

Curanderismo and Childhood Illnesses

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While classification schemes of beliefs about adult folk illnesses are found in the literature on curanderismo, scant attention has been given to folk-related childhood illnesses, such as caida de la mollera (fallen fontanel), mal aire (evil air), mal ojo (evil eye), susto (magical fright), and tirisia (anxiety). This paper reports results of a factor analysis of beliefs held by Hispanic women that are used to (1) examine how well patterns of childhood illnesses are described by classificatory schemes of adult folk illnesses; and (2) provide a basis for the development of a classification of beliefs about childhood illnesses.

INTRODUCTION

Since children are especially susceptible to a variety of illnesses and diseases, childhood is a precarious period for maintaining good health. In American society, a sick child may be treated at home either through home remedies (when these are known to families) or through readily available over-the-counter drugs. Children are often taken to family doctors or specialists when symptoms first appear. The treatment of children is mitigated only by cultural differences which socially define when a child is ill.

All cultures have a disease theory system which embraces beliefs about the nature of health, the causes of illness, and remedies and curing techniques.¹ Though Western medical concepts have permeated all subcultures in American society, there are subcultures which still maintain indigenous views of health and illness. Throughout the United States, in both rural and urban settings, there still exists an alternative to Western medicine among Mexican Americans. This system of attitudes, beliefs, and practices regarding health care is known as curanderismo.² This system of health care includes a variety of familial and extra-familial curing agents, ranging from the mother or grandmother to an indigenous folk-health care expert known as a curandero or a curandera.³

While research on curanderismo in Mexican American communities has primarily focused on illnesses afflicting adults, yielding a variety of classification schemes ranging from two to six categories of illnesses, little attention has been given to childhood illnesses or their classification. In this paper, we explore two important issues pertaining to folk-defined childhood illnesses. First, we examine how well patterns of childhood illnesses are described by classificatory schemes of adult folk illnesses. Second, we develop materials which serve as a basis for a classification of beliefs about childhood illnesses.

REVIEW OF THE LITERATURE

We will focus our attention on the following five folk-defined childhood illnesses popularized in the literature on curanderismo: (1) *caida de la mollera* (fallen fontanel); (2) *mal aire* (evil air); (3) *mal ojo* (evil eye); (4) *susto* (magical fright); and (5) *tirisia* (anxiety).

Caida de La Mollera

Fallen fontanel is viewed as an illness restricted to infants⁴ and occurs with greatest frequency among children under the age of six months.⁵ It is evident when the anterior fontanel (the diamond shaped soft spot at the top of the head) sinks and blocks the oral passageway preventing ingestion of foods and liquids.⁶ *Caida de la mollera* is caused by: (1) pulling the nipple out of the baby's mouth too vigorously; (2) dropping the baby or the baby experiencing a fall; or (3) bouncing the baby too vigorously.⁷ In this illness, the balance of the fontanel and the palate are thought to be correlated, and the imbalance of one affects the other.⁸

The symptoms of *caida de la mollera* include: the inability of the infant to suck or grasp firmly the nipple of a bottle or breast; diarrhea; vomiting; fever; excessive crying and restlessness.⁹ In addition, Mexican Americans associate dehydration, caused by the diarrhea, with *caida de la mollera*.¹⁰

Mal Aire

Mal aire (sometimes known as *mal aire* or just *aire*) can afflict both adults and children; *Abril*,¹¹ *Baca*,¹² and *Madsen*¹³ referred to *mal aire* as an illness that afflicts only children. Evil air or "bad" air may enter the body of a child, producing aches in the particular area where it lodges,¹⁴ but it is more generally considered to be an illness caused by a draft, a breeze, or wind—particularly if it is cold.¹⁵ Night air (*sereno*) is especially dangerous to children and can enter the body through any of its cavities, including mouth or nose and even the umbilical cord if it is cut too short.¹⁶ In addition, children are thought to be susceptible to a coldness or illness-causing quality (*aire de los muertos*), which is believed to emanate from a corpse.¹⁷

Sometimes, *mal aire* is considered a bewitchment.¹⁸ In Mexico, *aire* is viewed as an evil spirit which takes possession of the body of an unsuspecting victim.¹⁹ Mental illness is also considered to be an evil element put into the air by a witch.²⁰

The symptoms of *mal aire* range from mild to severe. The mild end of the continuum includes: a common cold or the flu; pus formation in the corners of a baby's eye making

them run; pains in a joint (knee or shoulder); cramps, aches, shooting pains in the eyes and ears (punzadas); headaches, stiff neck, and dizziness. The most severe symptoms include facial twitching and paralysis.²¹

Mal Ojo

Mal ojo (evil eye) is an illness which is produced by someone looking admiringly or covetously, but not touching, the child of another.²² Strong glances, covetousness, or excessive attention creates an "unnatural bond" which drains the will of the victim.²³ Individuals are believed to be born with a strong vision or power and unconsciously project a force onto weaker individuals, like children who lack physical and spiritual strength.²⁴ The person who causes mal ojo usually does so involuntarily or unintentionally and, thus, no stigma is attached to this individual.²⁵ As a result, mal ojo is viewed as an ascribed quality.

Mal ojo is sometimes associated with black magic and witchcraft. Senter²⁶ described the case of a little girl who was a victim of mal ojo caused by a woman believed to be a witch. Madsen²⁷ noted that a person with such strong vision was sometimes suspected of being a witch.

The symptoms of mal ojo include: fever; vomiting; diarrhea; crying; loss of appetite and weight; sleeping restlessly; trembling; restlessness; irritability; headaches; drooping or sunken eyes; listlessness; rashes; sores; aches and pains.²⁸ Though the symptoms of mal ojo are similar to those of *caida de la mollera* in that these symptoms appear in all age groups (not just early infancy), and are associated with an event where one was the object of someone with a strong vision.

Susto

Susto (magical fright) afflicts children of all age groups and is caused by a frightening event which dislodges the soul (*espíritu*) from the body.²⁹ Events like an unstabilizing or disturbing experience (e.g., an unexpected fall, an escape from being run over by a truck, a barking dog, a highway accident, an unpleasant sight, an encounter with an apparition) can cause susto symptoms to appear. In some cases, the chastisement³⁰ or taunting of a child³¹ can become the precipitating event for susto symptoms. Schrimshaw and Burleigh³² found that Mexican Americans believe that even an unborn child is susceptible to susto in utero if its mother is frightened. Susto is also associated with epilepsy in children.³³ In addition, Rubel³⁴ found sex differences in susto illnesses, in that girls are thought of as more susceptible than boys. Kay³⁵ maintains that susto is a hyperbole now, and its present meaning may be defined as an unpleasant surprise or a trauma.

Though susto includes all frightening events, it is sometimes distinguished from *espanto*, a more severe manifestation of fright which is caused by a supernatural occurrence, as an encounter with a ghost or demon.³⁶

If susto is left untreated, it can turn into advanced susto (*susto pasado*), which is often diagnosed as tuberculosis.³⁷ In addition, susto is also believed to be fatal.³⁸

The symptoms manifested in children include: crying; whining; sadness; insomnia; and nightmares.³⁹ Other symptoms of susto include: stomach ache; diarrhea; high temperature;

vomiting; lack of appetite; continuous periods of languor; exhaustion; a loss of interest in all activity; looking pale or thin; shakes or trembles; sores on the body; big round eyes that look sad; and scared of the least little thing.⁴⁰ *Susto pasado* includes the following symptoms: prolonged exhaustion and coughing or fits.⁴¹

Tirisia

Unfortunately, *tirisia* (anxiety) has not received much attention in the studies on *curanderismo*. Only Kay⁴² in Arizona, and Lucero and Valazquez⁴³ in Colorado have given the illness some attention. *Tirisia* is defined as "a sorrowful mien and lack of appetite," and is common in small children when separated from their mothers.⁴⁴ Lucero and Valazquez⁴⁵ describe *tirisia* as depression or homesickness caused by a disruption of one's routine, like moving from one home to another.

The symptoms of *tirisia* include: anxiety; depression; a sallow look; bad skin color; dead and straw-like hair; split nails; excessive crying; sleepiness.⁴⁶

CLASSIFICATION OF FOLK-RELATED CHILDHOOD ILLNESSES

In this section, several classifications of Mexican American adult folk illnesses are reviewed with the intention of discovering which best apply to beliefs about childhood illnesses. Saunders,⁴⁷ Clark,⁴⁸ Madsen,⁴⁹ and Kay⁵⁰ suggest different classification schemes of Mexican American folk illnesses. Saunders⁵¹ classification of folk illnesses is based on three types of causation: (1) natural diseases, in which a known external factor operates directly on the organism to produce an illness; (2) magical diseases, in which the causative factor lies outside the realm of empirical knowledge and cannot be verified; and (3) psychological diseases, in which a strong emotional experience causes the disease. Clark⁵² uses a classification which involves six categories: (1) diseases of hot-cold imbalance, where a disproportion of hot and cold body essences are reflected in illness; (2) diseases of dislocation of internal organs, which results when real or imaginary parts of the body move from their normal positions; (3) diseases of magical origin; (4) diseases of emotional origin caused by prolonged emotional states; (5) other folk-related diseases that do not fall into the other categories; and (6) standard scientific diseases. Madsen⁵³ classifies folk illnesses in two categories: (1) natural illnesses, which come from either violating the balance of the natural world controlled by God, or result from natural phenomena as infections or accidents; and (2) supernatural illnesses caused by bewitchments sent by adversaries utilizing Satanic forces. Kay⁵⁴ utilizes two major categories: (1) physical illness; and (2) emotional illness. A summary of the classification schemes and their relation to Mexican American folk-defined childhood illnesses is provided in Table 1.

There is a general agreement that *caida de la mollera* is a physical or natural illness. However, Clark⁵⁵ classifies it as a disease of dislocation of internal organs. *Mal aire* is generally classified as a physical or natural illness. Clark⁵⁶ classifies it as a disease of hot-cold imbalance, and Clark⁵⁷ also notes that in Mexico, *mal aire* is considered a magical concept. *Mal ojo* is diagnosed as a disease of magical origin (supernatural), but Kay⁵⁸ considers it to be an emotional illness. Some disagreement exists on the classification of *susto*. Saunders⁵⁹ considers *susto* to be a psychological disease; Clark⁶⁰ and Kay⁶¹

Table 1. Classification Of Folk-Related Childhood Illnesses.

| <i>Illness</i> | <i>Saunders</i> | <i>Clark</i> | <i>Madsen</i> | <i>Kay</i> |
|---------------------|-----------------------|---|----------------------|-------------------|
| Caida de la Mollera | Natural Disease | Disease of Dislocation Internal Organs | Natural Illness | Physical Illness |
| Mal aigre | Natural Disease | Disease of Hot-Cold (in Mexico Disease of Magical Origin) | Natural Illness | Physical Illness |
| Mal ojo | Magical Disease | Disease of Magical Origin | Supernatural Illness | Emotional Illness |
| Susto | Psychological Disease | Disease of Emotional Origin | Natural Illness | Emotional Illness |
| Espanto | n.c.* | Disease of Emotional Origin | Supernatural Illness | n.c.* |
| Tirisia | n.c.* | n.c.* | n.c.* | Emotional Illness |

Note: *n.c.: Illness or disease not classified.

believe it to be an emotional illness; and Madsen⁶² classifies it as a supernatural illness. Espanto is considered to be a supernatural illness,⁶³ but Clark⁶⁴ classifies it as a disease of emotional origin. Kay⁶⁵ is the only researcher to classify tirisia, which she views as an emotional illness.

METHODOLOGY

To examine the structure and classification of childhood illnesses, we selected Hispanic women in their childbearing years from a suburban community and a maternity ward, (15-44) who already had at least one child. The community sample was chosen from a larger sample of women of all ages, with and without children, who had been included in a study conducted in a suburb of Denver, Colorado. The suburb has a total population of 13,000, of which approximately one-third are Hispanics.⁶⁶ This community was selected because it is a suburb of Denver and has a highly visible Hispanic population. In order to achieve a cross-section of Hispanic households in the area, a multistage cluster sample was designed. In the area where most Mexican Americans live, we first randomly selected blocks, and then households. The total sample included 70 women; 27 of these women were between the ages of 15-44 and had at least one child.

The hospital population was chosen from the patients in the maternity ward (Obstetrical Service) of a Denver hospital. The hospital is a city hospital which serves indigent and medicaid patients of all income levels, and approximately forty-six percent of the women in obstetrics are "Spanish" women. All of the women in this study who were patients at the community hospital were between the ages of 15-44, and all already had at least one child. Forty-seven women were included from the hospital population.

The community study was conducted in 1981, and the hospital study followed in 1982. The total number of Hispanic women in this study is 74: 27 community women and 47

Table 2. Characteristics Of Hispanic Women.

| <i>Characteristics</i> | <i>Community Hispanic Women (N = 27)</i> | <i>Hospital Hispanic Women (N = 47)</i> | <i>Total Hispanic Women (N = 74)</i> |
|--|--|---|--|
| Mean Age | 31.4 | 28.8 | 29.8 |
| Median years of schooling | 11.7 | 10.6 | 11.0 |
| Median income | \$15,625 | \$9,999 | \$11,856 |
| Mean number of children | 2.8 | 2.9 | 2.9 |
| Marital Status | | | |
| Married | 85.2% | 59.6% | 68.9% |
| Divorced/Separated/Widowed | 11.1% | 35.5% | 20.4% |
| Never married | 3.7% | 14.9% | 10.8% |
| Religion | | | |
| Catholic | 100.0% | 78.7% | 86.5% |
| Protestant | 0.0% | 6.4% | 4.1% |
| Other | 0.0% | 14.9% | 9.5% |
| Place of birth | | | |
| Colorado | 61.5% | 40.4% | 47.9% |
| Other SW state | 19.2% | 27.6% | 24.6% |
| Other US state | 19.2% | 12.7% | 15.0% |
| Mexico | 0.0% | 17.0% | 11.0% |
| Other country (other than U.S. or Mexico) | 0.0% | 2.1% | 1.4% |
| Where Spent Childhood | | | |
| Farm or Town | 40.7% | 31.9% | 35.2% |
| Small city | 51.9% | 23.4% | 33.8% |
| Suburb or large city | 7.4% | 44.7% | 31.1% |
| Self-identification | | | |
| Chicana | 33.3% | 23.4% | 27.0% |
| Hispanic/Latin American/ Spanish American | 51.8% | 14.8% | 28.4% |
| Mexican/Mexican American | 11.1% | 55.3% | 39.2% |
| Other | 3.7% | 6.4% | 5.4% |

hospital women. Table 2 summarizes pertinent characteristics of sampled Hispanic women.

Thirty-nine percent of all women preferred to call themselves Mexican or Mexican American; while twenty-eight percent preferred the term Hispanic, Latin American, or Spanish-American. Only twenty-seven percent preferred the term "Chicana." Since the women in this study use a variety of self-identification labels, we will use the term "Hispanic" to refer to women of Mexican descent throughout this article.

To gather information on curanderismo, questionnaires were prepared in both English and Spanish and were left with the respondents to be self-administered. In the community sample, only the woman of the house was asked to fill out the questionnaire. They were asked whether they preferred a questionnaire in English or Spanish.

FINDINGS

Sixteen items (see Appendix A) relating to folk-defined childhood illnesses were selected from the questionnaire to serve (1) as the basis of an examination of the question as to

whether or not classifications of adult illnesses adequately represent the range and structure of beliefs about childhood illnesses; and (2) as a guide in the development of a classification of beliefs about childhood illnesses. The items include a wide range of statements about beliefs: from fallen fontanel to evil eye, running the gamut of beliefs from physical to magical.

In order to reduce the number of items to a smaller number of categories accounting for the patterned relationships among beliefs about childhood illnesses, the sixteen items were submitted to a factor analysis. The factors yielded by the analysis serve as material for the construction of a classification scheme of childhood illnesses, and as a basis for comparisons with adult classification schemes.

Each of the sixteen items was dichotomized according to whether or not the respondent agreed with the item, usually worded positively: "A family move from one location to another can cause tirisia in children." If the respondent did not "disagree," but was undecided, the respondent was coded as "agreeing" with the item.

After several explorations into the data structure, we selected a four factor solution which accounts for seventy-five percent of the total variance among the sixteen items. We submitted the sixteen items, four factor solution to oblique rotation to approximate simple structure. Table 3 shows the factor loadings for the four factor oblique solution.

The selection of an oblique rotation to approximate simple structure suspends assumptions made in orthogonal rotation that the resultant factors are unrelated. Even a casual inspection of the beliefs associated with folk-related childhood illnesses employed in this research makes clear the dual character of some of them, tapping both issues of physical disability and loss of the soul. Good examples are, FALLSOUL, SOSTUBEL, and DIESUSTO which imply both the physical aspects of a fall, or tuberculosis, and death associated with susto pasado. GHOSTSUS loads on several factors: on evil eye,

**Table 3. Oblique Factor Pattern Matrix
After Rotation With Kaiser Normalization.**

| | Delta = -.500 | | | |
|----------|---------------|----------|----------|----------|
| | Factor 1 | Factor 2 | Factor 3 | Factor 4 |
| Notouch | .09738 | .68943 | .06950 | .07410 |
| Vision | -.01307 | .84917 | -.05176 | .02753 |
| Strength | -.02449 | .85570 | .00401 | .00770 |
| Sustubel | .36850 | .15930 | -.13295 | .56497 |
| Fallsoul | .30486 | .15162 | -.28484 | .52692 |
| Diesusto | .42647 | .11277 | -.18120 | .50730 |
| Highway | -.23977 | .07838 | .15229 | .90939 |
| Ghostsus | -.15918 | .35087 | .30837 | .54090 |
| Airebody | .67037 | .13780 | .12584 | .08895 |
| Sereno | .92904 | -.03689 | .00007 | -.01776 |
| Fallcaid | .73449 | -.00517 | .24560 | .06941 |
| Nipcaida | .69154 | -.03593 | .24507 | -.05180 |
| Graspnip | .77761 | .10618 | .13395 | -.07955 |
| Homesick | .07713 | -.03703 | .48885 | .08781 |
| Movetir | .18144 | .12601 | .80735 | -.12087 |
| Tirgone | .22905 | .03102 | .79220 | -.00490 |

because it taps the visual and emotional trauma caused by a ghost, and the frightening sight may also produce loss of soul.

Physical. As Table 3 shows, five items load highly on FACTOR 1 (an item loading was considered relatively high if its loading on a factor was above .30). FACTOR 1, with SERENO loading most highly (.929), lends support to our interpretation of it as the "physical" factor. All items included in this factor stress a physical cause such as wind, night air, or fallen fontanel. FACTOR 1 accounts for fifty-two percent of the common variance.

Evil Eye. Three items load highly on FACTOR 2 (which accounts for twenty-eight percent of the common variance); we name this factor "evil eye", since all of the items include a reference to the evil eye as the cause of illness.

Psychological. The three items that load highly on FACTOR 3 (which accounts for 13 percent of the common variance) appear to be distinguished by the fact that they are all related to the child's emotional status. We name this factor "psychological."

Magical Fright. FACTOR 4 is made up of 5 items that appear to be distinguished by the fact that they all refer to a frightening event which result in the loss of the child's soul. FACTOR 4 accounts for seven percent of common variance.

CONCLUSIONS

Four factors structure the relationships among 16 items relating to folk-defined beliefs about childhood illnesses and serve as the basis of a fourfold classification. We have identified the four factors in terms consistent with the literature on curanderismo, and termed them: PHYSICAL, the items loading on this factor represent folk beliefs about the causes of physical illnesses; EVIL EYE, suggesting the magical quality of strong vision, the items loading on this factor represent folk beliefs about the role of the evil eye in the production of childhood illnesses; PSYCHOLOGICAL, the items loading on this factor represent folk beliefs about emotional and psychological causes of childhood illnesses, such as anxiety and depression; and MAGICAL FRIGHT, the items loading on this factor represent folk beliefs about the role of fright in childhood illnesses resulting from the loss of one's soul.

How does the fourfold classification of beliefs about childhood illnesses, based on a factor analysis, compare to ethnographic studies of adult illnesses? While the number of categories in the literature on adult illnesses range from two to six, the number yielded by this factor analysis is four. The factor termed PHYSICAL, as a category, appears in all of the ethnographic studies, suggesting the continuing importance of the role of physical etiology in the beliefs about children and adult illnesses. EVIL EYE, produced in this factor analysis, represents a new and separate category, in contrast to ethnographic reports on adult illnesses, in which evil eye is typically classified as either a magical, supernatural, or emotional illness. While evil eye is often classified in broad categories for adults, it seems clear that beliefs about the evil eye in children are more narrowly defined. Though the ethnographic literature, with the exception of Madsen,⁶⁷ includes the category of psychological or emotional illnesses, our findings indicate that for beliefs about children, the classification "psychological" includes illnesses which are different from the adult classifications. The ethnographic literature includes susto, fright

caused by an event which dislodges the soul, as an illness classified as either psychological, emotional, or natural, but our findings indicate that *susto* is a category by itself when applied to childhood illnesses.

This research shows that folk-related beliefs about the causes of childhood illnesses still persist among Hispanic women in urban communities. These beliefs can be reduced to four categories which stress the physical and psychological causes of childhood illnesses, and the role of evil eye and magical fright. Whether or not—or how well—each of these domains survive in a Western medical setting when they encounter competition with conventional medical explanations is not yet answered, but is an interesting question for further research.

APPENDIX A

Items Related To Folk-Defined Childhood Illnesses

1. Someone who admires a child and does not touch the child can give the child mal ojo. (notouch)
2. A person with strong vision who looks at a child can cause the child to become ill. (vision)
3. Children are more likely to get mal ojo because they do not have the spiritual and physical strength of an adult. (strength)
4. *Susto pasado* in a child can turn into tuberculosis. (sustubel)
5. A sudden fall by a child can cause the loss of his (or her) soul. (fallsoul)
6. A child can die from *susto*. (diesusto)
7. A child who sees an unpleasant sight (like a highway accident) can lose his *espíritu*. (highway)
8. A child who sees a ghost can suffer from *susto*. (ghostsus)
9. *Mal aire* can enter the body of a child. (airebody)
10. *Sereno* is especially dangerous to children. (sereno)
11. A fall or bump suffered by an infant can cause *caida de la mollera*. (fallcaid)
12. A mother who pulls the nipple from the mouth of a sucking infant too quickly can cause *caida de la mollera*. (nipcaida)
13. One sure sign that an infant has *caida de la mollera* is the inability of the infant to grasp firmly with its mouth the nipple of a bottle or the breast of the mother. (graspnip)
14. Homesickness is a common cause of illness for children. (homesick)
15. A family move from one location to another can cause *tirisia* in children. (movetir)
16. *Tirisia* is common in an infant when his (or her) mother is gone for long periods of time. (tirgone)

NOTES AND REFERENCES

1. G. M. Foster and B. G. Anderson, *Medican Anthropology* (New York: Wiley, 1978), p. 37.
2. Throughout this paper a Mexican American folk healer is referred to as a *curandera*. It should be noted that whenever reference to a healer of children was made in the questionnaire, it was: "a *curandero*, *curandera*, *paterna*, or a *senora* who is a *medica*."

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8. Madsen, 1964a, *op. cit.*, p. 74.
9. Clark, *op. cit.*, p. 170; Rubel, 1960, *op. cit.*, pp. 797-798; Kay, *op. cit.*, p. 135; Madsen, 1964a, *op. cit.*, p. 74.
10. Kiev, *op. cit.*, p. 105; Clark, *op. cit.*, p. 171; Kay, *op. cit.*, p. 135.
11. Abril, *op. cit.*, p. 15.
12. Baca, *op. cit.*, p. 2173.
13. Madsen, 1964a, *op. cit.*, p. 75.
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15. Abril, *op. cit.*, p. 15; Madsen, 1964a, *op. cit.*, p. 75; Baca, *op. cit.*, p. 2174; W. Madsen, *Society and Health in the Lower Rio Grande Valley* (Austin: Hogg Foundation for Mental Health, University of Texas, 1961), p. 22; G. M. Foster, "Relationships between Spanish and Spanish-American Folk Medicine," *Journal of American Folklore*, vol. 66 (1953), p. 209; L. Saunders, *Cultural Differences and Medical Care: The Case of the Spanish-Speaking People of the Southwest* (New York: Russell Sage Foundation, 1954), p. 148; Clark, *op. cit.*, p. 168.
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