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Conceptions of Health and Disease Among Spanish-Americans

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This paper presents some conceptions of health and disease as perceived by Spanish-American villagers. An attempt is made to provide a framework which can be used to consider disease prevention, causation, diagnosis, treatment and the general health orientation of the Spanish-Americans. Emphasis is placed on the extra-human factors involved in these health conceptions and the suggestion is made that an important religious component is a central theme which must be taken into consideration when discussing etiological factors, preventive measures, diagnostic perceptions and therapeutic procedures as perceived by this population.

Studies published in recent years have described in detail various aspects of perceptions and behavior related to health as perceived by Spanish-Americans¹ and Mexican-Americans in the United States and related populations. Few of these studies have addressed themselves to the extra-human factors in the health and disease conceptions of these populations; and if these factors have been mentioned, they have been mentioned only in relation to specific attitudes, behavior, or situations, with no attempt to place the extra-human factors in broader perspective.

It is this broader perspective that will be the main emphasis of the present report.² In this paper an attempt will be made to describe some conceptions of health and disease as viewed by a typical Spanish-American villager.³ It is hoped that this discussion may provide a

¹ The term Spanish-American refers to that population whose ancestors settled in the Southwestern part of the United States in the seventeenth, eighteenth, and nineteenth centuries along the Rio Grande River valleys. In many instances this population still resides in relatively isolated villages in New Mexico and Southern Colorado. To the extent that the population has become acculturated and/or has moved to urban centers, the scheme developed here will not apply.

² The author is indebted to Lyle Saunders and Sam Schulman who read an earlier draft of this paper and offered many critical comments. The author, nevertheless, accepts responsibility for the content of the paper.

³ The fieldwork on which most of the paper is based was done in a New Mexico village during the summer of 1959 while the author was employed on a project supported by research grant RG-5615 of the National Institutes of Health.

useful framework through which the conceptions of health and disease of Spanish-Americans in the United States may be viewed. The paper will discuss disease prevention, causation, diagnosis, treatment, and the general orientation toward health. To the extent that this scheme is Christian, Catholic, European, and folk, it is not unique to Spanish-Americans. It must be remembered, however, that this population with a Christian, European heritage from the very distant past did establish itself in a very harsh environment, greatly isolated from the culture of origin. Although the Catholic heritage came with them, in many instances they did not, in fact, have a priest of their religion among them and, therefore, a number of changes occurred in their patterns of worship. They were also in rather close contact with the American Indian, and later, to a lesser extent, in contact with "Americans": this latter contact became more and more important as the years went by. These people then, in many ways are, culturally, a combination of a number of influences which have resulted in a way of life that, while obviously Christian, Catholic, European, Indian and American, is still identifiable and markedly distinct from any of the combination of factors which are its source.

Health as a state of being, in its two aspects, being ill and being well, is one of the most important value orientations in the life-ways of the people. It appears with regularity in all institutional contexts. In particular, those beliefs and attitudes related to or expressed in religious, familial, and economic behavior patterns express in a variety of ways the importance of health. There is strong affect associated with the polar states of being well or being ill. The cultural forms associated with health are greatly elaborated. The idea of health, then, pervades the culture. The conventional greeting, "how are you?" (*como esta?*) has real health meaning; the response is likely to be an account of the respondent's state of being, as well as the state of being of those close to him.

SPANISH-AMERICAN CULTURAL ORIENTATIONS

Any attempt to understand the conceptions of health and disease of this population must deal with the broader orientations which they have to life itself. To Spanish-Americans, God, the Creator of the universe, is omnipotent. The destiny of one's personal life is subject to His judgement and justice. Through Original sin man's nature is basically evil; the process of living one's life, then, is always difficult because hardships and sufferings are the destiny of man. The reward, if there is to be any, for living this life is to be found not on this earth, which is a temporal existence, but in an eternal existence. To obtain this reward, one must save one's immortal soul. One can do this by

changing one's basically evil nature to a nature which is basically good. Such a change is brought about by following God's commandments; by subjecting one's life to His will; by a personal love for God (this love for God may be slightly over-shadowed by equal or greater love for particular saints) which transcends all love.

Having subjected one's self to God's will, life is good. Living is still difficult because of the inevitable hardships and sufferings. But life is good in the sense that one lives it for God's sake; thus, one is doing His will and He will personally take care of one through the joys and sorrows of life.

If one is doing God's will, the secret of making life endurable is one of submission and acceptance. This is a fatalistic conception of life, but it has become more than that, namely, a defeatist conception, suggesting that there is little, if anything, that one can do about the course of life's events. Thus, there can be few conscious attempts to change the course of life's events. Such attempts may be interpreted as thwarting God's will or, in the extreme, playing the role of God. Such a conception of life is highly resistant to active, conscious, attempts to change the way of life, because one accepts life as it is and adjusts to it in general and to specific situations in particular.

Even though one's life is in God's hands, few expect to lead a saintly life (to do so would be somewhat presumptuous), and much of the time one's life is not lived well. Occasions of temptation and for sinning abound, but there is always penance which can bring about reparation for the sin. Both sin and suffering are inevitable. Much of one's suffering is the result of having sinned, and therefore a punishment (*castigo*) for disobeying God's laws. Many events which occur in one's lifetime may be perceived as supernatural punishments and such punishments may be of several kinds:

1. The thwarting of one's desires, the inability to complete particular plans or comply with promises that have been made, and just bad luck in general may be interpreted as *castigos*.

2. On occasion an individual may make serious accusations about others. An individual may in fact have a reputation for accusing others of being gossipy (*lengon-a*), sickly, hypochondrical, or immoral. The punishment for such behavior, if there is one, is likely to be that the individual or his children may be or become that which he accuses others of being; or the individual may marry such a person. The individual's children may be born physically malformed, or they may behave in a manner that is considered to be socially deviant. Such events may be interpreted as punishments under the circumstances.

3. When an individual lacks charity, other than (2) above, (for example, making fun of unfortunate individuals, such as one suffering

from epilepsy) his *castigo* may be that he or a member of the immediate family may be afflicted with the same malady.

4. Many illnesses, particularly the serious or chronic, may be interpreted as *castigos*. Being ill, of course is not always a punishment for having sinned, but may well be a suffering imposed by God for one to withstand. Suffering in this world is the lot of man and it may take several forms: illness, being poor, separation from loved ones, having delinquent children, being an alcoholic, having a mean or improvident husband, children contracting a "bad" marriage, a death in the family and having bad luck.

The criteria for determining whether an event is a supernatural sanction may be very vague and subject only to the individual's interpretation. If on the other hand, the circumstances under which the event occurs are generally known, then the labelling of an event as a supernatural sanction becomes less difficult and there may be general agreement on the matter.

When one is ill, whether it be interpreted as a punishment, or just general suffering and hardship, it is likely to be construed as an area of life in which God has had a hand. Even if the cause of the illness is "known", that is, the result of an accident, the work of a *bruja* (witch), or something that is "going around."

Suffering and/or illness, coming from God, is not always an unfavorable sanction. It actually may be a favorable sanction which has restricted the life of the individual, saved him from perdition, changed the course of his life, and therefore, placed him on the road to saving his soul.

DISEASE PREVENTION

The prevention of illness, as viewed in modern scientific medicine, is a conception which is little understood by Spanish-Americans. How can one prevent an event, an activity, or a situation from arising when such a phenomenon is a "natural" occurrence (yet, perhaps of supernatural origin) much like rain, lightning, or thunder, beyond the control of human forces, and in a sense, unpreventable? Precautions, of course, may be taken, but these are perceived only as precautions and not as acts of prevention. An individual may pray for good health. Much of prayer, however, is not so much "for" something as it is to have the patience, the endurance, the fortitude to adjust to that which comes, and to accept it gracefully. One may lead a "good" life, conform and submit to God's law and will and thus avoid certain sanctions that otherwise may be forthcoming. One may take care of one's self through acts of omission or commission related to eating, drinking, conditions of work, recreation and sleep. A person may also take

"shots", i.e., be immunized. Again, this is not preventive behavior as perceived by the Spanish-American, only precautionary.

DISEASE CAUSATION

As was indicated earlier, the Spanish-American villager views the matter of being healthy or being ill as an area of life in which God or some other extra-human force has been influential, either directly or indirectly. This is not to say that other etiological factors are not recognized, because obviously they are. Whatever the triggering agent might be with respect to being ill, the explanation as to why the condition happened to the particular individual at the particular time is likely to be sought in the extra-human realm. We have already talked about *castigos* as sanctions imposed by the supernatural which are used to explain certain conditions of ill health.⁴ This source is essentially benevolent, coming from God. The malevolent source, with or without the intermediation of evil beings in the form of *brujas* (witches), stems from the devil. The ultimate source of disease is God, since it is He who placed illness and all other things in the world. Foster, for Spanish America, considers ideas of disease causation which are based on natural phenomena, supernatural or physiologically untrue concepts, magical origins, and emotional concepts.⁵ He is impressed by the large number of recognized and named illnesses which are due to a series of emotional experiences. Considering Mexican folk medicine, Saunders lists three types of causation: empirical, magical, and psychological.⁶ Clark, in her study of Mexican-Americans in California, discusses the theory of disease of this population, in terms of the following categories: diseases of "hot and cold" imbalance,⁷

⁴ In her study of Mexican-Americans, Clark reports, "Although this view of sickness as a punishment for wrong-doing is present in the barrio, it is not a central theme in attitudes toward disease. The concept is always connected with the idea of moral offense and is rarely extended into the non-religious facets of life." Margaret Clark, *Health in the Mexican-American Culture*, Berkeley: University of California Press, 1959, p. 197.

⁵ George M. Foster, "Relationship Between Spanish and Spanish-American Folk Medicine," *Journal of American Folklore*, Vol. 66, (July-September, 1953).

⁶ Lyle Saunders, *Cultural Differences and Medical Care*, New York: Russell Sage Foundation, 1954, p. 148.

⁷ Although the concern of this paper is neither the origin of folk medicine nor a comparison of various beliefs and practices in the different areas of Spanish America, it is curious that the classical Hippocratic theory of disease which postulates the four humors and the "hot" and "cold" imbalance does not seem to be present in the Spanish-American villager's conception of disease; but such a conception is quite prevalent among folk medical conceptions of Mexican-Americans and other Latin Americans. cf. Clark, *op. cit.* Foster, *op. cit.* Saunders, *op. cit.* Infrequently there is a reference in our field notes to notions of hot and cold in relation to the etiology of disease, but the writer suggests

dislocation of internal organs, diseases of magical origin, emotional origin, other folk-defined diseases, and "standard scientific" diseases.⁸

For the Spanish-American villager, it is possible to explain the etiological factors associated with disease at two levels. The source of disease at the extra-human level in its benevolent and malevolent forms and the provoking agents which are operative in the daily life processes. The following provoking agents are recognized:

1. Food. Food that is spoiled; food that doesn't agree with one; green fruits; food given to one by a *bruja*; and being allergic to certain food.
2. Shock. Being frightened; receiving unfavorable news, such as news about the death of a loved one.
3. Accidents of various sorts.
4. Bodily malfunction. Either general bodily malfunction, or malfunction or displacement of specific organs.
5. Age. Generally as one advances in age, one may become more susceptible to illness.
6. Abuse of the body. Overindulgence in eating, drinking; debauchery.
7. Not taking care of one's self. Rather vague and general acts of omission or commission.
8. Congenital. Being born ill or deformed.
9. Hereditary. Having inherited a tendency toward, or a susceptibility for, certain illnesses.
10. Contact with the elements. Being in drafts; getting the feet wet; night air; too much sun.
11. Environmental, non-specific. An illness that is going around.
12. Contact with persons. *Mal ojo*: a person may give you the evil eye. *Brujeria*: individuals may bewitch one. *Encono*: individuals who are *enconosos* may aggravate an illness. (This is not the sense of causing an illness).
13. Occupational causes. Lifting heavy objects. Working under unfavorable conditions: heat, dampness, cold, etc.

that if the humoral concept is present, it is so ill-defined as to be unrecognizable in the classical sense. Foster concludes that the medical practices of classical antiquity and Conquest Spain survive to a greater extent in the New World than in the mother country and that belief in humors and in concepts of hot and cold were never basic parts of Spanish folk beliefs, Foster, *Ibid.*, p. 215. If this is so and if one bears in mind the way in which an area like New Mexico was explored and colonized, taking into account the relative isolation of the Spanish-American population, it is then not surprising that the humoral theory of disease is lacking among the villagers.

⁸ Margaret Clark, *Health in the Mexican American Culture*, Berkeley: University of California Press, 1959, p. 164.

The germ theory of disease is not generally recognized.

DISEASE DIAGNOSIS

The diagnosis of disease for Spanish-Americans is in terms of sensation. That is, one doesn't feel well, one is in pain, or one has lost sensation, is numb, faint, or comatose. Except in the case of children, the diagnosis is usually personal first, and later substantiated or verified by family members, friends, lay practitioners, or medical professionals.

The criteria used in diagnosis are not extensive and certainly the distinction which scientific medicine makes between symptoms, signs, and the disease entity is not made here. Since diagnosis is made in terms of sensation, symptoms and signs are perceived to be the conditions which in most instances are labeled as diseases. Most criteria used in diagnosis are subjective. The individual feels tired, has aches and pains, is nauseous, doesn't feel well, feels hot or cold. Some objective criteria can be used by another person to establish the fact that the individual is ill: (to be sure some of these may be both subjective and objective criteria) paleness, loss of appetite, listlessness, lumps, rashes, discharges of various sorts, droopy eyes, and fever, as established by feeling the individual's forehead. In many instances, to name the criteria for establishing sickness is also to label the malady.

As Schulman reports, in attempting to establish both the cause and the exigency of an illness, this population is likely to look for internal predispositions such as age, sex, stature or external agents. The illness is engendered either by self exposure or brought about by an agent, "animate, inanimate, spiritual, base animal, human, spirit, God," which we have called the provoking agents.⁹ Once etiology has been accounted for, it is possible to place the affliction on a continuum of exigency from slight to high.¹⁰

The writer would disagree with Schulman's statement that a sick person is one unable to perform the routine functions of daily life.¹¹ Individuals may be slightly ill or even chronically ill and still perform "normally."

Mental illness is generally not understood in terms of disease entities of neuroses or psychoses. Spanish-Americans do, however, have labels for a number of conditions which modern medicine would call mental illness: *tonto* (stupid, foolish); *loco* (crazy); *simpion* (simpleton); *inocente* (innocent); and *sonso* (dull-witted). The conditions

⁹ Sam Schulman, "Rural Healthways in New Mexico," *Annals of the New York Academy of Sciences*, Vol. 84 (December, 1960), p. 954.

¹⁰ *Ibid.*

¹¹ *Ibid.*

may be characterized as conditions in which an individual "lacks something" or, in extreme cases, the "devil gets in their head." Most generally, however, such individuals are perceived more as social deviants rather than as ill persons.

THE TREATMENT OF DISEASE

When a person is ill, his family and friends gather around him to give him emotional support and any other kind of supportive activity that is within their means. An individual may be helped by being given advice, material help, assistance with his work or other duties that he may have and not be able to perform while he is ill, or even such things as rides to the doctor, babysitting, and nursing care. Usually family and friends will rally around to see that whatever is required to be done gets done. Within this framework, activity related to actual therapy with regard to the illness may follow several forms. In broad terms the ill person has recourse to five general sources of treatment:

1. Coercion of the extra-human causes; a. prayer to God, b. intercession of the saints, c. pilgrimages to holy places, d. use of holy materials; e.g., water, soil, medals, e. intercession of *brujas*.
2. The use of lay practitioners; a. family, b. friends, c. specialists, 1) *medicos*, 2) *curanderos*, 3) *parteras*, 4) *sovadores*.
3. The use of folk remedies, including patent medicines.
4. The use of "scientific" medicine.
5. The use of "scientific" medical practitioners and their facilities.

The first source mentioned, the coercion of the extra-human cause, may be handled in different ways. There is, of course, always prayer to the supernatural either praying to God or asking the intercession of the saints. On certain occasions, pilgrimages to holy places are undertaken. These shrines are reputed to be effective under certain conditions and may have a reputation abroad for their therapeutic effect. The use of holy materials in the form of water, soil, medals and candles also may be resorted to. And lastly, if the illness has been judged as caused by malfeasance, an attempt will be made to intercede with the person responsible for the disease. An *albolario* (*herbolario*) or witchdoctor will be consulted, who in turn will effect a cure.

The use of lay practitioners is patterned in that two general categories of people are distinguishable. The first of these categories is that of family members and friends, to the extent that these persons do not belong in the second category. By and large, most Spanish-Americans have some knowledge of the treatment of disease. To be sure, this is only lay knowledge, but it is used in many situations as family and friends attempt to help the individual who is ill. The

second group of lay practitioners might be called the specialists, of whom there are several. The most common specialist is the *partera* or mid-wife. This is usually an older woman who has much experience in delivering babies. She may or may not charge a regular fee, depending on the circumstances. The other specialists considered may be either male or female and have greater knowledge of folk medicine than the ordinary layman. They are called *medicos-(as)* or *curanderos-(as)*, meaning folk practitioners. The other specialist is called *sovador*, and his specialty is that of a masseur. The last specialist is the *albolario*, who specializes in curing those illnesses attributed to the work of witches. The area of knowledge of each of these specialists is not considered to be rigid nor clear cut. Any one of the above may also perform the role of the other with the exception of the *partera* who generally does not perform the role of the *albolario*.

The last source for the treatment of disease to be considered here is the use of folk remedies including patent medicine. Spanish-Americans developed an enormous pharmacopoeia (which has been adequately described elsewhere),¹² and to which has been added the usual patent medicines found in the American drug store. Most laymen have much knowledge concerning the use of remedies, but the specialists are considered to be more knowledgeable in this respect.

The treatment of disease cannot be described in mutually exclusive terms; on the contrary, the various sources available to Spanish-Americans may be and are used in their several combinations, attributing success or failure to the treatment in an empirical and pragmatic sense. The total health-disease complex, then, may be viewed as consisting of multiple diagnosis, causation, and cure.

SUMMARY AND CONCLUSION

Saunders correctly states that the Spanish-speaking individual of the Southwest draws his knowledge of illness and its treatment from four widely separated sources: medieval Spain, some American Indian tribes, Anglo folk medicine, and "scientific" medical sources. For a given illness, elements from any or all of the four sources may be utilized. Saunders documents this position with numerous case illustrations, as does Clark in her study.¹³

Foster suggests that folk medicine in Spanish America (the area includes North, Central, and South America) has a strong eclectic nature.¹⁴ In some cases entire complexes have diffused from Spain;

¹² L. S. M. Curtin, *Healing Herbs of the Upper Rio Grande*, Santa Fe: Laboratory Anthropology, 1947.

¹³ Saunders, *op. cit.*; Clark, *op. cit.*

¹⁴ Foster, *op. cit.*

in other cases only certain elements have diffused. Whatever the underlying patterning and the processes involved, "in Spanish America native indigenous, Spanish folk, and ancient and medieval formal medical concepts have combined to form a vigorous body of folk medicine which plays a functional part in the everyday lives of the people and which will resist the inroads of modern medical science for many generations."¹⁵

This paper does not attempt to catalogue in any detail the various folk medical practices and beliefs of the population in question. Much of this information is available in the references cited. What the report does suggest, however, is the pervasive nature of the religious factor in matters of health and illness.

Spanish-Americans place a great emphasis on religion in their life-ways, and it serves to explain many of the everyday happenings. This generalization would apply for the fervent, as well as the nominal, Catholic and Protestant. If, as we have suggested, the orientation to life in general has a strong religious component, then it is not surprising that the religious factor is a central theme in the conception of health and disease. Being healthy is attributed to God's beneficence, and the source of illness is sought in the supernatural realm. Thus etiological factors, preventive or precautionary measures, diagnostic perceptions and therapeutic procedures are permeated with an important religious component.

BIBLIOGRAPHY

- Clark, Margaret. *Health in the Mexican American Culture*, University of California Press, Berkely, 1959.
- Curtin, L. S. M. *Healing Herbs of the Upper Rio Grande*, Laboratory Anthropology, Santa Fe, 1947.
- Foster, George M. "Relationship Between Spanish and Spanish-American Folk Medicine," *Journal of American Folklore*, vol. 66, July-September, 1953.
- Saunders, Lyle. *Cultural Differences and Medical Care*, Russell Sage Foundation, New York, 1954.
- Saunders, Lyle and Julian Samora. "A Medical Care Program in a Colorado County," in Benjamin D. Paul (ed.), *Health, Culture and Community*, Russell Sage Foundation, New York, 1955.
- Schulman, Sam. "Rural Healthways in New Mexico," *Annals of the New York Academy of Sciences*, vol. 84, Article 17, 1960.
- Van der Eerden, Sister M. Lucia. *Maternity Care in a Spanish-American Community of New Mexico*, Catholic University of America, Anthropological Series 13, Catholic University of America Press, Washington, 1948.

¹⁵ *Ibid.*, p. 217.