



Curanderismo as a Belief System in the 21st Century: *Susto* and *Espanto*'s Perception by *Curanderas* in San Cristóbal de las Casas, Mexico. A Case Study¹

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Abstract

This paper evaluates the religious aspects of traditional Mexican medicine, with a specific focus on the perspective of modern *curanderas* – female folk healers – living in San Cristóbal de las Casas, Mexico. It explores how they perceive *susto* and *espanto*, and how community norms shape health-related matters. Their ideas serve as reference points for analysis of overall experiences as female folk healers. Moreover, the medical aspect of their work, interwoven with religious pluralism establishes *curanderismo* as a religious medicine. The interpretative framework draws from Arthur Kleinman's healthcare systems theory, emphasising culture's influence on illness perception. This analysis stresses the role of spiritually dangerous ailments, regulated by both belief-oriented and laic norms, in upholding social order. Furthermore, the deeply rooted religious aspects of *curanderismo*, nature integrate nature into its healing practice.

Keywords: folk medicine, Mexico, *susto*, *espanto*, *curanderas*

Słowa kluczowe: medycyna ludowa, Meksyk, *susto*, *espanto*, znachorki

Culture-bound syndromes function at the crossroads of biomedicine, culture and psychology, reflecting the worldviews, spiritual beliefs and norms of the communities in which they occur. Within the framework of traditional Mexican medicine, *curanderismo*, *susto* and *espanto* are good examples of such conditions, as they are ailments tied to a specific historical and cultural background. For the purposes of this article, I apply the understanding of *curanderismo* proposed by the World Health

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Organization and Instituto Nacional Indigenista, described further part in this paper. The research area, San Cristóbal de las Casas (from now on referred to as San Cristóbal), located in the state of Chiapas, Mexico, is renowned for its multicultural diversity. On one hand, it is an administrative centre for various indigenous groups such as Tsotsil, Tzeltal, Chols, and Zoques, among others. On the other hand, the city attracts many tourists and backpackers drawn by its colonial ambience.² This ethnic mixture creates a range of many possible social structures and sets of norms, shaping human experience. Moreover, as *curanderismo* derives from a blend of syncretic Catholicism and indigenous beliefs, it combines an animistic approach of native people with a comprehensive understanding of the human body as an entity that is not separated but rather coexists with nature.

Taking that into consideration, this paper examines the perception of *susto* and *espanto* among female folk healers, living and working in San Cristóbal de las Casas, with a particular focus on religious connotations linked with them. This paper aims to answer how community norms shape health-related matters and whether beliefs regarding the human-nature connection are still present in the perception of folk healers, and if so, how they impact the experience of disorders like *susto* and *espanto*.

The analysis of collected interviews showed that the ailments mentioned earlier correlate with a level of stress, which, in turn, is associated with social obligations, including those related to gender. At the same time, the experience of illness provides an opportunity to create potential for coping methods, like identifying stressors or incorporating religious rituals. As *susto* and *espanto* are described in the category of spiritual pollution, nature plays a major role in the healing process.

Methodology

This research drew its primary inspiration from the works of other ethnographers, including Calixta Guiteras Holmes,³ Frida Jacobo Herrera and David Orr,⁴ as well as Pedro Pitarch Ramón,⁵ among others. They place the central emphasis on highlighting the nuances of personal interpretations, which proved particularly fascinating when exploring the perspective of female folk healers regarding the outcomes of *susto* and *espanto*. Following this lead, I have focused on the case studies of two female herbalists, living and working in San Cristóbal. It is important to bear in mind that emotions, and subsequently, experiences, are shaped within specific social contexts

² Instituto Nacional de los Pueblos Indígenas, *Etnografía de los pueblos tzotzil (Batsil Winik' Otik) y tzeltal (Winik'Atel)*, <https://www.gob.mx/inpi/es/articulos/etnografia-de-los-pueblos-tzotzil-batsil-wini-otik-y-tzeltal-wini-atel?idiom=es> [access: 12.07.2023].

³ C. Guiteras Holmes, *Perils of the Soul: The World View of a Tzotzil Indian*, New York 1961.

⁴ F.J. Herrera, D. Orr, *Susto, the Anthropology of Fear and Critical Medical Anthropology in Mexico and Peru*, [in:] *Critical Medical Anthropology: Perspectives in and from Latin America*, J. Gamlin, S. Gibbon, P.M. Sesia, L. Berrio (eds.), London 2020, pp. 69–89.

⁵ P. Pitarch Ramón, *Ch'ulel: una etnografía de las almas tzeltales*, Mexico City 1996.

and moulded by culture, gender and society.⁶ Before the actual fieldwork, I assumed that the healers' gender would determine their curing abilities and the experience of being ill. In this particular setting, case studies appeared to be the right method to provide insights into the impact of healers' communities on health-related issues, because it helped further the analysis of personal life's nuances as well as focus on particular details.

The main method of data collection employed in this project was semi-structured in-depth interviews, collected during two periods: March and July to August 2022. The participants, Rosario and Laura,⁷ were selected based on their expertise and reputation within the local community. Both women were in their fifties, and at the time of our meeting, their primary source of income was healing with herbs and teaching traditional medicine, as practiced in Chiapas. Another selection criterion was their ambiguous status, which means that they lived and worked in both the city and the communities located outside the main hub, San Cristóbal. As a result, their patients included both indigenous people and mestizos. Furthermore, both herbalists were connected with the *tstostil* and *tseltal* traditions and maintained continuous contact with foreigners. This allowed them to access a wider range of cognitive patterns, opinions and points of view.

Before conducting the interviews, both participants were informed about the study's objectives and confidentiality protocols. I asked them for their permission to publish their words and they were assured of the anonymity of their responses. They were fully aware of the voluntary participation in this study. I would like to express my gratitude to both *curanderas* who generously shared their time, experiences, and insights for this study. Without them, my research would not have been possible.

The findings presented in this paper are derived from a larger dataset collected during our meetings. It is worth noting that these meetings took the form of traditional medicine courses, conducted by my research participants, and I compensated them for their teaching. This financial arrangement afforded me the unique opportunity for uninterrupted, one-on-one conversations with them. I understand that this might be seen as a flaw, but I aimed to show my respect for the healers as experts in their field and consequently, to acknowledge and compensate them for their knowledge, as well as time.

Given that I employed narrative qualitative data analysis in the latter stages of the project, the main themes explored during these interviews included general information about the healers (such as their career path, paraphernalia, and experiences with various ailments), healing techniques, properties of medicinal plants, the spiritual dimensions of the healing process, and the different types of healers, among other topics. Subsequently, the data was transcribed and analysed using the MAXQDA software, focusing on the identified thematic complexes.

⁶ F.J. Herrera. D. Orr, *op. cit.*, p. 71.

⁷ The names have been changed to ensure the anonymity of my respondents.

Medical systems as a part of a bigger picture

Medical systems, viewed as conceptual models, allow researchers to identify practices and ideas associated with health and illness that have been developed within a specific cultural context.⁸ Arthur Kleinman, in his theory of health care systems, points out that the health care system, which is not seen as a whole, includes the community's beliefs and behavioural patterns shaped by cultural norms. He describes it as "a socially organised response to a disease." It is a system of symbolic meanings anchored in particular arrangements of social institutions and patterns of interpersonal interactions, gathering such components as: "patterns of beliefs about the causes of illness, norms governing choice and evaluation of the treatment, socially-legitimated statuses, roles, power relationships, interaction settings, and institutions."⁹

Kleinman identifies six main characteristics of healthcare systems, which can be a very useful tool to conduct further analysis. According to this researcher (1) illness is a socially learned and sanctioned experience. (2) There are some culturally constructed strategies and evaluative criteria, which potentially ease choices amongst many possible practices and evaluation of outcomes of the care given. (3) The health care system provides socially meaningful explanations during the process of managing the sickness by naming, labelling and classifying particular elements of the experience. (4) Activities focused on healing, such as various therapies and therapeutic tools, along with (5) both intentional or unintentional behaviours that can either improve or worsen health, are also integral components of any health care system. Finally, all aspects mentioned above lead to (6) the management of both beneficial and adverse effects resulting from medical intervention.¹⁰

Taking into account general features of healthcare systems as conceptual models, Kleinman distinguished three medical sectors of healthcare: the professional sector, the popular sector and the folk or traditional sector. While he acknowledges the existence of distinct sectors within this field, it is important to note that these categories are intertwined. He opposes the placement of biomedicine within the professional sector, while disregarding traditional medicine, categorising it as non-professional. However, this classification depreciates the value of traditional medicine by neglecting the intricate process of healer initiation and the extensive body of knowledge regarding culturally specific and often spiritual diseases. Some scholars, such as Murray Last¹¹ and Kristine Krause, Gabriele Alex and David Parkin,¹² challenge to some degree the notion of separate medical systems altogether. Their work questions

⁸ R. Pool, W. Geissler, *Medical Anthropology*, Glasgow 2005, p. 40.

⁹ A. Kleinman, *Patients and Healers in the Context of Culture: An Exploration of the Borderland Between Anthropology, Medicine, and Psychiatry*, London 1980, p. 87.

¹⁰ *Idem*, *Concepts and a Model for the Comparison of Medical Systems as Cultural Systems*, "Social Science & Medicine. Part B: Medical Anthropology" 1978, vol. 12, p. 87.

¹¹ M. Last, *The Importance of Knowing about Not Knowing*, "Social Science & Medicine. Part B: Medical Anthropology" 1981, vol. 15, no. 3, pp. 387–392.

¹² K. Krause, G. Alex, D. Parkin, *Medical Knowledge, Therapeutic Practice and Processes of Diversification*, "MMG Working Papers Prints" 2012, vol. 12, no. 11, pp. 9–29.

the traditional conceptualisation of medicine as an entity separated from religion and encourages a more holistic understanding of the diverse practices and perspectives within the broader medical landscape. On the other hand, Dorothea Lüddeckens and Monika Schrimpf support the paradigm of global differentiation between “medicine” and “religion,” but at the same time, they acknowledge the broad intersection of those two categories, especially in the cases when religious dogmas become guiding principles for medical treatment.¹³

Traditional and Religious Medicine

There is a rich and extensive literature on indigenous traditional medicine, and one such example is *curanderismo*, which represents a form of available healthcare. The World Health Organization (WHO) described traditional medicine as “the sum total of the knowledge, skills, and practices based on the theories, beliefs, and experiences indigenous to different cultures, whether explicable or not, used in the maintenance of health as well as in the prevention, diagnosis, improvement or treatment of physical and mental illness.”¹⁴ A similar definition is proposed by Instituto Nacional Indigenista, a governmental unit responsible for a relationship between the state and the indigenous groups living in Mexico, describes traditional medicine as a “system of knowledge, beliefs and practices which are intent on the prevention and treatment of illnesses or the management of causes of imbalance, which is perceived as pathological for the individual or the social group.”¹⁵ These definitions are quite generic, but they serve the purpose of minimising the risk of prioritising one medical system over another.¹⁶ Moreover, it is crucial to emphasise the key role of contextualisation in this field of research. Understanding the cultural and societal context within which these traditional medicine practices are embedded is vital in terms of appreciating their relevance.¹⁷

In this context, indigenous traditional medicine combines both spiritual and physical dimensions of healthcare, transcending any division between the human body, mind and soul.¹⁸ Thus, it can be considered a form of religious medicine, where

¹³ D. Lüddeckens, M. Schrimpf, *Medicine, Religion, Spirituality: Global Perspectives on Traditional, Complementary, and Alternative Healing*, Bielefeld 2018, p. 11.

¹⁴ World Health Organization, *WHO Global Report on Traditional and Complementary Medicine 2019*, Geneva 2019, https://ar14.library.sk/ar1-sllk/en/detail-sllk_un_cat-0157297-WHO-global-report-on-traditional-and-complementary-medicine-2019/ [access: 10.07.2023], p. 8.

¹⁵ S. Zacharias, *Mexican Curanderismo as Ethnopsychotherapy: A Qualitative Study on Treatment Practices, Effectiveness, and Mechanisms of Change*, “International Journal of Disability, Development and Education” 2006, vol. 53, no. 4, p. 382.

¹⁶ The labelling strategy as a means of exercising a power in a medical context was discussed by Lüddeckens and Schrimpf, *op. cit.*, pp. 14–17.

¹⁷ For a more elaborate description of traditional Mexican medicine see for example: M. Montiel Tafur, T.K. Crowe, E. Torres, *A Review of Curanderismo and Healing Practices among Mexicans and Mexican Americans*, “Occupational Therapy International” 2009, no. 16, pp. 82–88.

¹⁸ R.T. Trotter, J.A. Chavira, *Curanderismo: Mexican American Folk Healing*, Athens [Georgia] 1997.

a healer assumes the role of a spiritual guide. Jerome Frank, quoted by Amanda Porterfield in her research about Christianity's healing powers, stressed that in the case of religious medicine, illnesses are perceived holistically, taking into consideration not only the physical disruption but also the self-image of the patient and their relation to the group. The treatment aims to provoke the patient's inner healing powers by applying the healer's methods and intensifying the healer–patient relationship. Moreover, the healer serves here as a channelling medium for supernatural forces, training them on the patient.¹⁹ Porterfield noticed that the illness becomes an opportunity for religious experience on several dimensions. First, there is contact with a supernatural force. Secondly, the faith explains the suffering as a part of redemption and, thirdly, sometimes the illness is seen as a divine punishment and requires a redress.²⁰ Faith healing within Christianity and *curanderismo* share similar characteristics, although the former is not considered a healthcare system. It is important to remember that modern *curanderismo* is influenced by Christianity brought by the Conquistadors and mixed with pre-Columbian heritage. Ancient medical practices were based on profound observations of nature, and the concept of illness was intertwined with religious cosmology.²¹

Undoubtedly, the concept of the entire human body among indigenous people living in Chiapas is deeply rooted in their overall cosmogony. A person consists of at least two, or sometimes three components. In some cases, these parts are considered separate bodies, while in others, they are considered different souls. In the first case, depending on the context, there is a distinction between the physical body, spiritual body and the mental body. In the second case, in addition to the physical body, scholars mention *ch'ulel*, generally described as the soul or something sacred, and as a separate being – the spiritual companion of a human.²² Receiving a soul is governed by customary law, and shaped by religious beliefs. For instance, becoming *batz'i antz*, a true woman among Maya Tsotsil people, is only attainable when a woman's soul "arrives completely."²³ This implies that she is fully integrated with her community, adheres to socially expected behaviours and fulfils gender-specific roles as dictated by her group.²⁴ This concept of the body as a spiritual entity mixes both sacred and civil laws, and it is a result of the long-lasting process of syncretisation, which can be observed, not only in religious beliefs but also in health-related matters. A good example of this syncretisation can be found in illnesses specific to this region, known as culture-bound syndromes, *susto* and *espanto*.

¹⁹ A. Porterfield, *Healing in the History of Christianity*, New York 2005, p. 15.

²⁰ *Ibidem*, pp. 4–5.

²¹ S.M. Ortiz Echániz, *Por los senderos del curanderismo popular, sus modos y saberes en la ciudad de Chihuahua*, Mexico City 2021, pp. 44–46.

²² *Ibidem*, pp. 48–50 and J.T. Page Pliego, *El mandato de los dioses: medicina entre los tzotziles de Chamula y Chenalhó Chiapas*, San Cristóbal de las Casas 2005, pp. 131–132.

²³ Ch. Eber, Antonia, *The Journey of a Tzotzil-Maya Woman of Chiapas, Mexico: Pass Well over the Earth*, Austin 2011, pp. 19–21.

²⁴ N. Tolsty, *Schematy poznawcze wśród kobiet z grupy Tzotzil w rejonie Los Altos de Chiapas w Meksyku*, "The Polish Journal of the Arts and Culture. New Series" 2020, no. 12 (2), pp. 90–93.

Susto and *espanto* as examples of cultural-bound syndromes and the perception of the illness among *curanderas*

Culture-bound syndromes, understood here as ailments linked to the specific historical and cultural context, are manifesting among certain groups of people who share similar cultural codes.²⁵ Arthur J. Rubel, Carl W. O'Neill and Rolando Collado define them as “syndromes from which members of a particular group claim to suffer and for which their culture provides an aetiology, a diagnosis, preventive measures, and regiments of healing.”²⁶ Numerous examples of such disorders can be found in different countries, and among Mexican communities, cultural-bound syndromes like *susto* and/or *espanto* are prevalent. Both can be characterised as “magical fright” or “soul loss.” The syndromes are also known as *susto pasado*, *pasmo*, *espasmo* and *pérdida de la sombra*, among others. Consequently, there might be differences in definitions, perceived causes, and management of these illnesses, not only among various countries but even among different indigenous groups living in the same country. As a Pan-American phenomenon, they should not be seen as disorders with a fixed set of symptoms, but rather as clusters of various health-related patterns. The symptoms may include depression, apathy, weakness, insomnia, fever, vomiting and diarrhoea.²⁷

Extensive research has been conducted on *susto* and *espanto* as culture-bound illnesses,²⁸ and the initial literature review suggests that this illness may be more common among economically disadvantaged members of society. Avis Mysk emphasised that *susto* linked to a person's social status tends to manifest when the individual struggles to meet the group's expectations, especially those related to gender roles. Women, in particular, are more prone to *susto* due to the strict gender boundaries and limited opportunities to avoid stress compared to men.²⁹ The way genders are socialised significantly influences the set of responsibilities they are expected to fulfil and the promotion of certain social roles over others. This, in turn, results in the development of specific social roles associated with each gender. Consequently,

²⁵ F.M. Cheung, *Cross-Cultural Psychopathology*, [in:] *Comprehensive Clinical Psychology*, A.S. Bellack, M. Hersen (eds.), Pergamon 1998, pp. 35–51; F.J. Herrera, D. Orr, *op. cit.*; F.A. Paniagua, *Culture-Bound Syndromes, Cultural Variations, and Psychopathology*, [in:] *Handbook of Multicultural Mental Health: Assessment and Treatment of Diverse Populations*, 2nd Edition, F.A. Paniagua, A.-M. Yamada (eds.), San Diego 2013.

²⁶ A.J. Rubel, C.W. O'Neill, R. Collado-Ardón, *Susto: una enfermedad popular*, Mexico City 1989, p. 17.

²⁷ F.B. Martínez-Radl, D. Emerson Hinton, U. Stangier, *Susto as a Cultural Conceptualization of Distress: Existing Research and Aspects to Consider for Future Investigations*, “Transcultural Psychiatry” 2023, pp. 1–13.

²⁸ For obtaining a comprehensive overview of this phenomenon see for example: A.J. Rubel, C.W. O'Neill, R. Collado-Ardón, *op. cit.*; B.L. Nogueira, J. de Jesus Mari, D. Razzouk, *Culture-Bound Syndromes in Spanish Speaking Latin America: The Case of Nervios, Susto and Ataques de Nervios*, “Archives of Clinical Psychiatry (São Paulo)” 2015, vol. 42, no. 6, pp. 171–178; F.J. Herrera, D. Orr, *op. cit.*; F.B. Martínez-Radl, D. Emerson Hinton, U. Stangier, *op. cit.*, among others.

²⁹ A. Mysk, *Susto: An Illness of the Poor*, “Dialectical Anthropology” 1998, vol. 23, no. 2, pp. 190–191.

different social roles and social norms generate different social difficulties, and *susto* can be seen as a reflection of them.³⁰ More recent studies have provided further evidence that women are at a higher risk than men of experiencing *susto* or *nervios*, particularly those who experienced abuse, harassment or negligence.³¹

The story of one of my respondents perfectly illustrates the social pressure experienced by women within the community and the association of this feeling with illness. We were talking about *susto*, *espanto* and *miedo* (“fright”), while she was explaining the meaning of the constant connection with ancestors. She linked *susto*, *espanto* and *miedo* (or *xi’el*, as she called it in her native Tsotsil language) with a person’s spirituality.³² She explained that it is something that goes out from behind. According to my respondent, everyone can suffer from this illness, regardless of their age and sex. In her explanation, she focused on the psychological aspects of the disturbance. As an example, she talked about people who are afraid of flying or travelling, and how this fear can cause heart palpitations. She also mentioned that fear of COVID and the death caused by the virus can be described in the category of *susto* and/or *espanto*. She believed that certain emotions, in this case fear, have a major impact on the entire human body. Then, she shared the story of her father, who was an alcoholic. Since she was living in the house of her great-grandfather rather than with her parents, she was extremely afraid every time she had to meet her father, to the extent that she experienced diarrhoea and frequent urination. In addition to that, she mentioned that the process of socialisation can cause stress. While she was learning herbalism from her great-grandfather, she could not make any mistakes while preparing the medical plants, because the consequences could be dangerous. Moreover, she was afraid that someone would hit her if she was not obedient.

From the viewpoint of *curanderas* living in San Cristóbal, *susto* is regarded as a dangerous and highly contagious disorder. During my interaction with them, one of the healers, Rosario, shared her knowledge with me in the following manner:

I’m going to show you how natural medicine is made, protection, let’s say, real protection, not magical, but that gives you a lot of strength. So, well... So, that person who is hurting you... or those people who are hurting, should not be touched. That energy is dangerous, so do not touch it! If they [those people; the Author] are..., do not touch them! Don’t touch it, don’t touch it, because if you touch it, you get muddy (*te embarras*)! If it is an envy, they throw the envy at you, if it’s a fright (*miedo*), they throw the fright at you, if a grudge, they throw the grudge at you, then don’t touch them! You continue in your positive world!³³

As a method of protection and boosting of vital strength, Rosario suggested contact with nature, particularly with trees, seen as a symbol of great power due to their robustness. Following her recommendation, individuals should employ techniques such as grounding, meditation, and visualisation of their connection with the tree.

³⁰ A.J. Rubel, C.W. O’Neill, R. Collado-Ardón, *op. cit.*, pp. 31–34.

³¹ F.J. Herrera, D. Orr, *op. cit.*, p. 72; S.C. Weller, R.D. Baer, J.G. de Alba Garcia, A.L. Salcedo Rocha, *Susto and Nervios: Expressions for Stress and Depression*, “Culture, Medicine and Psychiatry” 2008, vol. 32, no. 3, pp. 406–420, 408–409.

³² All those names were used interchangeably.

³³ Interview with Rosario, the date of the interview: 7.03.2022.

She encouraged removing the shoes and touching the ground with bare feet. Upon closing their eyes, they should envision roots extending from their feet deep into the earth. This exercise enables them to draw in positive energy, vitamins, and minerals while simultaneously releasing through their feet any accumulated negative energy. The newfound positive energy should be directed by the person from one foot throughout their entire body to the other foot. During this process, the individuals should imagine that the symbolic roots act as an extension of themselves, and by doing so, they can experience a profound sense of resilience. As a result, the vital force should be restored, contributing to an overall sense of well-being.³⁴

Based on this passage, it can be noticed that *susto*, referred to here as *miedo* (literally “fright”) is listed among other culture-bound illnesses as a disorder that can be easily transmitted as energy through touch. It functions like a spiritual stigma or a pollution. The healer explicitly explains that when a person touches someone infected, they too become “muddied” – *porque si la tocas, ¡te embarras!* (“because if you touch it, you will get muddy”).³⁵ The classification of what is pure and what is impure acts as a tool for maintaining social order and defining social boundaries.³⁶ In this context, the healer suggests a separation from *susto* and other elements of impure energy that may manifest in individuals who are causing harm to others. Undesirable behaviour can be viewed as a violation of social norms, resulting in a symbolic imbalance that can lead to illness if a person breaks the community’s rules.³⁷ Furthermore, the transmission of the illness through touch can be associated with the concept of sympathetic magical thinking.³⁸ According to the law of contagion, any physical contact with a person who, in this context, serves as a source of *susto*, can result in the transfer of negative energy to another person. The transmission of “essence,” involving the transfer of some effect or quality from source to target, represents just one aspect of this law. Another one involves the mutual influence between the giver and the receiver. In the case of the *susto*, there is no exchange of essences between a person transmitting the illness and the one who will be infected. Moreover, the bond between them is not continuous. Although this bond in case of getting ill is not necessarily desirable, the healer favours the connection between the tree and the person. The same type of thinking about the tree as the healing medium will resurface through the words of another individual, discussed later in this paper. Moreover, profound admiration and veneration for nature will be notably evident when examining the sacred landscape outlined in subsequent sections.

The examples mentioned above portray humans as the primary determinants of *susto*. On one hand, this illness emerges as a consequence of being overwhelmed by social pressure and a sense of lack of control. On the other hand, they can influence

³⁴ *Ibidem*.

³⁵ *Ibidem*.

³⁶ M. Douglas, *Purity and Danger: An Analysis of Concepts of Pollution and Taboo*, London 1969.

³⁷ E.Z. Vogt, *Ofrendas para los dioses: análisis simbólico de rituales zinacantecos*, Mexico City 1993, pp. 125–130.

³⁸ P. Rozin, C. Nemeroff, *Sympathetic Magical Thinking: The Contagion and Similarity Heuristics*, [in:] *Heuristics and Biases: The Psychology of Intuitive Judgment*, T. Gilovich, D. Griffin, D. Kahneman (eds.), New York 2002, pp. 206–207.

symbolic pollution and sympathetic magic. However, *susto* may also have a supernatural origin. One of the scenarios involves supernatural beings and symbolic spiritual guardians of the land, who capture *ch'ulel*, the soul of an individual, recognised by certain indigenous groups.³⁹ Calixta Guiteras Holmes, one of the foremost researchers working in Chiapas, has described two instances of illness, caused by fright among the Maya Tsotsil community in Chenalhó, Chiapas: *komel* and *xi'el*. Although both follow similar trajectories, *komel* affects children, while *xi'el* affects adults. In both instances, there lies a potential danger of losing *ch'ulel*, which is grasped by the Earth as a divine entity and employed as a servant. The experience of shock leading to these conditions can be triggered by various factors, such as accidental falls into water, due to carelessness or provoked by another person, or reckless exploration of caves. Guiteras Holmes mentioned that parents of toddlers have to be especially careful because their very young children are prone to frequent falls. Hence, the loss of the soul is within the realm of possibility. To prevent unfortunate outcomes, mothers ask the Earth for forgiveness and to spare the child from divine retribution. In cases where symptoms manifest, such as loss of appetite, loss of memory, low vitality, and dissatisfaction, a curative ritual must be performed. This ritual requires the sacrifice of a ceremonial chicken as an offering for the recovery of the small patient.⁴⁰

This is similar to what Evon Z. Vogt described as *perdida del alma*, the loss of the soul, among the residents of Zinacantán, Chiapas. According to his account, ancestral deities place the soul within the embryo. Throughout one's lifetime, during sleep, the soul temporarily departs the body to interact with deities or the souls of others or it can travel long distances. However, this situation carries spiritual risks, as parts of the soul might be captured by ancestral deities. Children, in particular, are vulnerable to such soul capture. Consequently, mothers always carry a small amount of soil from their home as a form of apotropaic prevention, in case their child becomes frightened in an unfamiliar place.⁴¹

The sacred, symbolically dangerous nature of a landscape reflects also in the world view of my respondents living in San Cristóbal:

L.: [...] That's why I say, well, that beyond there are mysterious things of the night, so that's why I say, that sometimes incredible things about what... about what we don't know. So all that... That's why I say that everything that is here... everything that is here, everything the Earth hears, everything. That is why we say "Mother Earth." "Mother Earth." But Mother Earth carries many things. It will depend a lot on what you ask for from the Earth. That's why you have to watch out for what you ask for the Earth, no.

N.: And are there spaces more powerful than others? Some... I don't know, sacred places?

L.: The sacred place... The sacred place[s] are the caves. Sacred place[s] are the caves, the hills, the fields.

³⁹ G. Rodríguez Ceja, "Hacer maldad" para producir daño o enfermedad. Una aproximación fenomenológica a la brujería en una localidad chol, "Estudios de Cultura Maya" 2017, vol. 50, p. 220.

⁴⁰ C. Guiteras Holmes, *op. cit.*, pp. 116–117, 134–136, 149–150.

⁴¹ E.Z. Vogt, *op. cit.*, pp. 37–40.

N.: Why these places?

L.: These places because they live [...].⁴²

In this passage, the focus is placed on the Earth as an embodiment of a mother. However, in the later part of this interview, my respondent told me a story from her childhood, expressing a similar belief about caves as symbolically dangerous places, especially for children. She was playing with her cousin near the caves surrounding the fields, where she was looking after the cattle with her great-grandfather. The children, driven by curiosity, went to the cave against the wishes of their guardians, thereby disrupting the social order of obedience. As she said, they were captivated by animals and deities, believed to reside in the caves. Upon entering the cave, they started to hear a lot of noise and animal sounds, so they ran away. She recalls that fog was leaving the cave and following them, until they met their great-grandfather sleeping under the tree. After listening to the children's story, the great-grandfather ordered the ritual known as *llamada del espanto*. She continued:

L.: [...] says my great-grandfather: "You're going to have *llamada del espanto*," he says. Well, he had to call off our souls (*llamar del espanto*)⁴³, as he says, he had to cure us. He had to heal us so that nothing would happen to us. But... That's why I say, well, that these caves are powerful... That they have an owner.⁴⁴

Additionally, my respondent mentioned the cave's owner and the deities residing within it. As noted by Alicia M. Barabas in her research on religiosity in Oaxaca, indigenous people believe that the environment, particularly landscapes, are living organisms and thus hold sacred significance. This perspective allows for rituals to take place not only in the designated sanctuaries but also in various locations, attributed to the act of sacrifice ritual objects like flowers, candles, ritual food and drinks, ritual animals, among others. According to her observations, every piece of land is believed to have a spiritual being as its owner, capable of affecting people by causing illness. The gender of these deities varies, reflecting the nature of each specific location.⁴⁵

Also, Laura Elena Romero López, who researched *espanto* among Nahua people living in Puebla, highlights the profound significance of caves in indigenous beliefs. They are regarded as vital communication passageways with the underworld and the telluric deities. Moreover, due to the connection with water, caves hold a key position as locations for presenting offerings to the spiritual guardian of the mountain or the gods of the rain.⁴⁶ While the most commonly used Spanish name for the guardian – *el Dueño del Cerro* – implies a male gender, it can also encompass a female or morphologically plural identity. As articulated by Romero López, these sacred spaces

⁴² Interview with Laura, the date of the interview: 28.07.2022.

⁴³ For better understanding the English translation for *llamada del espanto* is rather descriptive than literal. In the rest of the text, the preference is for the Spanish original version.

⁴⁴ Interview with Laura, the date of the interview: 28.07.2022.

⁴⁵ A. Barabas, *Dones, dueños y santos: ensayos sobre religiones en Oaxaca*, Mexico City 2017, pp. 42–44.

⁴⁶ L.E. Romero López, *Cosmovisión, cuerpo y enfermedad: el espanto entre los nahuas de Tlacotepec de Díaz*, Mexico City 2006, pp. 81–82.

and practices underscore the interplay between natural elements and the spiritual domain.⁴⁷

This concept of nature's sanctity is similarly present in San Cristóbal:

L.: [...] You believe in God – Air, believe in God – the Cave, believe in God – the Stone.

N.: And are there any goddesses?

L.: Well, the goddesses are inside the earth. Those are the goddesses!

N.: Inside the earth? Only inside the earth?

L.: Because all that is a woman. That is why I tell you, well, that everything is Mother Earth, so there are the goddesses... Everything. An example, in the cave because there are goddesses, there are gods, there are goddesses, well, they are like angels, no. Where's the lightning coming from? We don't know, no. [...] Our custom, then, is the angels. Lightning is thunder, coming out of the caves because we... I've seen the lightning come out, the hills come out, the caves come out. [...] An example, a tree, not... A tree... You're going to say, "Oh, then, take away all my ailments." You're hugging the tree, no. It took away all the pain. What are you going to say?! Well, it's my angel, it's my god, no. What can you call him, right? What do you want to call that? What do you want to call that tree? It's like... We can say, we're going to start seeing the products, the plants and everything... What do you want to call the one that took away your stomachache? That's my medicine. We're used to saying "medicine," the word "medicine." But medicine is for everyone, no. We're used to saying, "It's a medicine. Oh, I'm going to get my medicine, no, I'm going to collect my medicine." So, then, it's all medicine [...].⁴⁸

The children broke the rule, so the possibility of falling ill becomes a social sanction and serves as a preventive measure for the future. This example especially effectively illustrates the practical application of Kleinman's theory of illness as a socially sanctioned experience. The culturally constructed strategy of dealing with the illness in this case is *llamada del espanto*, described by scholars as a ritual of calling the missing soul and the main role of the healer is to look for it.⁴⁹ Regarding this topic, my respondent cited her great-grandfather, who, like her, was a healer. She explained that when one is frightened, their spirit is crying (*tu espíritu está llorando*), necessitating a ritual to retrieve it from wherever it has fallen. Occasionally, the exact location of this fall is unknown. The restoration of the spirit occurs through dreams, aligning with the beliefs shared by various indigenous groups throughout Mexico.⁵⁰

⁴⁷ *Ibidem*, pp. 85–86.

⁴⁸ Interview with Laura, the date of the interview: 28.07.2022.

⁴⁹ K. Greifeld, *Conceptos en la antropología médica: síndromes culturalmente específicos y el sistema del equilibrio de elementos*, "Boletín de Antropología Universidad de Antioquia" 2004, vol. 18, no. 35, p. 366; F.J. Herrera, D. Orr, *op. cit.*, p. 86.

⁵⁰ Interview with Laura, the date of the interview: 4.08.2022.

The correlation between life difficulties, women's agency, and the concept of illness

The unique character of female folk healers' experiences lies in their position as women within society and in the struggles they face on the path to becoming traditional medicine specialists. As illustrated by the example of facilitating the arrival of the soul, women are expected to fulfil particular, strictly defined roles and any deviation from these roles can be perceived as potentially threatening to the social order. Following a specific thought pattern becomes ingrained in women's perception of their daily lives, making it challenging to break the *status quo*. As Rosario once said: "I used to think that I couldn't support my children without my husband's help, but I realised that I could because I started working and earning a lot of money. This was because I was giving courses in this way."⁵¹

Taking into account the personal experiences of *curanderas*, there might be a possibility that labelling certain unfortunate and challenging circumstances as an illness, can potentially aid in coping with these problems. This becomes particularly relevant when individuals have little control over the source of stress. Therefore, situations that could lead to an overwhelming sense of fear might trigger the illness. In this context, having control over the addiction of a family member or any other dangerous situation can be extremely challenging, but controlling one's emotional response in the form of illness may provide a sense of agency. The example occurs in Rosario's perception of violence:

But there is another type of street violence: the muggers, the rapists, a terrible thing, the reckless drivers who don't know how to drive and run people over, well. So much violence there! From my point of view, they are ill.⁵²

And in another moment of this interview:

In Mexico, there is ibogaine.⁵³ There is a highly specialised sanatorium for the administration of ibogaine because it is a significant issue with drug addiction, alcoholism, and more importantly, problems with violence. Let's see if we could define right now, what is violence. It is an emotional imbalance, and it is also a mental malnourishment.⁵⁴

The healer explicitly addresses societal challenges and certain hardships as illnesses, as it would provide her with a way to cope with circumstances she may have little control over. It seems that it offers her a sense of agency in managing an emotional response to these difficulties because if violence, alcoholism, recklessness, etc. were considered illnesses, there would be a potential for a cure and a recovery.

⁵¹ Interview with Rosario, the date of the interview: 7.03.2022.

⁵² *Ibidem*.

⁵³ For more information on the topic of ibogaine and its anti-addictive properties see: R. Maciulaitis, V. Kontrimaviciute, F.M. Bressolle, V. Briedis, *Ibogaine: An Anti-Addictive Drug: Pharmacology and Time to Go Further in Development: A narrative review*, "Human & Experimental Toxicology" 2008, vol. 27, no. 3, pp. 181–194.

⁵⁴ Interview with Rosario, the date of the interview: 7.03.2022.

Conclusions

Susto and *espanto*, as perceived by contemporary female folk healers in San Cristóbal, demonstrate a complex interchange between cultural, social, and spiritual dimensions. The examples of cultural-bound syndromes, often conceptualised as magical fright or soul loss, transcend purely medical conditions. Instead, they constitute a health-related phenomenon, anchored in the historical and cultural context of the community in which they manifest. This complexity is expressed in the varying understanding of these ailments across different communities, their origin and management of the healing process. As a result, they should be analysed with the consideration of local social hierarchy, the possible stress factors related to gender and the diverse coping mechanisms deployed within these societies.

This study suggests that the socialisation process impacts the development of these illnesses, so women, whose opportunities to transcend their gender roles are limited, may experience these ailments as a response to the stress, introduced by their inability to meet societal expectations. In essence, cultural-bound syndromes serve as a reflection of nuanced interplay between social dynamics, and individual well-being.

Moreover, *susto* and *espanto* have both social and spiritual significance. The association with the concept of ritual pollution is caused by the belief in the transmission of negative energy through touch. This factor plays a role in the establishing of social boundaries and maintaining social order. In addition to that, native beliefs about the environment, especially the caves, hills, and fields seen as sacred spaces, play a crucial role in the perception of these syndromes. Nature is considered a living entity with its realm full of deities and goddesses, so it is important to maintain harmony with the natural world. In summary, addressing *susto* and *espanto* as complex cultural phenomena requires a holistic approach that takes into account the combination of various beliefs that affect the participants.

References

- Barabas A., *Dones, dueños y santos: ensayos sobre religiones en Oaxaca*, Mexico City 2017.
- Cheung F.M., *Cross-Cultural Psychopathology*, [in:] *Comprehensive Clinical Psychology*, A.S. Bellack, M. Hersen (eds.), Pergamon 1998, pp. 35–51.
- Douglas M., *Purity and Danger: An Analysis of Concepts of Pollution and Taboo*, London 1969.
- Eber Ch., Antonia, *The Journey of a Tzotzil-Maya Woman of Chiapas, Mexico: Pass Well over the Earth*, Austin 2011.
- Greifeld K., *Conceptos en la antropología médica: síndromes culturalmente específicos y el sistema del equilibrio de elementos*, “Boletín de Antropología Universidad de Antioquia” 2004, vol. 18, no. 35, pp. 361–375.
- Guiteras Holmes C., *Perils of the Soul: The World View of a Tzotzil Indian*, New York 1961.
- Herrera F.J., Orr D., *Susto, the Anthropology of Fear and Critical Medical Anthropology in Mexico and Peru*, [in:] *Critical Medical Anthropology: Perspectives in and from Latin America*, J. Gamlin, S. Gibbon, P.M. Sesia, L. Berrio (eds.), London 2020, pp. 69–89.

- Instituto Nacional de los Pueblos Indígenas, *Etnografía de los pueblos tzotzil (Batsil Winik' Otik) y tzeltal (Winik Atel)*, <https://www.gob.mx/inpi/es/articulos/etnografia-de-los-pueblos-tzotzil-batsil-winik-otik-y-tzeltal-winik-atel?idiom=es> [access: 12.07.2023].
- Kleinman A., *Concepts and a Model for the Comparison of Medical Systems as Cultural Systems*, "Social Science & Medicine. Part B: Medical Anthropology" 1978, vol. 12, pp. 85–93.
- Kleinman A., *Patients and Healers in the Context of Culture: An Exploration of the Borderland Between Anthropology, Medicine, and Psychiatry*, London 1980.
- Krause K., Alex G., Parkin D., *Medical Knowledge, Therapeutic Practice and Processes of Diversification*, "MMG Working Papers Prints" 2012, vol. 12, no. 11, pp. 9–29.
- Last M., *The Importance of Knowing about Not Knowing*, "Social Science & Medicine. Part B: Medical Anthropology" 1981, vol. 15, no. 3, pp. 387–392.
- Lüdeckens D., Schrimpf M., *Medicine, Religion, Spirituality: Global Perspectives on Traditional, Complementary, and Alternative Healing*, Bielefeld 2018.
- Maciulaitis R., Kontrimavičiute V., Bressolle F.M., Briedis V., *Ibogaine: An Anti-Addictive Drug: Pharmacology and Time to Go Further in Development: A Narrative Review*, "Human & Experimental Toxicology" 2008, vol. 27, no. 3, pp. 181–194.
- Martínez-Radl F.B., Emerson Hinton D., Stangier U., *Susto as a Cultural Conceptualization of Distress: Existing Research and Aspects to Consider for Future Investigations*, "Transcultural Psychiatry" 2023, pp. 1–13.
- Menéndez E. L., *Orígenes y desarrollo de la medicina tradicional: una cuestión ideológica*, "Salud Colectiva" 2022, vol. 18, pp. 1–25.
- Montiel Tafur M., Crowe T.K., Torres E., *A Review of Curanderismo and Healing Practices among Mexicans and Mexican Americans*, "Occupational Therapy International" 2009, no. 16, pp. 82–88.
- Mysk A., *Susto: An Illness of the Poor*, "Dialectical Anthropology" 1998, vol. 23, no. 2, pp. 187–202.
- Nogueira B.L., de Jesus Mari J., Razzouk D., *Culture-Bound Syndromes in Spanish Speaking Latin America: The Case of Nervios, Susto and Ataques de Nervios*, "Archives of Clinical Psychiatry (São Paulo)" 2015, vol. 42, no. 6, pp. 171–178.
- Ortiz Echániz S.M., *Por los senderos del curanderismo popular, sus modos y saberes en la ciudad de Chihuahua*, Mexico City 2021.
- Page Pliego J.T., *El mandato de los dioses: medicina entre los tzotziles de Chamula y Chenalhó Chiapas*, San Cristóbal de las Casas 2005.
- Paniagua F.A., *Culture-Bound Syndromes, Cultural Variations, and Psychopathology*, [in:] *Handbook of Multicultural Mental Health: Assessment and Treatment of Diverse Populations*, 2nd Edition, F.A. Paniagua, A.-M. Yamada (eds.), San Diego 2013.
- Pitarch Ramón P., *Ch'ulel: una etnografía de las almas tzeltales*, Mexico City 1996.
- Pool R., Geissler W., *Medical Anthropology*, Glasgow 2005.
- Porterfield A., *Healing in the History of Christianity*, New York 2005.
- Rodríguez Ceja G., *"Hacer maldad" para producir daño o enfermedad. Una aproximación fenomenológica a la brujería en una localidad chol*, "Estudios de Cultura Maya" 2017, vol. 50, pp. 219–248.
- Romero López L.E., *Cosmovisión, cuerpo y enfermedad: el espanto entre los nahuas de Tlacotepec de Díaz*, Mexico City 2006.
- Rozin P., Nemeroff C., *Sympathetic Magical Thinking: The Contagion and Similarity Heuristics*, [in:] *Heuristics and Biases: The Psychology of Intuitive Judgment*, T. Gilovich, D. Griffin, D. Kahneman (eds.), New York 2002, pp. 201–216.
- Rubel A.J., O'Neill C.W., Collado-Ardón R., *Susto: una enfermedad popular*, Mexico City 1989.
- Tołsty N., *Schematy poznawcze wśród kobiet z grupy Tzotzil w Rejonie Los Altos de Chiapas w Meksyku*, "The Polish Journal of the Arts and Culture. New Series" 2020, no. 12 (2), pp. 87–102.

- Trotter R.T., Chavira J.A., *Curanderismo: Mexican American Folk Healing*, Athens [Georgia] 1997.
- Vogt E.Z., *Ofrendas para los dioses: análisis simbólico de rituales zinacantecos*, Mexico City: 1993.
- Weller S.C., Baer R.D., de Alba Garcia J.G., Salcedo Rocha A.L., *Susto and Nervios: Expressions for Stress and Depression*, "Culture, Medicine and Psychiatry" 2008, vol. 32, no. 3, pp. 406–420.
- World Health Organization, *WHO Global Report on Traditional and Complementary Medicine 2019*, Geneva 2019, https://ar14.library.sk/ar1-sllk/en/detail-sllk_un_cat-0157297-WHO-global-report-on-traditional-and-complementary-medicine-2019/ [access: 10.07.2023].
- Zacharias S., *Mexican Curanderismo as Ethnopsychotherapy: A Qualitative Study on Treatment Practices, Effectiveness, and Mechanisms of Change*, "International Journal of Disability, Development and Education" 2006, vol. 53, no. 4, pp. 381–400.

The interviews

Interview with Laura, the date of the interview: 28.07.2022, 4.08.2022.

Interview with Rosario, the date of the interview: 7.03.2022.