

Bodily Remembering: Memory, Place, and Understanding Latino Folk Illnesses among the Amuzgos Indians of Oaxaca, Mexico

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Abstract This paper takes the theoretical construct of popular nosology of Latino folk illnesses and combines it with Edward Casey's concept of *bodily remembering* in order to more fully describe the role of memory and place in the illness experiences of the Amuzgos Indians of Oaxaca, Mexico. I ethnographically describe, across time, the interrelated links among social events, physical symptoms, and illness narratives of Latino folk illness popular nosologies as they are contextualized in their unique, social topographies. This enlarged theoretical perspective implies a smallest unit of meaning that is ethnographically defined, but that will often encompass more than the individual sufferer and more than one illness. The research objective of this study was to understand Amuzgan illness experiences through the narratives of detailed case histories and ethnographic observations that were gathered during 18 months of qualitative research. The data show that Amuzgos experience Latino folk illnesses as bodily rememberings of illness events combined with negative interpersonal interactions. Healing these Latino folk illnesses implies curing bodies, households, social relationships, and living environments.

Keywords Latino folk illness · Amuzgos · *Coraje* · Emotion · Bodily remembering · Oaxaca

Introduction

In reflecting on my ethnographic research among the Amuzgos Indians of Oaxaca, Mexico, I am struck by how the past is in a continual state of being reformatted to fit the needs of the present. Using the language of Latino folk illnesses such as *coraje*

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(anger), *mal aire* (bad spirits), *nervios* (nerves), *antojos* (unfulfilled desires), *mal de ojo* (evil eye), *susto* (fright), *muina* (anger), and *bilis* (anger), Amuzgos simultaneously described their physical and emotional complaints. Amuzgan descriptions of Latino folk illnesses included physical and emotional symptoms that were specific to particular interpersonal difficulties and geographical locales. Over the 18 months of my fieldwork, I found that the village illness tableau was continually shifting; individual's evaluations of illness names and causations changed over time; past social infractions that had initially been diagnosed as the causes of *corajes* and *sustos* were re-presented to family and friends in ways that reflected individuals' changing social and political positions within the community. Infractions were tried and retried through the bodies of the afflicted. Deaths and serious illnesses were constantly being socially and politically repositioned and understood in new ways that allowed individuals to justify their past behaviors and their present social situations.

This paper takes Guarnaccia and coworkers' (2003) theoretical construct of popular nosology—a flexible and socially contextualized way of conceptualizing illness categories—and combines it with Casey's (1987) concept of *bodily remembering* in order to more fully describe the role of memory and place in the illness experiences of the Amuzgos Indians. In this paper, I use case studies to highlight the processual development of the popular nosology of *coraje* and to contextualize it within the process of bodily remembering.

Expanding the Concept of Latino Folk Illnesses: Background

Folk illnesses have been studied as many things: a form of social escape from failure in sex-role performance (O'Neill and Selby 1968), manipulative social performances staged around physical symptoms (Rehman 1993), self-perceived failure in social roles combined with “organic” disease (Rubel et al. 1985), lay psychiatric diagnoses (Koss-Chioino and Canive 1993), popular illnesses that index natural disasters (Guarnaccia 1993), and historical artifacts that demonstrate the movement of ideas across distances both geographical and temporal (Kay 1993). I see these studies as contributing different perspectives to a complex process that encompasses aspects present in these varied studies and study sites. Searching for cross-culturally comparable folk illness etiologies (Weller et al. 1991) or underlying psychiatric disorders of the biomedical sort (Koss-Chioino and Canive 1993) has shown us that our biomedical/psychiatric categories do not do justice to the popular, lived experiences of Latino folk illnesses.

Illness is ubiquitous; symptoms abound, and it is the process of illness naming that clarifies the social meanings and memories of living in a world full of these maladies. In her work in a multiethnic Bolivian village, Crandon (1983) argued that it was during the diagnostic procedure when both illness and social identity were negotiated. Guarnaccia et al. (2003) propose that we think of these illnesses within a flexible framework that they call a “popular nosology of suffering.” A popular nosology, according to these authors, entails detailing local descriptions of emotion illnesses such as *nervios* and *coraje* in a socially contextualized manner that pays

explicit attention to the translation of both the emotion illness name and the verbs used to describe actions associated with that illness. This work is the next logical step in creating an anthropology of lived emotions that is grounded in the practicalities of how individuals perceive and treat the negative effects of emotions while simultaneously attending to the possibility that the emotion in question could also be a serious mental illness (Guarnaccia et al. 1996). Because of the moral implications associated with a particular Latino folk illness, the naming (or diagnosing) of a Latino folk illness is a socially powerful event.

For the Amuzgos, folk illnesses were neither inanimate nor passive. Amuzgos talked about folk illnesses as entities that interacted with and influenced one another, oftentimes exhibiting volition and intent to do harm. The case studies presented in this paper show that the Amuzgos conceptualized folk illnesses as changing and dynamic entities that moved between “sides” of the village of San Pedro Amuzgos as they looked for victims. One person’s cure was another’s misfortune, as illnesses were never annihilated; they simply moved off into the air to search out another unlucky and vulnerable person to attack. Their presence was sometimes contested, as the social valences inherent in each illness name carried different interpersonal implications. People strategically presented one or another of the competing diagnoses in particular social situations. These folk illnesses were amalgamations of bodily symptoms, social valuations, and social interaction strategies. They illustrate the strategic presentation of self in many parts of one’s daily life. They were a locally, politically correct way in which to criticize many daily concerns such as spousal abuse, the lack of basic necessities, and the fear of the Mexican military’s presence in the community. They were rich complexes of bodily and social discourses that served as idioms of distress (Nichter 1981) and oppression.

Elaboration of illness understandings occurs across time. In order to pull apart this process, I turn to Edward Casey’s (1987) seminal work on the importance of physical location, bodily sensations, and the iterative effects of a lifetime of living through episodes of pain and suffering in the creation of memories.

Place and Remembering Things Past

Casey (1987) argues that to understand *bodily remembering*, one must look at two components of the process: body memory and memory of the body. *Body memory* is what happens when one is experiencing sensations that one has experienced in the past. For instance, an acute pain in the eye reminds one of a past experience of getting some dirt painfully lodged under the eyelid. Body memory makes case-following and participant observation of particular illness episodes especially productive research methods because memories are mobilized around current pains and fears, bringing both past and present ideas about illnesses to the forefront of people’s consciousness.

Memory of the body is the way that individuals remember and subsequently narrate bodily events. Individuals recount past events that happened to their bodies; their body is the object of their awareness. An abundant literature exists on the

recounting of illness narratives (Good et al. 1990; Kleinman 1988; Robinson 1990; Saillant 1990). DeConcini (1990), a student of Casey's, working from a literary tradition, explores multiple facets of memory that further refine the concept of narration by exploring how memory works in the process of narrativization. DeConcini argues that memory's socially interactive qualities need to be constantly kept in mind. Misremembering, both intentional and unintentional, is often at play when individuals narrate past events. Individuals create and re-create themselves via their narrations of events past in order to transform their conceptualization of self, both for themselves and for their audiences (see also Teadlock 1983). Acknowledging these attributes of memory provide a useful caveat against overly literal interpretations of illness narratives. Amuzgan narratives and explanations of illnesses are socially and politically situated remembrances that were strategically presented in ways that indexed accepted social roles and actions (see Price 1987).

Additionally, there was a deeper process going on with the embodied sensations themselves. The physical and emotionally sensations that make up *coraje* and other Latino folk illnesses were remembered, misremembered, and creatively reimagined to construct stories for me, the anthropologist. Experienced and re-experienced bodily sensations were made intersubjectively meaningful on many levels through the narrative process. Amuzgos, like people everywhere, used their bodies to think with. This process is somewhat disorderly and it is not surprising that, as Le Guin (1981) points out, the illness narratives often times do not march through their tellings from the beginning to the middle to the end. Narrative time is a flexible time; stories start in the middle and at the end of events and then jump back and forth as details are elaborated or omitted in relation to the storyteller's audience, their memories and their agendas. So goes it with the tellings in the following case studies. I leave the tape-recorded illness narratives in their somewhat meandering, off-the-cuff form because the jumps in logic and changes in details point to the processual nature of narrative bodily remembering.

Bodily remembering, then, is the combination of body memory and memory of the body; it is a combination of present sensations, past sensations, and the ways in which people narrate, experience and perform these events in order to make sense of them (Casey 1987). Bodily remembering is based on familiar movements that change as the illness worsens or subsides. Bodily remembering also takes into account the topographic contours of places where events occur as in the healing ceremonies that take place only after the patient is physically re-emplaced in the locale where the illness was contracted. Bodily remembering is a way of remembering that focusing on the timing and the rhythm of events that surround particular illness events (see Cartwright 1998, where I explore habitual movements of practitioners in relation to the timing and rhythm associated with biomedical healing). Certain Amuzgan healing ceremonies take place only at midnight or at dawn or standing in the stream that washes the illness away. Bodily remembering, as an analytical concept, provides a way to emphasize the importance of the sense-filled processes that surround past and present illness experiences and curative endeavors.

Taking Casey's notion of bodily remembering, then, I argue that Amuzgan folk illnesses such as *coraje*, *bilis*, and *susto* can be understood as bodily sensations that

are remembered both through re-experience and through reflection and narration. These are deeply embodied emotions that, for instance, in the case of *antojos* (unfulfilled desires), bring up bodily feelings of hunger and economic desperation along with the bodily associations of wounds that do not heal or unremitting pains. Body memories of a past wound that one struggled to heal are re-experienced when one slashes one's hand with a machete. The body memory in this case may encompass how the last time this happened to the individual the wound did not heal and the *curandero* told the individual that he or she had an *antojo*, an unfulfilled desire for food. In Amuzgos, *antojos* are often discussed in relation to wounds that do not heal. The fresh gash may bring one's attention to one's inability to obtain sufficient food for oneself, especially if healing is slow.

Seremetakis (1994) discusses a similar way of understanding sense-filled memory, but with a focus on sensory encounters, not illnesses. For Seremetakis, exchange of food, bodily substances, and sensual encounters in spaces urban and rural creates memories and substantiates complex individual histories. She calls this process commensality: "Commensality can be defined as the exchange of sensory memories and emotions, and of substances and objects incarnating remembrance and feeling (37)." Erasure of these sense-filled memories is a violence of disappearing, Seremetakis argues; it is an unwriting of local histories and of individuals, lives. Sense-filled memories are both bodily and emotional for the Amuzgos. Casey (1993) argues that who we are is based on where we are:

Place ushers us into what *already is*: namely, the environing subsoil of our embodiment, the bedrock of our being-in-the-world. If imagination projects us out *beyond* ourselves while memory takes us back *behind* ourselves, place subtends and enfolds us, lying perpetually *under* and *around* us. In imagining and remembering, we go into the ethereal and the thick respectively. By being in a place, we find ourselves in what is subsistent and enveloping. (xvii)

It is this recognition that we live through our concrete and particular places that underscores the importance of the "landscapes of healing." The meaning of the landscape, which includes both the natural and the constructed, changes as it is modified by buildings and the configuration of individuals present in the place (Casey 1996, pp. 23–33). In Amuzgos, the landscape is also modified by the lingering dangerous presences of negative emotions and the illnesses that result from interpersonal violence. Bodily violence re-envelopes inhabitants as they pass through a continually changing and socially reflective landscape. It is within this context that Amuzgan healing needs to be understood. Violent events are remembered, felt, and re-experienced through memories of place. Healing simultaneously cures pathologies of the individual and pathologies of the place.

Methodology

This research is based on 18 months' of ethnographic work with the Amuzgos Indians in their home village in San Pedro Amuzgos, Oaxaca, and in the large agricultural camps of Sonora, Mexico, where the Amuzgos work for part of the year

(Cartwright 2003). The general focus of this research was to understand how illnesses were conceptualized and treated in this indigenous group, both in their home community in Oaxaca and in the context of their seasonal farmwork in Sonora. The ethnographic research described in this paper was based on our time in Oaxaca.

The village of San Pedro Amuzgos is located in western Oaxaca; a little more than 4,000 people lived there during the mid to late 1990s, when this research was completed. About two-thirds of the residents of Amuzgos identified themselves as indigenous and the other third of the population identified themselves as mestizo. The distinction between indigenous and mestizo was not always clear-cut; many families were intermixed linguistically and ethnically. The Amuzgo language was taught in the primary schools and it was flourishing; the traditional mayordomo governing system was a powerful factor in village politics. The vast majority of the inhabitants of the village were extremely poor; many were forced to migrate to the cities and to northern Mexico or the United States to perform agricultural labor. Hunger and the physical signs of chronic malnutrition were common, especially in young children. Basic services, such as electricity, running water, and telephones, were rare to nonexistent. For instance, only 20% of the households in San Pedro Amuzgos had latrines or any sort of bathroom facilities. In the years since my fieldwork there, the situation has become even more desperate, as the federal and state governments have discontinued many publicly funded aid programs.

A good ethnography is often the result of several different methods of data gathering and triangulation. I recorded hundreds of hours of individual in-depth interviews and focus groups. Record reviews at local and regional hospitals, interviews with health care practitioners of all types and levels of training, and observations at local clinics were carried out on a regular basis. Informed consents for interviews and other data gathering were obtained and tape-recorded per Human Subjects recommendations at the University of Arizona that were obtained before the fieldwork began in the Fall of 1995. Very low literacy rates made recording the consents the most feasible way to carry out the consenting process.

Ultimately, it was the participant observation that allowed me to go beyond my own conceptual categories and begin to understand the illness logic of the Amuzgos. I participated as fully as I could in the village life, as did my partner Mark. We learned to make tamales, slaughter chickens, cut firewood with machetes, and perform curing rituals. Our successes and failures at these tasks and our daily presence in the indigenous households gave the research a great deal of depth and many a good reality check. The goal was always to go beyond what people said and to find out what they did on specific occasions and in particular contexts and then recheck the information through follow-up interviews (see Cartwright 2003). This article is based on three specific case studies. I triangulated what I saw and recorded with approximately 30 in-depth interviews done during and after the events that I have described. All interviews were done in Spanish, as this was the first language of the great majority of the participants involved in this study.

The Cases

In the first example, I describe how a 5-year-old boy named Juanito is treated for a case of *coraje*. I begin with this description of the treatment of *coraje* because it illustrates several important mechanisms of how *coraje* is understood to interact with individuals' bodies and with the larger environment of the village. This case shows how *coraje* can be transmitted between individuals and how it causes particular physical symptoms according to where it initially "falls" (*caer*). If it falls on an individual's abdomen, it causes diarrhea. If it falls on one's head, it causes a headache; indeed, if it falls on one's heart, it can be fatal. This case also demonstrates how someone who knows how to do a *limpia de huevo* (egg cleansing) can physically remove *coraje* from the body, and how, once it is removed from the body, it continues to exist within the village. Indeed, once loosed from one individual, the *coraje* will seek out another victim. I then examine how Juanito's *coraje* was narrated and renarrated over time and how it became part of the larger village social and political history that encompassed the death of his aunt and the political downfall of his uncle.

In the second case I describe the lived experience of *bodily remembering* through a description of how the *curandera* Estella dealt with a *coraje* produced during an argument with her husband. My focus is on how she self-diagnosed and performed this particular illness episode. While this illness event covers less time than the first case, it illustrates a causative event, the evaluation of that event, and some specific details about how Estella interpreted bodily and emotional upsets.

The third section includes a couple of examples of preventive measures that household members engaged in to protect themselves from illnesses and harm both through being very careful about how they expressed negative emotions and through engaging in protective religious rituals.

In "Juanito's *Coraje*," below, I draw the reader's attention to how the egg cleansing was both a treatment and a step in the illness naming process. That process was at first ambiguous—"a woman sent Juanito the *coraje*"—but then, over time, the village narratives became focused on the idea that the *coraje* had inadvertently come from Juanito's aunt Maria, who had been very sick with just that illness. Her *coraje* was believed to have moved into the environment and to have fallen (*caer*) on Juanito, causing his diarrhea.

Juanito's *Coraje*

"Juanito was dying of *coraje*," his aunt Estella told me as I entered her small adobe house on the side of the hill. She was a locally respected *curandera* (healer). Juanito was 5 years old and had been sick with diarrhea, lethargy, and no appetite, all signs of *coraje*, for 3 or 4 days. His mother had brought him to Estella 2 days previously to start treatment of his illness with a series of *limpia de huevo* (egg cleansing). Many past diarrheal events, all successfully cured by either the mother or Estella, combined to make the body memories that were, in this case, interpreted by proxy—it was little Juanito's complaints as remembered by his mother that led Juanito's

mother to put her son in the *curandera's* care for his illness. The treatment had been quite effective, and in the morning light, Juanito looked to be almost his usual, happy, little-boy self.

Earlier that morning, Juanito's mother went out to buy and gather the herbs for the *limpia de huevo*. She got them from a general store in the village that stocked everything from veterinary supplies to automotive parts as well as food and curative herbs. The owners gathered the special herbs high in the mountains and also imported them from other areas in Mexico. After buying the dried herbs Juanito's mother went into the overgrown area adjacent to the house and gathered the fresh herbs and flowers that were also needed for the cure.

Lupe, the sister of Juanito, was learning how to treat family illnesses from her aunt Estella so this morning she was helping to prepare Juanito's cure. Lupe first washed the kitchen *mano* and *metate* several times to get rid of the chili flavor that still clung to it from the making of tamales the day before. She then put aside half of the herbs for the next day's curing session—should it be needed. She placed the dried herbs on the *metate* and began the grinding process, occasionally adding a little water to the mixture. Then she added the fresh herbs and ground the mixture until the water was filled with finely powdered herbs. Next she strained them through a cloth and put the herb paste in a basin with *aguardiente* (hard liquor) and holy water. She gave this mixture to Estella.

Estella began the cure by praying to her saint, San Isidro, that Juanito would be better and asking for the saint's help in the cure. She took Juanito's hand, placed it on the egg, and placed her own hand on top of his. She then made the sign of the cross with the egg, which was wet with the herbal mixture, guiding Juanito's hand and the egg through the motions. In unison she and Juanito said, "In the name of the Father, and of the Son and the Holy Ghost." Then she put the egg to his lips and he kissed it. She then dipped the egg into the mixture and, starting around his neck and face, rubbed the egg and the herbs into his skin; next she rubbed down his arms and out to his palms. Then she rubbed down his chest, his legs, and the soles of his feet, and finally, she rubbed his hair with the herbal mixture and the egg.

During the *limpia*, Estella was smiling and laughing with Juanito and he was obviously relaxed and enjoying the process. Lupe cuddled on the back of the bed where he was sitting, occasionally tickling him or holding the little bucket of herbs for her aunt. Estella told Juanito what a good boy he was and how the egg was cleaning him. When she was finished with the *limpia* she gave him a cupful of the herbs mixed in a little *aguardiente*, which he drank without complaint. Estella then asked Juanito if he wanted to lie down for a few minutes, but he was full of energy and crawled atop a pile of pillows and blankets—smiling the whole time. He was especially fond of my taking his picture, which I did at that point. On this third day of treatment he was obviously making good progress toward health.

Estella then took the egg, broke it into a clear glass with water and *aguardiente*, and covered it with a towel. She let it stand for about 20 min on her altar. The altar stood at one end of her one-room adobe house; the only other furniture in the room was a bed and a few boxes. The floor was dirt and the adobe brick walls were lit by candles that flickered on the altar in front of the framed picture of her saint, a cross, and some bouquets of flowers.

After a time, Estella looked at the egg and said, “*Que feo*” [“How ugly”]. She let the egg sit for a few minutes more, then she brought the glass over to me and showed me the face of the person who had sent the *coraje* to Juanito. At that time, we didn’t know if the *coraje* had been purposefully directed at Juanito or if he had just come in contact with someone who had *coraje*. The face was revealed by the pattern on the side of the egg yolk. “It was a woman,” Estella said. “Look, you can see her face.” I peered into the glass, and with some concentration, I could see what looked like the head of a woman with long hair. “If it was a man, he would have a sombrero,” Estella added. We still didn’t know who the woman was and if the illness had been purposively sent or if Juanito had been in proximity to someone who had inadvertently passed it on to him.

The *coraje* was now safe inside the egg that Estella had used to remove it from Juanito. The egg would later be thrown into the river along with the eggshell and the *coraje* would be washed downstream, where it would eventually go up into the air in the form of a *mal aire* (evil air) and circulate around the village before alighting on another person. This is the life cycle of many illnesses found in the village. Illnesses change forms and cannot be disposed of permanently. There is always the thought that a *coraje* may be lurking in the river, in the air, or in the body of someone you know.

It must be emphasized that these individuals want to do what is best for their families. Juanito looked well, and it seemed that the treatment by Estella had worked. In the process of simultaneously diagnosis and treatment, the presence of *coraje* had been verified and properly treated. If Juanito’s mother had taken him to an M.D., local logic would have seen his very life as being endangered because of the Hot state that his body was in due to the presence of the *coraje*. This is a logic of curing that also persisted among the Amuzgos who had moved permanently or semipermanently to the agricultural fields of Sonora (see Cartwright 2003).

In Latin America and among Latinos living in many countries, the concepts of Hot and Cold are fundamental to understanding general notions of ethnophysiological functioning. Foods and medicines are seen to have inherent properties that make them produce heat or cold within the body. The body should be in a neutral state in order to be healthy, thus, overheating or being overly cold is associated with illness states. Illnesses, too, have inherent states—*coraje* is generally considered to be Hot. Curing is based on creating a balance in the body by treating Hot illnesses with cooling medicines (see Messer 1981). An important behavioral manifestation of this idea is that the local Amuzgan discourse was usually used to justify using home treatments first, and going to the medical doctor only if those treatment failed.

Estella explained to me that the Hot medicine of the doctor would come in contact with Juanito’s Hot, *coraje*-filled body. The resulting overly hot state could be fatal. There was a very real fear of going to the clinic or the hospital, and many factors played into individuals’ opinions of the medical system. The local residents viewed *pasantes*, the intern physicians that sporadically staffed the local clinic while fulfilling their social service requirement, as incompetent. Pharmaceutical medications were seen as strong, dangerous, and potentially lethal. Even the Suero Oral (oral rehydration mixture; literally, oral intravenous fluid) was classified as Hot by the Amuzgos—explaining the fact that it was rarely used in treating diarrhea that

was associated with *coraje*. The local logic strongly reinforced the decision of Juanito's mother to seek treatment for his *coraje* from Estella.

Narrating and Renarrating Juanito's *Coraje*

In living with these emotions, the felt becomes intersubjective and the social negotiation of meaning of local events occurs. These negotiations of socially acceptable, intersubjective meaning appear subtly, but they work away at resolving intolerable situations like water wearing away at a rock. When Estella's sister-in-law, the young midwife named Maria, fell ill and died, it was thought that she had possibly died of a *coraje* or a *bilis* (two forms of anger) because of her anger toward her abusive husband; other possible diagnoses that she received included malnutrition, anemia, cancer, and dengue. Many months after she had died, though, the diagnosis of *coraje* between her and her husband was widely accepted. Estella confirmed then that it was indeed Maria's *coraje* that had landed on her nephew Juanito, causing him the severe, acute diarrhea described previously. Both Juanito's and Maria's illnesses spiraled out of Maria's marital relations that had gone awry. Her anger was also anger at her husband, which some of the community shared because he was viewed as winning a recent local election by stealing ballots and thus fixing the election for the municipal presidency. Her husband's party, the PRI, had won illegally, the opposition party, the PRD, alleged. The PRD asked for his removal from office. Those who blamed the anger of the situation on the political situation did so quietly, at first. That source of anger was hinted at in hushed tones—Maria's husband was, after all, still the president.

Maria's was an anger felt in the household and an anger that was multiplied by community political events. Emotions were reflective of particular moral orders (Lynch 1990). Moving between the wife and the nephew of the municipal president, and circling out to family and friends, the anger touched many individuals. *Coraje* functioned as an idiom of distress, as it provided a means of talking about situations that were socially charged and were unacceptable topics of discussion. Maria's anger was proven to exist by the presence of bodily symptoms. In translating the emotion of *coraje* in this context, one can see that it was anger, but anger felt differently, experienced differently, and employed in discourses differently than its English gloss "anger."

A year after the PRD requested the removal of Maria's husband he was gone from office. His predecessor was also PRI but was generally better-liked in the community. Community members vocally agreed that the ex-president was suffering greatly from his *coraje* and could no longer perform his duties for the municipality. He had taken to drinking in excess and spent much time incapacitated and alone in his house. The community was quite clear that his virulent *coraje* was implicated in his wife's death and that it threatened others, so they slowly eased him out of office. His anger did not diminish, despite the fact that Maria and little Juanito had also contracted it. One morning, Estella told me, he just did not show up to work as president. The problem had been, to some extent, resolved; the social discord had been, to some extent, healed.

Amuzgan conceptualizations of *coraje*, *antojo*, *bilis*, *muina*, *espanto*, and other Latino folk illnesses are sense-filled memories, memories that are shaped and reshaped as people attribute negative illness/emotions to having come into contact with the places where murders, assaults, and animal attacks occurred. The past is re-embodied in the present and brought into daily consciousness and discussion as individuals try to cure both their bodies and social traumas of the past. These memories are virulent and they are contagious. They are memories that simultaneously call up corporately expressed and felt *époques* of difficulty. They are also sensual memories of being cleansed with fragrant herbs as a smooth, cool egg was moved across one's body or of feeling the spray of the mixture of saliva, breath, herbs, and alcohol that the *curandero* blew over one's face and limbs during a curing ceremony. To name an illness is sometimes to be able to cure it, but curing often does not encompass the alleviation of physical symptoms any faster than it does the alleviation of social distress; the tempo of the cure may be slow indeed.

“Seeing Black,” or What Happened When the Dog Ate Our Breakfast: Enacting Bodily Remembering

One morning, during the fiesta of *Todos Santos*, Estella made a special breakfast of eggs with tomatoes, onions, and chilis. Estella was a strong, middle-aged woman who worked as a *curandera* and, to make ends meet, also made and sold tamales in the village. As with the majority of the inhabitants of Amuzgos, however, there was often very little to eat in her household and food was a precious commodity. So when, without thinking, Estella placed the big bowl filled with the steaming eggs precariously on the shelf in the outside kitchen area and Galafrey, her dog, jumped up, knocked the whole bowl down, and greedily ate up everyone's breakfast, the situation quickly became very tense.

When Leno, Estella's husband, saw what had happened, he started yelling at her about how stupid she was to leave our breakfast within Galafrey's reach. “You've wasted our good food, ” he said, as he angrily stomped out of the kitchen.

Estella drank her coffee, visibly shaken by the outburst and by the loss of such a quantity of food. She had been saving the little stockpile of eggs for the past couple of weeks. We had the last few remaining eggs as our breakfast, but Estella said that her *coraje* was making her feel like she was going to have diarrhea. After breakfast, we started to clean up the house. She kept sitting down between each small chore because she was “seeing black.”

We worked a while longer, but finally, I suggested that she rest. She lay down on the bed and asked me to cut a strip of material about 3 inches wide and 3 feet long for her. I ripped the hem off of an old dress and gave it to her. She took the strip of cloth and bound it around her stomach on top of her slip, but under her dress. “The *bilis* (anger) wants to go up (and that would be fatal),” she said, motioning toward her heart. “This belt will keep it in my stomach” [where it would just cause diarrhea]. Past experiences with similar bodily sensations and emotional upset combined to form this particular *bodily remembering* as Estella experienced her

stomach pain, talked to me about its possible causes and outcomes, and did her best to control what she was feeling in and through her body.

The next day we went to the river to bathe and wash clothes. When village women bathe, they leave on their full-length slips, which become drenched in the process of laundering their families' clothes and bathing in the shallow river beneath the mango trees. The heat made having a wet slip on underneath one's dress actually quite comfortable. Estella still had on the belt keeping her *bilis* in her stomach. She did not say anything about it, but it was clearly visible to her family and neighbors.

Emphasis on the social nature of emotions has resulted in studies that focus on the interaction of the individual and the social group (Lutz and Abu-Lughod 1990). Similarly, in Amuzgos, emotions were enacted along social group and gender lines. *Coraje* led men to drink, to lead a solitary life of public suffering, reeling about in the street all day and night while engaged in extended drinking binges. These binges were talked about as ways to get rid of the mens' *coraje*; the binges were demanded by the worm *El Solitario* (the recluse) that lived in their stomachs. *El Solitario* demanded to be fed alcohol; a man had no control over his drinking when the worm took over. Women pushed their anger into themselves; they held it in. They also enacted and displayed their pain by drinking, but it was the way in which they tried to hold the anger down in their stomach with belts or tried to cool it off with teas that was telling with respect to gender roles. Amuzgan women hold in their *coraje*; men display it and try to rid themselves of it by losing control in the clear, combustible *aguardiente*.

Since the belt would only be visible to those neighbors and family that come to her spot at the river, Estella's mute testimony to her marital strife was revealed to a specific group of people in a way that drew quiet attention to a possible problem. The belt, which probably would not be mistaken for any other purpose, was a visible sign displayed to friends and family that something was amiss. It was a sign that indexed the stress and anger that were locally considered a danger to one's health. It was, in part, a somatic mode of attention (Csordas 1993) in that it was a learned way of putting attention on a bodily state. It focused attention on the emotional nature of the situation. Having chosen to continue wearing the belt, Estella was showing how fed up she was with Leno's behavior. That particular morning, the only people to pass by the river were some grade-school children on their way home for lunch and Leno himself, who came down to the river to bathe after his morning work was done. Estella was performing her criticism of Leno with me as a witness while we splashed about in the sparkling cool water doing our laundry in the cool shade of the towering mango trees.

The other side of what was happening with the belt was more than a metaphorical description of Estella's distress at problems with Leno. Metonymically, she was using the belt to gain agency over the *bilis* (anger) that was in her stomach (see Briggs 1994). Once she gained agency over it with the belt, she was able to contain it in her stomach, where its effects would be limited to diarrhea and where she could treat it with a cold Corona beer before breakfast—a treatment, she assured me, that was effective in treating her *bilis* and in “improving her appetite.” Estella could not remove the *bilis* from her stomach, but she contained it in a place within her body where she could endure and try to treat its symptoms. Curing *bilis* and *coraje* is a

nanced and subtle form of bodily remembering that moves between multiple planes of realities and is multivocal as it critiques the social world and cries out for alleviation of individual bodily suffering.

Managing Household Emotions

Mark and I lived for several months in an Amuzgan household with nine children and three adults. Don Fermin, the father of the family and a lifelong indigenous resident of the area, would often help clarify my questions. I asked him on more than one occasion to clarify the concept of *coraje*. “Liz,” he would say, “It is like when you go to see the municipal president. Whenever we go there, we get angry. It’s frustrating. When you come home, you have *coraje*. You have to be careful because that *coraje* can make someone who has just been sick, or a baby, or an old person, ill.” This led me to see how, in the household, no one yelled at one another. People did not come home from frustrating events, which abound, and yell or “release their pent up frustrations” like one might do in my household back in Arizona. You can’t yell or scream without putting your family members in danger. If they became ill, people pointed fingers, blaming others for their illness. They used the symptom (whether it was diarrhea, respiratory problems, or fevers) as proof that someone around them was acting in an unacceptable manner. The symptoms did not really matter. It just mattered that the person was sick and that a link was made between someone’s out-of-control emotions and the physical symptom. People were forced to move through their days managing the expression of *coraje* in a locally acceptable manner (see Wikan 1990). If they did not, their inappropriate *coraje* would be viewed as harmful to individuals that they met.

Importantly, Amuzgan Latino folk illnesses like *coraje* also provided a conceptual space for the deeply felt and quietly enacted corporate forms of healing. Thus conceptualized, *coraje* socially sanctioned the enactment of the cooling *limpias* (cleansings) and the frequently given, preventive blessings that reasserted trust in times of deep social upheaval. Little quotidian acts of kindness eased larger acts of anger and violence.

If anything, these acts of healing, both retrospective and prospective, were unorchestrated. They were embedded in the flow and the rhythm of the day. I give the reader a scenario. It was late in the evening of a warm spring night, and a friend of mine, a student, was packing for a bus trip down the road filled with *asaltantes* (armed robbers) and blind curves. We had all piled onto the bed to watch my friend pack. As my friend gathered her things together, her mother silently reached up to the family altar and took down one of the flickering religious candles. She passed the candle over the young woman’s face, arms, and heart, blessing and protecting her. There was a momentary hush among the throng of kids playing on the bed among the suitcases. The children’s eyes followed the candle up and down, up and down as the light moved across their sister who was leaving them. And then a small boy started to cry. Only a moment had passed. The chatter started up again and the attention of the group was diverted. The mother put the candle back up on the altar

and her daughter, the student, continued packing. Nothing was said, but a sense of protection had seeped into the evening.

Sleeping encompasses the feel of the transfer. *Susto* and *coraje* leak out of porous bodily boundaries and dwell in places where violence has occurred and rages have been enacted. Places hold negative valences in the environment. There is a corporate sense of the *coraje*, its danger and its possible negative ramifications. It is felt to dwell in certain places. Certain places are avoided and feared as one can catch a *susto* just from passing the place where a bad thing has happened. An example of this is when Estella's husband Leno "caught" a *susto* in his eye by walking at night past the place on a path where a young boy had been murdered. His eye was rendered painful and red for several days. This place was considered dangerous, and people normally avoided walking there out of fear of catching an illness from the negativity that dwelt there. (We note that his appears to be a variant local form of *susto*.) Going out into that dangerous world is a necessity, however, and so individuals do what they can to protect their loved ones from harm.

Discussion: Somatic Topographies and Bodily Remembering

For us, the human body defines, by natural right, the space of origin and of distribution of disease; a space whose lines, volumes, surfaces, and routes are laid down, in accordance with a now familiar geometry, by the anatomical atlas. But this order of the solid, visible body is only one way—in all likelihood neither the first, nor the most fundamental—in which one spatializes disease. There have been, and will be, other distributions of illness. (Foucault 1973, p. 3)

The way in which Amuzgan illnesses are mapped onto the body—indeed, how they are mapped onto the whole geographical space of the community—locates them in a social reality that is far different from biomedical illnesses that are perceived to be living their lives in specific organs and bodily systems. I conceptualize what I have done as describing the "somatic topography" of these illnesses. I use the term "topography" (pace Appadurai 1990) to describe local conceptualizations of the "self" as they are embedded in the natural landscape. As Foucault (1973) points out, the ways in which an illness is spatialized reflects notions of how the body works and how it exists in relation to the world around it.

The village was a place where illnesses circulated in the form of *mal aires* that could not be perceived, but were always present as they moved about the village in search of someone to whom they could attach. By coming in contact with a place where a violent act had occurred, or with a person who was upset, individuals inadvertently came in contact with *mal aires*, *corajes* or *sustos*, that could cause any number of uncomfortable and dangerous symptoms. Witchcraft, including the evil eye (*mal de ojo*), could also "send" these illnesses to targeted individuals. Illnesses also seemed to choose their targets based on their vulnerabilities. Thus, there was the need for extra protection for the very young, the very old, and the frail members of the community. The realm of possible sources of negative or violent social acts

and reactions was identified and cures were enacted where the illness was blown (*soplar*) or cleaned off (*limpiar*) of the patient. The illness was then released back into the air to circulate around the village again, never being completely eradicated. One person's cure was always another person's misfortune, when the latter was subsequently attacked by the illness dislodged during a curing ceremony. A limited number of illnesses were always either in the environment or in the village inhabitants.

It was through the mechanism of naming Latino folk illnesses that Amuzgos diagnosed their place and the social relations that it contained. The weak or negative social relations or acts of violence pointed to parts of the community whole that were not functioning. Analogically, one can think of the presence of a biomedical disease as pointing to a weak part of the body. The presence of the disease is proof that, in biomedical terms, the immune system did not protect the body at that particular location in the body. Amuzgos read the sickness of place and their community through the presence of *mal aires* in the form of *corajes*, *sustos*, and *antojos*.

With respect to the diagnostic act, many of my interviews showed that Amuzgan folk illnesses must be understood in concert not only with one another, but also with biomedical diseases. While it is beyond the scope of this paper to discuss this in detail, a couple of examples should make the concept clear. For instance, dengue and malaria were considered to be one and the same thing—something that came from mosquitoes, or from drinking dirty water, and something that could be treated with malaria pills or Alka Seltzer and herbs. Diabetes was locally conceptualized as a combination of *susto* (fright) and *coraje*. The biomedical was subsumed under a complex of reasoning that had nothing to do with the functioning of the pancreas and the power of insulin. Rather, diabetes was understood as “bad blood” and “too much sugar,” and its presence was read as a symptom of a childhood *susto* gone latent until, as an adult, the individual encountered a strong *coraje* that potentiated the manifestation of the diabetes. Again, images of mean dogs and beatings from one's father were inscribed across time and space, and their ravages lay dormant until they were reawakened by the adult's encounter with a *coraje*. Past and present frights and moral transgressions interacted and were expressively indexed through current bodily complaints.

In the absence of clinical apparatuses, normality was ambiguous. Efforts to understand illnesses were aimed at the village as an entity that was continually producing and reproducing its social and physical ills. Individuals were cured, *aires* were let loose, and one had to step carefully on the path in order to avoid coming in contact with them and chancing an illness. The mechanisms were communal and suggested a village-wide functioning unit that needed to be kept in balance through divination of interpersonal strife. Illness naming called up both current and past social problems as it situated those illnesses in the social and geographical terrain of daily life. The topography became a morality story enacted via symptoms and fears. Lessons about right and wrong were asserted as well as challenged. Physical places had evocative power. They were daily reminders of the consequences of disrupting harmony and causing bodily harm.

Methodological Implications

The Amuzgan data show us that the *bodily remembering* that plays an important part in the experience of Latino folk illnesses is a process that occurs both within individual memories and *within the social group*. Through creating a theoretical approach that allows researchers to understand the individual experience of Latino folk illnesses within the context of meaningful social groups, we can begin to understand what *corajes* and *sustos* signify in a relational sense that more closely resembles the emic understanding of these illnesses. The social groups will vary by situation: they may be the extended family or, perhaps, the entire village. Each instance of a Latino folk illness has a different social reach. Through mapping, across time, the interrelated links among social events, physical symptoms, and narrative descriptions, we can begin to situate Latino folk illnesses in their unique, social topographies. This enlarged theoretical perspective implies a smallest unit of meaning that is ethnographically defined but often encompasses more than the individual sufferer.

Conclusions

I began this paper by discussing how Latino folk illnesses have been studied in the past and how, through using ethnographic descriptions of illness events, the understanding of those illnesses can be broadened and made more attentive to the concepts of flexible, socially contextualized diagnoses (popular nosologies) and *bodily remembering*. The illness narratives presented to me during this fieldwork gave me a new appreciation for how much is still left to learn about Latino folk illnesses; they are powerful ways of describing the self, one's emotions and one's *bodily* and *social* ills. To open up these analytical concepts I have focused on the experience of illness as it is narrated through *bodily remembering* in a flexible and socially contextualize manner. As Guarnaccia et al. (2003) note in analyzing data on the perceived causes of *nervios* in Puerto Rico, "No one feature of any of these experiences uniquely defines it (*nervios*); rather it is the sum total of the experience which distinguishes it from other experiences ... the particular configuration of experiences makes them fit within specific sociocultural contexts" (348). I have observed and noted during fieldwork that the population of Amuzgos experiences the almost-constant presence of parasites, festering wounds, diarrhea, respiratory infections, and joint and back pains. What those of us who are privileged enough to have good health and medical care conceive of as illnesses of short duration (acute), Amuzgos endure as the continual backdrop of their existence (chronic). Periodically, against this backdrop of suffering, more severe, life-threatening illnesses appear. The illness experience is one that encompasses the *bodily* felt emotional and physical ramifications of angers, injustices, and discords; these are discords that dwell in places and are part of what makes up the cultural meaning of those places. To be ill, therefore, is to know, feel, and manifest through the body and the heart the negativity that is occurring in the environment.

However, to be ill in San Pedro Amuzgos is also to have the opportunity to conjure up one's past and talk about it through one's present illness. There is a certain power in being able to talk once again about a negative situation that may have produced the present illness and, at the same time, make one's commentary on that situation—reformat it, to fit one's present needs, assuage guilt, refocus blame.

Emplacing the concept of Latino folk illnesses and processually describing them within their narrativized bodily rememberings becomes a very productive manner in which to understand the plethora of pathophysiologies that are part of the daily life of the Amuzgos. The Amuzgos data show that Latino folk illnesses are ways of understanding illnesses and emotions that are reflections of a situated sense of self deeply immersed in bodily remembering of negative illness events and their healings that have occurred in the body, in the household, in the social group, and in the environment. They are richly evocative of particular individuals living within specific webs of social relationships. Latino folk illnesses attest to being in the world in particular times and places, and they can help us understand what it means to live one's life back and forth across uniquely conceived and experienced cultural landscapes.

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