Folk-Healing Among Mexican-American Families as a Consideration in the Delivery of Child Welfare and Child Health Care Services

ELVIA R. KRAJEWSKI-JAIME

If practitioners in cross-cultural services do not understand traditional health beliefs and practices and find ways to incorporate a compatible approach to them in their work, their clients and patients will go their own ways, sometimes with dire results. Practices among Mexican-American families are described.

Although child abuse and/or neglect occur across racial or ethnic boundaries, there are some cultural factors that child care workers and child health care providers must take into consideration when conducting a family assessment. One is the reliance on folk-healing among some Mexican-American families in dealing with the health problems of their children. While belief in folk healing among Hispanics is common and a variety of folk-healing beliefs and practices are discussed, this article is concerned primarily with those of the Mexican-American population.

Attention to the use of folk healing is important, especially when the average health care practitioner functions within the framework of the Western biomedical system regarding health beliefs and practices [Kosko and Flaskerud 1987; Dennis 1979]. The difference in health beliefs between the predominant-culture provider and the minority client may therefore result in inappropriate assessment. Folk-healing interventions that have validity and integrity within the client's cultural context may be interpreted by the average worker as parental ignorance, superstition, or simply as abuse and/or neglect because

Elvia R. Krajewski-Jaime, Ph.D., is Associate Professor, Eastern Michigan University, Ypsilanti, MI.

the parents do not follow the recommended treatment, and may bring about the unnecessary removal of a child from a family that, indeed, is caring and nurturing.

In one example, a non-Hispanic caseworker recommended the removal of a Mexican-American boy from his family because of potential physical danger. The assessment indicated that the child in question was ill and in need of medical care, but the mother had obvious emotional problems and appeared to be irrational: the mother had kept on saying, in broken English, that she could not allow any evil spirits to come near her child and had locked the child in his room, hung from the ceiling a pair of sharp scissors just above his head, and would not allow anyone, including the caseworker and the doctor, to enter the child's room.

The caseworker's supervisor, who had some knowledge of folk-healing practices among some of the agency's Mexican-American clients, asked a Mexican-American child protective service worker to reinvestigate the case. The worker visited the mother, who, while upset about the child's illness, welcomed someone who spoke Spanish. The mother explained that she had used several home remedies to help her child's fever go away, but evil spirits had already taken possession of her child and the usual remedies no longer helped. The only thing left to do was to prevent new spirits from entering the child's body. The scissors would immediately cut any spirits that would try to enter the child's body. Since evil spirits could attach to anyone who entered the room, she could not allow anyone to enter the room, thus preventing any further harm to her child.

The Mexican-American worker, although familiar with folk-healing practices, had not seen this particular cure used before. She understood the validity of this belief within the client's cultural context, but to successfully obtain the mother's permission to see the child, to remove the dangerous scissors, and to see that the child received medical attention, she had to validate the mother's beliefs and gain her trust. She told the mother that although she had not seen anyone use this cure before she had heard her grandmother talk about it. To protect the patient and his or her entire surroundings, however, the grandmother usually nailed the scissors on the room's entrance door. The worker explained that, should the spirits attach themselves to anyone who wished to enter the room, the scissors on the entrance door would immediately prevent them from doing so and thus provide stronger protection to the patient. The Mexican-American worker went on to ask the mother if this made sense to her. She asked the mother if she thought this would be more beneficial since it would allow her child to be seen by the caseworker and by the doctor. The mother agreed and emphasized that she wanted only what was best for

her child. She changed the location of the scissors and welcomed the caseworker and the doctor to examine the child.

This is an extreme example, because the client's folk-healing approach was potentially dangerous. There are many instances, however, when folk-healing approaches are harmless. Instead of viewing folk healing as a barrier to health care, we may view it as a strength and a resource on which to capitalize when serving Mexican-American families. Doing so may also help the worker to build rapport with the client, as in the example above.

This decade will mark the broad Hispanic population, which includes the Mexican-American, as the largest minority, surpassing the African-American group [Henry 1990]. At the turn of the last decade, 42% of the Hispanic population was 18 years or younger [Yzaguirre 1979] and it was estimated that 14% were under five years of age [Ingle 1979]. The growing number of Mexican-American children in this population, and their vulnerability—caused primarily by poverty and/or discrimination—make it imperative that child welfare and health care workers understand folk-healing practices if they are to provide appropriate and culturally sensitive services. The following information serves this purpose.

Definition of Folk Healing

Curanderismo, or folk healing, is the treatment of a variety of ailments with a combination of psychosocial interventions, mild herbs, and religion [Chesney et al. 1980]. Some of the ailments that curanderos, or folk healers, focus on are thought to be equivalent to those treated by psychiatrists. This commonality has led some authors to suggest that the curandero and the providers of psychiatric services be more closely integrated [Abril 1977].

The health and sickness folk belief system, particularly the Mexican-American, shares its heritage with today's scientific medicine in classical Hippocratic concepts [Kosko and Flaskerud 1987; Ripley 1986; Chesney et al. 1980]. Folk medicine originated in the humoral medicine of Western Europe, in which a state of health requires a balance between the various bodily humors and between heat and cold. These views were brought to the New World by the conquistadores. Ripley [1986] observes that 30 years before the first log cabin settlements by the English at Jamestown, the first North American medical school was opened in Mexico City in 1580, barely 60 years after the Spaniards colonized that city. The conquistadores mixed their views of health and sickness with those of the American Indian natives. The Spaniards themselves owed their knowledge of medicine to the Moors who ruled the southern part of Spain and who had much earlier opened the first European school of

medicine, at Salerno, when the rest of Europe was still deep in the Middle Ages.

Descriptions of folk medicine among Hispanics have identified three central aspects:

> The role of the social network, particularly kin, in diagnosing and treating illness;
>
> The relationship between religion and illness, which includes the use of religious ritual in many healing processes; and
>
> The remarkable consistency of beliefs among Hispanic communities about symptoms, etiology, and regimens of healing; this consistency, however, does not imply uniformity of belief among individuals who are Hispanic.

Folk healing, however, must not be confused with *spiritism*, *santerismo*, or *witchcraft*. Spiritism is a system mainly used by a significant number of Puerto Ricans. It consists of an invisible world, populated by spirits, that surrounds the visible world. These spirits can penetrate the visible world and attach themselves to human beings. Some spirits are currently incarnated (as human beings) and some are not. Nonincarnated (disembodied) spirits communicate with the incarnated (embodied) through mediums or people who have developed *facultades spirituales* (spiritual faculties) and may directly intervene positively or negatively in the existence of the incarnated [Torrey 1986].

Santerismo is mostly used by some Cubans and other Carribean populations. It invokes the intervention of different saints to heal illness. At times, however, it also uses a combination of spiritism and religion.

Witchcraft is considered evil and not good to use in the practice of healing. Witchcraft calls evil spirits to cast usually negative spells on people. Since the use of witchcraft is not a positive force, people seeking to be cured stay away from it.

Folk Illness and Etiology

Some people among Hispanic populations, especially Mexican-American and Puerto Rican, have their own beliefs about the causes of disease and illness [Ripley 1986; Chesney et al. 1980; Abril 1977; Clark 1970]. They perceive illness as a state of physical discomfort. Researchers have found that the most common criteria of good health among Hispanics include a strong body, the ability to maintain a high level of normal physical activity, and the absence

of persistent pain and discomfort [Abril 1977]. If an individual has no symptoms, as in early anemia, diabetes, tuberculosis, or heart disease, the person is believed to be well and healthy; prevention, therefore, is a challenging concept to convey.

In general, three of the most common beliefs are (1) natural and supernatural forces; (2) imbalances of heat and cold; and (3) emotions as a cause of disease [Chesney et al. 1980; Klein 1978; Abril 1977; Keiv 1968].

Natural and Supernatural Forces

Exposure to the forces of nature, such as moonlight, eclipses, cold, heat, air, wind, sun, and water, are believed, especially by poor immigrant families, to cause illness [Abril 1977]. *Mal aire* is a folk belief in which "bad air" affects children and adults, causing pain, cramps, and most commonly, facial twitching and paralysis [Clark 1970]. Individuals are reluctant to go from a warm room directly into the cold, especially when they have just awakened or taken a warm bath. When a child is born with a cleft lip or palate, it is believed that the mother was exposed to a lunar eclipse when she was pregnant. To prevent this from happening, after exposure to an eclipse a pregnant woman wears a belt to which a set of keys is attached in such a way that the keys lie right over the womb; she wears this belt until the child's birth [Abril 1977].

In terms of the supernatural, some people believe that some ailments are caused by magical powers such as the "evil eye": If someone with *strong vision* admires someone else's child without actually touching him or her, the child may fall ill—the evil power is trasmitted through the gaze of that person. Symptoms of this malady include insomnia, aches and pains, excessive crying, fever, severe headache, and restlessness. The simplest treatment for evil eye is to have the person who exerted the influence touch the child to break any possible evil bond. Some parents may even expect that person to make the sign of the cross over the child [Abril 1977; Chavira 1975]. If the person who exerted the influence is not located, the child is taken to a folk healer. The treatment consists of rubbing an unbroken raw egg over the child's body; the egg is then broken and the yolk examined. A red spot on the yolk is a diagnostic sign. The same egg is put into a small bowl of water and a cross made of blessed palm is laid over it. The bowl is then placed under the head of the victim's bed. This is thought to help draw out the evil force. The following morning the egg is buried, away from plants to avoid the force of any evil from it wilting them [Abril 1977; Clark 1970].

Imbalances of Heat and Cold

To be healthy requires a balance between heat and cold and the various bodily humors. With the domination of Christianity over the pre-Hispanic beliefs,

the various humors or spirits of the body became rationalized into "good spirits," with evil trying to gain entry at every opportunity. Ripley [1986] notes, however, that Hispanics are not the only ones to do their best to keep the evil spirits at a distance. Noting that many Anglo-Americans today still say "God bless you" when they hear a sneeze, he claims that our collective preconscious recollection of fear that the soul will leave the body momentarily is still strong!

The state of health is seen as demanding a balance between the hot and the cold and maintaining a strong defense against the entry of evil [Ripley 1986]. Some diseases are hot and some are cold. Foods and herbs are also classified into hot or cold for treatments [Abril 1977]. Sickness that enhances the cold within the body requires a hot treatment to restore the balance, and vice versa. To avoid a hot sickness, the person must not become cold, therefore, the individual must not walk barefoot on cold tiles for fear of catching tonsillitis [Ripley 1986]. Similarly, if the feet get wet, it is important to get the fontanel area of the head wet as well or the imbalance will lead to a sore throat. People are given chili, a hot food, or chicken soup, for a cold disease such as pneumonia or a common cold, and lard, having "cold" properties, is used on burns [Abril 1977].

Emotions as a Cause of Disease

Two common emotionally based illnesses are *mal del susto* and *espanto*. Susto (fright) is usually the result of a traumatic experience that may be anything from witnessing an accident or death to a simple scare at night. Espanto, another form of susto, is thought to be caused by fright due to supernatural causes. In espanto the spirit leaves the body as a result of the scare. Symptoms of these illnesses include anorexia, insomnia, hallucinations, weakness, and various painful sensations [Chesney et al. 1980; Abril 1977]. Treatment by the folk healer includes having the patient lie down on the floor with arms outstretched in the position of a cross. Sweeping the body with branches, herbs, and prayers, she coaxes the lost spirit to reenter the victim's body. Cases of susto or espanto delayed by using a practitioner not equipped to handle such conditions (such as a doctor), are believed eventually to prove fatal [Rubel 1960]; patients and their families may strongly resist referrals for professional help [Abril 1977].

Finally, two diseases identified in folk medicine that do not fall into any particular category are *empacho* and *mollera caida* (fallen fontanel). Empacho is believed to be caused by a bolus of poorly digested or uncooked food sticking to the abdominal lining, causing swelling. Symptoms include lack of appetite, stomachache, diarrhea, and vomiting, and in children, crying

[Chesney et al. 1980; Abril 1977]. This ailment is diagnosed by feeling the calves of the legs for bundles of knots along the nerves. If lumps are found in the calves, the abdomen is palpated and a large hard ball in the stomach may be felt [Clark 1970]. This condition is attributed to excess intake of cheese, eggs, bananas, and soft bread, especially in children. The goal of treatment is to dislodge the bolus of food from the wall of the stomach. Treatment includes rubbing the stomach and pinching and pulling up on the skin of the back in small folds at every third vertebra and then releasing it. This is repeated until three pops are heard, signifying the dislodgment of the bolus. A purgative tea (*estafiate*) is usually given to the patient to help "clean out the stomach" [Chesney et al. 1980; Abril 1977].

Mollera caida is of special interest to child welfare and child health care providers. This condition, which has fallen fontanel as its most prominent symptom, is believed to be caused by dropping or bouncing a baby too hard or by removing the nipple too roughly from the baby's mouth. This, in turn, causes the fontanel to sink, making the palate bulge, which interferes with the infant's eating. Symptoms include failure to suckle, sunken eyes, vomiting, diarrhea, excessive crying, and sometimes fever. Treatments include holding the child upside down over a pan of water, applying a poultice to the depressed area of the head, and/or inserting a finger in the child's mouth and pushing up on the palate [Chesney et al. 1980; Abril 1977].

Researchers claim that of all conditions listed so far, fallen fontanel is the most difficult for the family practitioner or health care practitioner to handle. The cultural belief in the cause and treatment of this illness is very strong, and much ingenuity is needed to prompt the mother to seek medical intervention. Abril [1977] contends that in too many cases, when the mother finally seeks medical attention, the clinical symptoms of dehydration are already apparent.

Acceptance of Folk Beliefs and Practices

Hispanics in the United States are a heterogeneous population that includes Mexican-Americans, Puerto Ricans, Cubans, and many other Hispanics from Spanish and Latin American countries. Each of these subgroups has its own cultural ways, beliefs, and historical background. Belief in folk healing, therefore, must not be generalized to all Hispanic populations, or even to one Hispanic group. Chesney et al. [1980], for instance, in a study of Mexican-American folk medicine, found that between 20% and 30% of their sample did not believe in folk illnesses or folk healing. Although it has been found that the lower the socioeconomic level the stronger the belief in folk healing,

it is also important to take into consideration that the degree to which these folk beliefs and practices are accepted varies from generation to generation, and depends largely on the extent of education and level of adaptation to the Anglo-American dominant culture [Kosko and Flaskerud 1987; Abril 1977].

Within the Mexican-American population many attitudes and practices, including attitudes toward health and illness, have filtered down through the years. With time, these practices have become diluted and are now considered "traditional" by even fourth or fifth generation individuals [Tripp-Reimer 1982; Abril 1977; Ragucci 1972].

The literature on folk medicine, especially among Mexican-Americans and Puerto Ricans, suggests that the choice of conventional care and/or folk medicine depends upon the symptom, that families often use both folk and conventional medicine, that they are more likely to seek medical help for anxiety than for depression, and that knowledge of folk medicine is best acquired by asking about specific folk diseases [Torrey 1986; Ailinger 1985; Chesney et al. 1980].

Implications for Child Welfare and Child Health Care Practitioners

Folk medicine and modern scientific practice have coexisted for many years. Professionals trained in the modern biomedical sciences, however, may not be aware of the patient's or client's beliefs or participation in folk medicine. The literature suggests that many Mexican-American patients or clients may concurrently receive treatment from both the conventional and folk medicine systems. This is especially important for child welfare workers and health care practitioners such as medical social workers, physicians, nurses, and any other professional practicing with Mexican-American families [Ripley 1986; Chesney et al. 1980]. It is important to recognize that health-related cultural issues apply to treatment or intervention with this population.

One implication of folk medicine in family intervention has to do with the strong ties with the extended family among many Mexican-Americans. It is noted that when a person is ill, many of the family members are involved in deciding if indeed the patient or client is ill in the first place, and the extent of the illness, the treatment to be given, and by whom.

Most social workers and physicians receive special training in interviewing and communication [Chesney et al. 1980]. A supportive and accepting approach using the kind of empathy taught in communication courses may build trust and a mutual sharing of ideas and information. In many cases, practitioners must demonstrate some knowledge of folk medicine before patients or clients are willing to discuss it.

Knowledge of folk healing practices enable practitioners to know that many Mexican-Americans consult a folk healer before even considering a visit to a medical doctor. As a second choice, families often consult chiropractors, naturopaths, homeopaths, and herbalists rather than medical doctors. Mexican-American families find these practitioners to be more compassionate and kind, and to possess a more understanding acceptance of traditional beliefs and practices, than physicians [Clark 1970]. In addition, treatment by these practitioners involves massage, manipulation, and use of herbs, treatment congruent with that of folk healing.

In most instances, however, the folk healer is consulted because he or she has known the family intimately for many years, speaks their language, and does not dictate orders for care but makes suggestions, leaving the ultimate decision up to the patient and family.

Success in intervention with Mexican-American families also involves keeping other considerations in mind. For example, since many Mexican-Americans prefer to consult family members about treatment, especially in cases of hospitalization or prolonged therapy, before making a decision, practitioners who assume a dictatorial or authoritative manner will just bring about noncompliance because final authority rests with the immediate family.

Language is another consideration. Although many Mexican-Americans are bilingual, when it comes to expression of pain, many may have a strong preference for speaking in the language with which they feel most comfortable. If a patient speaks Spanish only, or prefers this language, a Spanish-speaking child welfare service provider, medical social worker, doctor, or nurse must be available. Directions for medications or treatment should be explained in detail, and Spanish literature might be used to reinforce these verbal instructions. If no Hispanic professional is available, the use of trained bilingual aides is best. Caution must be exercised in using untrained interpreters, such as members of the family, since much is lost or misinterpreted, especially in health care settings.

Sensitivity, an open mind, and an understanding of the patient's or client's perception of the illness and his or her ideas about what constitutes effective treatment are other caveats in intervention with Mexican-American families. Conflicts with, or rejection of, these beliefs by non-Hispanic professionals leads to fear, distrust, and eventual rejection of their services [Chesney et al. 1980; Abril 1977]. A fairly large group of scientifically identified diseases, such as tuberculosis, cancer, pneumonia, and chicken pox, are recognized by Mexican-American people who believe in folk healing. Although the etiology and treatment of these illnesses may be different from conventional medicine, some practitioners do not find an integration of both systems in-

congruent or damaging. For instance, understanding and support of the use of the belt with the set of keys for the mother who believes that exposure to a lunar eclipse will result in a cleft lip/palate of her unborn child does not affect conventional treatment. On the contrary, the practitioner will help to validate a strong belief while alleviating guilt feelings and providing much-needed emotional support [Abril 1977].

Another way to integrate folk beliefs with conventional medicine is keeping an infant or child partly covered during a physical examination. This may reduce some of the mother's fears about mal aire. Similarly, while the mother may be encouraged to give a child warm herbal teas to balance out the cold disease process of a sore throat, the mother may also be informed that, to be on the safe side, a throat culture to rule out a possible strep infection will also be included in the treatment. Again, introducing ice for the treatment of burns is usually congruent with the folk-healing belief in the hot and cold classification of disease [Abril 1977].

In conclusion, an understanding of the view of illness between the professional and the client or patient greatly enhances the intervention process and prevents misdiagnoses and incorrect assessments. The fact that the professional "knows" what is wrong affords considerable relief to the worried client or patient, and the naming process itself thus becomes therapeutic [Torrey 1986]. As Abril [1977] stresses:

> Rather than openly deny the existence of folk illnesses and the effectiveness of traditional home remedies, the health care worker should try to incorporate them into the plan of care. It is not necessary to destroy a people's culture to improve their health and well-being. ♦

References

Abril, I. F. "Mexican-American Folk Beliefs: How They Affect Health Care." The American Journal of Maternal Child Nursing (May/June 1977): 168–173.

Ailinger, R. L. "Beliefs about Treatment of Hypertension Among Hispanic Older Persons." Topics in Clinical Nursing 7, 3(1985): 26–31.

Chavira, J. Curanderismo: An Optional Health Care System. Edinburg, TX: Pan American University, 1975.

Chesney, A. P.; Thompson, B. L.; Guevara, A.; Vela, A.; and Schottstaedt, M. F. "Mexican-American Folk Medicine: Implications for the Family Physician." The Journal of Family Practice 11, 4(1980): 567–574.

Clark, M. Health in the Mexican-American Culture: A Community Study (2nd ed.). Berkeley, CA: University of California Press, 1970: 173.

Dennis, R. E. Health Beliefs and Practices of Ethnic and Religious Groups. In Removing Cultural and Ethnic Barriers to Health Care, edited by E. L. Watkins and A. F. Johnson. Chapel Hill, NC: Department of Maternal and Child Health, School of Public Health and School of Social Work, University of North Carolina at Chapel Hill, 1979.

Henry, W. A., III. "Beyond the Melting Pot." Time (April 9, 1990): 28–35.

Ingle, H. "The International Year of the Child." Agenda: A Journal of Hispanic Issues 9, 1(January/February 1979).

Keiv, A. Curanderismo: Mexican-American Folk Psychiatry. New York: Free Press, 1968.

Klein, S. Susto: The Anthropological Study of Diseases of Adaptation. Soc.Sci.Med. 12(1978): 23.

Kosko, D. A., and Flaskerud, J. H. "Mexican-Americans, Nurse Practitioner, and Lay Control Group Beliefs About Cause and Treatment of Chest Pain." Nursing Research (July/August 1987): 226–231.

Ragucci, A. T. "The Ethnographic Approach and Nursing Research." Nursing Research 21(1972): 485–490.

Ripley, G. D. "Mexican-American Folk Remedies: Their Place in Health Care." Texas Medicine/ Folk Medicine 82(November 1986): 41–44.

Rubel, A. J. "Concepts of Disease in Mexican-American Culture." American Anthropology 62(October 1960): 795–814.

Torrey, E. F. Witch Doctors and Psychiatrists. Northvale, NJ: Jason Aaronson, Inc., 1986: 155–168.

Tripp-Reimer, T. Retention of a Folk-Healing Practice Among Four Generations of Urban Greek Immigrants. Nursing Research 32(1982): 97–101.

Yzaguirre, R. "Un Ano Para Los Ninos." Agenda: A Journal of Hispanic Issues 9, 1(January/ February 1979).