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MEDICAL BELIEFS OF THE URBAN FOLK IN GUATEMALA[1]

by Nancie L Solien de González

SUMARIO

Un estudio realizado entre la clase humilde de la ciudad de Guatemala, integrada en su mayoría por personas procedentes de áreas rurales y llevadas a la ciudad muy jóvenes, ha demostrado que la vida urbana ha producido una reinterpretación y combinación de las viejas creencias populares y los modernos conceptos científicos en relación a la medicina

La diversidad de lugar de origen de estas personas ha producido de inmediato la diversificación de creencias y prácticas médicas populares, ya que son muy variados los recursos mágicos y los remedios utilizados en cada una de las zonas del país, pese a su proximidad Las ideas circulan libremente entre la gente, en gran número, y el total de conocimientos y creencias se ve constantemente incrementado

Los nuevos medicamentos y prácticas son aceptados con facilidad, aunque en la ciudad sean abandonados tan pronto como se juzgan ineficaces. Es necesario para aceptarlos, sin embargo, el apoyo de un especialista, que tanto podrá serlo un médico como un curandero, sin que el primero sea reconocido necesariamente como persona de conocimientos superiores al segundo.

En el constante flujo de ideas aceptadas y rechazadas, las nuevas prácticas, ya con términos científicos incluídos y actuaciones aparentemente modernas, siguen ajustadas a los patrones del viejo pensamiento mágico Pero marcan la diferencia entre las medicinas populares rural y urbana el fenómeno de la gran aceptabilidad de ideas en la segunda, aunque atemperada por el empirismo, ideas que no llegan a unificarse ni a convertirse en tradicionales, y la fuerte creencia también en la urbana en las cualidades mágicas de cualquier recomendación proveniente de una persona considerada especialista, curandero, médico, enfermera o boticario.

An anthropological study based upon questionnaires and intensive interviews was made among lower-class Ladinos living in Guatemala City and its immediate environs The majority of the sample studied were born in rural areas and had moved to the city in early youth The sophistication of urban life has impinged upon this group in many ways, but most of their basic values remain similar to those of the folk societies from which they sprang. This paper is an attempt to outline the way in which this group has re-interpreted and combined older folk beliefs and modern scientific concepts in the area of

[1] Data upon which this paper is based were collected by the author during her employment as research anthropologist by the Institute of Nutrition of Central America and Panama (INCAP)

medicine The findings are compared with those from field work in a number of Guatemalan rural villages and other reports in the anthropological literature [2] (See Solien de Gonzalez, 1963, Adams, 1952, 1957; Foster, 1952, 1953).

Foster has said, "Recent studies in the field of medicine in seven Latin American countries have revealed few, if any, significant differences between the nature and quality of medical practices in large cities and small towns and villages Urban belief among the masses is little, if any, more sophisticated than that of the average rural or semi-rural individual."[3] (Foster 1953: 170). Lewis (1957) also found that among recent immigrants to Mexico City the general patterns of thought and way of living have changed very little from those in the rural village.[4] But a contrary finding was reported by Butterworth (1962) who found that among 31 migrant families to Mexico City, all placed great value on the medical services available there and all consulted physicians when ill [5]

My data from Guatemala show that the acculturative process has not changed the basic orientation of the recent immigrant, nor has there been a substitution of new practices for old, but nevertheless, in Guatemala City at least, there has been a process of accretion with some re-interpretation of former medical and nutritional beliefs The resultant pattern appears to differ from that described for the rural folk in a number of ways

First, there is a far grater *variation* in the beliefs and practices

[2] Adams, R N 1952. *Un análisis de las creencias y prácticas médicas en un pueblo indígena de Guatemala* Editorial del Ministerio de Educación Pública, Guatemala, (Publicaciones especiales del Instituto Indigenista Nacional No 17). Adams, R. N 1957 *Cultural surveys of Panama-Nicaragua-Guatemala-El Salvador-Honduras* Pan American Sanitary Bureau Scientific Publication No 33 Washington, D C Foster, G M 1952 "Relationships between theoretical and applied anthropology" *Human Organization* 11 5-16 Foster, G M 1953 "Relationships between Spanish and Spanish-American folk medicine" *Journal of American Folklore,* 66 201-217. Solien de Gonzalez N L 1963 "Some aspects of childbearing and child-rearing in a Guatemalan ladino community" *Southwestern Journal of Anthropology,* 19.411-423 Solien de Gonzalez, N L 1963 Unpublished field notes from Santa María Cauqué, Chinautla, San Antonio La Paz, Guatemala

[3] Foster 1953 Op. cit, p 170

[4] Lewis, O 1957 "Urbanización sin desorganización. Las familias tepoztecas en la ciudad de México" *América Indígena* 17 231-246

[5] Butterworth, D S. 1962 "A study of the urbanization process among Mixtec migrants from Tilantongo in Mexico City". *América Indígena* 22 257-274

in current use by the urban lower-class Ladinos than by the rural people There is a larger pool of medical beliefs from which the masses may draw in the city than in the country Second, there are new classes of specialists in the city to whom the people may have recourse. Finally, the choices made from among the larger number of medical alternatives in the city are determined, in part, by factors stemming from the social structure

Variation in Belief and Practice

Out of 109 persons interviewed in two lower-class sections of Guatemala City, only eight had been born in the urban zone All the rest had migrated to the city, either as children with their parents, or as young adults (73 4%). Furthermore, their birthplaces included 19 of the 23 departments of Guatemala and two foreign countries (Honduras and Spain).[6] This diversity of origin explains, in part, the variation in medical beliefs and practices encountered among them As is well known, folklore concerning these subjects varies tremendously from one part of Latin America to another; it varies even within the same country. People take pride in maintaining the traditions of their own area and will say, for example, "In Quetzaltenango we have people who *really* know how to cure," etc It is important to note that unless an individual is a folk specialist, he will not know much of the esoteric lore of his own region Only a few items, probably only those with which he has had personal experience, are a part of his medical knowledge Most informants were able to relate at least one or two beliefs which they felt were peculiar to their own region and which they claimed not to have encountered their own region and which they claimed not to have encountered were limited to one or two informants, but others quite obviously have become. or always were, a part of the common culture

Knowledge of herbal treatments, including the use of "teas," baths, and compresses, as well as certain dietary restrictions and prescrip-

[6] For the Department of Guatemala as a whole in 1950, 22 6% of the native population were born in other departments (Whetten, 1961 26) We should expect the rate to be higher for Guatemala City, especially taking only the lower class into consideration However, the rate indicated by the relatively small sample studied here seems surprisingly high It should be pointed out that the urban sections studied were located on the outskirts of the city and may have included a somewhat larger number of immigrants than some other sections Whetten, N 1961 *Guatemala, the land and the people* New Haven, Yale University Press Caribbean Series 4

tions and other magical remedies, formed the bulk of these regional beliefs. The total number of herbs and combinations of herbs thought to be efficacious for particular conditions appears to be almost unlimited. No one person even pretends to have complete knowledge in this area and, though each has her own favorite remedies, all the informants were open to new ideas and suggestions about other treatments.

Most persons in this urban sample rejected what we might term purely magical prescriptions as being of little value *unless* they are performed by a specialist. For example, a cure for edema commonly found in certain rural Ladino areas includes passing a live toad over the body of the afflicted one every Friday for seven weeks. The sickness is thought to be transferred to the body of the toad, which is then thrown into a stream of running water to remove it from the area entirely.

This type of treatment does not have very high status among urbanites. It is true that even rural folk place greater faith in the rituals of specialists than in home magical cures, and one of the most apparent differences in behavior between the two population groups today may be related to the fact that there are more specialists of various sorts in the city.

Types of Specialists

In addition to the folk-curer *(curandero)* who is most likely to have knowledge of magical cures, the urban dweller may call upon other professionals who, in one way or another, offer assistance when disease strikes. These include spiritualists, priests, and pharmacists, as well as medical personnel, both doctors and nurses. Although it might be said that many of the prescriptions or treatments used by these specialists are magical, or appear to be so to the people, the paraphernalia they use is, nevertheless, of quite a different sort. Rather than toads, eggs, blood, spider's webs, etc., the city specialists tend to use candles, incense, flowers, pills, and injections.

Although the cures used by the *curanderos* are not dropped entirely, those used by all the other specialists seem to have equal or even greater importance for the urban people. The main point here is that if a specialists must be consulted, there is a greater choice in the city than in the country. The remedies of *all* are accepted *on faith* by the people. If the remedies appear to work, and if their effect

is immediate and dramatic, the people will continue to seek out those who have provided these cures.

At the same time, another intersting fact should be pointed out. In the country, tradition supports the folk-curer to the extent that if his remedies do not work, some rationalization for the failure is found and faith in the curer continues. This is not true for medical personnel and their treatments in the country. When a doctor's or nurse's treatment fails, both these specialists and their treatment may be discredited.[7] In the city, on the other hand, there seems to be an increasing faith in modern medical practice, in spite of failure, or apparent failure, at times. The tendency in such cases is to change doctors rather than to reject them entirely as a class. In fact, some people return repeatedly to the same doctor who merely prescribes a different remedy each time. In this regard, there seems to be a qualitative difference in out-look between the city and country people.

In connection with the attitude toward specialists, it is interesting to note that, in general, people have more faith in private physicians than in those whom they encounter in the public health clinics and general hospitals in the city. Several informants expressed dissatisfaction with the free services rendered in such places, especially when the prescribed treatment did not include a type of medicine with which they were familiar. For example, one woman told me, "When my child had whooping cough, I took her to the hospital for a penicillin injection, but they only told me to feed her better." This woman consequently went to a private physician who gave the child injections, cough syrup, and pills. Even though the expense was greater, this informant felt that the private doctor really knew what he was doing. She was not at all sure about the doctors at the public hospital. It is typical of this group that they wait until they themselves have made a diagnosis and decided upon the prescription before they go to a doctor. Frequently, they consult some other specialist or they accept the diagnosis of a friend or neighbor.

Transmission of Knowledge

In the rural areas traditional medical ideas are transmitted from generation to generation largely through the extended family. Even though differences in beliefs may be found in the various families within the same village, there is greater uniformity of belief than in

[7] Foster. 1952. Op. cit.

the city. When a country woman needs medical advice, she will first ask her mother, her mother-in-law, or other relatives. If these feel that the case is serious, they will call in the local folk curer. *Curanderos* generally learn their trade from older specialists in the same village —frequently from a parent— so that even their knowledge and techniques remain fairly stable through time.

In the city, even though emotional ties with the place of origin remain quite strong, distance becomes an important factor in the altered function of the extended family in transmitting traditional knowledge. In Guatemala City I found that among these lower-class immigrants the nuclear family is the only strong and stable kinship unit. It is true that even remote, country relatives will be received into the home temporarily and helped to find work in the city, but as soon as such persons become financially independent, they are excepted to move off to places of their own. They may settle nearby in the same *colonia,* or they may prefer to seek living quarters in a cheaper section or one closer to their place of work. Once they have left the original haven, visits become sporadic and affective relationships diminish in importance. There appears also to be a great deal of mobility within the city—most families had lived in at least one other section of the city and many had lived in several. Each time a move is made, friends and acquaintances of one area are dropped, and new attachments are formed in the new neighborhood. Social relationships are highly personalized, but they tend to be superficial and unenduring outside of the nuclear family itself. Even compadres acquired in one area of the city may be seen only rarely after a move is made.

Choice of Therapy

Under such conditions, what resources has a woman when illness strikes her family? First, she will try all remedies she herself has found to be effective. These will most frequently be herbs, but they will also include common patent medicines such as aspirin, zinc oxide, and cough syrup. If these are unsuccessful, she will ask her neighbors, especially older women, who are usually more than glad to give advice. After trying a number of similar recommended home remedies, she will finally consider seeking a specialist. At this point, she will either call in a local *curandero,* if one lives nearby, or she may consult a pharmacist in the neighborhood. Only after trying the

cures suggested by these people is she likely to seek a doctor. If she can possibly afford it, she will go to a private physician; if not, she will attend one of the public out-patient clinics.[8]

During a single period of sickness, a mother will have tried as many as 25 different remedies or treatments. She has accepted medical suggestions from almost everyone and, in her mind, the only criterion for judging remedies is their immediate effectiveness. When the sick one gets well as happens eventually in the majority of cases in spite of, if not because of, the medicines used, she considers the last medicine or treatment to have been the one which effected the cure. She now becomes a knowledgeable person regarding these particular symptoms and will heartily recommend the medicine to others. It should be emphasized, however, that each new case of sickness is seen as being different from all others. Should another member of the family develop the same symptoms and should the medicine fail to cure this time, then the mother will start the search once more for new ideas about how to treat the illness.

Summary

In Guatemala the following are characteristics of the current urban folk ideas concerning medicine:

1. There are no set ideas concerning the proper treatment of any particular set of symptoms. A large number of ideas circulate freely among the people, and the total pool of knowledge is continually being increased.

2. Any individual will accept new ideas readily, but when they are "proved" ineffectual he will discard most of them.

3. Although everyone feels he knows something about medicine, a person with superior knowledge is recognized and accepted as a specialist. The medical doctor, one such specialist, is not considered to have necessarily better knowledge than have the other specialists.

[8] Jack Brown has described an identical lay referral system in a Mexican mestizo village. "Some changes in Mexican village curing practices induced by Western medicine," *América Indígena* 23:93-120, Abril, 1963.

It is interesting to compare this system with discussions concerning choice of therapy in North India and Peru. See Gould, Harold A., "The Implications of Technological Change for Folk and Scientific Medicine," *American Anthropologist* 59:507-516, 1957, and Erasmus, C. J., "Changing folk beliefs and the relativity of empirical knowledge." SWJA 8:411-428, 1952.

In fact, since many of his treatments are less dramatic than are those of the spiritualist or *curandero,* for example, he may be thought to be a second-rate curer.

4. Urban folk medicine differs *in content* from that in rural areas only insofar as it includes a greater variety of practices and beliefs, some of which stem from modern medical practice and others of which are identical to those in the country.

5. Urban folk medicine may be said to differ *in pattern* from rural folk medicine in that its beliefs are neithed standardized nor entirely traditional. Rather there is a constant flux as new ideas are readily accepted and later as readily rejected. It should be emphasized that the new ideas, even though they may be worded in scientific terms, are fitted into the older magical thought patterns in regard to disease. Greater acceptability, tempered by empiricism, plus a strong belief in the magical quality of *any* specialist's recommendations, appears to be the primary characteristic of urban folk medicine in Guatemala.