánica* in the Fort Worth area. I also conducted an oral history on her life, beginning from her time in El Salvador to her present residence in Fort Worth where she has lived for 43 years. Her *Botánica* is on a street corner that looks as if it could house four of the first informant's shops. Her store is filled with candles, religious statues, and herbs (Cruz & Gates, 2000). Even though the store is larger than my other informant's, one finds themselves squeezed between isles, due to the various amounts of shelves' in the *Botánica* that hold the merchandise. See Figure 1. Towards the back of the store there is a small white door with a double sided mirror in the center that holds the participants office, which is where the interview was conducted. The room was perhaps eight feet in width and nine feet in length, and was very dark, only lighted by a desk lamp and four candles. The rest of the space in the small room was filled with statues of Catholic Saints, family

pictures, books, and writing utensils. The informant continues to be a devote Catholic, and focuses primarily on healing rather than conducting rituals to gain people love, money, or luck as the previous informant had.

Methods

I did not have the recommended third person to introduce me to a local healer, so I recruited informants by simply walking into their *Botánicas* and explaining my project (Mull & Mull, 1983). It is usually advised to have an intermediary introduce you to a healer; this allows the healer to be more comfortable and trusting of with the interviewers (Mull & Mull, 1983). If the healer knows that someone of their confidence sent you, it would be easier to gain the healers trust.

I chose to search for *Botánicas* even though healers tend to practice in their homes because I did not have an intermediary (Zacharias, 2006). The shops were chosen at random, regardless of methods used to cure; *Yoruba*, *Mayismo*, *Magia Negra*, *Yerbas*-herbs etc.... The main criterion for finding subjects was for them to be migrants from Latin America and to perform any type of folk illness healing services, whether they had been practiced in their country of origin, or solely in the United States. The research methods included oral life histories, interviews, field notes, literature review, and participant observation, as described by Berg (Berg, 2009).

Oral Life Histories/Semi-Structured Interviews

Oral histories were applied to obtain different perspectives of healer's lives as they were seen by the healers, rather than how others such as patients perceive them. The interviews were semi-structured allowing participants to speak in depth about what they believed was important and influential in their lives (Berg, 2009). Two interviews were held for each participant, each

lasting approximately one hour per interview. The first interview focused on questions about the informants, including family history, country of origin, healing practices, social acceptance in the Texas area, and clientele. The second interview focused on topics such as motivations that influenced the informant's family to leave their country of origin. Other topics discussed pertained to family, healing history, and items used while healing. Interviews were audio recorded after receiving consent to do so from the participants in order to insure their comfort while the interview was taking place. These interviews were later transcribed in the language in which the interview was conducted (Spanish) using a transcription program called NCH Software.

Participant Observation

Participant observations were conducted either during interviews or by spending approximately an hour in the participants *Botánica*. Observation served as an important part to this research, in means of perceiving a healer's daily schedule (Mull and Mull, 1983). If observations were conducted during the interviews, hand gestures, body language, and reactions to questions were taken into account and recorded.

Consent Forms

Prior to the interviews participants were presented with consent forms. One form gave the information about the project as well as the participant's rights. The second consent form asked for the participant's authorization to conduct the interviews and observations in their *Botánicas*. For one of my participants, signing the consent form and the interview were conducted on the same day. For my second participant, two separate meetings were conducted, one to sign the consent forms and another to conduct the first interview. Before the interviews began, I asked the participants if they would allow me to audio record the session, to which both agreed. At each

interview I asked the participants for permission to take photos of their *Botánicas*; both participants gave me consent to do so.

Field Notes

Field notes consisted of taking down jottings as the interviews were being conducted; observations were written in text after interviews were transcribed. Transcription came first, so that I would be able to write a thicker description on a particular event during observations or interviews that I could not otherwise remember with jottings alone. Transcribing was done in the language in which the interview was held, which in both cases was Spanish. After completion of field notes, transcription and coding were conducted using ATLAS.ti as a means of organization

Interview Coding

Interviews were coded on the determinants of religion, history in country of origin, family history, state(s) lived in the United States, practice evolvement, divination, herbs, foods used for curing, types of *males natural*, types of *males' sobrenaturales*, cases, physicians etc. Commonalities and differences between participants healing styles and religious practices were also taken as a subject in the coding process. It was important to understand how they practiced in other states, if they had lived anywhere other than Texas. Part of the investigation regarded how those leaving their country of origin changed their curing practices, so it was of high importance to determine whether the participants chose to practice differently in certain regions of the United States and why.

Literature Review

Literature read prior to recruiting participants was used for three purposes in this research. First, literature was used to formulate the questions and the approach I would take with the healers. Secondly, literature was used as a basis for creating methods, formulating

hypothesis, and providing background information on previous research as it applied to my own research project. It also helped in terms of creating the questions which were asked during the interviews.

Analysis

Findings were set into categories which had been prompted by literature that discussed traditional folk healing and illnesses. The main subjects that tended to appear in literature concerning folk healing and folk illness were religion, migration, family history, location, remedies, and personal experiences (Gonlin & Lohse, 2007). These themes also corresponded with the exploratory purpose of this research concerning the healing outcomes derived from the life histories of folk healers. Putting each category into play helped put into perspective how aspects of a healer's life influenced their healing styles and practices. Each section was explored in depth and organized on a time scale. The topic to which the participants had the earliest exposure in their lives was used as a subject of primary influence to their lives. Meanwhile, the subject that was brought up last in their lives was seen as having the least influence. The earlier a subject such as migration to the United States was brought up, the more influence it seemed to have in their lives. Events that happened in their adult life, such as introduction to new remedies, were not as significant, since their healing practices had already been set at this time.

Findings

My first informant, Oragun, explained to me that in his country of origin, Guatemala, his family practiced, *Mayismo*, which he defined as an indigenous culture that conducted rituals, sacrifices, and prayers to the *Maya* gods. *Mayismo*, according to Oragun, was based on the community as a whole rather than on an individual. In the region of Guatemala where my informant lived, there was no individual curing of "supernatural" illnesses; rather prayers and

rituals were held for the prosperity of the entire community. When events such as murders, kidnappings, and protest began as a prelude to civil war of Guatemala, Oragun and his family decided that it would be in the family's best interest to leave before the war began. Oragun came to the United States, where he first settled in California, and then Dallas, Texas, where he currently resides and conducts his healing practices. He explained that his current religion is *Yoruba* which is an Africa based religion from Nigeria that was introduced to the United States and parts of Latin America by slaves (Angeles, Bonifacio, & Olagoke, 2010). The main aspect of *Yoruba* concerns the magical realm, as well as recollection of songs, chants, religious history, and storytelling in order to keep the spiritualistic traditions of *Yoruba* alive (Harry & Lefever, 1996). Oragun explained in his own words that *Mayismo*, which he practiced in his native Guatemala, was more oriented to praising the gods rather than asking for things, or doing rituals that involved *magia negra* to heal like *Yoruba*. See Figure 2.

Todos allí por ejemplo, es una luna llena le vamos a hacer una ofrenda al dios del agua, entonces ese rito se hace en una cascada, porque uno esta adorando el dios del agua, o al dios de la lluvia....entonces...como para el dios del trueno sería diferente rito.

[Everything there for example, is a new full moon we go and give an offering to the god of the water, this ritual is done by a waterfall, because one is praising the god of the water or the gods of the rain...then for the god of thunder that would be a different ritual.] (Oragun, July 17, 2011)

Yoruba, according to Oragun, is a more magical based practice; therefore any healing done is through ritual and sacrifice dedicated to *Orisha*, a god in the *Yoruba* religion.

Bueno si ya es algo grave así pues ya...YORUBA la magia de África se basa mucho del sacrificio. la base es sacrificio...entonces depende si alguien tiene mágica negra ay que sacarla con mágica negra...porque no se puede curar la mágica blanca con la magia negra...entonces uno que tiene mágica negra...a esas personas ay que curarlas con magia negra.

[Well if it something severe well then...Yoruba, the magic from Africa is largely based on sacrifice. The base is sacrifice...then depending if someone has been cursed with black magic, we must take out the black magic by using black magic as well...because you can't cure black magic with white magic...then one has to use black magic...we have to cure those people with black magic]

(Oragun, July 17, 2011)

An *Orisha* is a god in the *Yoruba* religion, each *Orisha* (there are over four hundred), has a specific task they perform, and an element they represent (Lefever, 1996). Oragun explained that these *Orishas* can be both male and female, and, depending on the patients, he will choose an *Orisha* to help that fits the customer's needs. For Oragun his belief system does not only revolve around healing others. A majority aspect also consists of simply praising the *Orisha's*, as well as rendering the *Orishas don* and sacrifices.

The second informant, Milagros, from El Salvador told me that unlike Oragun, she was the only one in her family who practiced the art of healing others. Leaving El Salvador as a young girl, Milagros informed me that she did not know she had a *don* (Trotter II & Chavira, 1981). Milagros mentioned that at the age of twenty-nine she came to the United States, and remained in California for some time. Even after things had settled down in Guatemala, she had

grown comfortable in the United States, and by then had a husband and children, so she decided to stay. It was when she lived in California that she was told by her husband's godfather, (who practiced *Yoruba*) that she had a *don*. She said that he simply looked at her and then told her husband that his wife had a great *don* of healing and that she did not need any teaching, that she would learn how to heal on her own, because her *don* was so powerful. It was from then on that Milagros acknowledged that she had a *don* for healing and for being able to foretell the future through her dreams. She explained to me that unlike most healers, she taught herself to heal, because she was born with this *don*, and that it was very strong. In terms of her actual healing of both *enfermedad natural* and *enfermedad sobrenatural*, Milagros prays to the Catholic Saints, to guide her in the healing process (Lujan & Campbell, 2006). She focuses only on healing and divination; no other "supernatural" services are performed for her clients.

Remaining in the United States

Neither Milagros nor Oragun ever returned to their countries of origin. Both did visit at least once, but decided to continue living in the United States (Escobar, 2007). Milagros mentioned that she stayed because she grew comfortable here and by the time the war had ended, she already had a husband and children. Since Milagros saw no need to go back to, El Salvador, she stayed in the Fort Worth area with her family, and together they opened her *Botánica* over twenty years ago.

For Oragun, he decided to stay in the United States, because here he had the opportunity to go to college. Oragun entered the University of California, Davis when he was eighteen, and studied to become of a veterinarian. Oragun also mentioned that he had loved the United States, due to its democracy, freedom of expression, and freedom to practice religion. These three rights

were those which had been taken from him in Guatemala which influenced his family's choice to leave Guatemala.

Similarities in Curing Styles

There were commonalities that I found with both of the informants' curing styles. I realized that it took a deeper glance into their responses to see that they had the same concepts of healing in mind, but used different methods to receive their end results. For instance, both Milagros and Oragun healed primarily those who had been struck by *enfermedades sobrenaturales*, which were believed to be imposed by another person, be it for love, revenge, or money. This *enfermedades sobrenaturales* can cause actual physical harm to an individual which cannot be cured by a medical physician. The concept of *enfermedad natural*, and *enfermedad sobrenatural* seemed a concept that both Milagros and Oragun felt was important to discuss during the interviews sessions.

Bueno lo tuyo es enfermedad natural vete al doctor' tú sabes que te hagan un chequeo y si ves que la medicina...pues yo e ayudo tu sabes...y si es algo que no es natural que le hicieron un mal...yo también le digo y lo trato porque eso no lo va a curar el doctor...tu sabes puedes ir al doctor y vas y vas y no te encuentran nada porque no...no saben de eso allá

[“Well what you have is a natural illness, go to the doctor”...you know...have them check you out and if you see that the medicine....well then I'll help you, you know...and if it isn't something caused by a natural illness, that someone did something to you...I'll also tell you, and I cure you, because the doctor can't cure

that...you know, you can go, and go, and go to the doctor but they won't find anything, because they don't know]. (Milagros, July 19, 2011)

Exactamente...ahora dije este...hay una cosa que la...la brujería un doctor no la puede sacar...ok...yo he tenido muchos casos de doctores que ya están interesados en esto ay uno en especial que viene en vez en cuando porque dice que hay muchos pacientes que les hacen exámenes y ellos no tienen nada. Y muchas personas dicen me duele aquí y yo le digo sabes que para eso te tiene que ver un doctor

[Exactly...no I said...there is one thing that...witchcraft...a doctor cannot help you...ok...I have had many cases where doctors have been interested in what I do. There is one in particular that comes once in a while, because he says that there are a lot of patients whom he conducts test on, and he finds nothing. Then there are people who say (to me) it hurt's here or here, and I say, "You know what for that you need to see a doctor"]. (Oragun, July 17, 2011)

Types of Illnesses

Even though both Milagros and Oragun had been presented with cases of *enfermedad natural*, they both preferred to advise prospective clients to seek the help of a physician. Both informants did, however, tell their clients if after their visit with the physician, and still felt ill, that they were more than welcome to come return. Milagros and Oragun would then employ forms of *medicinas naturales* (teas, herbs, food etc...) to cure the client's physical illnesses. Milagros and Oragun did make it a point during interviews to explain that they dealt with

“stronger illnesses,” which were illnesses that they categorized as illnesses of *causa sobrenatural*. Milagros had different cases from those of Oragun, as well as different techniques in healing. However, regardless of the methods, both tended to see the same types of illnesses in their patients, and the curing outcomes would be the same. The main themes I saw repeated in Milagros and Oragun’s healing accounts were illnesses that were inflicted by another for reasons related to love, money, or revenge. These clients would come to Milagros and Oragun’s *Botánica* and ask them to perform a spell for them; then depending on the spell and on personal ethics, Milagros and Oragun would decide whether to carry out the spell or not.

In terms of what spells clients requested from both Milagros and Oragun, they tended to range from spells to attract money, love, or luck. Milagros mostly got people who wanted amulets to bring them luck in legal matters, love, or money. However Milagros did mention that there were those individuals who did not ask for any type of luck for themselves; rather they asked her to harm others. This is where Milagros and Oragun show their differences.

Ethics on the Supernatural

Oragun will do spells for people, but he has his own ethics that he follows in terms of what he will and will not do. For Milagros, anything that involves a third person, without that person’s consent, Milagros would refuse to do.

Vienen enfermedad natural o que le hagan hecho algo también, tu sabes...de
brujería, claro yo no pongo...porque eso es el hacer mal, yo quito nada mas, lo
que traen

[They come with natural illness or also come if someone has done something to
them as well...you know...witchcraft, of course I don’t do that

(witchcraft)...because that is to do something bad, I only help take it away of those who come with it]. (Milagros July 19, 2011)

For Oragun this was not always the case. There were certain instances where he would conduct spells to attract a lover, money, or luck for a customer. Unlike Milagros, he did engage in involving an unknowing third party in the rituals he conducted. Oragun mentioned, however, that he did have certain personal ethics as to how far he would go with a customer's request. Oragun also made it a point to tell his customers the possible outcomes that the spell might have, which as he explained were most likely to be negative. He gave an example of a case, where he had to refuse the customer, due to the work she wanted done on her son.

eso se arriesga todo tiene su riesgo...y muchos dicen que has mi esposo que me quiera...va a regresar contigo pero va hacer como a la fuerza lo principal es que esa persona te quiere ...y si no te quiere va a hacer un desastre...una señora una vez vino y dijo que a su hijo le habían dado un dinero de una seguridad como 20 mil dólares y ella quería que yo le embrujara al hijo para que él le diera ese dinero...yo dije no...

[That is a risk, everything has a risk...there are many who say "Oh make my husband love me"...he'll return to you but it will be against his will, the main thing is that this person should love you...and if they don't love you then it's going to be a disaster...I once had a lady come in who told me that they had given her son insurance money, around twenty thousand dollars, and she wanted me to bewitch her son so he would give her the money...and I told her no]. (Oragun, July 17, 2011)

Participant History

In contemplating the ways in which Milagros and Oragun dealt with their clients while standing by their personal ethics, I began to note how their upbringings in Latin America influenced the practices they were currently employing. Milagros had been born in Guatemala to a Catholic family, and at the age of twenty-nine she came to the United States, to the state of California. Milagros came to escape the rising civil war in El Salvador (Escobar, 2007). In her younger years in El Salvador, Milagros did not practice any type of healing; in fact she was not even aware that she had a *don*. Milagros recounted in an interview, that she would have dreams that would happen later on in the day. Still, she did not pay attention to it since her family had not previously dealt with any supernatural healing, so she assumed it just to be coincidence. It was through her husband that she met a man who finally told her about the *don* of healing that she held. Soon after she began teaching herself how to heal others. She was never initiated or formally taught; she picked up everything on her own. To this day she still has close ties with the Catholic Church. She mentioned that her local parish knew of what she did, and that the priests were very supportive of her since they knew she was not the type of healer who did harm to others, but rather a “good” healer who helped people. Having been from a very religious background, Milagros continued to integrate her belief system through her healing, especially during healing rituals.

Oragun on the other hand, had experience with the supernatural since his days in his native Guatemala. His family was, as he described them, indigenous Mayans, who prayed and worshiped the Mayan gods, in what he called *Mayismo*. He explained that both his grandmother and mother had been Shamans, which according to Oragun’s description is an individual with the power to heal others as well as speak to the Mayan gods. When Oragun migrated to the United

States at the age of ten he moved to the state of California. In California, Oragun said he did not participate any form of religious practices, explaining that the atmosphere in the area in which he lived was not conducive to it. However, when he came to Texas he found that there was a large community of individuals who practiced *Yoruba*. Oragun explained to me in an interview that *Yoruba* was similar to the religion he practiced in Guatemala. He immediately fell in step with *Yoruba* and ended up becoming a *Babalawo* (*Yoruba* Priest). Like Milagros, Oragun also had been raised Catholic, although his family tended to lean more towards *Mayismo*, and its magical practices. Oragun learned of conducting rituals with the supernatural in his native Guatemala, so once he migrated in the U.S., he simply continued with his ritualistic traditions of magic in form of *Yoruba*.

It is interesting to note that as diverse as Milagros and Oragun's practices may seem, they tended to overlap one another. For instance in Milagros *Botánica*, I noticed that she sold various items that pertained to *Yoruba*. Upon questioning her about it, she responded that she sold those items because it is what her customers asked for. As I probed more about the items that were related to *Yoruba*, she explained to me that her husband, who was deceased, practiced *Yoruba*. I was intrigued with the thought that perhaps Oragun and Milagros had more in common than was initially foreseen. However, because Milagros was an active Catholic, she related to me that she did not always agree with her husband's practices, so they would always keep their spiritualistic practices separate. Oragun spoke of the experience he had with dealing with two practices; *Mayismo* and *Yoruba*. To an outsider both practices are seen as fairly similar. However, Oragun corrected this popular error by explaining the major distinctions between both belief systems. For instance *Yoruba* requires sacrifices or offerings along with its rituals and uses black magic, while *Mayismo* is mostly the worship of the gods, with no practice of healing a single person. *Mayismo*

is more community based. Even though he believed in both, he, like Milagros never practiced two things at once. He only practiced *Mayismo* when he was in Guatemala, and when he was back in Texas, he would solely focus on *Yoruba*.

Both informants seemed to have practices that would overlap, and yet they tried their best to keep them separate while still being respectful to the practices of others. At no point did Milagros belittle the work of a *Yoruba* priest, and at no time did Oragun ever criticize practices, like the ones seen with Milagros.

Discussion

It is evident, based on the informant's interviews, that their country of origin as well as migrating to the United States, both had a strong impact on their healing practices. For Oragun, having had previous experience with healing while living in Guatemala led him to discover a new religion, *Yoruba*, which shares healing commonalities of his original practice in Guatemala. Milagros had no formal experience in the art of healing while she lived in El Salvador. However, being raised a strong Catholic helped Milagros in creating healing techniques that incorporate Catholic aspects, such as prayers, prayers to saints, and holy water. In Milagros case, her religiosity had a prominent impact in developing her healing style, more so than her country of origin.

It seemed that ancestral history also had a large impact on the healer's current practices. Each participant tended to go back to familial practices to explain their position on certain healing techniques. For example, for Oragun, using *magia negra* to heal was not a problem, since back in Guatemala doing this type of magic was not frowned upon. However, for Milagros, the thought of healing with *magia negra*, had a negative connotation due to her families Catholicism. Family practices and beliefs are a topic that can be beneficial for further

investigation. Understanding healing methods used by a particular family will provide future researchers with knowledge on the history of their healing methods and how they in turn have changed over time across various generations.

Regardless of their healing styles, both informants seemed to observe and treat the same illnesses with a majority of their clients. Rather than the illnesses being *enfermedad natural*, a considerable amount of their clients had *enfermedad sobrenatural*. The majority of cases treated in *enfermedad sobrenatural* by both Milagros and Oragun, were for individuals who had suffered from *embrujos*. Patients who had been *embrujados* were typically in physical pain including fatigue, nausea, insomnia, migraines, stomach aches, broken bones, swollen feet, or loss of hair.

Different techniques were used to cure the patient and rid them of the *embrujo*. The primary means used in their healing rituals, was praying to higher beings. Oragun prayed to the *Orisha's*, Milagros prayed to Catholic Saints. The participants also used herbs to cure, which in the majority used as teas, including *yerba buena*, *orégano de la sierra*, *estafiate*, *epazote*, and *cola de caballo* (Cruz, and Gates, 2000). Even when illnesses were of *causa natural*, they still employed the remedies that contained herbs. Participants seemed adamant on using only natural substances, since they believed that it would heal a patient more effectively than a prescribed medication. It would prove advantageous to take a closer look in future studies of the decisions that leads healers to prefer using herbs, or food items to heal rather than simply using medication that can be obtained by a visit to a pharmacy.

Both Milagros and Oragun had lived in California when arriving to the United States, yet neither practiced any form of healing. When asked why they did not practice in California, they both responded that the atmosphere was not conducive for them to practice healing much less any type of supernatural religion, such as Oragun practiced. It was in Texas when both

informants began exerting their healing abilities. Practicing in Texas rather than California brings up the question of what a good “atmosphere” is to practice healing. What type of people practice healing? Why do they practice healing in that location? What are the people’s ethnic backgrounds who do practice any type of supernatural healing? Is an individual’s ethnic background of any importance? Why do they choose to continue practicing? Do they have a support system that encourages them to heal? It would prove advantageous for studies to be conducted on how atmosphere and society influence the population’s acceptability of healing practices from migrants from Latin America.

Religion seems to be another factor that influenced both healers in the study. Further questions need to be asked about the potential impacts that religiosity has on healers. The demographics of the population in a region where a religion is being practiced could be important to study. Which religions are more apt to accept folk healing and its supernatural connotations is another question to be studied. These folk religions can be studied in depth for the purpose of understanding their origins, and the reasons why they do or do not accept the concept of folk healing.

A portion of background information on healers has been explored in this paper, as well as in other works such as Rubels (1966), Kiev (1968), and Lefever (1996). However, more can be added about the influence that early family and religious life might have brought to current healing practices. The findings in this paper have lead to deeper questions about events that can influence a healer’s life, and in turn influence the clientele that they heal. Further research may help find additional motives to explain why and how folk healers establish their healing practices.

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Figure 1. Example of a Botánica in Fort Worth, Texas



Figure 2. A Practitioner of Yoruba in Dallas, Texas

