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Knowledge About Folk Medicine Among Students in Alice High School

by Elizabeth Galindo
[I found this article by searching our database for articles related to education; the words “High School” in the title jumped out. I read the paper and liked it, so we decided to include it. However, we could not locate the author, Elizabeth Galindo, and no one could remember how she came to present the paper at the 1989 meeting in Uvalde. Through diligent detective work, Heather and I tracked her down. Unfortunately, Ms. Galindo (1930–2001) is now deceased, but her daughter, who is also named Elizabeth, told me of her mother’s interest in folk medicine and her involvement with the school system in Alice. We are thankful for her research, although not all of it could be located so as to be included with this piece. Perhaps, this will serve as an inspiration for someone to pick up where she left off, as was her wish.—Untiedt]

As part of a broad study of folk medicine and its use among all age groups in South Texas, during the fall of 1988, I conducted a survey of high school students in Alice, Texas. The purpose of the survey was to discover how many of the students were familiar with the different aspects of Mexican-American folk medicine, including *curanderismo* and the well-known illnesses among them, which are usually dealt with by family members or someone in the neighborhood and are not found among other ethnic groups. I wanted to know if the students knew any curanderos and if they had consulted them.

It is important to know the extent to which folk medical practices exist in South Texas because, as Moore and others have argued: First, “the incorporation of diverse cultural concepts and community factors is a means of achieving . . .”¹ good health care. Second, “The cultural belief system exerts considerable influence on the means and efficacy of the curative strategies available.”² And third, “Culture—in the form of belief systems and their related
systems of curing disease—has a significant impact not only on how disease is acquired but also on how it is treated.”

The question we are attempting to answer is this: “Is curanderismo still an important force in the lives of Mexican-Americans?”

Folklorists recognize three levels of culture. The *elite* level is the official culture and is obtained through the formal institutions of society. Medical doctors are, therefore, part of this level, along with institutionalized medicine and formal prescriptions. The second level, the *popular* level, is the mass culture expounded and transmitted by the mass media, including television, magazines, and newspapers. Advertising in these media promotes the use of over-the-counter medicines. The *folk* level of culture is that passed on informally from person to person and generation to generation within a closed group. The *elite* level of culture is passed on through academic training, the *popular* through media, and the *folk* level though personal contact.

*Folk* medicine is not a random collection of beliefs and practices. It constitutes a fairly well-organized and fairly consistent theory of medicine. As Lyle Saunders noted, “The body of ‘knowledge’ on which it is based often includes ideas about the nature of man and his relationships with the natural, supernatural, and human

The 1948 graduating class of Eagle Pass High School. Elizabeth H. Galindo is in the second row on the far right. Her future husband, Carlos, is in the same row, fourth from the left.
environments.” In the Mexican-American folk culture, folk medicine and religion are totally intertwined. Saints are invoked or used as co-suppliants or intercessors to God for everything in their lives. God and Satan are in constant combat for their souls.

The belief system in Mexican-American folk medicine is that certain people receive “el don,” the gift from God to heal the sick, often through magical-religious activities, using objects and rituals, including prayers, in their manipulation of forces. The anthropologist Moore claims, “Magical world views regarding disease causation relate to beliefs that these result from human manipulation of the forces in the universe, such as through sorcery or witchcraft. . . . The religious views suggest that the events of life, including disease, are controlled by supernatural powers” and can be influenced by supplication. The practitioner in this culture thus combines the belief in the human manipulation of forces with objects and rituals and the belief in the supplication to a supernatural deity. The curandero believes that he has received the gift of healing from God and uses many religious articles in his rituals. He relies on the faith of his patients to accomplish the healings.

As Graham and others have shown, the Mexican-American folk medical system consists of a hierarchy of healers, seen as a triangle. At the base of the triangle are the housewives or grandmothers who dispense “remedies caseros” or home remedies. These remedies are designed to treat the more common ailments such as headaches, nosebleeds, cuts and scrapes, diarrhea, and so forth. Herbal remedies are the most common type of treatment used by this group. If an ailment is serious, the next step is to go to someone more experienced—a neighborhood healer. She may also be a partera or sobadora, and she is consulted for the well-known folk illnesses such as mal ojo, susto, empacho, and bilis.

Perhaps I should briefly define some of the terms which are common in Mexican-American folk medicine. A “partera” is a woman who aides in the delivery of babies. A “sobador” or “sobadora” is a person who heals sprains, strains, and sometimes broken bones. “Mal ojo” is harm caused by excessive admiration
by someone with a strong gaze. “Susto” is caused by a very frightening experience. “Empacho” is caused by a ball of food lodged in the digestive tract, causing a blockage. “Bilis” is caused by excessive anger.

When ailments do not respond to either of these two levels of healers, those in the highest level of the hierarchy are consulted. These are the “curanderos” or “curanderas,” the ultimate source of medical knowledge in the culture, who have received the gift of healing from God. They treat the most serious illnesses and are the only source of help against “brujeria,” witchcraft.

My purpose in this survey was to determine the extent of the knowledge of the Mexican-American folk medical system among high school students in my hometown. The survey conducted at Alice High School consisted of a personal profile of each student, including age, religion, predominant language spoken at home, etc. There were:

- Forty-five questions to be answered Yes or No;
- Fifteen questions to be answered by degree: (Strongly Disagree, Disagree, Indifferent, Agree, Strongly Agree); and,
- Twelve questions to fill in the blanks.

These seventy-two questions were confined to illnesses in the Mexican and Mexican-American culture, including mal ojo, empacho, susto, and bilis. Other questions related to curanderos, parteras, and sobadores.

Thirty-eight students responded to the survey. Of these, seventy-nine percent were Mexican-American and twenty-one percent were Anglo. The majority of Mexican Americans, sixty-three percent, spoke mostly English at home (Appendix B). The folk illness most familiar to these students was mal ojo; eighty-seven percent were familiar with it. Fifty-five percent had suffered mal ojo and had been treated for it (Figure 1). Familiarity with the other folk illnesses was as follows, in descending order:
sixty-eight percent had heard of susto, forty-nine percent had heard of empacho, and eight percent had heard of bilis (Figure 2).

Over half of the respondents, fifty-seven percent, knew of someone who could cure some of the folk illnesses; a third acknowledged that someone in their own families could treat these illnesses (Appendix B). Eighty-six percent of the Mexican-American students believed that a curandero could cure some illnesses, and fifty-two percent believed that a curandero could cure any illness (Appendix B). Sixty-eight percent of the total respondents, Mexican-American and Anglo, used household remedies, while forty-seven percent used herbal teas (Appendix B). Although thirty-five percent believed magic spells work, only nineteen percent knew someone who could perform them (Appendix B). In contrast, there were seventy-four percent who had seen a medical doctor in the last year, and eighty-four percent believed that a medical doctor could cure most illnesses (Appendix B).

Dr. Joe Graham states in an article published in Western Folklore that folk culture in general, and belief in curanderismo in particular, decline as Mexican Americans become better educated and better off economically. Formal education challenges traditional wisdom. As Mexican Americans become more educated, there is a tendency on their part to reject folk medicine, particularly the belief in brujeria, or witchcraft, because it is more closely associated with superstition in the majority culture and is at greatest variance with medical science and what is taught in the schools.

With increased education they reject other aspects of folk medicine: the power of the curandero to cure all illnesses and even the ability of the neighborhood healer to cure the better-known folk illnesses, which they now also reject. The remaining level of Mexican-American folk medicine is the remedios caseros, or home remedies, usually herbal teas or poultices. These are the most likely to retain acceptance even among the most educated since the general culture, the popular culture, accepts them as efficacious. Although the survey indicates that curanderismo still exists, with eighty-seven percent having heard of mal ojo, the majority of this group seemed
to rely on institutional medicine. Of those surveyed, twenty-nine percent had seen a *curandero*, while seventy-four percent had seen a medical doctor. This shows a strong acceptance of institutionalized medicine from the *elite* level of culture.

It is important to expand these surveys to include more respondents so that we can increase our knowledge about the use of folk medicine among the Mexican Americans, because as Moore has argued, “Future health care policies must take into account influences on health that stem from all levels of environmental influences as well as from the individual’s adaptive capacity and means for coping and repair.”

**Endnotes**

2. Ibid. 251.
3. Ibid. 19.
7. No Appendix or Figures can be located to accompany Ms. Galindo’s research.
8. Graham.

**Bibliography**


A wealthy old lady decides to go on a photo safari in Africa, taking her faithful aged poodle, Cuddles, along for the company. One day the old poodle starts chasing butterflies and before long, Cuddles discovers that she’s lost. Wandering about, she notices a young leopard heading rapidly in her direction with the intention of having lunch. The old poodle thinks, “Uh-oh! This could be my demise!” Noticing some bones on the ground close by, she immediately settles down to chew on the bones with her back to the approaching cat. Just as the leopard is about to leap, the old poodle exclaims loudly, “Boy, that was one delicious leopard! I wonder if there are any more around here?” Hearing this, the young leopard halts his attack in mid-strike, a look of terror comes over him and he slinks away into the trees. “Whew!” says the leopard, “That was close! That old poodle nearly had me!” Meanwhile, a monkey who had been watching the whole scene from a nearby tree, figures he can put this knowledge to good use and trade it for protection from the leopard. So off he goes, but the old poodle sees him heading after the leopard with great speed, and figures that something must be up. The monkey soon catches up with the leopard, spills the beans and strikes a deal for himself with the leopard. The young leopard is furious at being made a fool of and says, “Here, monkey, hop on my back and see what’s going to happen to that conniving canine!” Now, the old poodle sees the leopard coming with the monkey on his back and thinks, “What am I going to do now?” but instead of running, the dog sits down with her back to her attackers, pretending she hasn’t seen them yet, and just when they get close enough to hear, the old poodle says: “Where’s that dang monkey? I sent him off an hour ago to bring me another leopard.”

Moral of this story:

Beware of messing with old poodles or old people . . .
age and treachery can always overcome youth and skill!
Brilliant BS only comes with age and experience!