It’s only 8:00 a.m., but Tucson’s July monsoon air is so thick with pressure that my temples are already pounding. I pull into the parking lot of the church that serves as a de facto sanctuary for a largely undocumented community of day laborers who live from job to job, hand-to-mouth. I come to teach a weekly English class, an effort that is less about language acquisition than it is about helping to pass the frustrating hours of waiting the workers face each day. Today I find Enrique anxiously waving the worker center’s flag in a vain attempt to attract potential employers. His eyes are fixed intently on the passing cars. He greets me warmly but repeats a familiar refrain—he hasn’t worked in days. He complains of a headache and touches the nape of his neck, saying he can feel the stress creeping up his body. “Do you know what depression is, teacher?” he asks me. “It’s like a stress, a sadness. I want to work because when I work I don’t think about all the other things. It’s a distraction. When I don’t work I have too much time. And so I cannot sleep now, and I am up almost all night.”

I leave Enrique to his morning duty and head inside to the church’s community room for class. But there, too, the air feels heavy and tense. The day laborers are stretched out horizontally and draped over the small schoolroom chairs, some sleeping and others listening to music. They say there has been no work at all today. The desperation and tension in the room are suffocating. I have to cajole the men to come to the table for class, and even then they are distracted. “How are you feeling?” I ask them, and they are quick to respond: frustrated, sad, angry, stressed. Jaime, a Sonoran whose life has weathered him well beyond his 52 years, is very groggy and nods in and out of sleep. “I just feel so exhausted and faint,” he explains. With ease, the other men around the table also chime in. Jesus takes out a vial of pills for his cholesterol, and Juan says he uses raw garlic and exercise to manage the nausea and dizziness stemming from his cholesterol problem. Others share complaints and natural
remedies for high blood pressure, diabetes, blurry vision, and insomnia. Today it feels like everybody is sick.

INTRODUCTION—HOW ARE EMOTION AND HEALTH INTERWOVEN?

In this chapter I explore the ways in which Mexican immigrants in southern Arizona connect their poor overall health and well-being to their migration-related emotional suffering. The current anthropological interest in emotion ranges from cross-cultural comparisons to the hunt for linguistic universalisms, from interpreting emotion as natural instinct to viewing it as a performed response to changing conditions of gender, power structure, and social hierarchy (Lutz and White 1986). Meanwhile, the study of emotion from an evolutionary standpoint dates all the way back to Charles Darwin, who viewed emotions as a universal aspect of human taxonomy that played a heavy hand in the individual’s chances for survival. While emotions can be studied from various vantage points in anthropology, my primary interest lies in what they can tell us about social structure, specifically, their role as “occasional or potential sources of correct knowledge about the social world” (Lutz and White 1986:409).

The social world of Mexican immigrants in the highly contested international border region where I live and conduct research is ripe with emotional insults stemming from increased border militarization and enforcement. These forces have drastically augmented the dangers of the crossing and the pain of long-term family separations (De Genova and Peutz 2010; Golash-Boza 2012). Once in Arizona, immigrants face the constant threat of arrest, imprisonment, and deportation, as well as structural barriers to accessing basic civil and human rights such as employment, health and education services, and a safe and secure family life (Chavez et al. 1992; Dreby 2010; Horton 2004; Kretsedemas and Aparicio 2004; Mize and Swords 2010; Warner 2011). These “psychic costs” of Mexican migration have been widely charted in academic articles, popular literature, movies, poems, and songs (Massey and Riosmena 2010:297). The theory of structural vulnerability holds that such “systemic social marginalization inflicts pain” in the Mexican immigrant community, with very real impacts on community health (Quesada et al. 2011:340).
The negative health repercussions of migration from México to the United States have been widely documented. Though Mexicans arrive in the United States with surprisingly good overall health, they have been shown to experience widespread health declines the longer they remain in the country (Markides and Coreil 1986). Foundational work in epidemiology has documented these health declines in multiple areas affecting the life course of wellness, including birth outcomes (Cervantes et al. 1999; Fleuriet 2009), obesity and diabetes (Barcenas et al. 2007; Hamilton et al. 2011; Van Hook et al. 2012), and mental health (Alderete et al. 2000; Breslau et al. 2007; Kaestner et al. 2009; Vega et al. 1987). By the second generation and beyond, the health of Americans of Mexican descent declines and begins to mirror that of other marginalized American minority groups (Hamilton et al. 2011). These health inequalities, patterned along lines of race, social class, and ethnicity, are similar to those widely documented throughout the developed world (Braveman et al. 2011; Gravlee 2009; Hertzman and Boyce 2010; Marmot 2005). While immigrant health declines have been widely studied, no clear causal mechanisms have been identified to explain this phenomenon, leaving it an “epidemiological paradox” (Hunt et al. 2004; Viruell-Fuentes 2007).

My personal research interest lies in the potential power of immigrant testimonies to narrate the emotional assault of migration on the body. Immigrants’ firsthand experiences of migration-related stressors make them uniquely suited to speak on this issue. Moreover, many Mexicans espouse embedded concepts of health, in which it is assumed “that the body is an extension of one’s day-to-day experience” (Finkler 1994:36). This embodied knowledge prepares them to address the critical question of how emotional distress and health are interwoven in this community. To explore this wellspring of body knowledge, in 2013–2014 I conducted 14 months of ethnographic research on emotional stress at local organizations serving a very poor and largely undocumented community of Mexican immigrants in Tucson, Arizona. In the course of this research, I observed the unrelenting sources of stress that combined to churn up a perfect storm of emotional upheaval in the Mexican immigrant community. The 40 Mexican immigrants whom I interviewed reported feelings of trauma (50 percent), fear (65 percent), depression (75 percent), loneliness (75 percent), sadness (80 percent), and stress (85 percent) related to migration (Crocker 2015). While an emerging body of research affirms
the debilitating weight of emotional burden in Mexican immigrant communities (Duncan 2014; Gonzales 2012; Orozco and Lopez 2015; Ramos Tovar 2009), I believe that immigrant voices remain a highly undersourced authority on migration-related health declines.

Guarnaccia et al. (1996) argue that in order to understand the experience of emotions we must first look at the societal forces that “provoke” them. My research participants identified several common experiences that generate emotional stress for themselves and their communities: pre-migration stressors, the undocumented border crossing, undocumented status, experiences of deportation and detention, family separation, and extreme poverty. Such traumas permeated the lives of my research community. On the far south side of town, a grief-stricken mother waited anxiously by the phone for news of her deported husband who had been kidnapped en route northward. One man was detained on a minor traffic violation while leaving the hospital following the birth of his daughter. Several others took sanctuary in local churches fearing arrest, forced expulsion, and years of separation from their families. A man cried with impotence at not being able to provide for his family. And in a dilapidated apartment with cold air seeping in through gaps in the doorframe, an older woman who had been left alone with a rebellious teenage son following the sudden deportation of her husband wept uncontrollably from loneliness.

While recognizing the sources of such suffering is a crucial step toward engaging in the question of how to reduce its incidence, it is likewise paramount that we come to understand the potential impact of migration-related emotional stress on individual migrants. The majority of immigrants I interviewed connect such intensive periods of trauma and long-term suffering with declines in their health and well-being. They draw conclusions such as “this stress is killing us” and “this pain makes us sick.” They adeptly use their body memory to describe the physical sensations produced by days of life-threatening exposure during the desert crossing, unabated fear of police arrest, and the sudden loss of freedom and social support following arrest and detention. Fifty-five-year-old Ivis believes that her husband’s sudden deportation last year severely affected her physical and mental health. “This separation is why my blood pressure goes up; it’s not because of any other reason,” she explains. She places her hand squarely over her heart and continues: “I
feel it mostly here in my chest. And I can feel my veins swelling and the pressure. And a pain runs down my left arm, and it hurts so badly. And sometimes it will run all the way up to my face and the left side feels paralyzed.”

The theory of embodiment—or how people “literally incorporate, biologically, the social and material world in which we live”—meshes neatly with such embedded definitions of health and offers a means to unravel the web of interrelatedness between structural vulnerabilities and immigrant health (Krieger 2001:672). By marking the ways in which the biological body is intimately connected to its social world, the lens of embodiment has the potential to highlight the often hidden and intricate processes by which each person mirrors his or her lived reality. Indeed, the body is our key informant to lived experience, revealing the “fingerprints” of threats and insults new and old. It is increasingly being proven at the cellular level that the individual embedded body reflects  

**Figure 7.1** Forced separation is an ever-present threat to undocumented immigrants (credit: Melo Domínguez).
“the dynamic social, material, and ecological contexts into which we are born, develop, interact, and endeavor to live meaningful lives” (Krieger 2005:350). Recent scholarship in the science of emotional pathways to disease confirms the seminal importance of emotion in individual health, reminding us that the mind is in fact part of the body (Cacioppo and Patrick 2008; Cole 2010). The evidence is now decisive that “stress can make you sick because the hormones and nerve pathways activated by stress change the way the immune system responds, making it less able to fight invaders” (Sternberg 2000:131). Moreover, this research indicates that the enormous life transitions encompassed by the process of migration—physical dislocation, losing loved ones, adapting to novel environments—can work together to overactivate the stress response system and leave lasting marks on the body (Kaestner et al. 2009; Sternberg 2001).

I argue here that the emotional distress related to the daily, lived experience of migration is a powerful contributor to illness in this community. My goal in this chapter is to let immigrant illness narratives fill in some blank spaces in our understanding of the causal factors behind immigrant health declines. I first explore Mexicans’ own embodied health concepts and what this body knowledge can tell us about how emotions are experienced and internalized. I then present the illness narratives of two immigrants, Faustino and Laura, who reveal the intricate details of how migration has affected their bodies. I work to support their firsthand narratives with emerging scientific findings highlighting the damaging health impacts of negative emotions common to immigrant life, including fear, trauma, loneliness, sadness, and stress. Taken in concert, these embodied illness testimonies and the science of emotion make a powerful argument that emotional stress is literally making Mexican immigrants sick. This finding “lay[s] bare how societal relations produce the forms of and distribution of sickness,” moving us one step closer to unraveling the putative paradox of immigrant health declines (Lock 2001:479).

WHAT TRADITIONAL MEDICINE SAYS ABOUT SUFFERING AND HEALTH

In order to appreciate what the testimonies of Mexican immigrants can contribute to a conversation about health declines, it is necessary to first understand the influences that shape how Mexicans view health and
disease. While a great diversity of perspectives about health exist in México today, the holistic medicinal ideologies known collectively as Mexican traditional medicine (MTM) continue to be a relevant and vibrant part of México’s pluralistic healing culture (Martinez 1993; Napolitano 2002). Drawing from a syncretic blend of precontact indigenous spiritual and herbal practices and the European theory of humors, MTM assumes the individual to be inextricably tied to his or her environment via the immaterial substance of the soul. To ground my work, I asked the immigrants about what it means to be healthy or sick and the relationship between lived experience and the body. Thurston and Vissandjée maintain that “the experiences of migration must be understood and acted on within the old schema, for these are the tools at the migrant’s disposal” (2005:234). I also found this to be true. Immigrants tended to espouse an integrated vision of wellness based on the harmony of body-mind-spirit. Over half of my sample utilized traditional etiologies, and 75 percent of them cited herbal remedies as being a valuable part of their healing arsenal.

The slow and incomplete extension of public health services into México’s vast indigenous and impoverished countryside served to entrench practices of MTM during the colonial and national periods (Lanning and TePaske 1985; Nigenda 1997). Self-care and the work of curanderos and other traditional healers offered accessible, affordable, and oftentimes efficacious treatment relying on a fusion of precontact indigenous herbal and spiritual traditions with European botanical knowledge and Catholic healing rites (Finkler 1994; Knaul et al. 2003). Moreover, MTM endured even following the institutionalization of allopathic medicine via social security programs in the mid-twentieth century and subsequent creation of public health insurance in 2002. Martinez-Cruz argues that MTM’s “healers are crucial to the delivery of a type of care that is respectful of millennial native cosmology and the centrality of community relationships to the conception of wellness” (2011:75). In short, MTM persists because it fills a gap that allopathic care does not address.

MTM defines illness as a fundamental state of imbalance borne from the body’s psychosocial embeddedness (Cajete 1999; Trotter and Chavira 1981). Its central tenet is that the person is an open system and as such is “inseparable from the physical and social environments in which he or she lives” (Velásquez et al. 2004:4). This openness renders the individual vulnerable to environmental insults and the emotional suffering resulting
from stressed relationships, social isolation, spiritual transgressions, and other factors. Daniel spoke to me from the confinement of a local church where he was taking sanctuary. He remembers the terror that set in when his deportation order arrived: he got tension headaches, lost weight, and had nightmares that he was lying out in the desert, ready to die. Before long his sense of humor dulled and stress became his constant companion. He says: “Psychologically, the brain controls everything, if you are thinking bad thoughts your body is also declining . . . so automatically you can’t sleep well. And if you can’t sleep then you can’t eat. And if you can’t eat, then your body will be more vulnerable to illness and colds, because your own body doesn’t have the defenses it needs to attack an illness because it is so weak from thinking about all those bad things.”

When viewed through this lens, the experience of migration is a singularly disruptive life event. New immigrants are displaced into what Fadiman (1997) describes as an unknown world where, due to their sheer novelty, new threats may dwarf prior hardships. Migration may thus be experienced by Mexican migrants as a fundamental ungluing, a disembedding and reembedding of the body into unfamiliar and often hostile spatial and social worlds. As Mayra explained to me: “Things are so hard now, that is why my health is bad. This is my cage. It’s the frustration of not feeling free, of feeling like you are somewhere where you don’t belong.”

The desert crossing itself was experienced as a total assault to mind, body, and spirit. Over half of those I interviewed reported facing threats from nature, police, criminals, and the physical limitations of their own bodies. Many said their lives flashed before their eyes. Thirty-seven-year-old Lalo recounts how when Mexican drug runners came looking for him with guns drawn, he fell to the ground, hugging the earth tightly and “calling in all the saints, praying they would not find me.” He explains that “crossing the desert is not about walking. It is about your emotional capacity to have all your senses totally alert for days on end, to never let your guard down.”

According to MTM, the daily context and nuance of life gets translated to the body via the emotional experience of the soul. In precontact México, the soul was understood to be “some entity or life force [that] conveyed human identity and was at the same time more than the body” (Furst 1995:3). Indigenous knowledge in México held and continues to hold that the body is never separated from the spirit or emotions or
the mind (Gonzales 2012). Many immigrants whom I interviewed spoke freely about this link, such as Juan, a laborer in his late thirties from the southern state of Oaxaca. Juan believes that his lack of freedom and joy in the United States has contributed to his health problems:

If you are not spiritually strong, you also won’t be healthy. I think it’s 50–50. My life in México was much more fun. There were limitations in the material things, but in terms of happiness as a person, I was more complete and happier because there wasn’t so much stress. Here I have more material things: I have enough food, I can buy clothes and shoes. But my life in México had more personal satisfaction, more fulfillment.

The immigrants I interviewed tell of the many indignities the soul suffers in the process of migration. Irma, a Tohono O’odham Mexican woman in her thirties, believes her various medical problems—including type 2 diabetes, high blood pressure, and being overweight—stem from her depression. “I think that since I have been a very depressed woman, the only thing that I have gotten is sickness,” she explains. “Emotionally, I know that when something happens to you, your head will hurt a lot, or you will feel a lot of pain in your stomach. Sometimes ones swallow their emotions.” Pancho, an undocumented day laborer in his fifties, feels that the anti-immigration laws in Arizona place so many barriers to working and feeling at ease that it is impossible to have a balanced and healthy life. “I think we eat about the same [as we did in México], but the stress is what’s really different. For residents and citizens they can just watch their diet in order to be healthy, but for us [without papers], it’s just exhausting and erodes our health and everything.”

The immigrants often referred to the isolation of loneliness as being a central facet of life in the United States. Scholars have theorized that the Mexican migrant in the United States is caught in the lonely space of Nepantla, “the Nahuatl word for the place in between” (Gonzales 2012:151). Napolitano Quayson (2005:354) holds that “the space between homeland and host country is a ‘stuck place,’ it is a gap. That gap becomes not only individual but also a space of social suffering.” Many immigrants in my study voiced a loneliness borne from their inability to trust, participate in, and integrate themselves into their new community,
largely stemming from exclusionary legislation. And some connected their separation from family in México with physical illness. Alondra explains that the deportation of her son “is what all of my problems come from—my high blood pressure and my thyroids. Psychologically I am not well. There is not a single day that goes by when I don't cry and feel desperate. I was almost at the point of losing my mind.”

Over half the immigrants I interviewed told me that migration’s cumulative toll of environmental, social, and political insults to the spirit caused them to experience the traditional etiological diagnoses of susto (soul loss) or nervios (nervous disorder). Nervios is one of the most common traditional diagnoses in Latin America, and is understood to be “a generalized condition of distress” related to myriad life circumstances and reflective of low social status (Salgado de Snyder et al. 2000:454). Those in my study considered nervios to be a very serious condition, generally caused by long-term and anxiety-inducing stressors over which one has no control, such as ongoing underemployment, constant fear of arrest, and the inability to report crimes to the police for fear of identifying oneself.

Enrique, a man in his midfifties from the northern state of Sonora, describes his experience of nervios: “Here you need to worry about everything—it’s like a trauma because so much has happened in my life. So, yes, there are many, so many, problems and that is why the nervios come.” Yesenia, with whom I spoke many times over the course of the months she took sanctuary in a local church, also experiences nervios. She says that the stress of working two jobs in the United States plus the relentless fear that consumes her every time she sees the police began to do real damage to her body: “At one point a couple of years back, I felt like I could barely drive because my vision was being covered with the tension. It was like my heart was popping out of my chest and my ears were buzzing, like a plane engine about to explode. I held so much tension in my stomach and everywhere that my whole body hurt and I couldn’t sleep.”

Equally common was the experience of susto—the body’s response to a frightening event or intense stressor that results in the dislodge ment of the immaterial substance of the soul. Susto can be associated with depression, inertia, debility, nausea, irritability, and diarrhea. While not considered a disease in itself, susto is a systemic and often debilitating response to life disjunctures and pressures. Green’s work amid the massacres of indigenous Guatemalans during the 1990s argues that
susto is “situational, an embodied understanding of complex social and political relations—one that links the lived experience of the physical body with the social, cultural, and body politic” (1994:248). The body politic of Arizona in the early twenty-first century has likewise been ripe ground for generating trauma. Gonzales (2012:209) says that “Indigenous midwives and traditional healers from México and the United States have diagnosed and treated Indigenous migrants for susto, fright, or soul loss caused by various forms of structural, spiritual, social, and physical violence,” later adding that many of these healers describe susto as “inhabiting Mexican migrants.”

Indeed, almost half of the immigrants I interviewed cited suffering from susto stemming from a wide variety of experiences including car accidents, police stops, painful memories of discrimination, or being detained. Many cited that experiences during the desert crossing—such as seeing a dead body or a rattlesnake or having near-death experiences—resulted in susto. Enrique relates susto most closely with the experience of deportation. “When the migra kicked me out I felt traumatized and it made my body a little sick,” he explains. “Because here I am in the country where I have lived most of my life: I came when I was 15 and now I am 52. This is my home more than México. One feels weak, with stress. . . . Yes, it is a trauma and one that lasts for a long time, it doesn't go away easily.”

Some of the Mexicans I interviewed said their susto precipitated the onset of other conditions, including diabetes, high blood pressure, weight changes, and extended depression. Forty-three-year-old Mayra recalls: “I got the susto of my life when the migra took me. I got diabetes—three years later they told me I had it. And I think it was from that susto that was so strong, because I didn't cry the whole way with them, but when I got home I burst into tears and I couldn't stop crying.” Susto has been identified as a precursor to many physical and mental health symptoms as well as to specific disease outcomes, particularly type 2 diabetes (Godina et al. 2004; Poss and Jezewski 2002; Weller et al. 2002, 2008). Moreover, research suggests that susto not only predisposes immigrants to contracting type 2 diabetes but also affects disease management by threatening glycemic control and acting as a barrier to self-management, leading Flakerud and Calvillo (2007:822) to conclude that “diabetes cannot be successfully treated without also treating the person's susto.”
The high incidence of susto and nervios in the immigrant community speaks both to the continued relevance of traditional etiologies among immigrants as well as to the high incidence of deep emotional trauma related to migration. Immigrants’ embedded conceptualizations of their bodies as they move over and across the border and settle into new environments provide fresh insight into the primary triggers of emotional stress and the concomitant embodied responses to life in el norte.

ILLNESS NARRATIVES: ME TIENE ENFERMA ESTA VIDA

In this section, I relay the illness narratives of two Mexican immigrants, Faustino and Laura, who speak of the ways in which migration-related emotional suffering has marked their bodies. The immigrants whom I interviewed reported suffering from a variety of ailments, including diabetes and being overweight, high blood pressure and cholesterol, anxiety and depression, as well as a host of other issues such as unregulated thyroids, hernias, chronic pain, arthritis, and gastritis. But Green argues that “simply to categorize [traumatized people’s] sufferings . . . as either manifestations of clinical syndromes or culture-bound constructions of reality is to dehistoricize and dehumanize the lived experiences” (1994:247). These narratives offer a nuanced and contextualized portrayal of how daily challenges that immigrants face in Tucson—such as undocumented status, deportation and detention, and family separation—engender deep emotional pain. Faustino and Laura use their intimate body knowledge to narrate how the trauma of loneliness and fear, stress and sadness travel from the heart and spirit to weaken and sicken their physical beings. I complement these narratives with data from the science of emotion in order to highlight how these emotional pains are embodied on a cellular level.

FAUSTINO

I see Faustino almost every week at my English class for day laborers—whenever he doesn’t have work he is there at the church, waiting. Tall and lanky, with a big-toothed smile and dancing eyes, Faustino is at once a joker who loves to draw a laugh and also a very self-possessed 40-year-old
indigenous man who is extremely cognizant of how his life conditions impact him. One day as we stand talking outside the church, I watch him cleaning the dirt from under his fingernails with a shard of broken glass. Without thinking, I take the glass from him and throw it aside, and he catches my eye with a grin. “I have always had nervios and picked at my fingernails and bitten them because I’m anxious,” he explains. “My wife says sometimes I do it in my sleep. I think it’s about work. When you are suffering from too low resources you feel a lot of worry and stress, and from those worries come illnesses. . . . Because to be healthy, you need to have work. Having work means that the worries end because you have a way to keep going.”

Faustino knows firsthand what it feels like not to have enough. Growing up on a Yaqui ejido (commonly held land) in western Sonora, he was the youngest of seven children, the first three of whom died in infancy. Town was many hours away by bike or burro, Faustino explains, and “by the time they got to the town where they could be cured, my [first] brother was already dead. The second one was in the hospital but since they didn’t have money they couldn’t get the medicine that he needed. For the poor people there you barely earn enough to feed the family.” Faustino’s family lived off the beans and vegetables his father harvested, and oftentimes there were barely enough corn tortillas to go around. He never had what he needed for school, and by fourth grade he had tired of borrowing notepaper from his classmates and felt embarrassed showing up with no shoes to the humble schoolhouse. One day his cousins let him work with them, though he was barely big enough to carry their tools. “I will never forget how they gave me five pesos, which at that time was a lot. I went off to the store and bought a bag of flour and corn flour! I got home and my mamá said, ‘How do you have so much money?’ I said, ‘Because I helped my cousins,’ and she said I needed to focus on my studies, but I said, ‘No. We don’t have a lot and I want flour tortillas.’ It felt so good.”

Duncan argues that “particularly for the undocumented, premigration vulnerability intersects with marginalization and discrimination in the United States to provoke or exacerbate emotional distress and sickness” (2014:2). This has been the case for Faustino, whose childhood deprivation drove him to make several dangerous desert crossings in search of greater financial stability in the United States. Each crossing
has exhausted his physical stamina and emotional strength. On one jour-
ney his group was attacked by hooded bandits who used a live scorpion
to intimidate and rob the crossers. On that trip he recalls: “When we
crossed the border, we saw little kids’ bodies already decomposing, and
old people. . . . It was a real susto that gave me fear and sadness, because
I thought ‘what if I end up like them out here?’” When Faustino crossed
again later with his wife, he held her hand and carried her to make sure
she wasn’t left behind. Then days later, after running out of food and
water, it was his wife who supported him through the final miles. “At the
end I didn’t have any more strength, but she gave me ánimo. I told her to
just keep walking ahead with the others and she had made friends with
them so they gave me encouragement too. I was really dragging my feet
by then and I felt that my legs were so tired.”

The border crossing that Faustino describes closely matches Stern-
berg’s (2001) description of intensified short-term periods that push us to
the edge of our physical and emotional capacities. She states: “Strenuous,
unaccustomed, and prolonged physical stress . . . or chronic physiological
stresses, such as lack of sleep and food, will all deplete the stress hormone
reserves. At first such chronic stresses keep the response switched on. . . .
But if such extremes persist, the response can fail, reach exhaustion, and
finally burn out” (Sternberg 2001:113). Indeed, although Faustino arrived
in Tucson prepared to take advantage of the opportunities available to
him in the United States, he was also thoroughly exhausted, and the
stressors did not abate on arrival. He recalls: “I felt lonely and sad here be-
cause I felt like my hands were tied, like I couldn’t really be a good person
here and work like I wanted to work. Here I felt like I was nobody—that
is how you feel when you arrive.”

A key facet of the social alienation that Faustino experienced was the
ever-present fear that prevented him from fully participating in his new
community owing to his lack of legal status. “I felt afraid even going to
the store. I felt like the police or immigration would get me and I was
always trying to take precautions and I didn’t feel at ease. Because you
think ‘what will I do if they kick me out with my family? What will I do
in México?’” Ongoing and pervasive fear has been scientifically linked to
the onset of anxiety, depression, and other mental disorders in addition to
physical health problems, such as weakened immune function, hyperten-
sion, and insulin resistance (Rodrigues et al. 2009; Sapolsky et al. 2000).
And unfortunately for Faustino, his fears came true soon after he arrived. On the night his wife was in the hospital giving birth to their second child, Faustino was at home with their toddler when immigration officials knocked on his door and asked him for his papers. When he could not produce them, he was promptly taken into custody and deported.

Though Faustino was able to make it back to his family, his lack of papers made finding stable employment nearly impossible, and he began to feel the impact on his body. He remembers that “in the past I had so much stress that my mouth was frozen from stress and worry. Because from stress comes paralysis, like attacks that paralyze the whole body. Before when I had no work I came to the clinic here [at the church] and they examined me and they said my blood was really sick. [The doctor] said I should massage my nerves and my head, because I had headaches and nervios.”

The kind of relentless stress that Faustino describes here has been found to be pathogenic (Sapolsky 2004). Moreover, such unabated and excessive release of hormones and chemicals into the bloodstream ultimately compromises the immune cells’ capacity to respond to new invaders, thereby predisposing the body to disease (Sternberg 2001). One of the most commonly measured biomarkers is cortisol, a glucocorticoid hormone released by the adrenal glands and central to the stress response system. In a study specific to a largely Mexican farmworker community in Oregon, Squires et al. (2012) found elevated levels of cortisol in response to several chronic psychosocial stressors and conclude stress to be an important health determinant in this community.

Stress reached traumatic levels when Faustino was detained along with three fellow day laborers after getting lost near a Border Patrol checkpoint west of Tucson. The officials spoke accusatorily to the workers, and Faustino lost his patience. “I told them, ‘I am indigenous, I don’t know why you are talking to me like that.’ I told him that he was wrong about us having crossed the border—I told him I didn’t cross the border, that the border had crossed me. ‘Why are you saying that to me?’ he yelled. ‘I’m sorry,’ I told him, ‘but I am indigenous and that is why I’m telling you that you are wrong about what you are saying and you are disrespecting me. We indigenous people don’t want this [border].’”

The subjective experience of anti-immigrant discrimination and stigma that Faustino experienced during his arrest and throughout his interactions
with American authorities has been found to increase stress, depression, and chronic illness in the Mexican immigrant community in the United States (Flores et al. 2008; Kaester et al. 2009; Viruell-Fuentes 2007).

Faustino remained in immigration lockup for a week, fighting hunger and freezing temperatures in the detention unit that Mexicans in Tucson ubiquitously refer to as “la hielera” (the freezer). After that, he was transferred to federal prison in Eloy, Arizona. While detained, he worked to control his nervios, well aware of how fast things could spiral out of control. “I felt sad because I was thinking about my family and how I was going to pay the rent for my wife and what would they eat and how would they pay the bills,” he recalls. “So I asked myself, ‘How will I get out? How will they do?’ But I also told myself not to be too worried because if I thought about it too much it would lead me to commit something bad, it could lead me to do something to myself, so I better control my nerves and not think too much about my family.” Kris Olsen, a doctor who works in an Arizona federal prison, says she regularly sees intense physical manifestations of the emotional stress immigrants face during detention. She believes that their high levels of hypervigilance lead to dramatic spikes in blood pressure and blood sugar, upset stomachs, and diabetes. “We see more diabetes that is unlike what I see out here—it is much harder to control and so it probably is stress,” she explains. “[In jail] they are exercising and they are not heavy, but still the diabetes is out of control and they end up on insulin” (Kris Olsen, personal communication 2014).

Faustino’s community in Tucson raised bail for him, and he was released just one week after getting to Eloy. He says: “When I got [home], I felt so free. It’s like when a squirrel or other little animal gets stuck in the corral, and when it gets out it runs and jumps and leaps . . . that is how I felt when I got to the house! I said ‘I am free now, I am free,’ and I hugged my kids and my wife.” His euphoria was tempered only by the painful awareness he now carried of all his compañeros who were still locked up. Then just a few days later Faustino saw on the news that one of the men he had known in jail had committed suicide, the fifth suicide at Eloy since 2003. Faustino remembers his compañero like this:

His adrenaline ran really high and he was always thinking too much . . . and was desperate about how he would get out, he was
always so worried. I tried to calm him. I tried to control my own nervios when I saw him so out of control. “I am in the same position,” I would tell him. “I have my family too and I am also wondering how they will support themselves out there.” Your head is just spinning. But if you think too much you can go crazy—you have to control your nervios so you don’t do something bad. You have to have faith in God that you will get out and that things will be OK.

*Figure 7.2* The pain of detention is visible on the inside and out (credit: Melo Domínguez).
LAURA

“My immune system attacks my skin,” Laura tells the therapist the night I first interpreted for her in the small cramped office of the free clinic. At 50, Laura is heavyset, with frizzy dyed blond hair, fair skin, and a distinct warmth about her. She suffers from a rare autoimmune disorder called pemphigus, a condition in which the immune system turns against the body, producing antibodies that attack healthy skin cells rather than foreign invaders. After months of physical pain and discomfort caused by the skin blisters that broke out along her face, scalp, chest, and back, Laura was advised by her doctor to go to counseling. “One of the doctors told me that stress and sadness could affect [my condition],” she begins, explaining how she landed in mental health counseling, a rare occurrence in the undocumented community. And Laura agrees: “I do believe that the soul is related to our health—that is exactly what loneliness has to do with this [illness]. In terms of eating, I eat well. I am working. In terms of being with my daughter, I am with her. But in terms of how I feel . . . I feel empty. This loneliness is what has most marked me.”

Originally from the large metropolis of Guadalajara, where she sang with a band, competed as a beauty queen, did martial arts, and worked on and off in a factory, Laura came to Tucson 15 years ago to work as a housekeeper for her brother’s company. He immediately warned her not to go out or expose herself to arrest, and she heeded his advice, avoiding the immigrant-dense south side of town and largely keeping to herself. During her years in Arizona, she has had no boyfriends, very few friends, and has been unable to return to see her family, all of which have contributed to her deep sense of loneliness. “It would have been better for me if I could have gone back to México to visit my family during these years. It’s like what you have to do with telephones; I needed to go back there to recharge my batteries. I was running out of charge little by little without my sisters,” Laura explains. Sad and alone, Laura gradually sank into depression, a condition that has been linked to systemic dysregulation of primary metabolic, immuno-, and adrenal functions, potentially hastening morbidity related to cardiovascular disease, stroke, and obesogenic co-morbidities (Penninx et al. 2013).

According to Velásquez et al. (2004), a deeply embedded sense of community identity and responsibility at the levels of both family and
ethnic group are of central importance in traditional Mexican worldviews. Thus, as in the case of Laura, experiences of loneliness grossly disrupt life balance and harmony. Scientific investigation has revealed individual, relational, and collective loneliness to be dangerous states of perceived isolation, with health consequences rivaling those of smoking and alcoholism. Visible on an MRI as clearly as physical pain, loneliness produces immune deficiencies and disrupts key cellular processes, cardiovascular functioning, and complex cognitive functioning (Cacioppo and Patrick 2008). The embodied effects of loneliness among Mexican immigrants have been documented elsewhere to lead to a weighted down and fatigued body (Napolitano 2006), mental health problems (Duncan 2014), and risky sexual practices (Muñoz-Laboy et al. 2009).

Laura says her loneliness stems largely from her undocumented status, which pins her in a vicious cycle that always leads back to nowhere. She is wary of whom to trust, feels manipulated by a boss who takes advantage of her undocumented status, and is too fearful to even honk her horn in traffic, wary of calling any attention to herself. And although Laura is an extremely capable woman who is equally at ease with power tools and performing on stage, all the efforts she has made to actualize a more stable and full life have led her nowhere. “I wanted to sing again like I used to, so I got in touch with a woman who brings concerts here to Tucson,” she explains. “They go to Sonora and Coahuila, and they just come and go, come and go. But I can’t do that. And so she said to me: ‘Mira, bella, you sing real nice, but if you can’t leave [Tucson] then I can’t really use you.”

She currently has no identifying documents, since Arizona state law no longer allows her to renew the driver’s license she had when she first arrived. Meanwhile, her Mexican license also expired and she cannot return to renew it, and the consular identification card available in Tucson would mark her as an undocumented Mexican. She has no choice but to drive to work and to take her daughter to school, so she prays to God for safekeeping every day when she leaves the house. She asks:

What if I go out and they arrest me . . . what’s going to happen with my kids? They won’t know where I am! For me, fear has had the most direct impact on my condition. Fear of leaving the house, or of not returning, that at any moment we could be captured and
identified as what we are, as immigrants. Even though I have a [legal resident] application in now, it is not yet a legal condition, so I am still dealing with the fact that I am here, not illegally, but I am still in limbo. I’m still not anybody. I’m not a being, as we say, I’m not somebody.

Green’s work with traumatized Guatemalan Mayan women led her to conclude that “one cannot live in a constant state of alertness, and so the chaos one feels becomes infused throughout the body. It surfaces frequently in dreams and chronic illness” (1994:231). For Laura, it surfaced along her skin, at first as small bumps, which then became deep lesions that stung like hot oil burns and formed blisters along her chest, back, and scalp. Laura explains how the pemphigus erupted one year ago: “One day I went out to clean [a house] that had been abandoned, so there were lots of spiders. Then three to four days later I felt something on my back and I thought I’d been bitten by a spider, but it felt like a burn. I put some cream on it, but then another one just like it popped up on the other side. And then one appeared on my chest.” Despite Laura’s best efforts to heal herself, more lesions kept appearing. She remembers it as an extremely stressful time, because work was very busy and her daughter was having serious problems at school. Within the week, her upper body was full of blisters. She remembers that one night “my son walked in [while I was changing] and I was half naked and he said ‘mamá, what do you have?’ And I said ‘I don’t know, these have just appeared all over.’ And he said to me, ‘Get dressed, I am taking you to the hospital.’” Over her protests against the high hospital costs, her son took her in that night and soon after Laura received a diagnosis of pemphigus.

It has been argued that emotional stress may play a role in the onset of pemphigus, and that mitigation of such stressors has the potential for therapeutic benefits (Cremniter et al. 1998; Ruocco and Ruocco 2003). It was with this possibility in mind that Laura followed her doctor’s advice to see a therapist some six months before we first met. “When I started to talk to the counselor, she asked me what would my solution be? And it was either to wait another few years for my papers to come through and just return to my daily life of loneliness and anonymity where I am nobody . . . or it was to go back to México and be able to do something, like help my sister. So I said to myself, ‘I am going, I am not going to stay in this cycle
of just lamenting all the things I cannot do.’’ According to Duncan (2014), mental health practitioners in the Mexican state of Oaxaca treat migrants who, like Laura, opt to return home in search of escape from the stress and pain of migration. Commonly treating conditions such as general psychosis, depression, post-traumatic stress disorder, and social trauma, these practitioners have determined that “migration is a main determinant of poor mental health among their patients” (Duncan 2014:111).

In the weeks after Laura decided to return to Guadalajara, I could see her face lighten. She said her fears had lifted and she felt empowered to speak her mind. At one point she wept with joy at the idea of feeling useful again to those around her, of feeling fully realized as a woman. And her skin condition slowly improved. But then her teenage daughter fled the house for the freedom of the streets, and within a matter of days Laura’s options once again caved in around her. When she next went in for therapy, she was visibly despondent and was worried sick about her daughter. With an open Child Protective Services case against her, Laura cannot leave the country without abandoning custody of her daughter. Now for the first time, she lifts her shirt to show us the visible marks of this pain, and it hurts to see the newly raw patches of red skin pushing up against the scars of earlier blisters, just barely beginning to heal.

CONCLUSIONS—AVENUES TO HEALING

While Laura was at least fortunate to have a counselor to help guide her on this painful journey, the majority of immigrants in my study lacked access to basic mental and physical health care, meaning that most of their ailments went untreated and often even undiagnosed. Mexican immigrants face a complex web of obstacles to accessing medical care, particularly preventive care and mental health, including lack of insurance, undocumented status, cultural and linguistic barriers, and high costs of care (Chavez 2012; Crocker 2013; Horton 2004; Quesada et al. 2011; Waldstein 2010). In Tucson, fear of the very real risk of apprehension at medical facilities blocks many sick and injured immigrants from accessing even emergency services (Armin and Reineke 2010). Often when I asked immigrants about their health, they felt incapable of properly responding. Thirty-five-year-old Carla, for example, who suffers from deep anxiety, stress-induced headaches, and dizziness explains: “I haven’t gone to the
doctor because they will not see me anywhere here. So I haven’t checked myself, and the truth is I just don’t know if I have high cholesterol or whatever. The truth is I just don’t know.” Many immigrants just endure their symptoms until the situation becomes untenable, at which point they check into the hospital emergency room or an immigrant friendly clinic presenting wildly unregulated medical issues. Medical professionals shared with me many stories of immigrants walking through the door with issues such as deep depression, acute appendicitis, explosive levels of blood pressure, blood sugar of 600 and above, and severe bleeding.

The enduring discomfort and stigma of emotional health problems in Mexican origin communities further compounds the tendency for mental health challenges to go unaddressed (Mora-Ríos et al. 2013; Nadeem et al. 2007). Juan explains it to me like this: “Our culture doesn’t let us cross that boundary [of emotion]; so when people ask us how we are, even if we are nearly dead, we won’t say that we are doing poorly. If we are going through something really hard, it just stays there. We don’t communicate about it, because we feel like if we say something, it will get worse.” A similar sentiment is echoed by several health-care professionals who express concern about immigrants’ reticence to access the few available behavioral health services in Tucson and to use prescribed medication, saying most immigrants seem to swallow their problems until they reach a point of explosion. Herbalist and masseuse Elena Burgos (personal communication 2014) says she sees that among Mexican immigrants in Tucson: “There are many emotional problems that the body is having to hold, and that is causing a lot of sickness because they don’t let go and they don’t let go and their head holds all of it and finally it can’t tolerate it anymore and they can fall into a deep depression. And often they don’t find the help they need to get out of that hole.”

To some immigrants, Mexican traditional medicine may offer an accessible and affordable means of healing certain physical and emotional pains. León (2004) calls the enduring practices of spirit-based natural healing known collectively as curanderismo a “borderlands religion” because of the relentless isolation and institutional abandonment of this region that have necessitated its continued usage. This need springs not only from a lack of access to allopathic care, but also that type of medicine’s inability to address the emotional insults of migration that may precipitate the onset or worsening of mental and physical disease.
Gonzales argues that sustos and emotional pain will carry on and stay in the body unless healed, and that “indigenous healing models provide distinct ways of understanding the impact of trauma and emotional and spiritual dislocation on the human body” (2012:4). Spiritual healings have the capacity to resocialize a traumatized person (Arrizaga, qtd. in Cajete 1999), reconstitute the social worlds broken by migration (Nordstrom 1998), and provide a culturally sanctioned respite from social roles that allow for healing (Weller et al. 2008). Moreover, herbal and natural medicine usage has been shown to strengthen family and community ties (Waldstein 2010). In these ways, the continued practice of MTM may help to lay the foundation for what Sternberg (2009) says are the two essential elements of healing: hope and social support.

Yet whatever the potential for traditional healing to help stitch together the broken pieces of the immigrant body and soul, the only true remedy for this health crisis is a change to the structural factors that provoke the suffering in the first place. Thayer and Kuzawa argue that “since epigenetic markings provide a ‘memory’ of past experiences, minimizing future disparities in health will be partially contingent upon our ability to address inequality in the current environment” (2011:798). The situation today remains dire for immigrants like Laura and Faustino and the others featured in this chapter. Compounding the hardships inherent in moving to a new country and experiencing loss of connection to home has been the intensification of state and federal exclusionary and prejudicial legislation since the 1990s. These laws have had very real impact on daily realities in Tucson and beyond, creating the lethal hazards of the desert crossing, constant threat of deportation and arrest, multilayered barriers to employment, and the impossibility of returning home to refresh and maintain family and community ties. These hardships infuse daily immigrant life with toxic levels of fear and loneliness, sadness and stress, and create lasting wounds of trauma. Holmes (2013) likens such structural-level violence to Engels’s concept of social murder, calling it “the violence committed by configurations of social inequalities that, in the end, has injurious effects on bodies similar to the violence of a stabbing or a shooting” (1958:43). In the case of the sickening of Mexican immigrant bodies, there is blood on the hands of state and federal authorities responsible for anti-immigrant policies and enforcement.
NOTE

1. In 2015, this facility became part of a class action lawsuit based on rights abuses occurring in the U.S. Customs and Border Protection detention facilities in Arizona (American Immigration Council 2015).

REFERENCES


Bodily Imprints of Suffering


