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Health Care

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Health Care

Abstract

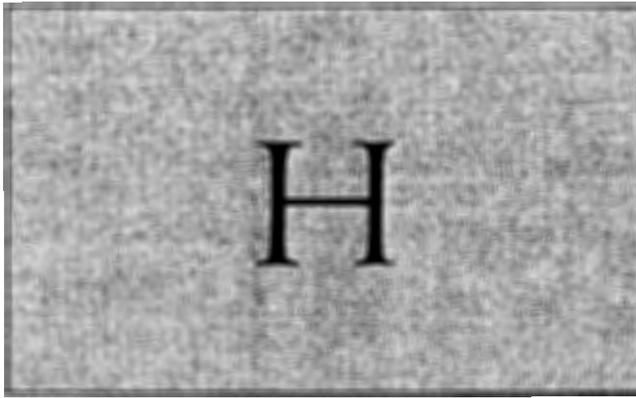
The role of religion in health care among people who became known as Latina/as can be traced back to first encounters between the Spaniards and indigenous peoples in the Americas. Some of the Spanish chroniclers were interested in discovering new medicines, and so they collected as much information as possible about health practices. In general, health care and medicine were intertwined with an imperialistic study of subject peoples. This entry treats health care as a result of the triadic interactions of European, indigenous, and African traditions that are still being experienced among the pan-ethnic group we call Latina/as, and that includes Mexican Americans, Puerto Ricans, and Cuban Americans. Much of what will be discussed falls into the category of folk medicine that is derived from historical and traditional practices within Hispanic communities rather than from modern scientific methods of diagnosis and healing.

Disciplines

History of Religion | Latina/o Studies | Other Religion

Comments

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HEALTH CARE

The role of religion in health care among people who became known as Latina/os can be traced back to first encounters between the Spaniards and indigenous peoples in the Americas. Some of the Spanish chroniclers were interested in discovering new medicines, and so they collected as much information as possible about health practices. In general, health care and medicine were intertwined with an imperialistic study of subject peoples. This entry treats health care as a result of the triadic interactions of European, indigenous, and African traditions that are still being experienced among the pan-ethnic group we call Latino/as, and that includes Mexican Americans, Puerto Ricans, and Cuban Americans. Much of what will be discussed falls into the category of folk medicine that is derived from historical and traditional practices within Hispanic communities rather than from modern scientific methods of diagnosis and healing.

Historical Impulses in the Study of Hispanic Health Care

As the United States acquired formerly Spanish territories, there was an interest in knowing as much as possible about America's new imperial subjects. This is quite evident in the person of John G. Bourke, a captain in the United States Army who published in the 1890s some of the first formal studies of Mexican American health care practices and "superstitions" while stationed at Fort Ringgold, Texas. Bourke provided a catalogue of herbs and remedies along with the classification of illnesses such as *susto*, *empacho*, and *caida de mollera*, which are too often described without nuance by many researchers who study Mexican American health practices.

Bourke's studies also influenced the selection of the Lower Rio Grande of Texas as a primary laboratory for the study of Mexican American health practices. Bourke, as well as modern scholars, notes that at least six major traditions can be detected in Mexican

American *curanderismo* (folk healing), and these include Judeo-Christian, Arabic medicine, medieval and later European witchcraft, and Native American traditions. Given such disparate sources, it is difficult to speak of simply "indigenous" medicine.

Within the broader context of American society, the study of Latina/o health care has been included in studies of religious alternatives to conventional health care. Health care concerns have always shaped religion and vice versa. Some religious groups such as Seventh-day Adventists and Christian Science, may be seen, in part, as health care reform movements. As usual, whenever conventional health care is perceived to be deficient, new alternatives are proposed, and many of them are religious in nature.

Another impulse is more practical. Latinas/os have become a significant group in America, and modern medical personnel realize the importance of knowing the health care practices of their patients. This concern began in the late nineteenth century with Bourke, but since that time the Latina/o population has grown to over 40 million. Many doctors and nurses realize they must be educated in the role of religion in health care among Latinas/os. Indeed, Latino/as can bring a host of illness classifications and ideas that are not familiar to Anglo practitioners.

A more recent impulse derives from efforts to show scientifically that religious factors can have positive effects on therapy. Some of the foremost representatives of this effort include D. B. Larson and Harold Koenig. These authors seek to reverse a disjunction between health care and religion that came into full force with the advent of "Germ theory" and powerful new scientific

therapies that made religion seemingly irrelevant. As we shall see, many of these studies of the effect of religion on health have bypassed Hispanic populations.

Explaining Illness

All health care systems usually include "etiology," the general name for ideas about the cause of illness. Here we distinguish between "disease," which refers to any modern biomedical classification, and "illness," which is any condition that a culture defines as abnormal. Thus, many "illnesses" among Mexican Americans are not recognized as "diseases" by a modern medical system. Likewise, many diseases are not recognized as illnesses by many Mexican Americans. For example, arteriosclerosis, when exhibiting no symptoms, may not even be acknowledged as an illness by Mexican Americans.

Among Mexican Americans, some of the best-known illnesses are mostly of "natural origin," especially as classified by Euro-American anthropologists. For example, some scholars note illnesses relating to dislocated organs (fallen fontanelle) or illnesses of emotional origin (*susto*). "Caída de mollera" (fallen fontanelle) is often manifested by an inability of a baby to breast-feed properly. "Empacho" refers to a wide variety of indigestive ailments, but often a bolus of food attached to the stomach walls is believed to be responsible for the illness. In part due to overemphasis on studying Mexican American folk traditions in South Texas, many anthropologists have missed the regional and sociolinguistic variation in the use of these terms.

Witchcraft (*brujería*) and magic are believed to cause illness. In the 1890s, John G. Bourke records this belief

among the inhabitants of the Rio Grande Valley. One of the more common diagnoses attributed to witchcraft is *mal de ojo* (evil eye), which can be found in many cultures, ancient and modern. Belief that one is the victim of "bad magic" can help outline the moral and personal conflicts that explain why the patient, rather than someone else, has become ill.

Demons and gods can also cause illness. The biblical God, for example, is often seen as both the sender and healer of illnesses (Job 5:18). In *Santería*, fevers (and mishaps with fire) can be associated with *Changó*, the orisha associated with lightning and fire. In Pentecostal traditions, which we will discuss further below, what are otherwise perceived as natural diseases can also be attributed to demons. For example, it has been a common Pentecostal belief that demons are responsible for schizophrenia or psychosis, illnesses that modern medicine attributes to brain disorders.

Scientific medicine regards the issue of sin as irrelevant in etiology. However, sin and illness have been linked at least as far back as the third millennium BCE, judging by Mesopotamian sources. The biblical book of Deuteronomy (e.g., Chapter 28) makes a systematic link that may be reduced to two relationships: (1) Illness = sin; and (2) Sin = illness. That is to say, if one is sick, then one must have sinned. If one sins, then expect illness to occur. This sort of etiology was juxtaposed to that found in the biblical book of Job, in which illnesses can be caused by mysterious, yet divine factors other than sinning. In the New Testament, Jesus specifically disputes that sin is always related to illness (John 9:2), even if elsewhere he is portrayed as accepting this relationship (Mark 2:5-10).

Among Latina/os, the same tension exists in these opposing etiologies. Sins may be minimal social slights to more severe breaches of moral codes. Thus, Lydia Cabrera, the noted scholar of *Santería*, reports the case of a *babalawo* (a *Santería* priest) who was believed to be sick because he stole a peacock dedicated to *Oshun*, the orisha associated with love (1975, 45). Different folk healers may recognize an overlap between the Christian concept of sin and more "natural" factors (e.g., an imbalance of humors or disharmony with nature) in diagnosing an illness. As in the case of biblical stories, therapy may include seeking forgiveness from God or redressing perceived wrongs. As such, therapy serves social needs and may be subject to social controls.

Therapeutic Strategies

"Therapeutic strategies" refer to the concerted actions taken by a patient in order to receive healing. Such actions depend on religious presuppositions, economics, and other factors. Most health care systems develop a hierarchy of options. The first option is usually the least expensive and simplest remedy. If this option does not provide results, then more expensive or complicated treatments may be sought. In modern America, for example, one's first option for a headache may be to take the aspirin that sits on the nightstand. If headaches persist or become severe, then one may seek the help of a general doctor, and then a specialist.

In Latina/o subcultures, home remedies and self-help may include prayers and homemade remedies. Personal gardens may have *yerba buena* (mint), which is thought to cure a variety of



Vitamins, homeopathic medicines, and other products line the shelves at the shop of a curandero, or healer. (Stephanie Maze/Corbis)

ailments. Latino/as in the United States are just as likely as Anglos to have aspirin and other medicines bought over the counter at a local Anglo-owned pharmacy.

After simple self-help, the next step, especially among older or immigrant generations, may be to visit with a folk healer, usually called *curanderos/curanderas* among Mexican Americans. Determining the degree of utilization of these *curanderos* has been fraught with controversy. Some researchers have been criticized for regarding *curanderos* as characteristically widespread among Mexican Americans and/or for seeing them as the continuation of “primitive” superstition. Yet, one important survey completed in Southern California reports that less than 1 percent of 500 Mexican American households mentioned the use of folk healers. Indeed, one must heed

generational and regional differences more than earlier researchers tended to do.

Curanderas/os have a range of skills and usually charge few, if any, fees. Some authors note that *curanderas/os* often resemble psychiatrists more than medical physicians. Mexican American *curanderas/os* can provide advice on everything from marital problems to preventive care. Giving advice on social and emotional problems is also common among consultants associated with “Spiritism” (see below) among Puerto Ricans in New York. Similar observations may be made about priests (*babalawos*) in *Santería*.

The most accomplished folk healers know plants very well. This was already reported by Bourke in the 1890s for Mexican Americans in the Rio Grande Valley. The “herbalist” tradition can also

YERBEROS

Yerberos (herbalists) are specialists who have learned the secrets of the herbs by which diseases and illnesses can be cured and evil diverted. Although most *curandero/as* and *santera/os* are yerberos, not all yerberos are religious faith leaders. Those who are not belong to a lower tier of folk healers. Nevertheless, the healing powers of yerberos are considered to be a gift from God. These yerberos understand herbs to be the most important ingredients within religious ritual, more important than sacrificial animals. Every plant is alive, infused with a magical force and protected by spiritual entities. As such, herbs and plants are able to heal body and/or soul. While a medical doctor might prescribe medicine that cures the physical, the yerbero also attempts to bring healing with the spiritual world. Yerberos can trace their roots to the ancient fusion of indigenous herbal medicine techniques (Native American in Central and South America and African in the Caribbean) and religious rituals. Still, not every yerbero is a practitioner of a religious tradition. Their approach to healing serves as an alternative to unaffordable conventional medical care. Because of the difficulty of obtaining wild plants and herbs in major industrial cities, the number of plants and herbs used has been greatly reduced. Yerberos participating in these forms of Hispanic folk medicine usually turn to the botánicas to obtain what is needed.

—MAD

be found among Afro-Caribbean traditions in Puerto Rican and Cuban American communities. At the same time, some older traditional specialties (e.g., hueseros/bone specialists) may be dying, according to surveys done by some medical anthropologists.

Therapy itself can take a wide range of forms. Curanderas/os can combine Christian prayer with nonofficial rituals, such as the Mexican American *barrida* ("sweeping"). The sweeping action of a broom, often made of special materials, is thought to act as a magnet that carries away any malady. It can also be seen as a form of sympathetic magic in which an action works by virtue of its imitation of the intended result. In Santería, one can combine more elaborate rituals, which may involve music, herbs, and the sacrifice of small animals.

Another aspect of therapy that is often overlooked by researchers is the role of

art in healing. In cases of illness, many Mexican Americans paint special "retablos," or wooden boards. These retablos can be used in the petition for healing or as a thanksgiving offering after healing. Retablos characteristically include a picture of the patient along with an inscription detailing the scene or medical problem. Likewise, many crafted figurines may be used in Santería healing rituals. One may see that Santería healing rituals also have aesthetic dimensions that range from the placement of objects within the sacred space to the crafting of representations of the orishas.

Modern medical science may provide the next series of options, and economics is one of the most important factors in this selection. The relationship between folk healing and modern medical science is an uneasy one. Modern biomedicine is often viewed by religious believers to emphasize the physical at the expense of

the spiritual dimensions of the human experience. The response of medical science toward folk healing may range from indifference to hostility. Recently, however, there are complementarian models that acknowledge that indigenous traditions have some merit.

Healer Cults

As has been the case through much of recorded history, many individuals rise to prominence as healers. U.S. Hispanics may have more than their fair share of such prominent miracle healers, and these include Don Pedro Jaramillo (d. 1907), who has been called the most famous healer in southwestern Mexican American history. Born in Mexico, he gained prominence when he moved to the Los Olmos Ranch in what is now Brooks County, Texas. Jaramillo also used a mixture of indigenous and Christian religious rituals.

Teresa Urrea was a woman whose fame as a healer at the turn of the century led to her being viewed as a political threat by many in U.S.-Mexico borderlands. Urrea also illustrates the extent to which gender is a crucial aspect of folk healing. Women form a relatively large proportion of folk healers among Mexican Americans and Puerto Ricans. This occupation can provide women with prestige and power that they may otherwise lack.

The healer who has inspired the most persistent new religious movement among some Mexican Americans is probably El Niño Fidencio, whose full name was José Fidencio Constantino Síntora. Reportedly born in 1898 in the state of Guanajuato, Mexico, he became renowned in the 1920s and 1930s for his reported healings in Espinazo, Nuevo

León (Mexico). By the time of his death in 1938, El Niño ("The Child") spawned a whole "Fidencista" movement, part of which eventually became an official church in Mexico in 1993. Fidencista influence reaches into the United States, especially among Mexican Americans in the Southwest.

As Mexican Americans and other Latina/os grow and interact with Anglo culture, the traditions of Latino/a folk healers have lost some ground or have been recontextualized. Indeed, U.S. Hispanics may now be just as familiar with someone like James Van Praagh, the Anglo spiritist, or Deepak Chopra, who espouses Ayurvedic medical traditions of India. On the other hand, there is still much to be investigated. There may be dozens of healers who may be well known in smaller Latina/o communities, but unknown to a modern media that can create and market renowned healers on a massive scale.

Pentecostalism as a Health Care System

Pentecostalism, from its very beginnings, viewed healing as a central part of its mission. The history of this American-born movement is quite complex. The movement had at least two embryonic foci—one in the mountains of Appalachia, and the other in the urban landscapes of Los Angeles. Pentecostalism began as a sort of apocalyptic movement dissatisfied with the modernism that was perceived to be infecting mainstream churches.

The apocalyptic nature of Pentecostalism was also tied to the healing aspect, something illustrated by Acts 2:17–18 and Mark 16:17–18. Armed with such

passages, Pentecostals emphasized that miraculous healings confirmed that the end of time was near, though eventually the apocalyptic aspect ceded to the idea that healing was simply a normal part of the Christian life. This attitude contrasted with many major Protestant churches, which saw miracles as restricted to the earliest "Apostolic Age." One of the earliest organized Pentecostal churches, the Church of God, had health care as part of its rationale for prohibiting the use of tobacco.

Many of the first Pentecostals among Spanish speakers certainly promoted healing as a central part of their message. For example, María Atkinson (1879–1963), who founded the Mexican branch of the Church of God, promoted the value of Pentecostal health care in a systematic manner. This was evident not only in her sermons but also in the banner that included the words "Jesus Heals" (Jesús sana) displayed at the altar in many of her services. Many of her early converts first visited her church, in part, because of their search for healing.

Spiritism as a Health Care System

Some scholars distinguish between "Spiritualism" and "Spiritism." The former is a general practice centered on a medium's ability to communicate with the dead for the benefit of paying clients. Spiritism is a specific movement that syncretizes Spiritualism, African, and Catholic traditions with the work of a Frenchman named Allan Kardec (1804–1865). Born Hippolyte Léon Denizard Rivail, Kardec was the author of influential spiritism treatises, including *The Book of Spirits* (1857) and *The Book of Mediums* (1861).

Puerto Ricans on the U.S. mainland, particularly in New York, are very familiar with Spiritism. Kardec's philosophy, which was brought to Puerto Rico by the 1890s, resonated at first with the White upper-income stratum in Puerto Rico. The upper classes turned to the French Spiritist beliefs, not wanting to identify themselves with the African and jíbaro (peasant) elements within their society. By practicing Spiritism, the elite legitimated the ancestor worship already thriving in Puerto Rico. Indeed, the idea of communicating with the dead existed among the indigenous Taíno, and in traditions brought from Africa.

In New York, Puerto Rican Spiritism began to mix with Cuban Santería. Much of the mixing took place through the interaction of Puerto Rican and Cuban musicians. Spiritism now provides a serious alternative to Protestant and Catholic traditions among New York Puerto Ricans. In New York City there are centros ("centers"), where practitioners gather. Sometimes these centros become the target of protests by Puerto Rican evangelicals who see them as centers for witchcraft. Pentecostalism and Afro-Caribbean Spiritism, in addition to being religious rivals sometimes, are also rivals in health care clientele.

Santería as a Health Care System

Healing is a major concern of Santería. Santería is an adaptation of the religion of the Yoruba slaves, whose ancestors had a highly organized urban culture that can be traced back at least 1,000 years in Nigeria. The worship of African deities in the guise (or as equivalent to) Catholic saints ("santos") by the African slaves resulted in the word "Santería" being

applied to the newly emerging religious tradition.

It is too simple to call the Yoruba religion polytheistic, as eventually all of the transcendent entities, called orishas, are but an aspect of the supreme God named Olodumare ("the Lord of all destinies"). The orishas may specialize in different illnesses. Babalu Ayé (identified with Saint Lazarus) is perhaps the orisha best known for specializing in the curing of diseases. But other orishas also have their roles in health care.

The year 1959 marked a turning point for Santería. Although Cubans had been coming to America since the nineteenth century, it was the Cuban revolution that resulted in hundreds of thousands of new Cuban immigrants to the United States, and particularly to South Florida. Santería thereby entered a new phase in a relatively new environment. In America, Santería was "desyncretized," meaning that it sought to reclaim its African origins. Animal sacrifice, which has been a part of many health care traditions since ancient times (see Leviticus 14:4–5) still plays a role in health care in Santería.

Perhaps the most important public gateway to the world of Santería in the United States is the *botánica*, a sort of Santería supermarket, which usually stocks the herbs and paraphernalia needed by practitioners. One may find cans of aerosol sprays marketed for their efficacy in love or other aspects important to everyday life. As such, the *botánica* represents the use of capitalistic marketing techniques by Santería. The multiplication of *botánicas*, especially in Miami and New York, reflects a more accessible attitude toward Santería in the United States.

Divination is probably one of the most recurrent services that a *babalawo* performs for his patients. *Ifá*, which relies on the casting of palm nuts or the reading of a necklace, is perhaps the most prominent form of divination. The procedures of *Ifá* aim to create a dialogue between the various configurations of the divining instruments and the client.

Any conflict between Afro-Caribbean religious traditions can also be seen, at least in part, as a conflict between health care systems. The competition may be economic, especially if practitioners in one system derive part of their livelihood from such consultations. The competition may also be for power, especially if one group deems their ideology as more "true" or the one that should have dominance. Indeed, many *espirista* consultations expend part of the time instructing patients not to go to an alternative system. Likewise, one often sees competition between scientific medicine and alternative health care, including that of Pentecostalism and Santería.

Science and Religion

Some medical researchers are renewing the study of the role of religion in health care. Some of these studies are practical attempts to see whether some religions create a healthier lifestyle. Other studies are motivated by the attempt to validate the efficacy of supernatural claims of specific religions. The scientific merits of such endeavors have been criticized by many scientists and scholars of religion. Nonetheless, the study of how religion can influence health is important regardless of whether one accepts supernatural assumptions or not. Are adherents of some religions healthier than

adherents of other religions? If so, why? And, it is in this context that Latino/a health care is relevant. Such researchers have, by and large, neglected Latina/o populations. For example, the landmark tome published by Oxford Press, *Handbook of Religion and Health* (2001) bears only scant references to studies involving Hispanic religious traditions.

Many researchers who see the value of faith in health often cite studies that conclude churchgoers are healthier than non-churchgoers. For example, some report that churchgoers have an average lower blood pressure (about 5 mm lower) than nonchurchgoers. Yet, in such studies "churchgoers" is a selective category that may reflect differences in socioeconomic status rather than church attendance. We can also ask if churches that emphasize healing attract the sicker individuals. If so, there would be a negative correlation between religion and health. These are the types of questions that still need to be answered in an exploration of the role of religion in health care among Hispanics.

Another problem is that the set of churches selected might not place much demand on members. Accordingly, it would be difficult to use such a set to generalize about the good effects of faith and "churchgoing." The churches used in these studies may indeed provide emotional support that may be regarded as positive. However, there are many other churches that can place demands on members that can cause emotional problems. By omitting such churches, researchers may be unscientifically selective in their samples. Indeed, Koenig, who is otherwise an advocate of the positive effects of religion on health, notes that groups that believe in suicide

(e.g., Jim Jones temple, Heaven's Gate cult) suffer obviously negative consequences to health.

Other scholars note that groups in which alternative therapies predominate over the use of conventional medical means suffer disproportionate mortality rates from diseases that are otherwise very treatable. Even some scholars generally positive toward African traditional health care reported that some Yoruba healers may use herbs that make mental illness worse. In short, much more comparative study needs to be done on religion and health.

Other writers would add that the efficacy of religion in curing disease may not be the most important role of religion. For example, some medical anthropologists have reported that the presence of symptoms can persist even among those reporting healing in Seattle, Washington. That is to say, patients would report being healed regardless of the status of their symptoms. Others also received conventional treatment along with religious therapy, and so it was not scientifically possible to eliminate the possibility that conventional treatment had brought about any healing.

Accordingly, there must be factors other than actual healing that attract patients to Pentecostalism and other alternative health care systems. Faith healing, even if it does not always produce desired effects, at least does not cost anything, or not as much as a conventional system that may be equally ineffective. Patients may perceive faith healing as an advantage simply because it is not as economically burdensome as conventional health care. In addition, a Pentecostal congregation may provide other means of emotional and social

support that conventional health clinics or other denominations do not, at least from a patient's perception.

Conclusion

As is the case in many places and cultures, it is useful to think of health care among U.S. Latinas/os in terms of overlapping systems. Each system may stand alone. For example, Pentecostalism theoretically can stand alone as a complete health care system. Some Pentecostals may believe that they need not avail themselves of scientific health care if God can cure all illnesses without medical help. But, the majority of Pentecostals do not function in this manner, nor do believers in Cuban American Santería or Puerto Rican Spiritism. Most negotiate and interact with different health care systems to the point that we probably have to think of a larger super-health care system that encompasses both scientific medicine and folk medicine. This sort of interaction has been the case throughout history.

The need for an alternative health care system has never died out. We can see competing and/or overlapping systems from the dawn of writing until today. Certainly, scientific medicine has become more acceptable than ever. As Mexican Americans become more urbanized and move into higher income brackets, the old *curanderismo* has apparently yielded to more visits to conventional physicians. However, alternative medicine has not died completely; it has only taken new forms. In many communities, there may still be some links with traditional practices, but they are reinterpreted and recontextualized.

There are a number of trends that may intensify in the near future. One is a

continued interaction in the health care systems of Hispanic subgroups in the United States. We already see that happening between Puerto Ricans and Cubans in New York City. The more Latina/o subgroups interact with each other, then the more Latino/as of one subgroup may feel comfortable using traditional healing traditions predominant in other subgroups. Many Hispanics are already clients of healing systems that are originally drawn from other parts of the globe (e.g., Ayurvedic medicine). Certain forms of folk healing may decline among more prosperous and assimilated Latinas/os, though new forms will probably develop, especially as Central and South American groups become more prominent in the U.S. Latino/a religious experience. In any event, the complex configurations of etiologies and therapeutic strategies that are still evolving among Hispanics form a new and dynamic episode in the long history of the interaction of religion and health care.

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References and Further Reading

- Bourke, John G. "Popular Medicine, Customs, and Superstitions of the Rio Grande." *The Journal of American Folklore* 7 (1894): 119-146.
- . "Notes on the Language and Folk-Usage of the Rio Grande Valley." *The Journal of American Folklore* 9 (1896): 81-116.
- Cabrera, Lydia. *El Monte* (Miami: Ediciones Universal, 1975).
- Curry, Mary Cuthrell. "The Yoruba Religion in New York." *New York Glory: Religions in the City*, ed. Tony Carnes and Anna Karpathakis (New York: New York University Press, 2002).

- De La Torre, Miguel. *Santería: The Beliefs and Rituals of a Growing Religion in America* (Grand Rapids, MI: Eerdmans, 2004).
- Edgerton, Robert. *Sick Societies: Challenging the Myth of Primitive Harmony* (New York: Free Press, 1992).
- Gardner, Dore, and Kay Turner. *Niño Fidecicio: A Heart Thrown Open* (Albuquerque: Museum of New Mexico Museum Press, 1992).
- Koenig, Harold, Michael E. McCullough, and David B. Larson, *Handbook of Religion and Health* (New York: Oxford, 2001).
- Larson, D. B., H. Koenig, B. H. Kaplan, R. S. Greenberg, E. Logue, and H. A. Tyroler. "The Impact of Religion on Men's Blood Pressure." *Journal of Religion and Health* 28 (1989): 265–278.
- Pattison, E. Mansell. "Ideological Support for the Marginal Middle Class: Faith Healing and Glossolalia." *Religious Movements in Contemporary America*, ed. Irving I. Zaretsky and Mark P. Leone (Princeton, NJ: Princeton University Press, 1974).
- Perez y Mena, Andrés Isidoro. *Speaking with the Dead: Development of Afro-Latin Religion Among Puerto Ricans in the United States* (New York: AMS Press, 1991).
- Roeder, Beatrice A. *Chicano Folk Medicine from Los Angeles, California* (Berkeley: University of California, 1988).
- Trotter, Robert T., and Juan Antonio Chavira. *Curanderismo: Mexican American Folk Healing* (Athens: University of Georgia Press, 1997).
- Wedel, Johan. *Santería Healing: A Journey into the Afro-Cuban World of Divinities, Spirits, and Sorcery* (Gainesville: University Press of Florida, 2004).

HERMENEUTICAL CIRCLE

The hermeneutical circle has become the focus of contemporary issues regarding

interpretation of Scripture, especially as a methodology for theologies of liberation. It was initially used to describe the idea that any text must be understood as a whole by reference to its individual parts and also that each individual part must be understood by reference to the whole. The circle was to be found within the text and the tradition of which it was a part—its cultural, historical, and literary perspectives.

Later philosophers emphasized existential understanding, that is, the interplay between our self-understanding and our understanding of the world. Sometimes discussed as the fusion of horizons of the text and the interpreter, the focus is on the understanding the interpreter brings to the text from his/her perspective. At first, fusion of horizons included the concept that the perspective of text and interpreter, when brought together, would represent a fixed reality. Later, as critical philosophers of certain schools such as the Frankfurt school and post-structuralist philosophers questioned the idea of reality as fixed, the fusion of horizons was also viewed by some as the place where the interpreter was altered by the experience of the text, just as the text was altered by the interpreter's perspective.

Critics of some of the versions of hermeneutics challenged the idea that the text and interpreter could be altered without some mooring to a fixed reality. The theological emphasis is on the prophetic nature of the revelation made possible through the perspective of the interpreter and his/her lived experience. For Liberation Theologians, the emphasis is on those possibilities for liberation that the hermeneutical circle allows. For them, debates about the adequacy of the method used for interpretation of texts