RESEARCH REPORT

ROBERTA D. BAER
Department of Anthropology
University of South Florida

MARTA BUSTILLO
Department of Community and Family Health
College of Public Health
University of South Florida

Susto and *Mal de Ojo* among Florida Farmworkers: Emic and Etic Perspectives

This article addresses emic and etic perspectives on two Mexican folk illnesses, susto *and* mal de ojo. *The approaches of Mexican and Mexican American mothers to treating these illnesses in their own children are compared and contrasted to those stated by physicians in a local clinic. The physicians considered the vast majority of the sets of symptoms given for these folk illnesses to be worthy of medical attention and possibly life threatening if not treated. While folk illness diagnoses may not exactly label biomedical "diseases," the folk diagnoses do indicate life-threatening conditions to which biomedical healers should be sensitive and attentive. This research suggests that the perception of folk healers that these illnesses cannot be dealt with by biomedical healers may be as incorrect as the perception of biomedical healers that these are mere "culture bound syndromes," that is, not* real *medical problems.* [folk illnesses, Mexican, Mexican American, farmworkers]

Traditionally, the two Mexican folk illnesses *susto* and *mal de ojo* have been considered, from an emic perspective, untreatable by biomedical healers (Rubel 1960). In this study, we describe the results of research carried out at the Ruskin Migrant Health Center in west-central Florida on Mexican and Mexican American mothers' beliefs and practices concerning illnesses they label *susto* and *mal de ojo*. We first focus on mothers' approaches to treating these illnesses in their own children, and then compare and contrast the approaches of the mothers (and other members of the Mexican and Mexican American community) to

Medical Anthropology Quarterly 7(1):90–100.

those of physicians in a local clinic. The physicians evaluated the case histories collected from the mothers and indicated whether they found the symptoms the mothers reported to be worthy of attention by a physician and life threatening if not treated within the next 24 hours.

This research suggests that the perception of folk healers that these illnesses cannot be dealt with by biomedical healers (Rubel 1960) may be as incorrect as the perception of biomedical healers that these are mere "culture bound syndromes," that is, not *real* medical problems. The key issue for all healers is to recognize the aspect of the illness that they are most capable of treating. For the biomedical healer, it is the proximate and biological cause and physiological symptoms of the illness, while for the folk healer, it is the emically determined ultimate and social cause of the illness.

Background

Susto

Data on *susto,* or fright sickness, come from studies along the U.S.-Mexican border, as well as in rural communities in the state of Oaxaca (Trotter 1985; Rubel and O'Nell 1978; Rubel, O'Nell, and Collado 1984; Browner, Ortiz de Montellano, and Rubel 1988). While this illness varies slightly from community to community, in general, the cause of *susto* is believed to be a startling occurrence that may cause the departure of the soul from the body (Rubel and O'Nell 1978). There is also a social dimension to *susto;* social situations that cause an individual to feel fear or anger may also cause *susto* (Rubel 1960). Among the symptoms reported in Hidalgo County, Texas, were loss of appetite and weight, listlessness, and lack of motivation to carry on normal daily activities (Rubel and O'Nell 1978). In studies in the early 1980s in the U.S. Southwest, *susto* was being treated by 42.8% of the population studied, usually at home or with the aid of a *curandero* (Trotter 1985). The *curandero* usually performed a magical purification ritual designed to restore the psychological and spiritual balance that the frightening event had disturbed.

Recent studies suggest that apart from its psychological component, *susto* may also be linked to higher rates of morbidity and mortality. Epidemiological studies were carried out in the state of Oaxaca, Mexico, among three populations, mestizos, Zapotec Indians, and Chinantec Indians (Rubel, O'Nell, and Collado 1984). Each population was divided into two groups, one consisting of people with *susto,* and another, matched for age, gender, and place of residence, consisting of people who were ill but not with *susto.* Those with *susto* were not only more ill than the controls at the beginning of the study, but they also had higher levels of parasitic infection and lower hemoglobin and hematocrit levels. Patients suffering from *susto* had more life-threatening illnesses, and seven years after data collection began, they were more likely to be dead (Rubel, O'Nell, and Collado 1984). A strictly psychiatric interpretation of *susto* was not found; those with *susto* did not score any higher than the people in the control group on tests of psychiatric impairment. The study was, however, unable to link a diagnosis of *susto* with any discrete illness recognized by biomedical healers, although *susto* does label a person whose chance of dying is significantly greater than that of a person who is not identified as having *susto.*

Mal de Ojo

Although this illness varies slightly from community to community, *mal de ojo* is generally believed to be caused by the glances or power of a stronger person acting on a weaker person, particularly a child (Schreiber and Homiak 1981). The child's mother fears that others will envy her good fortune in having a child. Like *susto, mal de ojo* has a social dimension; it indicates that a person has been more familiar with another than social and cultural norms permit. In the case of a child, the guilty party is from outside the family (Rubel 1960). Among the symptoms reported are severe headaches, high fever, fretfulness, and in the case of children, weeping (Rubel 1960). Most treatments include attempts to find the person responsible to break the charm. If this is not possible, a cure is effected using an egg rubbed over the patient's body, along with prayer (Rubel 1960). The egg is put into a glass of water and placed under the bed of the ill person to drain off the disturbing power. *Mal de ojo* is not considered fatal, although if not treated, or if treated incorrectly (for example, by a physician), it may develop into *ojo pasado* (characterized by vomiting and severe coughing), which is often fatal (Rubel 1960). To date, there have been no data published on the prevalence of *mal de ojo,* nor have there been any studies attempting to determine what biomedical correlates *mal de ojo* might have. This would be an important next step for research in the area of Mexican folk illnesses.

Methods

This research was designed to further investigate emic and etic perspectives on *susto* and *mal de ojo.* We conducted 101 interviews at the Ruskin Migrant Health Center, located in the southern part of Hillsborough County, Florida. This is an agricultural area, and the clinic serves a largely Mexican and Mexican American population of migrant workers who pick strawberries, tomatoes, and citrus fruit in the fall, winter, and spring. Some of the population lives in Florida year-round. Others work in Florida during the harvest season, and then follow the East Coast migrant stream to North Carolina and New York to pick crops there. Others return to home bases in Texas and northern Mexico. The interviews took place in February and March of 1991, the spring harvest season, which ensured a maximum number of migrants in the area and in the clinic.

All women of Mexican and Mexican American background who were waiting to be seen by the physicians were asked some general demographic questions, as well as whether they had ever treated their own children for *empacho, susto, caida de mollera,* or *mal de ojo.*[1] Using open-ended questions, we elicited detailed information about symptoms and treatments. If several of a woman's children had been ill, she was asked to focus on only one, usually the youngest. If the child had had a particular folk illness more than once, the mother was asked to focus on the first time the child had been ill.

Detailed case histories of each illness (including age of child and symptoms and their duration) were given to the two physicians who regularly treat children at the clinic. They were asked to indicate whether the child needed to be seen by health care personnel, whether the symptoms the mother reported were life threatening if not treated immediately, and to give a diagnosis and recommended treatment for each case.

Data analysis focused on incidence of each folk illness, generalized descriptions of symptoms and treatment strategies, and an assessment of the physicians' evaluations of the symptoms associated with each folk illness.

Results

We interviewed a total of 101 mothers. Of the 192 women we approached, 5 refused to be interviewed and 89 claimed never to have treated any of the illnesses we asked about in their children. Of these 89, some were indirectly refusing to participate in the study; some did not want to admit to believing in folk illnesses; and some had children so young or healthy that they had not yet been afflicted. Thus, 53% of those approached had treated folk illnesses in their own children and were willing to admit to doing so in a biomedical setting.

The 101 mothers who participated reported a total of 242 cases of all 4 folk illnesses, or 2.4 child illnesses per mother. There were 48 cases of *susto,* 61 of *empacho,* 57 of *caida de mollera,* and 76 of *mal de ojo.* Mothers' ages ranged from 16 to 53 years; mean age was 27 years. Belief in these illnesses is thus not a characteristic only of older people; the younger mothers also recognize and treat folk illnesses.

A description of the population interviewed is given in Table 1. About four-fifths of those interviewed lived in rented trailers, which are often in substandard condition. Their households contained 6 members and had *total* incomes of about $10,000–11,000 per year. The vast majority of household heads were farmworkers. Educational levels were low, about seven years for the mothers and six years for their husbands. One-fifth of the mothers were U.S.-born; the rest were from northern Mexico.

Susto

Mean age of the children the first time they had suffered from *susto* was one year, and 71% of the children never had *susto* again. The symptoms generally persisted for a short period of time, although 26% reported that the illnesses lasted for a month or more (Table 2). *Susto* affects both males and females; 43% of the cases were girls, and 57% boys. Symptoms mothers reported included diarrhea, fever, vomiting, and waking in the night (or any combination of these, the most typical of which was diarrhea, fever, and waking up frightened in the night); crying; or lack of appetite or loss of weight. Diarrhea alone was reported in only 23% of the cases. The most common cause given for *susto* was that the child had been frightened, although 7% felt that a child could develop *susto* if its mother had been frightened while she was pregnant.

Eighty-eight percent of the cases of *susto* were treated, most commonly by the child's mother, a *señora* (an older woman who knows how to cure), or a *curandera* (folk healer).[2] In only one of the 48 cases did all or part of the treatment include care by a physician. Two of the mothers commented that physician treatments did not cure *susto.* The most common treatment was to pass herbs, such as *yerba buena* or *estafiate,* over the child's body (sweep with herbs) three times while saying prayers. Sometimes, an alum stone was burned, and the child was held over the smoke. Others suggested an alternative treatment of putting scissors in the shape of a cross under the child's pillow. Mothers' recommendations for

TABLE 1
Characteristics of study participants and their households.

	Mothers Who Treated	
	Susto (*N*=48)	*Mal de Ojo* (*N*=76)
Participants		
Age		
mean	28	27
range	16–53	16–44
Years of schooling		
mean	6.6	7.0
range	0–12	0–12
Place of origin		
Texas	17%	18%
Other	83%[a]	82%[b]
Child's father		
Age		
mean	31	29
range	21–65	17–43
Years of schooling		
mean	5.8	6.5
range	0–13	0–16
Participants' households		
Living in rented trailers	77%	80%
Number of bedrooms (mean)	2.2	2.3
Number of members (mean)	6.4	5.5
Number of workers (mean)	2.0	1.8
Occupation of household head[c]		
Farmworker	58%	63%
Store clerk	12%	5%
Plant nursery worker	6%	—
Annual income		
Per household (mean)	$11,095	$10,162
Per capita	$1,741	$1,811

[a]Michoacan, Puebla, Tamaulipas, Guanajuato, other.
[b]Michoacan, Tamaulipas, Guerrero, Guanajuato, other.
[c]Participants were asked about the *"jefe de la familia."*

severe cases of *susto* in which the initial treatment did not work were to take the child to a *curandera* (37%) or to a physician (37%). Other suggestions included herb teas, sugar and water, and taking the child to a priest to be blessed.

The mothers felt that treatment was necessary because they believed that, if untreated, *susto* would lead to the child's death (60%) or, at best, the child would remain ill. Even so, the mothers were still not necessarily inclined to seek biomed-

TABLE 2
Duration of* susto *symptoms.

Length of time	*N*	%
½ day or less	2	5
1 day	3	7
2 to 3 days	7	17
4 or more days	17	41
Intermittent	2	5
1 through 11 months	8	19
1 year or more	3	7

TABLE 3
Mothers' actions if* susto *treatments did not work.

Action	*N*	%
Take child to physician	4	25
Take child to *curandera*	4	25
Take child to both physician and *curandera*	2	13
Pray	1	6
Don't know	4	25
Susto treatments always work	1	6

TABLE 4
Cases of* susto *that physicians thought worthy of medical attention.

	Child should be seen by a physician	
Symptom	Yes	No
Typical combination (diarrhea, fallen fontanelle, crying, and unusual way of sucking of the bottle or nipple)	8	6
Crying	10	11
Lack of appetite or loss of weight	8	1
"Seems to have the shakes"	1	0
Percentages	60%	40%

ical attention for their children. Twenty-five percent would take the child to a physician, while an equal number would try a *curandera* or an herbalist (Table 3).

Physicians thought that 60% of the children whom the mothers had diagnosed as having *susto* should have been seen by health care personnel (Table 4).

They also indicated that 20% of the cases could be life threatening if the symptoms were not treated (Table 5). The physicians found it difficult to suggest diagnoses for the majority of the children the mothers had diagnosed as having *susto,* and, based on the information given, were not able to do so for any of the cases. Hospitalization was not suggested in any of the cases.

Mal de Ojo

Mean age of children the first time they suffered from *mal de ojo* was nine months, and 60% of the children suffered from the illness at least one additional time. Males represented 46% of the cases and females 54%. Symptoms persisted for a mean of 1.9 days. The most typical symptoms reported included crankiness, fever, and diarrhea (61%); 25% reported diarrhea associated with *mal de ojo.* Crying was reported by 18% of the mothers. Fifteen percent of the participants seemed not to recognize the folk illness; when they said their children had suffered from *mal de ojo,* they literally meant "eye problems" or "eye illness" and described such symptoms as sunken eyes or mucus in the eyes. Mothers defined *mal de ojo* as occurring when someone stares at or admires a child, but does not touch it. The cause of the illness was said to be the *vista caliente* or *pesada* (hot or heavy stare) of the person admiring the child.

Ninety-nine percent of the children with *mal de ojo* were treated, usually by their mothers or grandmothers (66%), but sometimes by other relatives or friends. Traditional healers were consulted in 8% of the cases; a physician was consulted in 4% of the cases. The most common treatment was to *barre con un blanquillo.* This treatment involves rolling a room-temperature egg over the child's body, making crosses, and praying out loud. Then the egg is cracked and placed in a glass of water that is put under the child's bed or on the headboard of the bed. The next morning the egg is examined. If there are white circles or spots in the egg, it is certain that the child has *mal de ojo.* In severe cases, the egg may be broken. The egg is then thrown out over the shoulder of the mother "in the direction the sun rises."

TABLE 5
Cases of* susto *that physicians thought life threatening.

	Possibly life threatening if not treated	
Symptom	**Yes**	**No**
Typical combination (diarrhea, fallen fontanelle, crying, and unusual way of sucking of the bottle or nipple)	3	11
Crying	2	19
Lack of appetite or loss of weight	3	5
"Seems to have the shakes"	1	0
Percentages	20%	80%

Physicians were rarely consulted in cases of *mal de ojo,* and the mothers thought their treatments were not effective. Four mothers reported that they had followed the egg treatment or a variant of it after having taken the child to a physician who failed to cure the *mal de ojo.* Even severe cases were cured by the traditional treatment; only one mother recommended treating a severe case by taking the child to a physician. The majority of the mothers (55%) thought a child could die of *mal de ojo.* If traditional treatments did not work, however, only 42% of the mothers would take their children to a physician.

Physicians found it difficult to suggest diagnoses for the majority of the children the mothers had diagnosed as having *mal de ojo.* Diagnoses were suggested for five cases. For the three cases with "typical" symptoms, the diagnoses were possible sepsis or bacteremia, possible sepsis, and a definite case of sepsis. For two cases of crying, the diagnoses suggested were colic in both cases. Hospitalization was suggested for two of the children with "typical" symptoms (the child thought to have sepsis or bacteremia and the child thought to have sepsis). In addition, hospitalization was recommended for three other children with "typical" symptoms even though the physician could not suggest a diagnosis.

Despite the explanations of causality of *mal de ojo,* which stress nonbiological agents, as well as the mothers' views of efficacy of physicians' treatments, physicians did feel strongly that the symptoms of *mal de ojo* were worthy of medical attention (Table 6). The only symptom on which the physicians were not as strong in this opinion was crying. A number of the symptoms were also felt to be life threatening if not treated, particularly the "typical combination" and the eye symptoms (Table 7).

Discussion

It is clear from our data that while these folk illnesses may have psychological and social components and functions, the mothers are treating physiological symptoms well recognized by biomedical providers. Many of these symptoms are self-limiting (although diarrhea was present in 23% of the cases of *susto* and 25% of the cases of *mal de ojo*), and in most cases the mothers appear to be able to cure

TABLE 6
Symptoms of* mal de ojo *that physicians felt to be worthy of medical attention.

	Child needs to be seen by a physician	
Symptoms	**Yes**	**No**
Typical combination (cranky, fever and diarrhea, or diarrhea, fever, or vomiting)	44	1
Eye symptoms (sad, sunken eyes or mucus in eyes)	10	1
Crying	9	5
Lack of appetite	4	0
Headache, sleeps a lot, cranky	0	1
Percentages	89%	11%

TABLE 7
Symptoms of* mal de ojo *that physicians found to be life threatening.

Symptom	Life threatening if not treated	
	Yes	No
Typical combination (cranky, fever, and diarrhea or diarrhea, fever, or vomiting)	29	16
Eye symptoms (sad, sunken eyes or mucus in eyes)	7	4
Crying	3	11
Lack of appetite	2	2
Headache, sleeps a lot, cranky	0	1
Percentages	55%	45%

the children. The definitions of the illnesses and the treatments used (most of which are beneficial or at least neutral in their effects) are similar to those that have been previously reported in the literature.

When a mother does bring the sick child to a physician, it is only in a particularly severe case—when the mother's resources have failed. Women reported, however, that in many cases, they were scolded by physicians for having previously treated the child for a folk illness. This, not unexpectedly, adds to the resistance of the mothers to use the clinic for these kinds of cases. The women do, however, believe in the value of biomedicine; we interviewed them while they waited, in many cases for hours, to be seen by the physicians.

The situation described here is not in the interests of the best treatment of this population. In both of these illnesses, the patients are often very young. *Susto* is seen at a mean age of one year; mean age of first episode of *mal de ojo* is nine months. The mothers struggle with very sick, young children or consult family members or traditional healers.

The mothers are probably correct in their assertions that physicians cannot cure these illnesses; there are clearly social and psychological dimensions to these illnesses and their treatments that are beyond the comprehension of even the most sympathetic health care worker. The mothers are not correct, however, in assuming that there is nothing that biomedicine can do about the *symptoms* of these illnesses.

By their own assertions, the physicians considered the vast majority of the sets of symptoms given for these folk illnesses to be worthy of medical attention and possibly life threatening if not treated. Their diagnoses suggest that the symptoms of *mal de ojo* seem similar to those of sepsis in the case of "typical" symptoms and to those of colic in the case of crying. And hospitalization was recommended in five of the cases of *mal de ojo*. The physicians found the *susto* symptoms more difficult to diagnose and were not able to suggest any biomedical labels for the symptoms the mothers described, particularly without being able to observe the sick children. Yet the physicians' sense of the seriousness of the symp-

toms described for both illnesses indicates that the physicians are correct in stressing the need for the mothers to bring the children to the clinic. Mothers do not, however, bring children to the clinic for treatment of folk illnesses and will not do so (except in extremely severe cases) until the physicians and other health care workers learn to respect the powers of observation indicated by the mothers' diagnoses.

Conclusion

This report has described the Mexican folk illnesses *susto* and *mal de ojo,* with particular emphasis on relationships between these folk illnesses and the diagnoses given by biomedical healers. It appears that while folk illness diagnoses may not exactly label biomedical "diseases," the folk diagnoses do indicate life-threatening conditions to which biomedical healers should be sensitive and attentive. This evidence does not suggest, however, that there is no place for home remedies or those of the folk healer. In most cases, these treatments are either of neutral or beneficial biomedical effect and may have an important impact on the psychological and social aspects of the folk illnesses. An important dimension of these folk illnesses is the extent to which they sustain dominant values of Mexican and Mexican American culture, such as the solidarity of the family and appropriate roles for young and old and male and female (Rubel 1960). The best outcome for patients with these illnesses is likely to be achieved by having the services of sensitive biomedical practitioners, who are widely recognized as experts in the treatment of microorganisms (Foster and Anderson 1978), to address the symptoms and proximate biological cause of the illness. It is also necessary, however, to have available the services of folk healers to provide and create social and psychological support and address the emically determined, ultimate social cause of the illness. The persistence of the attitude among physicians that folk illnesses are merely old-fashioned superstitions will only increase morbidity and mortality among Mexican and Mexican American populations from a series of life-threatening conditions they have learned to recognize and label in their own fashion.

NOTES

Acknowledgments. This research was funded by a Research and Creative Scholarship Grant from the University of South Florida. We are also most appreciative of the help given to us on this project by Dennis Penzell, Marlene Riviera, Minerva Rodriguez, and the rest of the staff at the Ruskin Migrant Health Center.

Correspondence may be addressed to the senior author at Department of Anthropology, University of South Florida, Tampa, FL 33620-8100.

[1]This article focuses on *susto* and *mal de ojo;* for the results of the research on *empacho* and *caida de mollera,* see Baer and Bustillo 1992.

[2]We use the term *curandera* here, rather than *curandero,* because all of the practitioners the study participants had consulted for their children's illnesses were women.

REFERENCES CITED

Baer, Roberta D., and Marta Bustillo
1992 Biomedical Correlates of Mexican Folk Illnesses: *Empacho* and *Caida de Mollera.* Manuscript in files of senior author.

Browner, C. H., Bernard R. Ortiz de Montellano, and Arthur J. Rubel
1988 A Methodology for Crosscultural Ethnomedical Research. Current Anthropology 29(5):681–702.
Foster, George, and Barbara G. Anderson
1978 Medical Anthropology. New York: Wiley.
Rubel, Arthur J.
1960 Concepts of Disease in Mexican-American Culture. American Anthropologist 62:795–814.
Rubel, Arthur J., and Carl W. O'Nell
1978 Difficulties of Presenting Complaints to Physicians: *Susto* Illness as an Example. *In* Modern Medicine and Medical Anthropology in the U.S.-Mexico Border Population. Boris Velimirovic, ed. Pp. 147–154. Scientific Publication No. 359. Washington, DC: Pan American Health Organization.
Rubel, Arthur J., Carl W. O'Nell, and Rolando Collado Ardon
1984 *Susto:* A Folk Illness. Berkeley: University of California Press.
Shreiber, Janet M., and John P. Homiak
1981 Mexican Americans. *In* Ethnicity and Medical Care. Alan Harwood, ed. Pp. 264–336. Cambridge: Harvard University Press.
Trotter, Robert T.
1985 Folk Medicine in the Southwest: Myths and Medical Facts. Postgraduate Medicine 78(8):167–179.