Ethnomedicine in the Urban Environment: Dominican Healers in New York City

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New York City has a large Dominican community that utilizes a variety of traditional healing resources, yet relatively little is known about their ethnomedical concepts and practices. This paper focuses on six Dominican traditional healers who participated in a cross-cultural study on therapies for women’s health problems in New York City. Healers were located through community networks and botanical shops and were interviewed about their backgrounds, healing traditions, and therapeutic techniques. Women patients with prior medical diagnoses were taken to the healers for consultations, and healers were interviewed regarding their diagnostic process and treatment recommendations. The paper describes the healers’ perspectives on their healing traditions, practices, and treatment approaches. In general, healing traditions are transmitted primarily through older female kin, and healers use a multidimensional, holistic approach to health care. In addition to these similarities, the healers also demonstrate variation in training, diagnostic techniques, and treatment approaches—a feature common to oral healing traditions. We discuss the potential contribution of traditional healers to health care in urban settings and the importance of improving understanding by mainstream medical practitioners of the ethnomedical traditions of their patients from immigrant and minority communities.

Key words: immigrant health care, complementary medicine, alternative medicine, folk healers, Latinos, New York City

Migration has brought many people from diverse geographical regions and cultural backgrounds to metropolitan centers in the United States. While newcomers may take on many of the norms of their new environment, they also maintain some of their own traditions, including traditional healing systems, which include botanical and other medical therapies as well as cultural concepts of health and illness. Within urban centers, members of immigrant and ethnic minority groups typically use a variety of traditional healing resources in conjunction with conventional medical care. (Belluck 1996; O’Connor 1995).

This paper reports on data from a cross-cultural study of traditional healers and their therapies for common women’s health problems. Traditional healers were interviewed extensively about their backgrounds and practices. Since choice of treatment is influenced by the underlying concepts concerning categorizations and etiology of disease, we considered it important when documenting ethnomedical treatment recommendations to also investigate the diagnostic process, underlying concepts of health and illness, and the rationale the healer used for choosing specific treatments.

Recent national surveys of the U.S. population found that almost half of respondents reported using alternative health care during the past year (Astin 1998; Eisenberg et al. 1998, 1993; Wooton 2001). The use of nonconventional therapies may be even higher among immigrant populations who continue to use therapies from their native countries, despite the expectations of many health professionals that traditional
healing practices would be replaced by conventional medicine as part of the acculturation process (Cushman et al. 1999; O’Connor 1995, 1998).

Projections for the year 2050 are that Hispanics will represent almost a quarter of the U.S. population. It is important to investigate healing practices and traditions that impact concepts of health and illness among Latino populations and may contribute to patients’ health care choices.

Surveys of Latino7 patients in Texas found that more than half used folk remedies, and at least 7 percent used curanderos (traditional practitioners) (Marsh and Hentges 1988; Risser and Mazur 1995). The Hispanic Health and Nutrition Examination Survey found that 4.2 percent of Mexican American adults consulted with traditional practitioners within the year prior to the survey (Higgenbotham et al. 1990). Some reasons stated for the continued use of ethnic folk healers are: 1) traditional practitioners are culturally familiar and are often the first practitioners consulted by Latino patients; and 2) in some cases they are less expensive and, therefore, more accessible than practitioners of conventional medicine (Huff and Kline 1999). Economic factors are an important consideration since 31 percent of Hispanic Americans (and 41 percent of Hispanic children) are below the poverty level (U.S. Bureau of the Census 1996). The lack of health insurance among Latinos (33%) is more than double that of non-Hispanic whites, 15 percent of whom were uninsured in 1994 (Suarez and Ramirez 1999).

Physicians do not routinely ask about nonconventional therapies, and patients rarely volunteer this information (Eisenberg et al. 1998). This can have important implications for treatment. Many immigrant patients’ lack of fluency in English hinders communication about therapies used. However, even patients who speak fluent English may not inform their doctors of nonconventional treatments they are using because they may think them irrelevant, are embarrassed to discuss them, feel the doctor will object, or want to avoid being viewed as unsophisticated (O’Connor 1998).

Simultaneous and serial utilization of multiple healing resources has been documented among populations worldwide for some time (Crandon-Malamud 1991; Janzen 1982; Pescosolido et al. 1998; Waldram 2000) and appears to be increasing in urban centers in the United States among mainstream Americans as well as immigrant and ethnic minority groups. It is important for conventional health care providers to be familiar with the diversity of health beliefs and practices among the communities they serve, to consider the implications of combining conventional medical treatment with other therapies, and to acknowledge the potential role of traditional practitioners in community health.

Methods

This paper describes part of a collaborative research project between the Rosenthal Center for Complementary and Alternative Medicine at Columbia University and the New York Botanical Garden. The project involves work with traditional practitioners from Latino and Chinese communities in New York City. This paper focuses specifically on the Dominican practitioners and their healing traditions and practices.

This paper focuses only on Dominican healers because the research site, Columbia Presbyterian Medical Center, is located in a predominantly Dominican neighborhood in Northern Manhattan. Dominicans comprise approximately 5 percent of New York City’s population, and their numbers are growing (US Bureau of the Census 2000).

A common challenge in cross-cultural investigations of medicine and healing is to understand diagnoses and treatments in medical systems that differ in their fundamental assumptions and principles from those of conventional Western medicine. An important aspect of this study has been the development of a methodology that both investigates ethnomedical concepts of illness and utilizes conventional (biomedical) diagnostic categories. The traditional practitioners who participated in this study were approached as colleagues and recognized as experts in their healing tradition, as advised by Balick and Cox (1996). For example, practitioners’ time was compensated, they contributed to the design of the instruments, and they were frequently consulted as questions on ethnomedical concepts arose. Our intention was to ascertain the relevant diagnostic criteria as defined by the healers and to avoid imposing biomedical perspectives. Practitioners were encouraged to examine the patients for their own traditions and at their own pace. They used their own criteria to evaluate and prescribe treatments for patients who had biomedical diagnoses that we had chosen for study. Open-ended interviews and observations were designed to collect data about the practitioners’ worldview and beliefs, as well as broader contextual material (Bernard 1994).

The practice of Latino traditional medicine in New York City is complex and varied. The terms “traditional practitioner” and “healer” are used to refer to a range of people who offer advice to those seeking help for a variety of problems. Most people who are recognized in the community as traditional healers, and who prescribe herbal remedies, do not hold official qualifications or licenses; referrals are by word of mouth and their “credentials” are a matter of community consensus. Practitioner selection was, therefore, based on referrals from the community, together with an initial in-depth interview with the practitioner. Selection criteria for practitioners included: 1) self-professed knowledge about medicinal plants; 2) practice of herbal medicine both in their native country and in New York City; and 3) treatment of a substantial number of women for reproductive health conditions.

The neighborhoods of Washington Heights, Central Harlem, and the South Bronx were selected for investigation because of their high concentrations of Latino immigrants (City of New York, Department of City Planning 1992). Practitioners were located by establishing contact with community organizations and staff in health food stores and

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botánicas. Botánicas are eclectic shops that sell fresh and dried medicinal plants, tonics, books, and religious and spiritual items such as candles and incense. They cater to practitioners and followers of Espiritismo, Santería, Curanderismo, and other types of healing (Fisch 1968). Botánica shopkeepers are frequently consulted about health problems (Delgado and Santiago 1998), much as drugstore pharmacists are asked to give advice on over-the-counter remedies. Some botánicas offer consultations with healers on site; others offer referrals to local healers who practice out of their homes. In addition to the prescription of herbal remedies, consultations may involve emotional and spiritual components, including tarot card readings or advice on relationships and family or work-related problems.

Patients were women with prior medical diagnoses of uterine fibroids, hot flashes, endometriosis, or menorrhagia. The women responded to advertisements posted in the New York City area requesting research subjects with these specific medical conditions. Women were enrolled only if their diagnosis was confirmed in writing by their own physician (M.D.), they were not currently taking any medication, and did not have any other serious medical condition. Patients agreed not to take the prescribed treatments to increase the likelihood that their symptoms remained consistent for evaluation by other healers and because this was not a study intended to test treatments. Ethnicity was not a criterion for selection of patients.

There were two phases of the study. In the first phase we worked with Latino healers from various parts of Latin America (Dominican Republic, Puerto Rico, and Colombia), and included patients with all four health conditions listed above. The second phase narrowed the research to six healers from the Dominican Republic and five patients with uterine fibroids. During the study, each healer was to have a consultation with each patient, although due to uncontrollable circumstances, not all healers saw every patient. Two of the healers participated in both phases of the study and saw a total of nine and ten patients respectively. The remaining four healers participated only in the second phase. Two saw all five patients, one saw four and one saw three patients.

The study involved four stages of data collection: 1) open-ended, in-depth interviews with practitioners, to obtain information about their background, training, and methods of practice; 2) observations of patient-practitioner consultations; 3) semistructured interviews with practitioners immediately following the consultation to elicit diagnostic approach and rationale for treatment; and 4) follow-up interviews with each practitioner to document details on the preparation and administration of each plant prescribed. The botanical methods of collection, identification, and storage of plant specimens are described in Balick et al. (2000).

Interviews and consultations were conducted in English or Spanish (by bilingual interviewers), according to the preference of the practitioner. Questionnaires were completed, interviews were tape-recorded and transcribed, and those done in Spanish were translated into English. All patients and all but one practitioner agreed to be audiotaped; the information from the untaped interviews was entered onto questionnaires and supplemented by extensive notes. Informed consent was obtained from participants in accordance with the regulations of the Institutional Review Board of Columbia University, College of Physicians and Surgeons (IRB). This paper presents an analysis of the initial in-depth open-ended interviews with practitioners, supplemented by material from the patient-practitioner consultations and subsequent interviews with practitioners.

Between 1995 and 1997 the researchers visited more than 50 New York City locations that were workplaces or sources of referral for traditional practitioners. Out of 17 practitioners referred, eight met the selection criteria for participation in the study: six women from the Dominican Republic; one man from Puerto Rico; and one man from Colombia. In this paper we focus only on the six female Dominican healers. We will describe their backgrounds, healing practices, and conceptual frameworks. Separate papers focus on the plants prescribed in this study (Balick et al. 2000) and the medicinal plants used in the Dominican Republic for women's health conditions (Oosoki et al. 2002). Subsequent papers will deal in depth with concepts of etiology and treatment relating to specific health conditions.

Results and Comparative Analysis

The six practitioners in this study shared certain key experiences, such as migration from the rural areas of the Dominican Republic to New York City, where they live in relatively low-income Latino neighborhoods of northern Manhattan and the Bronx. The practitioners were eclectic in their conceptual frameworks of health and their healing practices. Information about practitioners' background characteristics and healing traditions is summarized in Tables 1 and 2, respectively. Each practitioner is described more fully in the Appendix.

Background Characteristics

As shown in Table 1, the practitioners immigrated from the Dominican Republic to the United States between 3 and 30 years ago. Four of the healers spoke only Spanish and reported that almost all of their clients were Latino/a. Two (Sras. Marta and Alicia) were proficient in both Spanish and English, and reported that their clients, though mainly Latino/a, also included people from other ethnic groups. All reported that most of their clients were women. The practitioners who participated in the study did not define themselves by a single common term. Two (Sras. María and Lucy) said they could be referred to as curanderas but did not refer to themselves that way, and most had other occupations in addition to healing (Table 1). Sra. Alicia called herself a "facilitador of good health" and a "holistic healer," and three practitioners had no specific term to describe themselves or their healing practice:
Table 1. Practitioners’ Background Characteristics

<table>
<thead>
<tr>
<th>Name</th>
<th># Years in U.S.</th>
<th>Language Fluency</th>
<th>Self-Identification</th>
<th>Percent Female Clients</th>
<th>Average # Clients/Week</th>
<th>Employment Other Than Healing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marta</td>
<td>30</td>
<td>Spanish &amp; English</td>
<td>None</td>
<td>80</td>
<td>&lt;1</td>
<td>Beaucitian, masseuse</td>
</tr>
<tr>
<td>Alicia</td>
<td>17</td>
<td>Spanish &amp; English</td>
<td>Facilitator of good health</td>
<td>60</td>
<td>7</td>
<td>Community worker</td>
</tr>
<tr>
<td>Rosita</td>
<td>8</td>
<td>Spanish</td>
<td>None</td>
<td>&gt;90</td>
<td>5</td>
<td>Photographer</td>
</tr>
<tr>
<td>Ana</td>
<td>15</td>
<td>Spanish</td>
<td>None</td>
<td>&gt;90</td>
<td>6</td>
<td>Beaucitian</td>
</tr>
<tr>
<td>María</td>
<td>15</td>
<td>Spanish</td>
<td>Curandera</td>
<td>80</td>
<td>15</td>
<td>None</td>
</tr>
<tr>
<td>Lucy</td>
<td>3</td>
<td>Spanish</td>
<td>Curandera</td>
<td>&gt;90</td>
<td>20</td>
<td>None</td>
</tr>
</tbody>
</table>

I don’t call myself anything…I don’t know what to call myself…I didn’t go to school for this, I know I just have the energy and I have the heart to help somebody and I know a lot of things. (Sra. Marta).

I do not think of myself as a person with special powers, but as a naturalist who knows about plants and likes to help others. (Sra. Rosita).

Sources of Skills and Training

All practitioners reported learning healing skills at an early age and receiving some training through observation and informal apprenticeship from experienced healers in their families and communities. They reported oral transmission of their healing traditions by female relatives, usually a mother, grandmother, or aunt (see Table 2). Four of the six practitioners (Sras. Marta, Alicia, Ana, María) believed their healing abilities were transmitted without active teaching or learning, possibly through an innate or psychic ability. According to Sra. María, “I would say that I didn’t learn this, that I inherited it. Because my grandmother was a midwife (partera) and a healer (curandera) but I never saw my grandmother diagnosing anything.” She explained that her grandmother “received spiritual guidance in the use of the plants, and it also happens to me.” Sra. Ana reported that when she was a child “people said that a spirit talked through me. I have developed this ability.”

Sra. Marta’s path to becoming a healer began when, as a child, she believed she was cured of a paralysis through prayer:

When I was 13 years old I had a problem…. I started to lose control of all movement…then we prayed and that day it started to work…and from then I promised to Jesus that I was going to be healing and helping people.

She reported that several years later she dreamed her grandmother told her she had the ability to heal. She later found out her grandmother had died on the night of the dream and believes that is when she became a healer.

Only one of the practitioners (Sra. Alicia) has any “on paper” credentials. In early childhood, she learned the skills of healing from her mother and grandmother. When she was 14 years old “the universal energy was passed” to her in a ritual led by an aunt who was a curandera and espiritista. She later studied psychology in the United States, obtained a license from an interfaith theological seminary, and took a course in Reiki (a technique involving transmission of healing energy) “to have a certificate in something I have always done.” She reported that although she has always been a healer, it was important for her to obtain recognition in the United States, and in her formal studies she has sought to integrate the psychological, spiritual, and health dimensions.

Religious, Spiritual, and Cultural Contexts

All the healers indicated they acquired their knowledge in the Dominican Republic and have continued learning about herbs and healing since coming to the United States. They draw on a variety of cultural and healing traditions, reflecting the mix of European, African, and indigenous influences from their ancestry and community ties (see Table 2). They demonstrated flexibility in their healing practices, absorbing a variety of influences from their original countries and from the American setting, drawing from the diversity of information resources and adapting to the varying availability of plants in New York City. Three practitioners (Sras. Alicia, Marta, and Ana) reported they supplemented the oral traditions they had learned from their family and community by reading books about medicinal plants. Sra. Alicia commented that her practice of “earth religion”—a deep physical and spiritual
### Table 2. Practitioners’ Healing Traditions and Practices

<table>
<thead>
<tr>
<th>Name</th>
<th>Source of Skills &amp; Training</th>
<th>Cultural, Religious, &amp; Spiritual Traditions</th>
<th>Diagnostic Strategies</th>
<th>Treatment Approaches</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marta</td>
<td>Dreams Grandmothers Books</td>
<td>Oral tradition via female kin&lt;sup&gt;1&lt;/sup&gt;</td>
<td>Symptomatology &amp; history, MD's biomedical diagnosis, Intuition &amp; touch</td>
<td>Medicinal teas, Diet&lt;sup&gt;6&lt;/sup&gt;, Vegetable juice, Vitamins, Prayer, Exercise, Massage, Healing touch&lt;sup&gt;5&lt;/sup&gt;</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Christianity&lt;sup&gt;2&lt;/sup&gt;</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Indigenous DR&lt;sup&gt;3&lt;/sup&gt;</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Taino&lt;sup&gt;4&lt;/sup&gt;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alicia</td>
<td>Mother Aunt Grandmother Books</td>
<td>Oral tradition via female kin, Indigenous DR, Asian techniques (Reiki, yoga)</td>
<td>Symptomatology &amp; history, MD's biomedical diagnosis, Intuition &amp; touch, Body language</td>
<td>Medicinal teas, Diet, Prayer, Exercise, Meditation, Relaxation</td>
</tr>
<tr>
<td>Rosita</td>
<td>Mother Rural community in DR&lt;sup&gt;3&lt;/sup&gt;</td>
<td>Oral tradition via female kin, Christianity (Catholicism)</td>
<td>Symptomatology &amp; history, MD's biomedical diagnosis</td>
<td>Medicinal teas, Diet, Herbal baths, Herbal vaginal douches</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Indigenous DR</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ana</td>
<td>Grandmother Books &amp; TV Spirit guidance</td>
<td>Oral tradition via female kin, Christianity</td>
<td>Symptomatology &amp; history, MD's biomedical diagnosis, Examination of urine</td>
<td>Medicinal teas, Prayer, Ritual cleansing (e.g., Ensalmar, Santiguar)</td>
</tr>
<tr>
<td>María</td>
<td>Grandmother Great grandmother Spirit guidance</td>
<td>Oral tradition via female kin, Supernatural guidance on herbs to prescribe</td>
<td>Symptomatology &amp; history, MD's biomedical diagnosis, Examination of urine, Receives spirit guidance</td>
<td>Medicinal teas</td>
</tr>
<tr>
<td>Lucy</td>
<td>Mother Grandmother</td>
<td>Oral tradition via female kin, Christianity</td>
<td>Symptomatology &amp; history, MD's biomedical diagnosis</td>
<td>Medicinal teas, Diet, Massage</td>
</tr>
</tbody>
</table>

<sup>1</sup> Oral transmission via female kin refers to transmission of knowledge through older female kin and may overlap with “Indigenous DR.”

<sup>2</sup> Christian context may be extrapolated from healer’s frequent references to Jesus.

<sup>3</sup> DR – Dominican Republic.

<sup>4</sup> Taino are an indigenous people of the Dominican Republic.

<sup>5</sup> The transmission of healing energy through the hands is reported via touch, massage, and holding hands over the body (without touching).

<sup>6</sup> Dietary recommendations were aimed at improving general health and included reducing red meat and increasing fresh vegetables and fluid intake.

connection with nature and the Earth—is now considered New Age but has been practiced for generations by her ancestors. She has integrated her traditional knowledge with several popular complementary health care practices from other cultural origins (e.g., Reiki healing, meditation, and yoga).

While practitioners shared many cultural, spiritual, and religious beliefs, they also differed in the extent to which they emphasized spiritual and religious aspects of their work, and these differences were expressed in their healing approaches. They distanced themselves to varying degrees from the practice of Santería. Sra. Lucy described herself as a “natural” rather than a “spiritual” healer. She has “faith in a superior being,” but unlike her mother who had practiced Santería, she eschewed the use of saints and recommended only herbal therapies:
Unfortunately my mother liked the saints but I don’t like to have them in my house. I have my things representing God and bless the remedies by Him. But I would say that a candle is not going to cure someone. You will be cured by what you take not by a saint or a candle.

Similarly, Sra. Marta distinguished her work from Santeria:

Santeria, I don’t believe in that. I believe in being a Christian, going to church... because you have the help of God, you don’t have to be thinking and making things happen, you know, you don’t have to do anything because God will do it for you and you will help people. That is my belief.

Sra. Rosita, who also recommended only herbal (not spiritual) cures, had an altar in her workroom and reported praying daily for her own spiritual protection. Sra. Ana reported: “I do this work to help people, often I make the mixtures with my own money,” and she sometimes asks clients to demonstrate their gratitude by placing a candle in front of the image of Jesus. In general, the practitioners consider religious practice and belief to be important in their life and work, and they all express faith in God. This faith is demonstrated in their preparation for sessions with patients through prayer for protection of self and others. Sra. Alicia reported: “I have to prepare myself mentally and emotionally and I have to ask the spirit of the universe for guidance. I need to be relaxed and feel like one with the person and the universe.” Sra. Marta prays to Jesus for protection, guidance, and help in her healing work. Altars in the healers’ homes or work places display a variety of sacred and symbolic objects, such as flowers, feathers, crystals, candles, photographs, and pictures. In addition to Christian icons, several altars had symbols from other cultural contexts, such as Native American and African figurines and images. The practitioners report their spiritual practices and sacred objects serve to connect them with something that protects them and their clients and helps them in their healing work.

Those practitioners who identified themselves with specific religious or spiritual practices and beliefs stated that their clients did not have to share their religious beliefs for the treatments to be effective. In fact, all of the practitioners reported that the religious and ethnic background of a client was not relevant for the success of the treatment. However, they also stated that the client’s faith in the practitioner and in the herbs as healing agents was important and the effectiveness of the treatment. Even Sra. Lucy, who did not believe in the metaphysical aspects of healing, thought it was important for people to have faith in the practitioner and the treatments.

Because if they don’t, then the medicine won’t work.... It is the same as going to a doctor. If the doctor gives you something you don’t like, then you won’t take it and you will continue with your pain. If you don’t trust the doctor, then you won’t make the medicine work.

For Sra. Lucy, “It is a tradition, not something to make money off of. It’s more about love of the land and of the plants. It has not been a thing of business for us.” She believes that “health is the most important thing,” and “to cure a person is the grandest, most virtuous thing...it is an enormous, spiritual thing to take away their pain.”

Methods of Diagnosis

Practitioners asked the patient to explain why she had come for help, and in this study, the patients described their problem and explained that they had been diagnosed by a physician. The practitioners asked a series of questions, which typically focused on physical and emotional conditions, medical history (including reproductive health), and significant life events. Two practitioners (Sra. Marta and Alicia) also asked to touch the patient, and two (Sras. Ana and Marfa) examined urine samples (see Table 2).

In addition to questioning the patient, most healers also used techniques they described as “intuition,” “sensing,” “feeling the person’s vibration,” “feeling if an area is hot or cold,” and “seeing and feeling.” Sra. Alicia explained, “sometimes I just tell the person to sit quiet and let his or her thoughts go freely... and I can perceive what’s going on in the person’s life.” Sra. Marta explains her use of intuitive touch to sense a patient’s conditions: “Your body talks to you. I can hear your body talking to you when I do a massage.”

The following example illustrates how Sra. Marta might be “led” by intuition to ask relevant questions: The patient described the history of her fibroids and her main symptoms and expressed concern about her ability to become pregnant. Sra. Marta requested permission to touch the patient. She closed her eyes and placed her hands gently on the client’s chest for about one minute. The following conversation ensued (in English):

Sra. Marta: What happened to you when you were a little kid? Were you okay in your life?
Patient: I was safe, for the most part.
Sra. Marta: Emotionally?
Patient: Well, I had a great childhood. But when I grew up something happened that wasn’t pleasant...
Sra. Marta: Did you have your period at that time? Were you nervous, or did something come into your life that was like a shock?
Patient: Well, I was molested when I was younger. That was traumatic.

Sra. Marta incorporated this information about the client’s trauma into the definition of her illness and the treatment. She described the illness as related to depression and to an inner conflict; the patient was ambivalent about having a baby because of trauma experienced during childhood. She encouraged the client to forgive the person who molested her and recommended Chamomile tea for calming nerves and eggs with a pinch of rue (which Sra. Marta warned may be harmful in higher doses) for fertility.

Sra. María explained her process:
During the consultations I receive spiritual guidance from God in order to heal people.” [...] “It is as though a spirit talks through me. [...] At these times I am not aware of what is happening, but the patient writes down the messages, and after the consultation I read it and then I know what the problem is.

Two healers (Srás. Ana and María) examined urine samples as part of the diagnostic process (the patient was requested to bring a urine specimen in a glass container). Srá. María described this technique as follows:

From the urine (the color, odor, and appearance) I can say if the person has an infection, inflammation, fibroids, cysts, late or early stage of cancer, because all of them are different. I don’t know how I can do that but I can do it.... It must be collected in the morning, before eating, drinking or taking a bath.... I see something in the urine....like particles.... I can see if a woman is pregnant, or has fibroids, or has cysts....the shape is different for each one. It’s not difficult to tell the difference.... Really, I don’t know how I learned this, or even myself, I don’t know how I know.

Srás. Ana and María both stated that small white flakes in the urine may be a sign of fibroids. The color and odor of the urine were also taken into consideration and gave an indication of the size, duration, and number of fibroids.

Although patients in this study knew their medical diagnosis and informed the practitioners of this, the practitioners did not limit their diagnosis and treatment to that particular condition. They considered a wide range of physical, emotional, psychological, social, and spiritual dimensions when assessing a patient’s problem and recommending treatment. Srá. Alicia, for example, explained that almost all of her clients have personal problems and feel confused: “I firmly believe that those things contribute to their physical conditions.... When you have an emotional problem that is not resolved it turns into a physical disease.”

Concepts of Illness

The healers’ recognize conventional medical diagnoses, including such terms as “fibroids” and “hot flashes.” But they did not necessarily consider these conditions to be “illnesses.” They described patients’ conditions in terms of both physical symptoms (e.g., headaches, hot flashes, swelling of the abdomen, irregular menstruation, heavy bleeding, fatigue), and emotional states (e.g., nerves, anxiety, depression), and took into consideration patients’ overall health and vitality. For example, a patient with hot flashes was described as “a healthy woman going through a natural process in the life cycle.” Similarly, a patient who presented with menorrhagia (excessive menstrual bleeding) was not described as “ill.” One healer said her condition was caused by her emotional state and “nerves.” Another healer considered the “negativity from a previous abortion” an important contributing factor and said the patient’s uterus needed “cleaning out.” Some parallels can be drawn with principles of conventional medical practice; for example, the healers’ characterization of menopausal symptoms as normal life events is shared by many women and health professionals, despite the increased medicalization of menopause in Europe and America (Lock 1993). In addition, irregular, heavy bleeding is sometimes treated biomedically using “cleaning” procedures, such as dilation and curettage.

The healers in our study considered a wide range of possible causes of each client’s condition, illustrating diverse, multifactorial models of health and illness. They identified such causes or contributing factors to health problems as: food (especially junk food, red meat, and produce with pesticide residues), childhood trauma, neglect of the body (e.g., lack of exercise, poor diet), inherited susceptibility, environmental influences (pollution, cold, sun), contact with negative people, displacement of the uterus, emotional distress, and external stressors. Many of these concepts of illness causation have been reported in the literature on Latino healing traditions (Harwood 1977; O’Connor 1998; Pachter 1994; Samora 1978; Trotter 1996). Some, such as diet, exercise, childhood trauma and heredity, also appear to be influenced by conventional medical information.

Approaches to Treatment

All practitioners reported they typically treat people with a wide range of physical and psychological conditions. These encompassed health problems, including headaches, stomach pain, back pain, menstrual problems, vaginal infections, infertility, and fibroids, as well as general life problems, including matrimonial and family issues. Whether their patients came for help with medical conditions, emotional problems, or family troubles, the healers addressed multiple dimensions when considering their treatment. The treatments most commonly recommended were herbs taken as teas (for details on plants recommended see Balick et al. 2000). Besides oral administration, herbs and flowers were frequently recommended for use in baths. Srá. Alicia recommended bathing in a tub with flowers for relaxation and for “cleaning the body and mind.” In addition to herbs, some practitioners included other techniques such as counseling, massage, rituals, and prayer.

The practitioners eschewed the use of pre-prepared products; rather, they emphasized the importance of making teas and juices from fresh or dried plants, preferably wild or organically grown. They consider the preparation stage important in facilitating the healing process, providing an opportunity for patients to reflect on the plants and connect with nature. Srá. Alicia recommended that a patient visualize the plant healing the condition while preparing the tea. Other practitioners (Srás. Lucy and Marta) reported that preparing the remedy with love or prayer can enhance the power of the remedy. All practitioners maintained that prayer was important for healing:

First of all, you have to always put this in God’s hands...apart from remedies and the medicine they give
in the hospitals, the prayers have helped me tremendously. One must concentrate, and many beautiful things would happen...the patient would be cured. Once a person begins to pray, words come out that a person would never have imagined (Sra. Rosita).

Two practitioners recommended only herbal treatments, while others suggested a variety of nonherbal treatments in conjunction with the herbal remedies (Table 2). These included meditation, exercise, dance, yoga, healing touch, massage, “telepathic healing,” “sincere communication,” lighting candles and incense, and prayer. Sra. Ana explained that when she touches the patient she can sometimes feel a “mass,” which is responsible for the illness. She sweeps her hands over the patient’s body to remove the illness (ensalmar), and she also performs santiguar, or baptism, with water. The notion of cleansing is important in explaining the rationale for many of the therapies recommended. Herbs and other therapeutic interventions are used for their cleansing and purifying effects on the body and mind. Cleansing practices have been observed in Latino cultures, where substances may be used to “sweep” the body to draw out disease-causing elements (O’Connor 1998).

The use of multiple therapies is illustrated by a case in which the patient complained of hot flashes persisting over several years. Sra. Alicia recommended a drink popular among the women of the Dominican Republic, made by soaking pineapple peels (Ananas comosus) and linseed leaves and flowers (Tilia cordata) in spring water for several days. This was intended to refresh the body and help regulate the body temperature to reduce the intensity of the hot flashes. In addition, she recommended massage, visualization (of a cool place), herbal baths, drinking spring water frequently, reducing intake of red meat, avoiding contact with people who increased her level of stress, observing nature, and meditation.

Explanations underlying the choice of particular treatments include elements based on a hot-cold model of health and illness, in which disorders arise due to excesses of heat or cold in the body, and treatments are generally aimed at restoring balance to the body (Browner 1985; Harwood 1977; Trotter and Chavira 1981). For example, plants recommended for hot flashes were thought to have “cooling” properties. In contrast, some healers mentioned that fibroids may be due to an accumulation of “cold” in the uterus.

**Practicing in New York City**

While these traditional practitioners continue to use the traditions of their native countries in their healing work, there are also major differences in practice that result from the transition from one country to another and from a rural area or small town to a metropolis. One very significant difference is the availability of plants. In the Dominican Republic, where most healers lived in the countryside or returned there frequently to visit family, fresh plants were available, growing wild or cultivated. Although most of the plants in the healers’ materia medica are available in New York City, they have to be purchased from botánicas or otherwise imported. Some plants can be found fresh, but many are available only in dried form. The healers reported that herbs are more powerful when collected fresh and used immediately, as they may take longer to take effect when dried. Most healers reported that in the Dominican Republic they collected the plants themselves. They feel this not only ensures high quality, but for some practitioners (Sras. Marta and Alicia) it was important that plants be harvested in a specific way. For example, they might harvest only mature plants, at the appropriate times (e.g., at the full moon, or in the early morning), and with gratitude and respect for the plant’s healing powers. It is common for the practitioners to travel regularly to the Dominican Republic, where they collect plants and prepare bottled remedies to bring back to the United States.

Another striking difference in New York City compared with the Dominican Republic is the increased cultural and ethnic diversity of the healers’ client population. Although most of the clients of the Dominican healers in New York City are from Latin America, many originate from countries other than the Dominican Republic. In addition, the practitioners who speak English have non-Latino as well as Latino clients. All practitioners reported that they recommend the same herbal treatments to clients from ethnic backgrounds that differed from their own, because “a human being is the same everywhere.” However, some culturally sensitive adjustments were made for nonherbal interventions; for example, Sra. Alicia recommended spiritual or religious practices only if they were in accordance with the beliefs of her clients.

An important effect of the American urban context on the style of healing practice is that in New York City practitioners treat individuals whom they do not know, whereas in their native countries, they usually live in small towns or villages and are acquainted with clients and their families. Sra. Alicia reported that in the Dominican Republic she would engage family members in the treatment to ensure that the client takes the remedies, and she herself would prepare and drink the teas with the patients to alleviate fears about taking the remedies. She considers involving others to be an important element in the healing process and, even in New York City, she tries to foster a strong sense of cohesion within her community by holding ceremonies and rituals.

According to Sra. Lucy, healers are more accessible in the Dominican Republic than in New York. Treatment is less expensive, and if a person has no money a healer will not charge. Sra. Lucy pointed out that healers in the United States appear to be more materialistic than in the Dominican Republic: “Here, it has more to do with money...herbs are very expensive.... The first thing they tell you is the price.... I went to a place and they weren’t worried about curing me as a person, but instead about how much they could make off me.”
Attitudes Toward Conventional Medicine

The practitioners are pluralistic in their approach, reporting that they and their clients typically utilize multiple medical resources. In our study, patients had a prior biomedical diagnosis, and healers reported that it is common also in their regular practice for clients to consult them after receiving a diagnosis and prescription for medication from a conventional medical doctor. According to the healers, their clients may accept their physician’s diagnosis, but are reluctant to take pharmaceutical medication because of possible harmful side effects; they seek a traditional healer’s expertise to find more natural remedies for their problem. The healers typically accept their clients’ conventional medical diagnoses, but do not limit their evaluations to these diagnoses. Rather, they seem to use conventional medical diagnoses as one element in a broad, multidimensional approach. In some cases, the healers encourage their clients to consult with conventional medical doctors:

It is important to confirm the diagnosis. The doctor gives the final diagnosis about diseases. It is more specific because it can tell us the location and size of the fibroids or the lesion…. I think patients should see a doctor after they have received natural healing to be sure they get rid of the illness (Sra. María).

Significantly, all the practitioners recommended that patients in the study with fibroids have sonograms subsequent to herbal treatments to see whether the fibroids shrink or disappear. But, in their usual practice, while many clients consult physicians, some may not. Sra. Lucy reported that: “The majority of people who come to me don’t go to a doctor. Some don’t have insurance, they prefer to go somewhere cheaper.” When asked if she refers patients to a doctor if they had something serious, she reported: “Thank God, until now there has not been anything I have had to deal with that is very serious.”

For their own medical problems, the traditional practitioners in this study reported that they might consult conventional medical doctors and self-medicate with herbal remedies either in conjunction with, or as an alternative, to conventional medical treatment. For example, one practitioner who suffers from asthma claims that as a result of taking herbal remedies she requires a medicated inhaler less frequently. Another practitioner had received a course of chemotherapy for cancer. She was treating herself with herbal and other nonconventional therapies that she felt were helping her to recover her health and maintain her positive attitude.

Sra. María was more skeptical on the integration of pharmaceutical treatments with herbs. She warns her patients not to combine her treatments with pharmaceutical medicines: “It is very, very important that these (herbal) medicines never be mixed with other types of medicine, what I would call artificial medicine. These medicines are made from natural things that do no harm, but if you mix them with those drugs and chemicals there could be a problem.” Similar concerns about herb-drug interactions are frequently expressed by conventional physicians as well (Fugh-Berman 2000).

Discussion

While each practitioner had individual motivations and influences, all expressed strong motivations to help people, and their work was imbued with religious, spiritual, and psychic significance. Such characteristics are consistent with other studies of Latin American traditional healers. The personal characteristics of traditional healers in studies in Belize include altruism, generosity, compassion, confidence, humility, a deep understanding of human suffering, strong communicative abilities, devotion to healing, a sense of humor, and strong spiritual faith (Arviso and Balick 1998). Koss-Chioino (1992) noted that the Puerto Rican women healers in her study were nurturing and caring, experienced their work as a calling, and were dedicated to easing the suffering of others. In the Dominican Republic, Ortiz has noted the rejection of the notion of profiting from healing work, even though it may also be a resource for economic survival (Ortiz 1994).

The practitioners in this study shared a sense of profound communion with nature, and their preference for natural remedies is an aspect of the belief in the harmony and sacredness of the natural world. The practitioners believed that their natural treatments were preferable to standard pharmaceutical treatments. They stated that although the effects of herbal remedies are likely to be more gradual than pharmaceuticals, they work in harmony with the body and with fewer detrimental side effects. Their confidence in the safety and effectiveness of the herbal remedies was based on the knowledge that these plants have been used in their families for generations and have stood the test of time.

The metaphysical dimension of health and illness expressed by these healers is a central theme in Latino culture, and religious and spiritual beliefs play an important role in many Latino healing traditions (Arenas, Cross, and Willard 1980; Baca 1978; Gomez and Gomez 1985; Gonzalez-Whippler 1994; Hahn 1995; O’Connor 1998; Perrone, Stockel, and Kreuger 1989; Samora 1978; Sandalval 1979; Stockel 1989; Trotter 1996; Trotter and Chavira 1981; Zaldívar and Smolowitz 1994). All healers in our study demonstrated a common belief in the spiritual dimension of healing by their altars, their emphasis on “respectful” harvesting of plants, and their use of prayer. While healers shared some religious and spiritual beliefs and practices, they differed regarding the influence of spirits and saints in the healing process, and they distinguished themselves, to varying degrees, from the practice of Santería. This demonstrates the diversity of beliefs within the community, and even within one family, as expressed by Sra. Ana’s rejection of the Santería practiced by her mother.

The practitioners shared a multifactorial perspective of illness causation, including physical, mental, emotional, and spiritual components. They acknowledged the medically diagnosed condition for which the patients in the study were seeking their help, and addressed this condition directly. But in addition, they attended to other aspects of each woman’s
The central problem identified by the practitioner was not always the specific medical condition for which the subject was seeking help, but frequently a broader, underlying condition, such as fatigue, anxiety, or trauma. For this reason, the consultation itself seemed to have therapeutic value. The provision of culturally appropriate treatment of mental health problems by traditional healers has been well documented in the United States and Puerto Rico (Fisch 1968; Garrison 1977; Harwood 1977; Koss-Chioino 1992; Pescosolido et al. 1998; Sandoval 1979; Singer and Garcia 1989). In the Dominican Republic, Ortiz (1994) observed that the concept of “health” includes relationships with kin, neighbors, and spiritual beings. While people go to biomedical practitioners to access medications and specialized services such as surgery, they are more likely approach folk healers to resolve their overall health problems. This perspective is often lacking in conventional medicine, which derives from a philosophical perspective of separation between mind and body. Medical science is compartmentalized, and separate specialties treat different body organs and systems (Engel 1977; Hahn 1995; Kirmayer 1988). Nonconventional systems of medicine recognize and treat the social, psychological, and spiritual dimensions of disease, and offer a variety of noninvasive, natural modalities (Iwu and Gbodossou 2000). Ethnomedical systems may appeal to many patients because they commonly view health and illness in the context of integration and interconnection with all aspects of life.

The Potential Role of Traditional Healers in Community Health

Standard health promotion programs established in urban centers are frequently ineffective in delivering service to Latino clients because providers lack cultural awareness and ethnomedical knowledge (Castro, Cota, and Vega 1999). Traditional healers have important functions for immigrant and ethnic communities that are not fulfilled by the mainstream medical establishment. Many patients from immigrant and ethnic minority groups, especially non-English speakers, feel alienated when visiting conventional medical doctors, and studies on minority women have found that many who seek nonconventional medical care are skeptical of the conventional medical system (Cushman et al. 1999; Ortiz 1994). As immigrants and women, the practitioners in the study share many personal experiences with their clients. In addition to their specialized knowledge and skills as healers, they drew upon their experience as women (physically and socially), sharing with patients their personal strategies of coping and healing. Referring to themselves as ordinary people who know about healing can provide a model of hope and empowerment for their clients, who are mostly Latinas in relatively marginalized, powerless positions. These findings are consistent with those of Espin (1997), who noted that empowerment among Latina healers was expressed as self-determination rather than adversarial power.

The immigration experience frequently involves considerable stress, caused by economic insecurity, minority status, and cultural and personal loss (Foner 1987; Portes and Rumbaut 1990). The mainstream health care system can reinforce immigrants’ feelings of anxiety due to language differences, differences in concepts of illness and healing, and by discrimination (Kleinman, Eisenberg, and Good 1978; Lazarus 1988; Meleis 1991; O’Neil 1989; Ong 1995; Pachter 1994; Reiff 1997; Reiff, Zakut, and Weingarten 1999; Thompson and Thompson 1990; Vasquez and Javier 1991). In contrast, the local traditional healers often share their clients’ cultural background, their experience of immigration, and feelings of alienation from the host culture and the medical system. For immigrants, choosing traditional healing may be a way to cope with their personal and health problems, while affirming the value of their own cultural traditions (Espin 1997; O’Connor 1995; Trotter and Chavira 1981).

The finding that traditional practitioners in the study relied upon conventional physicians for some diagnoses and for verification of efficacy of their treatments (e.g., sonograms to know whether fibroids have decreased) has important implications. Concurrent utilization of both conventional and traditional medical systems strongly suggests that the healers accept and sometimes encourage their clients’ use of multiple healing resources. Immigrant populations in the United States typically utilize multiple health care resources. For many, this pattern was common in their countries of origin, especially for those from urban areas. For others, the use of biomedicine may be new or expanded, and biomedicine may be regarded as the “unconventional” choice (O’Connor 1998). It is not only recent immigrants who use traditional healers; immigrants and children of immigrants who are most “acculturated” by standards such as education, English fluency, and socioeconomic status may in some cases make the greatest use of their culture’s traditional medical resources (Jenkins et al. 1996; O’Connor 1998).

Traditional practitioners address needs in their communities that may not be addressed by conventional medical services. Several researchers have documented the value of folk and traditional medicine and the benefits of cooperation between modern conventional and traditional or folk medical systems (Delgado and Santiago 1998; Edgerton, Kano, and Fernandez 1970; Harwood 1977; Koss-Chioino 1992; Lubchansky, Egri, and Stokes 1970; Pachter 1994; Torrey 1969; Trotter 1996), and further research in this area is warranted. The effects of traditional medicine are still largely unexplored by modern science. Treatments may involve herbs that can have beneficial or adverse effects and may interact with prescription or over-the-counter pharmaceuticals (Baer et al. 1998; Gordon 1994; Koss-Chioino 1992; Pachter 1994; Sandoval 1979). Nonherbal treatments recommended by traditional practitioners, such as relaxation techniques, dietary recommendations, exercise, and prayer, may also help to ameliorate some health-related problems. Traditional practitioners can share valuable information about common medical practices in their communities, disseminate
medical information to their patients, and refer certain problems to physicians. In these ways, traditional healers can provide an important health resource in their communities. In addition, learning about traditional health practices commonly used by patients can help physicians to discern which traditional therapies might benefit their patients and which may be hazardous. With increased awareness of ethnomedical practices, physicians can better understand their patients and support them in making more informed health choices. Knowledge of health beliefs among ethnic groups can also help in designing and implementing effective culture-specific strategies for health care among minority populations (Owen Jones 2001).

Limitations

The patient-practitioner interactions in our study were set up, in that we selected patients with specific medical conditions to investigate the healers’ recommended treatments. These are not typical interactions of healers with their clients, and we cannot assess how the practitioners would diagnose a woman approaching them for help with a similar problem that had not been diagnosed by a physician. We also cannot report on help-seeking patterns for these problems by women in the Latino community, except as articulated by the healers in describing their clients. A related issue is the lack of data on the broader social and political contexts of the healers’ lives and work, except as this was illuminated by the healers in face-to-face interviews. We have drawn most of the material from the preliminary in-depth interviews with the healers, supplemented by observations and interviews during and following consultations. This paper, therefore, focuses primarily on the perspectives of the healers themselves. Healers report that it is common for their clients to be non-Dominican and even (for those who speak English) non-Latino, and for some patients to visit them after seeing a conventional health care provider. Clearly, observations of healers with their own clients would be a worthwhile topic for future research.

Conclusion

The Dominican healers who participated in this study demonstrated both commonalities and variation in their healing practices. Common elements include the use of botanical remedies, a strong religious belief, altruism, a concern for the emotional and spiritual aspects of illness, the feeling that their healing abilities come from an external source, and the perception of a connection between the natural and supernatural dimensions. Similar perspectives have been reported among non-Dominican healers in Latin America and other regions (Gomez and Gomez 1985; Hahn 1995; Hewson 1998; Koss-Chioino 1992, O’Connor 1998), suggesting that these healing traditions are very widespread and vigorous. In addition to the commonalities, these healers also displayed considerable variation in their practice. Different plants were frequently prescribed by different practitioners for the same patient, and there was considerable variation in the use of nonherbal therapies. While this may be partly due to the healers’ different backgrounds and personalities, these variations are also expected in healing traditions that are transmitted through oral and apprenticeship means (O’Connor 1998).

The traditional Dominican practitioners in this study typically provide services to predominantly Spanish-speaking clients with a wide range of physical, mental, emotional, and spiritual problems. They offer care that is culturally acceptable, may be less costly than conventional medical care, and includes spiritual and emotional dimensions not found in conventional Western medical settings. In general, they do not have official qualifications. Their healing traditions are transmitted primarily orally through older female kin. They feature both endurance and flexibility and maintain some elements common to their indigenous healing traditions, while adapting some practices to the new urban environment in New York City. The practitioners’ concepts of illness derive from a holistic approach, and their diagnoses are based on their assessment of clients’ presenting complaints and history, including physical, emotional, and spiritual dimensions. While the practitioners in this study tended to accept biomedical diagnoses, they emphasized the importance of using “natural” remedies in contrast to pharmaceuticals. Their concepts of causation and their treatment approaches derived from their own traditions and from a belief in an interconnection between physical, spiritual, social, and psychological dimensions. Increased communication between providers of Western medical care and practitioners of healing traditions from other cultures could contribute to more effective and comprehensive health care for patients utilizing multiple medical resources in diverse multicultural settings.

Appendix

Descriptions of Practitioners’ Background Characteristics, Healing Traditions, and Practices

1. Sra. Marta is from Santo Domingo. She is 45 years old and of French, Spanish, Italian, and Taino ancestry. She has lived in New York City for 30 years and has two grown children. She uses herbs to treat herself and her family and is known in the community, where she is called upon for help with a variety of problems, from assisting with child care to advising on herbal remedies for physical and emotional problems, including drug addiction. She sees clients at her home in Washington Heights and works in a beauty parlor as a beautician and masseuse. She learned about herbs from her grandmothers, both of whom were healers. She became a healer after she believed she was cured of paralysis through prayer. Her
source of healing is “God, through Jesus.” Sra. Marta identifies problems through “sensing,” or intuition, and by asking clients to report their symptoms, physical sensations, and life events. She also asks about the diagnosis they have received from their doctors. Her treatments include herbs, prayer and healing through touch.

2. Sra. Alicia, a woman in her fifties, is from the northwestern Dominican Republic and has been living in the United States for about 30 years. She has practiced healing since she was a child, first in the Dominican Republic and later in New York. She also studied psychology at a university in the United States and integrates this training into her traditional Dominican practices. She refers to herself as a “facilitator of good health” and draws on different traditions from the Dominican Republic, including herbs and meditation. At the time of the study she was working full-time in an organization providing social and cultural services to Latino immigrants. She promotes social and environmental causes and facilitates gatherings to celebrate the seasons and cycles of nature, such as the full moon and spring equinox. She says it is important to “celebrate her beliefs in the community,” and she holds ritual gatherings in her home in the Bronx, which is also where she sees her clients. Sra. Alicia describes her main diagnostic techniques as follows: “I listen to people, ask them questions, body language also and in some cases I use touch of hands and things like that... even through periods of silence I can know more or less what’s going on in a person’s life.” The main treatments she recommends are herbs, meditation, exercise, aromatherapy, candles, dance, crystals, incense, rituals, and prayers. Before seeing a client, she prepares herself mentally and emotionally by relaxing, feeling attuned with the person, and “asking the spirit of the universe for guidance.”

3. Sra. Rosita is in her thirties and from a rural area in the Dominican Republic. Since immigrating to the United States in 1994 she has worked as a photographer and in a botanica in Washington Heights. Consultations are offered in a tiny room at the back, where there is an altar with candles, flowers, incense, religious statues, and two small chairs. She grew up in the country, “where knowing about the healing powers of plants was part of life and surviving,” and she learned about herbal remedies from her mother. Sra. Rosita is Catholic and prays each morning before leaving the house. She did not have any special spiritual training, and she does not focus on the spiritual problems of her clients. Her main treatments are herbs administered as teas, herbal baths, and vaginal douches.

4. At 53, Sra. Ana has been a healer for 25 years. She has been in the United States for 10 years. She is employed in a beauty parlor and sees clients in her home. Sra. Ana doesn’t usually ask for money, but accepts tokens of gratitude. Her grandmother and great grandmother were healers, and she learned the local traditions from them as well as from other people living in the countryside. She continues to learn from books and television. Sra. Ana asks patients about their symptoms and also examines their urine. Her main treatments are herbal teas, which she brews for patients. They can be kept refrigerated in a glass bottle for several weeks. She also performs the santiguar, or baptism of water, with prayer for protection. When a client is in pain, Sra. Ana performs the ensalmar in which she moves her hands over the person’s body to “take out the illness.” She described herself as “very spiritual, and I pray to Jesus before I work with a patient. I have a great devotion for Jesus.”

5. Sra. Maria is in her fifties. She left the Dominican Republic at age 23 and, after living in Venezuela and Puerto Rico, settled in the United States. She sees patients at her home in the Bronx and she has no other occupation. Most of her clients are women who see her for fibroids, infertility, vaginal infections, and unwanted pregnancies. She reported that: “Since I was seven years old I helped my grandmother and in this way I learned from her. Since I was a child, I have had this ability. When a person comes with a problem, I can’t avoid helping him or her. There is something inside of me that forces me to help people.” Sra Maria is known as a curandera, or “the Señora that heals people.” Her diagnostic techniques include examination of the patient’s urine. She also considers patients’ descriptions of their symptoms as well as their reports of diagnoses made by conventional medical doctors. When patients come to her for spiritual and emotional problems she employs spiritual techniques of diagnosis. “During the consultations I receive spiritual guidance from God in order to heal people,” and, “it is as though a spirit talks through me,... [At these times] I am not aware of what is happening, but the patient writes down the messages, and after the consultation I read it and then I know what the problem is.”

6. Sra. Lucy is in her early thirties and immigrated to the United States three years ago. She explained that she could be called a curandera, but she does not communicate with the saints. She is keen to distinguish her practice from Santería, which her mother practiced. Sra. Lucy learned about plants from her mother who learned from her grandmother, and both were known as curanderas. When she was about 19 years old she started to become known as a healer, as she recalls: “My mother was always curing people. I used to help her. Then an elderly woman told me she had pain, a vaginal problem, and I talked with her and there began my story. I made a tea like those my mother had made... she began to have a lot of discharge and within the month she got better, by taking the teas. She began to say to people—Lucy can do this and that—and I became famous.... I liked to
see people get better... I made the medicine with so much love, I boiled the teas and I thought it was because of the faith I put into it, but also plants from the earth are amazing... She recommends herbal therapies and her diagnostic techniques include touching and asking about pain and symptoms, “but I really can’t tell someone exactly what they have... because I’m not psychic.”

Notes

1We use the term “traditional” to refer to ethnomedical and folk healing systems, and “conventional” to refer to Western biomedicine. We recognize that conventional is a relative term and use it to indicate the dominant, officially sanctioned medicine of United States society. We follow standard definitions of nonconventional treatment as practices “neither taught widely in U.S. medical schools nor generally available in U.S. hospitals (Asin 1998; Eisenberg et al. 1993, 1998).

2We use the term “Latino” to refer to people from Latin America, but when referring to literature that uses the term “Hispanic,” we follow that terminology.

3Although these terms can imply different techniques and practices in different areas, they have been broadly defined in the literature as follows: Espiritismo was introduced from Europe in the 19th century and is characterized by the belief in communication with spirits and the removal of harmful spiritual influences (Harwood 1977; Koss 1992). Santeria is an Afro-Caribbean syncretic religion combining elements of Catholicism and African Yoruba religion (Gonzalez-Whipple 1994; Sandoval 1979). Curanderismo has no standard religious affiliations; it involves the use of physical, botanical, and spiritual therapeutic modalities (such as ritual, herbs, and massage), and healing powers are often attributed to a “gift from God,” typically revealed and confirmed in dreams. In addition the healer often invokes the assistance or advice of a spirit of an ancestor or predecessor (Edgerton et al. 1970; Trotter and Chavira 1981).

4Practitioners are referred to by pseudonyms.

5The practitioner used the English term “nerves” and did not indicate that she was referring to nervios, a complex of interrelated physical and mental symptoms found in many Latino cultures (Guaraccia 1996).

6Causal models will be discussed in more detail in subsequent papers focusing on specific conditions.

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