

THE CONCEPT OF "HEALTH" AMONG SPANISH-SPEAKING VILLAGERS OF NEW MEXICO AND COLORADO*

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The Spanish-speaking villagers of the mountain valleys of northern New Mexico and southern Colorado, isolated for centuries from outside influence, have retained a folk medical system which, at times, is at odds with that of the "scientific" medical community. The concept of good or normal health is basically equated to that of "adequately functioning" in one's age-sex role. The common criteria for identification as healthy are: (1) a high level of physical activity, (2) a well-fleshed body, and (3) the absence of pain. A basic purpose of this paper has been to define in detail the culturally specific elements of these criteria.

The inhabitants of the villages of Northern New Mexico and the San Luis valley of Southern Colorado constitute an identifiable sub-group; it is Spanish-speaking and rural. It is also undergoing a gradual transition from a folk-type culture to one modified by ever more frequent contact with Anglo-American culture which today surrounds it on every side. Even though the birth rate remains high, this sub-region as a whole is losing population. Migration from subsistence-level agricultural-pastoral villages to towns and cities, nearby and distant, is an almost continuous process. Nevertheless the traditional culture of the Hispanos¹ still exists to a great extent in the villages and is carried by the migrants into new areas of settlement.²

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1. Because of the multiplicity of terms used to identify distinct groups in the American Southwest, some of which may have meanings or implications beyond ethnic or cultural affinity, the following expressions, in separate or combined form, are consistently used throughout this paper. For the member of the ethnic group upon which we focus, the terms "Spanish-speaking" and "Hispano" are used. For the member of the dominant American society, the terms "Anglo-American" and "Anglo" are used. These, in large measure, carry no implication beyond cultural or ethnic identification and are frequently encountered in the Southwest.

Part of the traditional culture of the village is its health-disease complex,³ a factor which must be considered by the medical community, most of whose members are Anglo-Americans, in its dealings with villagers or with transplanted village culture-bearers. There are similarities and some striking dissimilarities between the way Anglo-Americans (with special reference to Anglo-American health workers) and Spanish-speaking Americans perceive and interpret phenomena of medical significance.⁴ One such area of importance is the very fundamental concept of the meaning of the "normal" healthy state, the focal subject of this

2. There are many excellent studies of the culture of the Spanish-speaking of New Mexico and Southern Colorado; among these: M. S. Edmondson, *Los Manitos: A Study of Institutional Change*, New Orleans, Middle American Research Institute, Tulane University, 1957; Olen Leonard and Charles P. Loomis, *Culture of a Contemporary Rural Community—El Cerrito, New Mexico*, Washington, D. C., G.P.O., 1941; Charles P. Loomis, "El Cerrito, New Mexico: A Changing Village," *New Mexico Historical Review*, 33:53-75, 1958; and Margaret Mead, *Cultural Patterns and Technical Change*, Paris, UNESCO, 1953.

3. The term "health-disease complex" used in this paper refers to the total set of cultural components, social relationships, and underlying values associated with health and illness, as observed in, or experienced by, members of a particular group—in this case, the Spanish-speaking villagers of New Mexico and Southern Colorado.

4. For an overview of the total pattern of medical care for this group, see: Lyle Saunders, *Cultural Difference and Medical Care*, New York, Russell Sage Foundation, 1954; Lyle Saunders, "Healing Ways in the Spanish Southwest," in E. Gartly Jaco, ed., *Patients, Physicians and Illness*, Glencoe, Ill., The Free Press, 1958; and Sam Schulman, "Rural Healthways in New Mexico," *Annals of the N. Y. Academy of Sciences*, Vol. 84, Art. 17, 1960, 950-958.

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paper. This paper presents part of the synthesized results of a two-year period of observations and of group and individual interviews⁵ by members of a research project who attempted to delve beyond a superficial level into the villagers' health-disease complex.

One of the project's resident field observers, a sociologist⁶ and a native of the area, notes that health "is one of the most important value orientations in the lifeways of the people." To think about health, to speak about health, to react to situations in which good or bad health are determining factors—these are essential components of the culture of the villagers.

The research group established an hypothetical set of related concepts ranging from the healthy state, through various stages of health and illness, to that point where a terminally ill person crosses over into death.⁷

5. Interviews were held with "insight-stimulating" informants both in and away from the villages, most of these relatively unstructured "discussions" about local problems or inquiries into personal experiences or reminiscences. Special group interviews were held away from the villages with panels of informants who were village-reared. The "insight-stimulating" approach follows Claire Sellitz, *et al.*, *Research Methods in Social Relations*, New York, Holt, Rinehart and Wilson, 1951, 59-65. The general "focused" approach in both individual and group interviewing approximated that of Robert K. Merton, M. Fiske, and P. L. Kendall, *The Focused Interview*, Glencoe, Free Press, 1956.

6. The research staff was comprised of individuals of several disciplinary affiliations. The authors of this paper are, respectively, a sociologist and a social anthropologist. Other staff members include: Julian Samora (sociology), Frances Fell (public health nursing-midwifery), Thomas Weaver (social anthropology), Carmen Trujillo (social anthropology), Mercedes Garoffolo (social anthropology), and Serafin Vigil (public health education). Other staff members and consultants, not mentioned here, contributed greatly to the total research effort. The authors of this paper express their profound appreciation to these, their colleagues.

7. During the course of an entire summer (1960) group and individual interviews were focused around certain basic themes. One such theme was the villager's conceptualization of mental or emotional health and illness. All other themes were dedicated to physical health. They included discussions on: how "good" or "normal" health is defined; how good health is maintained and ill health avoided; how ill health is defined; what is done when ill health is thought to exist, how it develops, and

Our informants were asked about healthy people first. The villager has a definite picture of the healthy state, and his view of health correlates with his world-view, a mode of thinking about and perceiving things in terms of what Margaret Mead calls "the established present."⁸ This is essentially an acceptance of things as they are. Health is a day-to-day thing, always important, but appraised in terms of the elements which shape the present. Little emphasis is placed on the mechanics of how it came to be, nor is there strong stress on how it might develop, positively or negatively, in the future.

In its early days the Spanish-speaking village existed at a marginal level, precipitously on the edge of calamity which might seriously injure or destroy its few families. To wrest existence out of a minimum of arable soil, and a short grazing season with limited forage, was an arduous task. *La vida es dura* (life is hard) was frequently expressed, and still is often heard among villagers. Non-productive activities routinely engaged in during the round of the daily regimen were rare indeed, and creature comforts were minimal or non-existent. Each member of the village family, from the youngest able to assist in minor tasks to the oldest well past his prime, had chores to do to keep the family going. The greatest burden was placed upon adults in their mature productive years. The ability to perform one's tasks was essential to survival. If a man was unable to work, his family suffered. If a man was unwilling to work he was frowned upon by his community.

This *vida dura* required each man to exe-

the results of these interviews with all other field what is done if and when it worsens. Synthesizing observations and interview data gathered during the course of the project until that time, a scheme of "levels of illness" was developed, presented to our informants and validated by them. It is essentially a scheme of growing negative prognosis which, although resembling that of the modern medical community, is based completely on the folk medical system of the villagers. It consists of the following developmental stages: (1) suspected or minimal illness, (2) true or legitimated illness, (3) severe illness, (4) critical or grave illness, and (5) the terminal or final stage of illness before death. These "levels of illness" are described, in detail, in another paper presently in preparation.

8. Margaret Mead, *op. cit.*, p. 180.

cute tasks constantly and acceptably. If he was unable to perform them, they would have to be assumed by others, and it would be truly difficult for kinsman or neighbor to add another man's chores to an already work-heavy routine. To be able to work—to perform one's tasks as expected—was considered a requisite for fulfillment of one's familial and communal roles. Positive value was given to the state-of-being which allowed for adequate functioning in these roles. The concepts of "good" or "normal" health are intimately associated with this positive value of ability to work. Today, although government agencies assist in ameliorating hardships for villagers (and, in fact, rural life is not as hard as it used to be), this traditionally sanctioned association persists. As will be seen below, the healthy state is equated with qualities that directly or inferentially portray the adequate performance of one's routine or usual tasks.

The concept of good health has a definite temporal limitation: the established present. The "moment" governs how a villager responds to a question about his health. Assuming that there is a degree of intimacy between persons that allows for relatively unguarded communication, when asked how he is or fares, the villager may give an exacting description of his state of health, good or bad, at that particular moment.

Healthy people are normal, and normal people are healthy. If ill health is understood to exist or is inferred, its qualities must be obvious or admitted, but normal health is not reflected in a peculiar imaginary state in which all is perfect. There is no image of superlative health among the Spanish-speaking villagers.

In health, as in all other phases of the villager's life, there is no perfection, there is adequacy. A common response, especially among older persons, to the almost formal phrase, "*Cóma está?*" (How are you?) or "*Cóma ha estado?*" (How have you been?) is "*Bueno y sano*" (literally: well and hale.) Although, to some degree, this response may be as formally given as the question is formally asked, there is reason to believe that it carries health-specific meaning for interacting villagers depending on their level of intimacy. When used in this manner this

phrase is perhaps best translated by "adequately functioning." It might also be regarded as the personal equivalent of the military "all present or accounted for." The idea of health adequacy may, in fact, include incidental malfunction of an organ or a system of the body, not serious enough to make the total person unable to qualify himself as "adequately functioning."

As in other folk health-disease complexes there is a wide tolerance in the definition of the healthy state, of what may be considered "normal," and what may be recognized as adequate function. The Hispanos of the rural villages, minimally versed in or ignorant of the germ theory of disease and of the scientifically determined developmental pattern of disease, may accept as "normal" the presence of a contagious person in their midst, and may assign little or no negative value to signs and symptoms (sore throats, infant diarrheas, running noses, productive coughs, and the like) so long as the referent person meets their basic criteria for the healthy state. (A particularly aggravated area of difficulty between public health practitioners and villagers is "upper respiratory infections." Essentially, the conflict hinges on the fact that villagers may identify as "healthy" individuals who may be considered as "unhealthy"—or worse, as threats to the total well being of a collectivity—by public health workers.)

The villager views normal health as always subject to attack. This is not to say that illness must follow or disrupt a normally healthy state, but as seen by the villager, it usually does. Healthfulness does not pre-empt or invite calamity, but calamity comes as no surprise. In the context of village life, such a view of health is not pessimistic, but realistic. The entire folk medical system depends upon this basic realistic acceptance of disease and an undesired but not unexpected interruption to a healthy state.

Many characteristics of the "normally healthy" are widely shared. They are not to be presented as components of a seldom encountered type, but as common health denominators of adequately functioning community members. Certainly some people are more abundantly endowed, favored, and smiled upon by Nature, and they are ac-

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counted as fortunate in the special possession of a magnified portion of a given quality, but it is indeed rare that anyone is gifted beyond the usual in all common health denominators. Further, any normal person is expected to possess, however unequally, portions of all of them; the observable absence of any might indicate lack of health.

Most informants for this project were persons in early and middle mature years, some were older, a few considerably older. When questions about health and disease were asked of these informants, they tended to respond in terms of adults whom they knew—friends, neighbors, relatives—or of themselves. The "healthy person," then, is typically described as a mature person with the corresponding attributes of an adult: family, job, community obligations. The qualities of the healthy state are essentially the same for the child and for the aging and aged as for the mature adult, the model for referential purposes. The roles of children and of older persons in the village setting, however, encompass modifications of expectations associated with the productive adult: this is as true in the realm of health and illness as it is in that of authority, or of religious participation, or of any other institutionally patterned behavior. In addition, behavioral expectations may have sexual specificity in the health-disease complex as in other areas of village culture.

For all ages, and for both sexes, the common criteria for the healthy state are (1) a high level of physical activity, (2) a well-fleshed body, (3) the absence of pain. All other physical characteristics and emotional states of healthy persons are related to these.

COMMON DENOMINATORS OF HEALTH

1. *A High Level of Physical Activity.* For the healthy person overt physical activity or some alternative indication of a high energy output is expected. The healthy adult man or woman is capable of performing the routine tasks which are part of the round of village life, and the healthy child and older person are expected to perform tasks appropriate to their abilities. Vitality is directly demonstrable. The community observes that Moreno chops wood easily, and that Dul-

cita's house walls are newly plastered and her children clean and well-managed. The community also notes that the Vergara child skitters quickly around the yard and that Old Man Montez sits his mare well and rides gracefully and easily to Mass on Sunday mornings. The neighbors of Tomás perceive that he "holds down" a regular job in a nearby town and systematically works his small plot of corn, beans, chile and other vegetables on the week end.

It may be said of a physically active person that he has *sangre fuerte* (strong blood): he has strength. Physical capacity is closely associated with strength. A person must be strong enough to sustain the level of expected activity associated with his age and sex. Any sign indicative of lack of strength—poor color, inadequate musculature, a need for more sleep than is usual—is interpreted as possible evidence of lack of wellness, and villagers go to some lengths to exhibit vitality. This is not to say that a villager will flex his muscles whenever the opportunity presents itself for so doing, but that he keeps the supply of firewood well stacked in his yard or, if a woman, that she keeps her house neat and orderly and her children well cared for.

In the round of workaday responsibilities there are few tasks that are accomplished without the expenditure of a considerable amount of energy. Mending fences, puddling adobe, picking and husking corn, grinding flour, curing meat—all of these tasks are done by working hands and arms, bending backs. A clue to the state of an individual's health is the regularity with which he or she performs routine tasks: his or her personal regimen.

A healthy adult is physically active: he rises early, works hard during the day (and, if a young man, plays hard at night), and sleeps soundly. It is not necessary that one excel at these activities. If, in doing his usual work, he shows marked aptness or meets with marked success, he may be characterized as *inteligente* (industrious). It is expected that a man will give a just amount of his abilities and energies to getting a job done.

In the parlance of the villager a strong recommendation for a man would be, "Es

muy trabajador" (He's a good worker). When said seriously a compliment to a man would be to term him an *hombrote*, (a real man) which indicates exceptional vitality and energy expressed in masculine activities. The adult woman who exhibits noteworthy vitality may be termed a *mujerota* (a busy and industrious woman), a sincere recommendation from people to whom hard work is commonplace.

Village culture does not stress rivalry and competition—men have lived too precariously in these little mountain valleys to emphasize elements which may imperil community existence. Among his neighbors, where almost always some adversity may be discerned, a healthy man is not ostentatious: if he has great strength or more-than-usual vitality, it is modestly exhibited by performing his own tasks well and, perhaps, quietly and simply lending a hand to a neighbor.

Interestingly enough, virility as a sign of healthiness in males—as measured in numbers of progeny, a characteristic of *machismo* (maleness) in other parts of the Hispanic New World—was not mentioned by our informants. Further, although value is attached to physical abilities, most traditional heroes of the villages have not been the superlatively strong, but the wise, industrious and wily.⁹

An adult male patient at the New Mexico State Sanitarium at Fort Stanton who came originally from a mountain village told a field worker that he was sure he was not ill since "All my life I have been a strong man. I like to work. Work doesn't frighten me."

Nor does work frighten the village adult woman. Her round of chores is constant, from the making, mending, and laundering of clothes, to the care of her children and home, and to the periodic cleaning of chapel or *morada* (meeting house of the Penitent Brotherhood).

When the question of what is considered a healthy woman in the village was presented, Salazar (a young man) replied, "She works outside as well as inside. Standing up straight, (good posture), makes you think she is healthy. If she slumps, she is not well." Salas (an older

man) said, "She does her housework, washes windows, is *mujerota*, a busy woman. She does her work, looks after her children, has a neat, clean house, is never too tired to keep her house and children nice and clean."

Although great stress is laid on activity as a prime indicator of wellness, the villager does not engage in bustle for the sheer sake of being active. An informant was quick to tell us that

... an Anglo would dig a hole and fill it up just for the sake of keeping busy: "work for work's sake." The Hispano would not dig a hole unless there was a good reason for doing it. He regards work as a necessity of life, a necessary evil, but he does not value work for work's sake.

The work by which one is judged must be meaningful, not just work. Each village has its share of *flojos* or *resolaneros* (slothful and lazy ones) who are regarded with contempt. They are physically capable of working, but do not. They pass the hard work off on family and friends and expend their energy in "wheeling and dealing." If a man has the external signs of good health but is suffering from a non-obvious condition, he may suppress overt expressions of his illness, especially an interruption of his routine, to keep from being labeled a *flojo*. An often quoted saying among the villagers concerning a cure for laziness is, "The best *remedio* is the plow."

2. *A Well-fleshed Body*. A healthy person is well-fleshed. The villager does not differentiate between the individual whose flesh has fine muscle tone and the individual who is large. He is *robusto* (robust, big). He must "appear healthy" and most significant in this appearance is his body build: he must be "well filled for his frame."

The creature comforts of life and diets rich in fats and starches which permit excess accumulation of fatty tissue, have, until recently, been unknown. In the traditional culture, to bring forth plants out of the soil of the mountain valleys, to provide firewood for the long winter, to haul water from brook or ditch, to care for large families—all without the benefit of modern mechanics—permitted few to become obese.

Even a fat man, if he stands erect and "carries his weight well," is considered healthy. The person who billows with excess fat might be suspect, but he is a rare sight. An informant said to a project worker, "You

9. See Aurora Lucero-White Lea, *Literary Folklore of the Hispanic Southwest*, San Antonio, The Naylor Company, 1953.

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are too fat, but a little work will take that off." When informants were pressed to respond to the idea of excessive obesity, there was a lack of differentiating concepts: *robusto* and *gordo* (fat, chubby) were associated images, and the infrequent occurrence of the truly corpulent did not seem to call for special role expectations among villagers.

The villager may be spare, small, wiry: he admires those in his midst who are graced by more than a minimum amount of flesh. To him a large person is better equipped to meet life's rigors. A large person is presumed to be stronger and able to do more than a small person. Size is considered to be directly related to physical ability.

The great prestige accorded to size leads the villager to suggest avenues for increased weight to the less-than-*robusto*: to drink milk, to eat heartily. A young man notes, "My aunt used to tell me, 'Drink water, drink water so you will gain weight.'"

A question was raised with one panel of informants concerning the possibility that Anglo-Americans enjoy better health than Spanish-speaking villagers. Anglos are normally larger and heavier than villagers, a fact that is ruefully admitted by local school-boy football enthusiasts, but the possibility was dismissed by the panel. Anglos and villagers are judged by different physical standards, the bases for which admit greater initial bulk and frame for Anglos. The larger but poorly-fleshed Anglo is not necessarily considered healthy: the smaller, but well-fleshed Spanish-speaking villager is healthy.

The criterion of size is applied to women as well as to men. A plump, or large, or well-fleshed woman is a healthy woman. An interviewer remarked to an informant that a village woman appeared to be overcoming a diseased condition; the informant agreed because she could see a positive sign of good health: weight gain. Another female informant, a patient at a tuberculosis hospital had refused medical treatment for a period of time prior to hospitalization although there were very definite signs of serious illness (hemoptysis) because she was, and had always been, "large and strong." Tuberculosis, she believed, was a disease of the small and emaciated.

A young woman informant mentioned,

with some degree of resentment, that she had always been physically larger than her older sister. When chores were assigned at home the informant was consistently given the harder tasks to perform. Her family thought that her larger size indicated better health and, hence, greater capacity to undertake more physically demanding jobs.

For both men and women a full face—associated with a well-fleshed body—and good skin tone and color are considered signs of health. For both sexes a "rosy complexion"—"good tone" to the skin—is a healthy trait.

Interestingly, one of the project workers, a slim and light skinned woman, but one of great physical activity, asked a panel of informants how she would be considered in a village, since she possessed some qualities not characteristic of a healthy person.

As the panel members were saying good night and leaving, I said, "I guess the villagers would consider me unhealthy. I am thin, my complexion is pale, I have a cough." But got an emphatic denial from all. "No, you are healthy, you are active, you have a lot of vitality." A younger man said, "You are *mujerota*, you do all your work and take on more."

3. *The Absence of Pain.* When the research group faced the prospect of delving into concepts bearing on health rather than illness, a hypothetical situation was created: Two village men, known to each other, approach along a street or road. One says, "*Cómo está?*" The other replies, "*Bueno y sano.*" This situational construct provided the point of departure for discussion about health. One of the specific comments made in almost every case was that the response had not only definite temporal limitations, but that an individual, in making this response was, at the moment, "untroubled by pain."

In further discussion it became obvious that this negative quality was most important in delineating the healthy state itself. One informant, well-educated but strongly identifying with the folk culture out of which he came, made the following distinction: that the Anglo idea of health was the "absence of disease," but that the villager's idea of health was the "absence of pain." Another informant, still living in an out-of-the-way mountain village, a woman who is an acknowledged folk medical practitioner, noted that good health depends upon the fact that

"the body is well. One does not feel any troublesome thing: one does not feel bad."

Other informants add that even an individual who may be suffering from a chronic disease may consider himself healthy if, for the moment, he is not in pain. An informant whose father suffered from asthma noted that, when asked about his health, he would routinely answer "well," except when he had an attack, in which case it was obvious that he was not well at the time. "The doctor has told him no one ever dies of asthma, so he does not think of himself as sick."

Another informant summarizes:

If a person is husky and has a good color, even though he may have T.B., the people do not believe he is ill. If a person has intense pain and shows it, the people believe he is ill. A *robusto* man with an abscessed tooth, is considered more ill than a non-*robusto* man. A non-*robusto* man with a severe toothache is considered sicker than a husky looking man with T.B.

4. *Associated Factors.* The human body is thought to be in a state of balance or equilibrium if it is *healthy*. A healthy person is well adjusted and adequately functioning within himself and without. On occasion the Hispanic folk version of Galenic balance—between hot and cold elements in the body—so often encountered throughout the rest of the Hispanic New World, was mentioned by informants. It does not, however, seem to play as much of a part in the folk belief system of the Spanish-speaking villages as in Latin America.

The villager may often consider affliction to be present in topically specific parts of the body, or in some system of the body, but he thinks of himself as well. A young woman informant phrased it: "There is no general picture. You are sick in one part of your body and you try to cure that. You don't consider yourself all sick or all well." She added, "You are not conscious of your health if you are well."

A person may be large, strong, and vigorous and yet there may be grounds for suspicion that all is not right if he does not have an accompanying "healthy" disposition. Such a disposition would be indicated by alertness, friendliness, a "contented and sunny" frame of mind. A student reared in a mountain village remarks, "Well, I'd say that a person's health would be judged by one

that is well balanced, and I mean not just physically, but mentally and emotionally." This idea is repeated consistently by informants: "A happy person is apt to be healthy." "(He is) contented, satisfied with things the way they are going. Maybe something is wrong physically, but it doesn't come right out: you have to drag it out."

THE HEALTHY CHILD

The same essential qualities mentioned in describing a healthy adult are found in a healthy child. A healthy child should be plump and large, active, and possess a pleasant disposition. In children, especially infants, these characteristics must be directly demonstrable.

There are some children who may be sickly and chronic complainers. They seem to be stricken by everything, catch one cold after another, go from one childhood disease into a bout with another. They are like adults who make a point of voicing complaints and exhibiting signs of pain and distress. Although they may not be constantly ill, there is the feeling that they are not as healthy as children who fight off afflictions. Large-boned, well-fleshed children do this better than smaller cousins. A small child, a *niño galgo*, may be the object of much parental attention, since he may not be well, and is therefore given fat-producing foods. On those occasions when families gather for social functions parents might exchange smile-provoking comments with other parents such as, "How nice and fat your child is."

One informant, commenting on the exceptional health of his sister's children, mentioned that she had an eight-year-old daughter who "is so fat she looks like a woman." Another informant reports a major change in health status:

I am thinking about a family which had fifteen children. One of the children was skinny and the family thought he was sickly. Now he has grown up fat, but his family used to think he was sickly just because he was skinny.

Boys and girls are both preferably large, but it is understood that boy babies will usually be larger than girl babies. Associated with plumpness as signs of good health for infants and children are rosy cheeks, bright

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eyes, and an unblemished skin with no sign of a rash.

Like his adult counterpart the healthy child is active and plays hard. He is praised when in his activities he mimics adults of the same sex in assuming small chores, such as carrying kindling wood or helping keep things in order. A young man, describing his own child, states: "Well, she's regular in everything. Her skin was clear, and I guess that's about all. Oh, she was growing accordingly and was very active."

A healthy child sleeps well and soundly. It evacuates without difficulty. It is hungry and eats well.

Mama says that any time your babies are hungry, if you think they are sick, they're not. If they can eat, they're not sick. That's one good way to tell, she says. As long as they eat, they're not sick.

A healthy child is not a "bother" to his parents, does what is expected of him, and does not complain. A healthy infant does not cry a great deal, shows interest in his surroundings, likes others, and is generally happy and playful.

THE HEALTHY OLDER PERSON

As a young adult informant put it, the qualities of a healthy person do not change radically "from the start to the finish." A healthy child is endowed with the same essential characteristics as a healthy adult with appropriate allowances made for his age: and this pattern is the same for the senior citizen of the village. The older person is considered healthy if he is active, well-fleshed, free from pain, and possessed of a sunny disposition. It is recognized, of course, that as a man or woman grows older the threshold of energy is lowered, the flesh is not as well-molded, certain aches and pains are usual and appropriate, and that for one weighted with years a happy frame-of-mind may not be feasible at all times.

When asked to describe a specific healthy older woman in his home community, a young male informant pictured her in this way:

Oh, she's about sixty-four years old and still she just goes around, does all the housework she probably did when she was recently married. She's continuously taking care of kids for other people and she takes care of them just like she

probably did her own when she was young. She still goes anywhere that anyone invites her, and if she has to walk a mile, I guess she'll walk. She works hard all day long. She's also very emotionally stable, and she's a very smart woman. She is, very smart. And she doesn't get excited when anything happens. She's not only healthy but she's very strong for her age, very alert, very active. She doesn't have that sick look on her face which some women get when they're of that age. She still smiles as good as ever and doesn't have that worn-out look. And any time anything happens at a neighbor's house she is over there right away to help. Everyone likes her and they admire her.

Energy output is still the most important characteristic of good health for the aging and the aged. When the question, "How would you describe a healthy old person?" was asked of a middle-aged female informant who was herself well qualified as "healthy" (housewife and school teacher, plump, rosy-skinned, alert), her response was the single word, "active." A village informant, proud of her octogenarian father, inferred that he was still healthy because he went to country dances even though he did not work at chores as assiduously as he used to. The fulfilling of household tasks, walking, and visiting are frequently mentioned as attributes of a healthy older woman; farm work, walking, and riding a horse, equivalent attributes of a healthy older man. As old age progresses and individual activity lessens, villagers acknowledge that health is fleeting. A young man relates, "My grandmother used to walk. When she stopped, people said she was not healthy any more. She stopped walking to church. Then she was sick."

So long as an appropriately high energy level is maintained, older villagers themselves think of themselves as well, not in need of medical services or advice. A project worker summarizes a discussion with an informant panel:

There was general agreement that the people in villages were thankful for their health, that they were able to work, so they pay no attention to little things. Mr. Salas said that a great many old women have some kind of sickness, "but they are thankful they can get around, do their chores, have their meals ready. They would be the last ones to have a check-up to find out if something is wrong."

If physical activity diminishes, but a semblance of being *robusto* is retained, an aging or aged person may yet be considered healthy. A male informant asserts that his

grandfather, at ninety, was considered healthy for his age even though "he sat all the time." This was so because "he was fat and had rosy cheeks." The older person who is still an early-riser is also considered healthy, even if his other healthful qualities have been reduced. "With young people, you have no choice, you have to get up to get your jobs done."

One of the project's field workers, an anthropologist who lived in a mountain village as a participant-observer, was very successful in establishing rapport with older members of the community. A notable feature of his reports is the frequency with which these informants, when discussing their health, reached back into the days of their youth. In essence, they seemed to be saying: "You must not judge me by how I look or act now that I am old. When I was young . . ." Good health is an important constant as the villager grows older. Even if time diminishes strength, damages physique, and constrains a happy temperament, good health is a prized possession and/or a cherished memory.

DISCUSSION

The foregoing exposition has attempted to portray the essential characteristics of a state-of-being termed "healthy" as conceived by a specific group of people—the Spanish-speaking villagers of New Mexico and Southern Colorado. This does not imply, however, that this particular image of health is the sole property of this group. The basic portrait, and aspects of the overall configuration of this state-of-being as described for this particular culture, are certainly found among other peoples of other cultures.

"Normal" health may very well be defined universally by the absence or minimal existence of factors which disrupt the "normal" life process. And "normal" health as "adequately functioning" is a widespread idea.

Parsons has defined health, in a general sense, as the "state of optimum capacity of an individual for the effective performance of the roles and tasks for which he has been socialized."¹⁰

"Adequately functioning" may thus be an integral concept in the image of health as seen by both Spanish-speaking Americans and Anglo-Americans. Indeed, it is.¹¹ But what is meant by "adequately functioning" may be, and is, distinct in both cultures, encompassing sets of unique acts, behavior expectations, and value orientations. The Spanish-American who tolerates (perhaps even invites) the participation of a known consumptive in family affairs, who allows children to reach an advanced stage of dehydration from diarrhea before seeking medical assistance, and who may very well seek such assistance from a folk practitioner, is not seen as "adequately functioning" by his Anglo-American neighbors. The Anglo-American who inters his aging parents in nursing homes, and who rushes to seek scientific medical help with a mere sore throat, sniffles, and fever is not seen as "adequately functioning" by the Hispano villager. Both cultures are in essential agreement about the overall definition, perhaps even about many of its major components, but differ in the "specifics" of the definition.

A basic purpose of this paper has been to present the "specifics" of the healthy state within the framework of the culture of the Spanish-speaking villager.

10. Talcott Parsons, "Definitions of Health and Illness in the Light of American Values and Social Structure," in Jaco, *op. cit.*, p. 176. In the original, the word *capacity* is italicized.

11. For statements regarding the state of "health" in American culture, as a whole, see E. P. Scarlett, "What is Health?," *New Physician*, 11:28-29, January, 1962; Paul Tillich, "The Meaning of Health," *Perspectives in Biology and Medicine*, 5:92-100, 1961; Henry D. Lederer, "How the Sick View Their World," *Journal of Social Issues*, 8:4-15, 1952 (also reprinted in Jaco, *op. cit.*, pp. 247-256).