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THE RECRUITMENT OF NAHUA CURERS: ROLE CONFLICT AND GENDER¹

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Josefa,² age 43, explains the role illness plays as a sign of an individual's destiny to cure in Nahua-speaking communities in Mexico:

Lightning struck me when I was feeding the pigs. A pig fell down because it was also hit. It got back up, but as soon as it got up it fell over dead. To one side we had a jar of holy water so that the bats wouldn't come to suck the blood of the pigs. When the lightning-bolt killed the pig, it then struck me and finally it broke the jar of holy water. My illnesses began when the lightning-bolt frightened me and when the pig died next to me. [I began to suffer soul loss.] It must always be like that... Afterwards one curers.

This paper has three primary goals. The first is to make an ethnographic contribution to the study of Nahua curers. Though curers are one of the most important types of medical specialists serving Nahua-speaking communities, no scholar has described their mode of recruitment, the various roles they play, or their relationship to other types of religious personnel in any detail. Research in Hueyapan resulted in the collection of a significant amount of new information that is of interest to ethnohistorians, linguists, and ethnographers working in Mesoamerica.

The second goal of this paper is to make an analytical contribution to the study of shamanism and its relationship to gender. This area of research is currently receiving considerable attention (McClain 1989; Lewis 1989; Welch 1982). The author's fieldwork with Nahua curers isolated several factors associated with the recruitment of either male or female practitioners. They include: (1) an individual's social, economic, and genealogical status, (2) role stress, continuity, and compatibility, and (3) the scope of the curing role.

The final goal is to critically appraise Lewis's (1989) cross-cultural study of shamanism. Several modifications to his theoretical framework are suggested here. When modified, Lewis's framework provides a new way to look at medical and religious specialists in Nahua communities.

RESEARCH SITE AND METHODS

The author conducted fieldwork in the municipality of Hueyapan³ for a total of eighteen months between August 1983 and August 1987. Hueyapan is located in the Sierra Norte de Puebla, Mexico. It is divided into ten administrative sections with slightly more than one-third of its 6,000 residents living in the municipal seat. Members of nearly every household raise domesticated animals and cultivate subsistence and cash crops. In addition, the majority of women produce woven garments for domestic use and sale, and most men migrate as wage laborers. With very few exceptions, residents

speak both Nahuat and Spanish, though they vary considerably in their proficiency in the latter language.

Eighteen curers (thirteen women and five men) reside in Hueyapan, an average of one practitioner per 335 residents. Structured interviews were administered in Nahuat by the investigator and a trained field assistant to eight curers (seven women and one man). These eight curers range in age from 43 to more than 80 years, with a mean age of approximately 54. Table 1 summarizes this information.

Table 1

Hueyapan's Curers

Name	Primary Specialty	Secondary Specialty	Sex	Age*
Andrés	Curer	Bonesetter	Male	55 (--)
Antonia	Curer	-----	Female	58 (22)
Concepciona	Curer	-----	Female	43 (--)
Feliciana	Curer	-----	Female	50 (30)
Francisca	Curer	-----	Female	80 (13)
Josefa	Curer	-----	Female	43 (35)
Juana	Curer	Midwife	Female	50 (34)
Maria	Curer	-----	Female	46 (20)

* All ages are based upon self-reports. The numbers in parentheses indicate the ages when curers began treating patients on a more or less regular basis.

Some curers were interviewed on two or more occasions. The interviews lasted approximately 90 minutes and were tape recorded. Structured interviews were supplemented with information collected informally from three additional curers (two men and one woman). The research reported here is part of a larger project which also includes work with Nahua midwives and bonesetters.

THE DIVISION OF MEDICAL LABOR

In Hueyapan, the division of medical labor is fairly rigid (Huber 1990). In general, one type of medical specialist will not attend illnesses treated by another.⁴ A bonesetter treats broken bones, dislocations, sprains, and bruises. A midwife assists women prior to, during, and after parturition. A curer (*tepahtihqui*,⁵ *tepahtiani*) attends almost all other medical problems, including those thought to have supernatural causes. He or she serves in the capacity of pharmacist, diagnostician, diviner, doctor, and ritual specialist.

In other Nahua communities, the division of medical labor is somewhat different. For example, medical roles may overlap more. In the southern Huasteca, midwives (or even bonesetters) may perform a curer-like role during

certain rituals and at certain times of the year (Alan Sandstrom, personal communication). In some communities of the states of Mexico, Morelos, Puebla, Tlaxcala, and Veracruz, the curer's role is more broadly defined than it is in Hueyapan. Individuals who cure illness may also officiate at public-communal rites concerning animal and crop fertility, the control of the weather, the installation of public officials, and events associated with the church calendar (Barrios 1949:64-66; Bonfil Batalla 1968:113-114, 121-122; Cook de Leonard 1966:295; Medellín Zenil 1979:114-118; Nutini and Isaac 1974:364; Sandstrom and Sandstrom 1986:106-107). Finally, the curer's role may be more narrowly defined than it is in Hueyapan. Nahua curers of San Bernardino Contla (Tlaxcala) and Tepoztlán (Morelos) serve only as herbalists, diagnosticians, and doctors, and claim little or no contact with supernatural entities (Nutini and Isaac 1974:48-49; Redfield 1930:152).

THE NAHUA CURER'S ROLE

As pharmacists, Hueyapan's curers possess considerable knowledge of the preparation, qualities, uses, and effects of herbs, plants, fruits, animal parts, and patent medicines. Medicines are prescribed according to the principle of opposites ("hot" medicines for "cold" illnesses and vice versa), their sympathetic qualities, or because they have been observed to alleviate the symptoms of an illness in the past (Foster 1988).

Illness is diagnosed by verbally, visually, and physically examining a patient. However, Hueyapan's curers claim that "pulsing" is the most reliable method of diagnosis. Pulsing is a widely distributed form of divination used in Mesoamerica (Tedlock 1982:133-138). In Hueyapan, curers pulse patients at their wrists, neck, temples, waist, and chest. The type of pulse (weak or strong, fast or slow) is used to determine the kind of illness a person has, the appropriate medicinal and ritual therapy, the location of a patient's lost soul, and whether a person is destined to cure. In cases of illness caused by sorcery, curers state that the blood of patients accuses the guilty person.

Hueyapan's curers also use two other types of divination. Corn kernel divination is used to discover the identities of saints who will assist in the recovery of an extremely-ill patient. Curers drop seven corn kernels one-by-one into a bowl of water while simultaneously naming a saint. A kernel which "stands on end" at the bottom of the bowl indicates that the saint who was named should be petitioned for assistance.

Water vapor divination is used to determine an ill patient's godparent. Dried flowers from Hueyapan's main church are boiled in water. Curers then sprinkle the cooling water on specific points of the patient's head and neck. The identity of the patient's godparent is revealed by observing the point where water vapor rises. This individual later accompanies his or her ill godchild on a pilgrimage to a saint's image, and sponsors a fiesta after the godchild's recovery.

Variations of the above methods as well as egg, copal incense, quartz crystal, and obsidian divination are reported in several other Nahua communities. In addition, dream revelation, and entering trance-like states after becoming intoxicated with rum, marijuana, and hallucinogenic substances are used by some Nahua curers to diagnose illness (Barrios 1949:65-70; Bonfil Batalla 1968:105, 113-114; Cook de Leonard 1966:291-293; García de León

1968:284, 289; Lewis 1963:282; C. Madsen 1965:104; W. Madsen 1955:51-52; Montoya Briones 1964:156; Münch Galindo 1983:201; Sandstrom 1975:263-265; Signorini 1982:316).

Hueyapan's curers perform a wide variety of rituals (e.g., ritual cleansings, soul callings) to alleviate suffering caused by sorcery, object and spirit intrusion, soul loss, etc. Since detailed accounts of these healing rituals can be found elsewhere (Barrios 1949:70-72; Huber 1985:120-127, 174-178; Montoya Briones 1964:156-165; Münch Galindo 1983:194-205, 234-240; Reyes García 1976:92-95; Robinson 1961:348-353; Sandstrom 1975:135-301; and Sandstrom and Sandstrom 1986:35-51, 100-108), they are not discussed here. It is worthwhile noting, however, that a few of Hueyapan's curers claim making face-to-face contact with supernatural beings, the lost souls of their patients, and spirits of deceased people. The following is an account of Juana's experience with a *tamatini* (one who customarily knows things; plural, *tamatinime*). In this case, a *tamatini* appeared to Juana in the form of a female lightning-bolt spirit. It was holding her male patient's soul captive in a cave, and Juana went to recover it. She recalls:

At one side of the waterfall was a cave and I entered it to call the [man's soul]. Then a woman appeared and I saw her dancing. I went to the entrance to wait for that lightning-bolt and she said, "What do you want?" and I said, "Please...give me the man." She said, "I'll give him to you right now, [but] you're going to pay me." I told her I would and asked her how much.

She said she wanted 7000 pesos but that wasn't really true. She wanted seven centavos.⁶ I put down seven centavos, a cross, and flowers. After I had called the man, I saw the man leaving but it wasn't really him..., it was his soul. The man passed by me. I went with him and said good-bye [to the *tamatini*]. The man was in front of me and we went over a bridge and saw three dead men. I asked [my patient] to help me because I thought perhaps my soul would remain there. But that didn't happen.

Madsen (1955:50-51, 1957:164, 1983:114-116) and Knab (1983:383-466) indicate that Nahua curers in the Milpa Alta area and the Sierra Norte de Puebla, respectively, claim making direct contact with similar kinds of supernatural beings.

Hueyapan's curers do not charge a fixed sum of money for their services. Instead, fees are negotiated. The amount of cash, food, liquor, and cigarettes curers receive depends upon the severity of the illness, the economic circumstances of the patient, the curer's reputation, etc. In July 1987, a curer received approximately 1000 pesos (\$0.65 U.S.) in cash or kind for curing soul loss, a particularly serious illness. For other illnesses, curers receive considerably less. The compensation Hueyapan's curers receive is neither exceptionally low nor high when compared to that of curers in other Nahua communities.

THE RECRUITMENT OF NAHUA CURERS

The process by which Nahua curers are recruited shares many characteristics with a rite of initiation, including a quasi-liminal period (Eliade 1958, 1960, 1964; Paul 1975:464; Turner 1979). When individuals enter

this liminal period, they are forced to decide either for or against becoming a curer, a decision that is both traumatic and disorienting. This decision-making period is charged with ambiguity, psychological stress, themes of life and death, and encounters with supernatural beings. Analogous to a liminal period in a rite of initiation, it startles "neophytes into thinking about objects, persons, relationships, and features of the environment they have hitherto taken for granted" (Turner 1979:240).

Hueyapan's curers claim that *tamatinime* played an important role during the liminal phase of their recruitment. *Tamatinime* are thought to be wise and powerful spirits who live in caves, and frequent streams, waterfalls, forests, mountainous areas, and the ocean. They are referred to by several additional names depending upon the form they take and the function they perform (cf., Taggart 1983: 60-61, 73-74, 138-148). As *rayos* (lightning-bolts), they punish people with illness who show disrespect for nature or for other people. As *achihualime* (rainmakers), they appear as small naked children with light curly hair. San Miguel Arcangel and the Virgen del Rayo (also known as the Virgen del Carmen) command seven male and thirteen female rainmakers, respectively. *Tamatinime* may also appear as snakes, men, and women, and are sometimes thought to be actual individuals with lightning-bolt companion spirits.

Supernatural beings which are similar to Hueyapan's *tamatinime* and who are said to play an important role in the recruitment of curers in other Nahua communities include: *enanitos* (literally, dwarfs), *rayos* (lightning bolts), *aires* (literally airs), *ahuahque* (water-possessors), and *chaneques* (residents) (Bonfil Batalla 1968: 102; Madsen 1965:102-104; Madsen 1955:50, 1957:164-165, 1983:114; Montoya Briones 1964:155, 173, 1981:12-15; Münch Galindo 1983:173-175). Adams and Rubel (1967:337-339) and Mendelson (1967:406-409) suggest that a belief in such beings is widespread in Mesoamerica. For an excellent description of the residences of these beings see Grigsby (1986).

According to Hueyapan's curers, *tamatinime* forced them to assume their medical role after they appeared to them in dreams,⁷ or attacked them in snake, human, or lightning-bolt form. *Tamatinime* appeared to most of Hueyapan's curers prior to or during adolescence. At age fifteen, Antonia recalls:

I use to dream a lot. I dreamt for example, that snakes attacked me and that men grabbed me. This is said to show you [that you're destined to be a curer]. Also, I dreamt of many bundles of flowers, that I parted them and some angry people [i.e., *tamatinime*] shot at me [with guns]. Also, I dreamt of mountains and the ocean. They came and pushed me in [the ocean] but I had the strength to get myself out. I was frightened but I knew then the kind of work they were going to give me.

Though premonitory dreams are the most frequent means by which Hueyapan's curers are divinely called, Francisca encountered three *tamatinime* in snake form as a young girl of thirteen. She remembers:

Before I started to cure I encountered some enormous snakes in [a remote hamlet of Hueyapan]. I was walking with my mother when some snakes suddenly wrapped themselves around my body. There were three, and they scared me. It was their nature to do this or rather it was predestined that they frighten me. And well...that's the way it had to be.

Some of Hueyapan's curers also report being instructed to cure during their encounters with *tamatinime*. Josefa states:

I use to dream a lot about mountains and snakes. [Once] when I was dreaming, I saw some snakes who threw me down a ravine... They told me, "Please don't be bad [i.e., a sorcerer]," and I paid attention to them. I went with them [to see their sick son]. I dreamt that I remained with the *tamatinime* for three days without food or water. [Then], they threw an herb at me..., and also some [medicinal] roots... I prepared their son's medicine and cleansed him. After curing him, I left them. I don't really remember if they took me out or if I left on my own.

García de León (1969:282), Kaufman (1988), and Signorini (1982:322) also report that Nahua curers experience premonitory dreams. Scholars working in other Nahua communities report individuals are alerted to their calling after being struck unconscious by lightning, attacked by a *mal aire*, or having taken hallucinogenic drugs (Barrios 1949:65-67; Bonfil Batalla 1968:102-106; Cook de Leonard 1966:293; Madsen 1965:102-104; Madsen 1955:50-51, 1957:164-65, 1983:114; Montoya Briones 1964:155; Münch Galindo 1983:210). Nutini and Nutini (1987:335) report that some individuals first realize they will become curers in Tlaxcala after they discover they have extraordinary visual and auditory abilities.

As can be seen, many Nahua curers report first becoming aware of their calling when their bodies have been "de-possessed" of their souls. It is during this time that their detached souls encounter spirits that oblige them to assume the medical role for which they are destined to undertake. No scholar makes mention of Nahua curers being recruited by means of spirit possession, the other major mystical theory of divine election (Lewis 1989).

In Hueyapan, encounters with *tamatinime* are followed by a patterned series of events. Subsequent events include: severe and recurrent illnesses, an experienced curer's revelation that the afflicted individual must either begin curing or die, a display of reluctance to assume the healing role, a short apprenticeship (optional), the novice's successful healing of his or her first few patients, and a corresponding increase in prestige and clientele. Antonia describes the role illness and an experienced curer's revelation played in her recruitment (Madsen 1965:102):

It was my mother who took care of me when I was sick for nine complete months. I couldn't even turn myself over in bed. I changed curers many times... [Finally] I went to a curer in [a hamlet in section seven]. He told my parents to ask God to help me. After visiting seven churches, my curer told me that I too would start to cure people and that I should not deny [sick people my help]. My curer told me that if I didn't cure them I would get sick like before.

Francisca reports that after her encounter with *tamatinime* in the guise of three enormous snakes, she became ill with soul loss. Shortly thereafter:

I went to see my curer and she told me that I had to take an [herbal medicine] for twenty days. And if in those twenty days of eating this herb I survived, I would then get better. And I survived! My curer told me that the snakes attacked me in order to see if I would survive or not. [She also told me that] it was my fate [to cure] and that I shouldn't deny

that when sick people come to me even if they come at midnight because this is my obligation.

Though it was clear to Hueyapan's initiates that the consequences of not curing are sickness and death, many report having been reluctant to assume the curing role. Before Josefa started to cure, she remembers, "I was afraid and at the same time I was ashamed. For example, I thought, 'What if I don't cure' [my patients]?" Similarly, Feliciana recalls after helping her mentor to cure a young infant, "I started to doubt myself again and I asked my curer, 'Do you believe that I'm going to cure?' And he answered me, 'Of course [you will], and [you will] always [cure]. You must have faith in what you are doing'."

Hueyapan's curers resist assuming the healing role for a number of years. Most do not begin treating patients on a regular basis until early adulthood (see Table 1). However, the continuation of dreams and illness, and the threat of death eventually encourage them to overcome their reluctance, self-doubt, and ambivalence. Similar accounts of the psychological conflicts experienced by Nahua curers during their recruitment can be found in Madsen (1965:103-104), Madsen (1955:50, 1957:164, 1983:114), and Montoya Briones (1964:155). Reluctance to become a curer is probably more common than published reports indicate. Initially resisting commands or offers (e.g., a proposal of marriage, ritual kinship, a religious office) is a norm found in many parts of Mesoamerica (Paul and Paul 1975:139).

Five of Hueyapan's curers also report a short period of apprenticeship, and that this training had a decisive impact on overcoming their reluctance to become active practitioners. Feliciana's description of her relationship to her mentor is the most explicit:

When I turned fourteen, they took me to the house of Miguel Romero, [a curer in a nearby town]. He told me, "Right now we have an eight-month-old boy who is gravely ill, and you are going to help him." I told him, "But I don't know how." Then the curer said to me, "You must do it like this and like that, and if you don't [try to heal him], you're going to get sick and you're going to die. And if you die it's not my fault; it will be your problem."

[I was reluctant to attend this infant], but don Miguel insisted. Thus, we got down on our knees before the altar where there [were images] of the Virgin of Carmen, the Virgin of Guadalupe, the [Sacred] Heart of Jesus, the [Sacred] Heart of Mary, Saint Peter, and Saint Joseph. [We kneeled] there where we had been when I arose from my illness.

And at this time, he advised me to work and not to be ashamed. Well, I started to work and [afterwards] don Miguel took me with him. And when we arrived [at a patient's home] to cure, he sat down and allowed me to begin curing. Of course, he only watched me. And [so], I rather weakly started the struggle to cure.

Nahua curers who deny serving an apprenticeship, or deny even the possibility of learning to cure from other individuals are reported by Barrios (1949:66), Bonfil Batalla (1968:104), Madsen (1965:102), and Madsen (1955:54). Curers from Pajapan (Veracruz), Atla (Puebla), and Tlaxcalan communities surrounding Malintzi volcano report receiving formal training (García de León 1968:282; Montoya Briones 1964:155; Nutini and Nutini 1987:336). Curers in

these communities appear to hold an opinion similar to that of Hueyapan's curers: training is of little use to individuals unless they first show signs of having been divinely elected. Finally, Sandstrom and Sandstrom (1986:72) indicate that any adult may become a curer in Ixhuatlán de Madero, Veracruz. Novices serve a one to six-year apprenticeship under a master. This relatively long period of apprenticeship may reflect the complexity and range of rituals curers will be asked to conduct in this region (Alan Sandstrom, personal communication).

In Hueyapan, the first few patients a novice curer attends play an important role in his or her recruitment. Six of the eight curers who were interviewed report that their first patients were relatives or neighbors who had been unsuccessfully treated by doctors and other curers with an established practice. Despite the odds, these curers report success in treating these difficult cases. According to Juana:

First my aunt came to me and she told me, "I have pain [in my back]. I went to a doctor, paid him a lot of money and he didn't help me." I told her to take a pill, bathe with soap, and not to [work]. Also, I rubbed her with an ointment, after which she sweated. I covered her up well and with this she was cured.

My aunt told another person [about her being healed], a man who had been to a doctor who said he was going to die. I told my aunt, "This man isn't going to die." I told this man he had soul loss. All I did was take his pulse.

After recounting the difficulty she experienced in retrieving his lost soul, Juana goes on to say, "The next day he ate a tortilla. The man lived another four years and then he died, but of old age [not soul loss]."

After these early successes, word of the novice's healing ability is spread in Hueyapan, often by family members, grateful patients or by the curer to whom he or she was apprenticed. Soon the curer's reputation and clientele grow. The same events may be important in the recruitment histories of curers in other Nahua communities, though only one scholar makes brief mention of them (Madsen 1983:114).

CURING AND ROLE CONFLICT

After individuals become active practitioners, they find that their relationships with family, friends, and neighbors have been radically altered. Both men and women report that the responsibilities associated with curing conflict with those of their other roles. For Feliciano, this conflict was especially intense:

[My husband] wouldn't let me leave [the house] to go to work [i.e., attend patients]. He would say, "Why are you leaving? You're only leaving [in order] to put your arms around men..." [My husband also used to] hit me a lot. My nose would bleed and I would wipe it with my shawl. I used to squeeze [my shawl] until only blood dripped out. [Finally] my mother-in-law helped me. When he started to beat me all the time, my mother-in-law took me to my [parent's] home and that's where I stayed [for awhile].

After staying with her parents for a short period of time, Feliciana returned to live with her husband because he became extremely ill. She claims his illness was God's punishment for not allowing her to cure. He died four years later in excruciating pain:

[My husband used] to cry a lot because of what was happening to him. He wasn't even able to talk. His mouth was twisted and his head was bent to one side. During this time he yelled [at me and said] it was I who bewitched him. And [he would ask] why did I have to be a woman of the street.

Feliciana also reports that her sons and some of the community's residents criticize her when she visits patients:

This makes me angry because when I go to cure someone, they say, "Here comes that starving person. Here comes that woman who doesn't know how to work and who only deceives people in order to eat. She's just lazy." Even one of my sons said to me, "Look... it's better to stop doing this work." But, I told him, "It would be a shame if you became sick after I stop." Another son, the oldest, said to me, "It's better if you don't walk around [visiting patients]. All you get is criticism."

Other curers in Hueyapan report that they have been accused of being lazy, interested only in money, sexually promiscuous, and of practicing sorcery. However, some have reduced this conflict somewhat by making adjustments in their relationships with spouses and patients. Josefa indicates that:

[My husband] tells me not to go [visit patients] because I [won't be able to] feed him or wash clothes. Now if I had a daughter, well... at least she would be here [in the home] making meals. But when I see that he always gets angry [when I leave to cure], it's better that I don't go anywhere. We'll just get disgusted with each other. Now instead of going [to see patients] I tell them to come see me. And I really am afraid of my husband's anger. Because... truly I am afraid.

Antonia seems to have worked out the most satisfying arrangement to reduce marital conflict. Her husband used to get angry when she left at night to cure people, but now that he assists her in curing,⁸ she says he is content. "Yes [he's happier] now. There are times that I [have to go out] at night and now he goes with me." According to Antonia, her husband has even been instrumental in increasing her (and his) clientele:

A little while ago, my husband went to buy things at the store and met a man from [an adjacent municipality] whose son was sick. My husband told him I cured. So the man brought me cigarettes and beer, and requested that I come with him to see his son. We went there and waited for [them to bring back] the medicines. The next day, they came to advise us that [their son] was now cured.

In previously published reports, Nahua scholars have noted that curers are respected for the good work they perform and feared because of the harm they might do as sorcerers. Curers suspected of performing sorcery may even be murdered by outraged family members of people they have victimized (Lewis 1963:106; Madsen 1965:102-104; Madsen 1955:49-50; Montoya Briones

1964:154-155, 158; Nutini and Nutini 1987:338; Sandstrom and Sandstrom 1986:73; Soustelle 1958:151; cf., Adams and Rubel 1967:340). However, materials collected in Hueyapan suggest that the role of Nahua curers is considerably more complex. Curers enter this role with self-doubt, fear, embarrassment and ambivalence. Active practitioners encounter strong resistance from their spouses and family, as well as accusations of sexual promiscuity, laziness, and of being interested only in financial gain. Though the curing role provides practitioners with additional income and some measure of respect and prestige, the psychological and social costs are considerable.

GENDER AND HEALING

A number of factors leading to the recruitment of men and women to the curing role are examined in this section. They include the social, economic, and genealogical status of individuals prior to their recruitment, role stress, continuity and compatibility, and the scope of the curing role. The discussion begins with a consideration of the family backgrounds of Hueyapan's curers.

Hueyapan's curers had a similar status prior to their recruitment. Four of the curers who were interviewed report that one or both of their parents died when they were young children; six curers indicate their natal families were extremely poor by local standards. As a consequence, some of Hueyapan's future curers were forced to live with relatives, godparents, or neighbors. They describe this time in their lives as one of hardship and loneliness. Presumably, socially disadvantaged individuals such as these would be inclined to assume a role that promises some measure of positive recognition and additional income.

Appropriate role models were also present prior to the recruitment of Hueyapan's curers. Though none of the curers' parents were healers, five curers report they had relatives who were bonesetters, midwives, or curers. Three report having observed their relatives heal prior to their recruitment. Surprisingly, there is apparently no one type of relative who served as a role model for Hueyapan's curers. Role models include maternal and paternal grandparents, aunts, uncles, and sisters.

These factors explain why individuals of both sexes might be inclined to become curers in Hueyapan. However, they do not account for the disproportionate number of female curers (thirteen of eighteen) in this community. In order to understand why female curers predominate in Hueyapan, differences in the roles men and women generally play must be taken into account.

Role Stress, Soul Loss, and Female Curers

O'Neill defines role stress as "stress generated in an individual as a result of his or her self-perceived failure to respond adequately to the essential expectations accruing to a given role, which the person legitimately fills by virtue of membership in his cultural group" (1975:43). O'Neill and Selby claim that Zapotec women experience role stress more frequently than men because the woman's role: (1) is more narrowly defined and (2) provides fewer outlets to escape stress. *Susto* (one of several terms used to refer to soul loss) and

the *asustado* role provide a temporary "channel of escape for the relief of psychological stress" (O'Neill and Selby 1968:97). As a consequence, more Zapotec women than men experience this folk illness (cf., Rubel 1964:280; Rubel, O'Neill, and Collado-Ardón 1984:122; Uzzell 1974).

A very narrowly defined role is also ascribed to women in Hueyapan. A young girl is often more severely disciplined than a boy for laziness. As an adult, a woman is expected to be faithful to her husband, assume few responsibilities outside the domestic sphere, and respect the demands of her mother-in-law with whom she often lives. In addition, few outlets are open to women to reduce stress. Traveling outside of Hueyapan, visiting, and drinking alcoholic beverages are not encouraged (cf., Brown 1982:144-145; Paul and Paul 1975:139; Vexler 1981:167-169).

Of special interest is the fact that the majority of Hueyapan's curers report first suffering soul loss as adolescents. Adolescence would appear to be an especially stressful period for Nahua women (Taggart 1983:24). They are often expected to marry at this time, leave familiar surroundings, and join their husband's household in another part of Hueyapan. Feliciano seems to have been especially unprepared for this transition:

I didn't live long with [my parents] because I married [young]. I didn't even know they had arranged my marriage. [My future husband's family] came to get me with a godfather at the age of thirteen. This meant that I was married... [Later] my brothers really got angry because I married and returned home.

The following relationship between role stress, soul loss, and the election of adolescent females to the curing role is suggested: In Hueyapan, more women than men experience soul loss because the woman's role is very narrowly defined and provides few outlets to reduce stress. Soul loss is often first experienced during adolescence, a particularly stressful period for females. Since experienced curers interpret frequent and severe cases of soul loss as signs of their patient's destiny to cure, more young women than men are encouraged to become healers.

Role Continuity and Compatibility

As was previously mentioned, individuals seriously entertaining the idea of becoming a curer express great reluctance to begin healing. Among other considerations, potential recruits face the prospect of encountering life-threatening accusations of sorcery and strong resistance from their spouses, family members, and residents. This section explores why women would be more likely than men to overcome their reluctance to become active practitioners.

First, the curing role offers women some measure of role continuity. In Hueyapan, women are expected to be supportive, concerned about the health of household members, provide their family with a proper balance of "hot" and "cold" foods, and treat minor illnesses. The curing role can be viewed as an extension and amplification of the role women ideally play in Hueyapan (Hoch-Smith and Spring 1977:2, 15; Marcos 1987:25).

Second, curing is compatible with the economic role women undertake in Hueyapan. As in other indigenous Mesoamerican communities, the economic

relationship between men and women in Hueyapan tends to be "a partnership based upon mutual dependency, where the work of both sexes is valued and respected" (Bossen 1983:40; Taggart 1983:21). In general, Hueyapan's men perform most of the agricultural work and periodically migrate as wage laborers. Women prepare meals, wash clothing, care for small children, and earn a cash income through weaving and sewing.

Though their work is complementary, there are some important differences in the scheduling of men's and women's work. The timing of hoeing, planting, weeding, and harvesting is somewhat unpredictable since these activities depend upon variable climatic factors. However, once these tasks are begun, they take precedence over all other activities engaged in by men. It is only during periods of little or no agricultural activity that men are able to work outside of Hueyapan.

The demands made of curers are often incompatible with the scheduling of men's work. The curing role is occasionally very time consuming and almost always unpredictable. Reliable curers must be easily accessible to their patients and available day and night throughout the year. Since men frequently migrate and are reluctant to reschedule their agricultural duties, it is not surprising so few men in Hueyapan find a way to incorporate the unpredictable duties of curing with their other responsibilities.

In contrast, very few women leave Hueyapan in search of work. Moreover, tasks such as washing and weaving can be delayed during busy periods of attending patients with fewer of the long-term consequences associated with postponing agricultural work. The fit between the work generally undertaken by women and the responsibilities of curing is better.

The Scope of the Curer's Role

The exact number of male and female curers serving a specific community is not always reported. Nevertheless, in addition to Hueyapan, curers tend to be women in the Nahua communities of Atla and Huauchinango, Puebla (Montoya Briones 1964:155; Nutini and Isaac 1974:223), Mecayapan, Veracruz (Münch Galindo 1983:201), and Tepoztlán, Morelos (Lewis 1963:101-102; Redfield 1930:152). Male curers predominate in Ixhuatlán de Madero, Veracruz (Sandstrom 1975:93; Sandstrom and Sandstrom 1986:72), in Tlaxcalan communities surrounding La Malintzi volcano (Nutini and Nutini 1987:335), and communities of the Sierra Nevada (Bonfil Batalla 1968:117).

After reviewing the responsibilities of curers in these areas, a relationship was discovered between the scope of the curing role and sex of the practitioner. In communities where male curers predominate, curers may also officiate at public-communal rites concerning animal and crop fertility, the control of the weather, the installation of public officials, and events associated with the Catholic church calendar. Their broadly defined role can be characterized as that of a shaman-priest (Tedlock 1982:47-53). In communities where female curers predominate, there is no report of their participation in public-communal rituals of this kind.⁹ Their role is restricted to healing illnesses. They serve residents of their community on an individual basis and in the privacy of their own homes.

There is no evidence that indicates women are less willing than men to undertake the role of shaman-priest. Thus, the possibility that women are

being excluded from this role should be seriously considered. In a cross-cultural study, Welch (1982) reviews a wide variety of explanations that have been used to account for the exclusion of women from priestly roles. These explanations can be subsumed under three broad types: (1) men fear women holding positions of power, (2) women have difficulty marshalling the economic and social support necessary to secure access to privileged positions, and (3) community norms limit female participation in the public sector. It seems quite reasonable to employ one or more of these explanations to account for the relative absence of female shaman-priests in Nahua communities. Nevertheless, Welch concluded that none of the above explanations adequately accounted for the exclusion of females from priestly roles in his sample of 93 societies.¹⁰

Though it is not clear why so few women become shaman-priests, several factors have been identified that would encourage men in Nahua communities to undertake this religious specialty. First, men may view the role of shaman-priest as similar to that of sponsoring a saint's feast day, i.e., a religious steward. Both roles provide men with the opportunity to perform valued public-communal services, and both are means by which they can acquire status and prestige. In some Nahua communities, shaman-priests are even ranked in a formal hierarchy similar to that of religious stewards (Bonfil Batalla 1968:103).

Second, men in Nahua communities would also find the shaman-priest role attractive for economic reasons. Because Nahua shaman-priests engage in a wide variety of paid ritual activities, the income derived from the shaman-priest role is potentially greater than that of the more narrowly defined curing role. The economic benefits of this role may more than offset the costs of curtailing agricultural activities and forgoing wage labor opportunities outside the community. Furthermore, male shaman-priests would be engaged in activities designed to enhance animal and crop fertility, activities that promote their primary economic interests. In sum, men in Nahua communities may view the shaman-priest role as a viable alternative to wage labor, compatible with their economic role, and similar to other status-enhancing roles they are expected to play. They generally find the more narrowly defined curing role unattractive because it conflicts with their work schedule, confers little prestige, and provides relatively few economic benefits.

CONCLUSIONS

Lewis (1989: 26-27, 63, 152-59) identifies three basic religious patterns. They are: (1) the central non-ecstatic cult headed by male priests whose claim to authority is validated by their knowledge of ritual and religious doctrine, (2) the central ecstatic cult typically led by men who are divinely elected, and (3) the peripheral ecstatic cult composed primarily of female shamans.

Male priests and shamans of central cults are recruited from relatively advantaged social strata. They, in conjunction with other elite members of society, directly regulate basic social, economic, and political relationships. Because leaders of central cults regulate human relationships, they are said to have a moral focus.

In contrast, female shamans of peripheral cults are recruited from the most disadvantaged ranks of society. Though the peripheral healing role does not provide women with a direct means to influence public affairs, it does provide women with "the opportunity to gain ends (material and nonmaterial) which they cannot readily secure more directly" (Lewis 1989:77). Peripheral cults are said to be amoral because their leaders attempt to regulate spirit-human relationships, rather than relationships among people.

It should now be clear how Lewis's theoretical framework can be employed to analyze the relationship between type of medico-religious avocation and gender in Nahua communities. The central cults of Nahua communities include those dedicated to Catholic saints, and other locally important deities associated with meteorological phenomenon, and animal and crop fertility. Leaders of these cults are almost always men and include Catholic priests, religious stewards, and shaman-priests. As is well known, the leaders of these cults often attempt to regulate economic and political relationships that are central to their community's social organization.

Peripheral cults in Nahua communities are led by individuals who occupy the more narrowly defined curing role. Individuals undertaking this role are predominately women who are socially and economically disadvantaged, and who fail to meet social role expectations. From Lewis's perspective, recruits to this healing role are given an opportunity to moderately increase their status and economic standing. As such they are engaging in an indirect type of social protest. In response to the moderate success of these indirect protests, spouses, family members, and residents attempt to regulate the curers' gains either directly through verbal criticism and physical abuse or indirectly through the use of sorcery accusations (Lewis 1989: 105-113).

Three observations about Lewis's analysis of the relationship of gender to religious avocation can now be made. First, Lewis's theoretical framework is based upon his cross-cultural study of religious specialists whose mode of recruitment is spirit possession. Until now, it was not known whether his generalizations could be applied to specialists who claim to have been divinely elected after having suffered soul loss. The materials presented in this paper clearly suggest his framework can be extended to societies in which the recruitment of medical and religious personnel is based upon this alternate mystical theory of divine election.

Second, the materials presented in this paper indicate that social deprivation is a necessary, but not a sufficient cause of the recruitment of individuals to peripheral healing roles. Additional factors include an individual's genealogical status, role stress, continuity and compatibility, the material (and nonmaterial) costs and benefits of the role, etc. One of the positive features of Lewis's theoretical framework is that these additional variables can quite easily be incorporated within it.

Third, the materials presented on Nahua curers call into question Lewis's claim that spirits of peripheral cults are "amoral" (cf., Bourguignon 1976:34-36; Green 1989:198; Kendall 1989:155). In addition to recruiting curers, *tamatinime* are thought to punish individuals with illness who think badly of other people or who desire to harm them. When patients consult curers, they point out to them the danger of entertaining immoral thoughts and breaking social norms. The underlying message curers convey is that socially approved behavior is therapeutic.

It is difficult to predict how the sexual division of medical labor in Nahua communities will change in the future. Bossen makes the important observation that "the modern cash economy and occupational structure [of Mesoamerica] offer men wider and better opportunities" (1983:42). If this trend continues, then it is predicted that (1) curing will attract fewer and fewer men in Nahua communities as more and better economic opportunities become available to them, and (2) more women will become curers as they become more socially, economically, and politically disadvantaged.

NOTES

1. An abbreviated version of this article was presented at the annual meeting of the American Anthropological Association, Washington D.C., on November 25, 1989. The research reported here was supported in part by two Tinker Summer Research grants. I thank Laurel Bossen, Linda Brown, Lynn Mayo, Sharon Gormley, Thomas L. Grigsby, Carol McClain, Hugo G. Nutini, and Alan R. Sandstrom for their valued criticism and assistance with earlier drafts.
2. The names of Hueyapan's curers are pseudonyms.
3. For a general ethnographic description of Hueyapan and some of the changes it has recently undergone see Huber (1985, 1987).
4. One female curer (Juana) is also a midwife, and one male curer (Andrés) is a bonesetter. In addition, several of Hueyapan's midwives and one bonesetter report using techniques typically employed by curers.
5. Nahua curers are referred to by a variety of names. This variation is due, in part, to regional dialectical differences, the various roles curers may play, and the use of different orthographic systems by ethnographers. In Spanish, the names reported include: adivino (diviner), brujo (witch), curandero (curer), hechicero (sorcerer), and verbatero (herbalist). Some of the more common Nahua names include: huehuetlacatl (literally, a big or old person), pachiquetl (a variant of pachihuahqui, medicine maker), tapahtiani, tepahe and tepaxtial (variants of tepahtiani, one who customarily treats people with medicine), and tlamatiquetl and tlamatki (variants of either tlamatqui, wise person or tlahmatqui, one who practices deception) (Barrios 1949:66; García de León 1968:283; Madsen 1965:102; Medellín Zenil 1979:114; Montoya Briones 1964: 154; Nutini and Isaac 1974:196, 230, 364; Nutini and Nutini 1987:334; Sandstrom and Sandstrom 1986:72; Soustelle 1958: 147).
6. Tamatinime evidently count one centavo as one thousand pesos (Dow 1986:52).
7. In Hueyapan, dreams represent real experiences of the spirit (Madsen 1983:114; Paul 1975:458; Tedlock 1981:315).
8. Antonia's husband as well as Concepciona's are curers. Both husbands serve primarily as their wife's assistants.
9. Montoya Briones (1964:153) reports that Atla's curers petitioned rain in the past. At the present time, most curers are women. Barrios (1949:64) and Cook de Leonard (1966:295) make mention of women in the states of Morelos and Mexico, respectively, who both cure and petition rain. Neither indicates whether most curers in these areas petition rain nor whether curers tend to be female.
10. Welch's "counter-intuitive" finding that low control of property is conducive to women becoming shamans is consistent with the fact that many of Hueyapan's female curers came from impoverished natal households.

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