

Patients, mystical journeys and health care: negotiating therapeutic paths and managing failure in a Mexican context of medical pluralism¹

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Preface

According to most anthropologists, medicine, religion and magic are concepts that refer to three different types of phenomena, although in most cases social actors perceive and conceive them as a continuum. They all concern fundamental questions like well-being, prosperity, health and the life of people. They offer models for organizing and explaining events, happy or adverse, that affect humans, and inspire practices aimed at encouraging, challenging and directing those events, according to concepts and values highly variable in time and space, which are the object of ethnographic observation and analysis, aimed at understanding their coherence, meaning, social use and consequences. The representations and explanations that different human groups have developed to justify, understand and manage the phenomena that affect them refer to different types of causality, which seldom are mutually exclusive and in most cases overlap and combine, according to what each society thinks about the constitution of human beings, their position and role in the cosmos, its structure and functioning, the nature of extra-human beings and forces and the relationships between them and people.

Research carried out in different contexts of the contemporary world has shown that the recent turbulent processes of modernization have led to profound changes in each of the said domains, as well as in the significance assigned to them in different settings, but have not led to the disappearance of any of them. Both in “traditional” contexts and in the post-industrial, urbanized, hyper-modern West, the overwhelming rise of the credit and power of scientific knowledge, and of medicine as one of its foremost expressions, has eroded the space and consent assigned to re-

ligious and magical concepts and practices, but it certainly has not undermined or replaced them, in spite of the efforts made in that sense. Among the main reasons for this vitality and persistence is the fact that scientific medicine, despite the remarkable successes it has achieved in terms of prevention and treatment of organic troubles – perhaps even because of them – has avoided or neglected to deal with the moral meaning that humans attach to their experiences of illness, as well as their implications in terms of social and power relationships between people.

In this paper I will attempt to show the different logics that inspire people living in the pluralistic contexts which today can be found almost everywhere, and who enact the cognitive, explanatory and operational models of medicine, religion and magic, sometimes trying to give priority to one of these models while negotiating with people who faced with existential crises resort to all of them, and in most cases are forced to mediate, compromise and devise negotiation strategies in order to reconcile the conflicting objectives and interests of the many actors always involved in assuring health. A careful and contextualized analysis of these logics can allow us to grasp – beyond the infrastructural factors that transcend the intentionality of individual social actors and limit their capacity for concretely solving crises – the reasons why they can reveal unexpected forms of broader “efficacy” (in cognitive and social terms) even in cases of therapeutic failure.

The ethnographic context

A tragic ethnographic case concerning the serious infection that struck a teenager, involving her family, several traditional healers and the staff of a rural health center in southern Mexico will allow me to explore several important issues: the very limited knowledge that both physicians and traditional healers have of their respective fields of action; the specific characteristics of the conceptions underlying therapeutic practices of various degrees of complexity and concerning different but not unrelated dimensions of reality; the divergence of the values, interests and goals that motivate the choices and actions of the various interacting persons; the constraints that socio-economic and power relations exercise on how these agents can defend or impose their own points of view and choices; the flexibility that axiological, explanatory and operating models show in particularly serious cases and in situations where no single actor has the power to impose his own model; the high price that individuals sometimes pay when the inability to express and assert their own choices gives others the power to make delicate decisions about their treatment; the need for the observer to consider not only the biological condition (and

possibly the life/death) of the individual, but also the general wellbeing of the group to which he/she belongs, in order to understand the reasons and the sense of such choices.

The case I want to examine took place in San Mateo del Mar, a small native community of Huave-speaking fishermen on the Pacific coast of southern Mexico². At the time there was in the village a small health-centre supported by the parish priest and funded by donations from North-American Catholics, manned by a young *mestizo* doctor from Oaxaca³, assisted by a few native nurses. Despite the presence of this small clinic, almost all health troubles were diagnosed and treated on the basis of traditional Huave healing knowledge and practices: an articulated and deeply rooted complex of ideas concerning the bodily and spiritual components of the human being, including the possibility that health can be altered by both “natural” causes (such as mechanical alterations of the bodily functions, or “thermal imbalances”⁴, as well as some infections) and events due to the action of human and/or extra-human agents, determining pathogenic effects on the components of the person. According to Huave etiology, even the first kind of ailments due to “natural” causes are finally traceable to the supreme will of the Christian God (in fact, they are called *monandeow Dios*/God’s ailments/) (Signorini & Tranfo 1979), which confirms the fact that – even in the case of lesser troubles with evident empirical causes – it is always possible to imagine the presence of some other deeper causative factors, which in “monist” “pagan” societies (Augé 1982) can explain misfortune in moral terms (Evans-Pritchard’s “why” of the Azande; Evans-Pritchard 1937), linking it to the behavior and relationships of human beings with each other and with the extra-human world. Still, most ailments – especially those most serious, sudden or difficult to treat – are attributed to the intentional intervention of some recognizable agent, such as other persons, the dead, various ethereal beings that roam the world (belonging to the vast and heterogeneous category of the “*aires*”⁶), and the extra-human figures that rule its fate and which – in contrast with the Christian God, of whom they are considered an emanation – show an ambivalent attitude toward humans, benevolent or hostile depending on the circumstances and the relationship established with them.

All these ailments can be grouped in two large classes. The first includes all the ailments called *narangüch*/done [by someone]/, and comprises those due to the loss of some component of the soul (the *omeaats*/innards, entrails/“soul”⁵) as a result of strong emotions (fright, shame, anger) and the consequent capture of that spiritual entity by the Earth; also in this category are the ailments due to a morbid attachment to the dead (of a living person toward a dead one, or vice versa), or to acts of sorcery (cal-

led *narangüch mal*/done [by someone] with the head/, thus stressing the aggressive intentions that triggered the ailment).

The second class comprises just one diagnostic category, the *niüng ablüy*/where it [the alter ego] is/, and concerns the particularly serious cases in which it is believed that the health trouble – often characterized by the suddenness and violence of the symptoms, as well as the inefficacy of any other treatment – is caused by an attack on the individual's animal counterpart, his/her *ombas*/body/ or *nekiüüb*/companion/, the spiritual component of the person which exists as a kind of external “double” of the human being, linked to him or her by a relationship of co-essence, whose animal species determines the character and strength of the individual, and whose vicissitudes have a direct impact on the human counterpart, causing its illness and even – unless a timely intervention prevents it – its death (cf. Tranfo 1979; Lupo 1999a, n.d.).

Both these kinds of illnesses have a feature in common: their cause is projected to what Gilles Bibeau (1982) defines as “psycho-social” level, that is, a level in which, beyond the empirical causes – which are not necessarily ignored – hostile intentions, either human or extra-human, are supposed to be active. A peculiar aspect of this order of causes is the fact that, even if the responsibility for the aggression to the spiritual part of the patient (whether it was the “soul” that fell off and was captured by the earth, or an attack on the external animal counterpart) is attributed to some extra-human being, its intervention may be explained as the action of hostile people. In such cases, the human promoter of the pathogenic actions, instead of directly attacking his/her victim with explicit magical acts, simply (and sometimes inadvertently) creates the social occasion (fright, anger, shame) or the mystical one (the loss of the alter ego or its exposure to predators) that triggers the trouble. This is made possible by the victim's vulnerability, due to some moral fault that weakens his/her divine protection. As is easily perceived, in this perspective it is not easy to draw a sharp distinction between the human act of sorcery and the extra-human punishment or aggression, since this second type of causes can also in the end be traced to problems belonging to the sphere of social relationships.

For the diagnosis of any disorder, the first thing to do is to consult a diagnostician (the *neandüy xiüt*/vein sage/, in Spanish ‘*pulsero*’/he who feels the pulse/; cf. Signorini & Tranfo 1979; Signorini 1996), who determines the origin and nature of the disorder through the tactile auscultation of the patient's wrist. Then, if the ailment is one of “God's illnesses”, treatment may be entrusted to the same diagnostician-healer and his/her array of herbs and manipulations. If, on the other hand, it is of the “spiritual” kind, another kind of therapist is needed, of an essentially ritual

competence. In fact, for the two aforementioned diagnostic categories there are two corresponding kinds of therapies, carried out by specific specialists. The *narangüch* ailments of the first class require the intervention of intermediaries able to perform the necessary rituals: in “emotional” disorders (“fright”, “anger”, and “shame”), the healer will try to get from the patient a “confession” about the circumstances that might have caused the emotional imbalance, and then use prayers and above all “call” the lost soul part, in an attempt to get the Earth to return it; in the case of ailments caused by some problematic relationship with the dead, the latter will have to be appeased with the appropriate prayers and offers, and in extreme cases even with blows; if the case involves serious witchcraft, it will be necessary to find a witch capable of defying the aggressor in a sort of mystic duel, defeating him/her and forcing him/her to unmake or withdraw the spell, which often takes the form of some substance, object or animal magically introduced in the victim’s body.

On the other hand, when the ailment is attributed to some harm done to the patient’s alter ego it will be necessary to enlist the help of a therapist endowed with a powerful “double” (the best possibility is a thunderbolt, *monteok*, followed by strong or otherwise nearly invulnerable animals), who, with the help of a woman also having a strong “double” (most commonly the southern wind, *ncharrek*), will submit the patient to a ritual therapy consisting in the enactment “here”, where the sick body lies, of what the therapist’s alter ego is believed to be doing “there”, “where it [the patient’s alter ego] is” (*niüng ablüy*), where the threat and real cause of the trouble is. For the healing session the patient must be placed under a fishing net, covered, as extra protection against the traps that threaten the “double”, with leaves of *ficus* and crosses of blessed palm, hidden from view with drapes (possibly black) and incense smoke, and finally physically lifted from his/her bed and moved repeatedly within the household space, thus symbolically replicating in the domestic microcosm what the healer’s alter ego is mystically doing in that distant space where the sick person’s double is being attacked. Even though the therapist’s journey does not include the typical shamanic “ecstasy”, usually he acts in an altered state induced by the consumption of a large amount of alcohol, necessary to give him courage and help enter more easily in contact with the “other” dimension where his actions are performed; the strong scent of alcohol is also believed to ward off hostile forces, which threaten the healer’s life. There are many popular stories about healers that died during their ritual performances, sometimes after saving the patient’s double and eventually being overcome by the hostile forces that were attacking it, incensed at the loss of their prey (cf. Signorini & Tranfo 1979; Lupo n.d.)

Due precisely to the risks of this mystical remote struggle against the ruthless determination of hostile agents, the healer must previously verify in detail – through dreams and divination – the situation of the patient’s “double”, in order to avoid risking his life for hopeless cases. Even when there is a reasonable hope of success, the ritual must be repeated several times, usually 3 times daily for 3 days, though the timing can be accelerated if the severity of the patient’s condition requires it.

The case of Sofía S.

Having cleared the conceptual framework in which the episode I intend to examine takes place, let us move to the facts, as I was able to document them through direct observation and reconstruct them from the testimonies of most of the actors involved.

Sofía S., fifteen, was the fourth daughter of a couple of farmers from Colonia Juárez, a small village in the municipality of San Mateo del Mar, a few kilometers west of the main town; her parents did not speak Spanish, and only one of her siblings could speak it fluently, though all four had attended the local school. Due probably to an unattended infection of the upper respiratory tract, on November 5th Sofía started experiencing strong headaches, as well as pains in the back and the abdomen, that kept increasing. A diagnostician was consulted, who tested the patient’s wrist and decided (perhaps because of the symptoms being in the head?) that the illness was due to some deceased person (*wüx nearraar*/over the heat/‘ailment caused by the dead’); the appropriate specialist was then called and the prescribed rituals performed, with no result. Other diagnoses followed, as the patient’s condition was steadily worsening and the ritual healing sessions proved ineffective, until the girl fell into a coma. The health center doctor, summoned on the ninth day, diagnosed the disease as meningoencephalitis.

The initial diagnoses of the traditional therapists consulted spoke always of “emotional” disorders, linked to traumas, tensions and anxiety in social relationships; some of the triggering events identified involved also the girl’s parents, in line with the Huave conception of the person as “diffuse” (cf. Lupo 2009: 28 ss.), so that ailments linked with alterations in the spiritual components may affect also the closest lineal relatives (especially those of the opposite sex): the first diagnostician consulted spoke of a rage (*abküy*) of the father, about a sow of his that had been killed, and later about a shame (*napaknaxing*) of the girl herself, having been reprimanded by the teacher as she was marching with the others at school. A second diagnostician (Juan T.) determined it was a rage (*abküy wüx iüt*/anger over the land/) of the girl in a dispute with one of her brothers over a piece of land, and

later a shame (*napaknaxing*) and consequent rage (*abküy wux nisoet*/anger over sin/) of the father, after a neighbor, tired of the unremitting raids of their poultry in her compound, accused all the family members of having illicit sexual intercourse with secret lovers, the mother even incestuously, with a brother-in-law (HB). Realistically, the charge had no foundation, but it nevertheless caused great irritation and shame in the family.

As the girl's condition kept worsening, the disorder was then attributed to harm done to her alter ego (*niüng ablüy*), and the family sought the specialist able to "lift" it, the *neaxaing*/he who raises [the alter ego]/. The first to play that role was the same Juan T., after two encouraging signals: first, he dreamed of successfully carrying a person, walking on live coals; and second, he saw a cross in Sofia's eyes. Nevertheless, in view of the dramatic condition of the girl (who had been unable to eat or drink for several days), and in order to secure the time needed for the several healing sessions he deemed necessary, he advised the parents to call the doctor, so that the girl could be fed with serum and her body kept alive long enough for the healer to remove the ultimate causes of the trouble, in the distant place where the "double" was. The young doctor arrived on horseback to the rural house where the girl lay, gave her some first-aid and decided she should be taken to the hospital immediately. At the moment there were no other means of transportation in the village, and so eventually he came to me, asking to borrow the car belonging to the *Missione Etnologica Italiana*.

As we arrived at the house the next day, Sofia lay unconscious under the fishing net, stiff as a board and moaning in pain, her skin sallow and wrinkled from dehydration. We drove her to the clinic with her parents, and the doctor immediately began to feed her intravenously and shoot her with antibiotics and corticoids, to stop infection and reduce brain damage. The situation was extremely severe, and although slowly the muscles started to relax and the patient showed some signs of regaining consciousness, the contraction of the esophagus prevented her taking food by mouth. According to the Huave evaluation parameters, the inability to eat was a very serious symptom, indicating the substantial ineffectiveness of medication. From the perspective of the family, besides, no healing was possible until the ultimate cause of the problem, that is, the desperate condition of the girl's animal counterpart, was removed. In fact, Sofia's sister had dreamed of finding her moribund on a high mountain, surrounded by big hungry birds perched on trees nearby, ready to devour her body. She had raised her and carried her a long way, crossing a river with difficulty, always followed by the threatening birds, but on arriving to a second river she woke up. This was an ominous signal, indicating the imminence of death and a desperate need for a new ritual intervention.

According to the second therapist consulted (Juan T.), the possibility of acting in aid of the alter ego was obstructed because the double “psycho-social” cause of the two *narangüch* he had diagnosed – Sofía’s rage against her brother and the father’s anger-shame about the neighbor’s accusations – persisted. In order to remove these pathogenic causes, while the girl was in the clinic he held the healing ritual, using some of the girl’s clothes as a surrogate. He had the family bring some dirt from the two places where the clashes had taken place (believed to contain part of the soul that had “fallen” due to the strong emotions), spread it on a cloth on the ground and placed the girl’s garments over it. Then he recited on her behalf the “confession” of the events that had caused the loss of the spiritual component, made repeatedly the prescribed ritual rounds over the patient’s simulacrum, crossing over it, and finally made the “call”, crying her name aloud and spraying water with his mouth over the garments spread on the ground. After the canonical three repetitions of the ritual, he picked up the garments and gave them to Sofía’s parents, instructing them to take them to her and have her put them on immediately, right there in the clinic, as they would transmit to her body the benefits of the therapy, intended to recreate the person’s entirety.

While this therapist busied himself with the *narangüch* ailments, which according to him obstructed any other intervention in aid of the alter ego, other relatives kept searching for someone willing to risk the hard task of raising the “double”, and eventually went to another specialist (Marciano V.), who on two occasions had two dreams, in which he saw a “*rangutano*” (meaning a big ape) dying under a searing sun in a ravine; he raised the ape to his shoulders and tried to climb the steep sides to take it to safety, but after a while the animal itself told him to desist, saying that by then all efforts were useless. Persuaded by the dreams that any attempt at intervention would be futile and uselessly dangerous for himself, the therapist refused to intervene. But that same night he dreamed again of the *rangutano*, in the same place where he had left it: again he tried to lift it, unsuccessfully, until the animal again told him to desist, asserting that it was now “going to the church”, meaning to its funeral. To clarify the issue, it pointed to a woman: it was she who had caused the rage that had brought about the fall of the “double”, and once it was lying on the ground without shelter, the scorching sun had done the rest.

Despite such explicit signals that the situation had no remedy, which Marciano V. did not hesitate to transmit to Sofía’s parents, the latter did not desist and – in view of the slight improvement in their daughter’s condition – after two days announced their intention to take her away from the clinic: their explicit justification was: “how can medicines raise the fallen ‘double’?”. The doctor did his best to oppose this intention, and

after I explained to him the family's certainty of the need of the ritual cure, he even proposed to have it performed at the clinic, in the room where the girl was. But the parents were firm: to heal the *narangüch* it had been possible to carry out the ritual of "calling" the fallen soul component at a distance, using the girl's clothes; but to raise the alter ego the ritual must be performed following the norms strictly: to be effective, the therapy of *niüng abliü* had to be executed at home, in absolute privacy. Unable to persuade the parents of the groundlessness of their ideas, and the need to continue the pharmaceutical therapy (whose slow pace could not meet the expectations of the family), and equally unable to guarantee its effectiveness, the doctor finally gave Sofia an extra dose of the medicines, to ensure her a few hours of autonomy, and on the 16th of November (11 days after the start of the disease and after 2 days at the clinic) delivered her back to her parents, making them promise to bring her back after the ritual was performed. The only thing he refused was the use of the priest's car to take her away.

Sofia did not go back; the appropriate rites were performed and her parents construed as an encouraging sign of their efficacy the fact that she finally managed to swallow a bit of *atole* (corn gruel), but shortly thereafter the situation worsened again, and as a last resource the family called a local healer (Guadalupe P.) who was said to have prodigious abilities and who prescribed (without any kind of education or authorization) pharmacy medicines, which at the time could be bought without a prescription. Yet despite the "powerful medicine" injected by that pseudo-doctor, the unfortunate girl died at 9 pm on the 18th of November, after an ordeal that lasted 13 days.

Analytical considerations

In the biomedical perspective of the young doctor, the disease and death of Sofia S. are to be attributed to the infecting germs and the "ignorance" of her relatives, who contributed to the fatal outcome by delaying and obstructing medical treatment. But anthropological analysis cannot be satisfied with this explanation which, focusing on pathogenic agents and individual behaviors, misguidedly ignores the structural conditions that made a decisive contribution to the beginning and subsequent course of the ailment, orienting the actions of the various actors involved and limiting the efficacy of the cures. It is impossible, in fact, not to see the obvious condition of "social suffering" (Kleinman, Das & Lock 1997; Quaranta 2006) in which Sofia passed her short life, unfolding along the structural axes of poverty, ethnicity, territorial and social marginalization and possibly also gender⁸ (Farmer 2003, 2004). To understand how these factors

influenced the actors' choices it will be useful to consider the different explanations and evaluations offered by them.

First of all is the obvious fact that – for Indian society – a serious hard-to-treat ailment such as our example's is inevitably read as a sign of some social disorder (Augé 1982, 1986): the physical evidence of the gradual worsening of Sofia's condition was understood by all the therapists consulted as the result of some series of events at the level of interpersonal relationships (real or imagined, as the "shame" of the girl in school, her father's "rage" or the illicit sexual activities of other relatives). Various diagnostic typologies were applied to the case: *narangüch* disorders such as "shame" (*napaknaxing*), "rage" (*abküy*), or some problematic relation with the deceased (*wüx nearraar*), and the attack on the alter ego (*niüng ahlüy*). The *narangüch* ailments involve human actions (of the patient or of his/her closest relatives) believed to be capable of altering spiritual balance, which must be reconstructed, "confessed" and made harmless through ritual. The last category (*niüng ahlüy*), instead, implies mystic aggressions against the patient's alter ego (also often traceable to human actions capable of attracting human malevolence or the irritation of extra-human forces), which must be countered with open confrontation, although effected in the remote dimension of the "doubles".

According to one of the therapists consulted, Juan T., who was the first to diagnose the alter ego's trouble and made the ritual "raising", the decease must certainly be attributed to the failure of the "double's" rescue, but this in turn was due to some disturbance, which he linked to the mother's faults; the woman was probably guilty of adultery, but was unable to confess it (as she should have, in the ritual cure for the *narangüch*) for fear of her husband's jealousy.

A different opinion was expressed by another healer, Cipriana Q., who claimed the death was caused by a serious mistake in the identification of the ailment, which evidently was not related to the alter ego but was derived from an *embolas/embolism*/, something that only the doctor could have treated; and to have taken the girl away from him, thus depriving her of the nourishment that only he could give her through her veins, was what had killed her. This judgment – passed by an Indian midwife also trained in several workshops by governmental health authorities – reveals how much tension existed at the time between the rational, empirical approach of modern medicine and that of the traditional healers, more attentive to the social dimension and the moral meaning of health troubles.

In spite of the enormous grief for their daughter's loss, the most apparently serene and resigned were Sofia's parents, who evidently were aware of not being guilty of the adulterous love affairs attributed to them; moreover, they were certain they had left no stone unturned: being firmly

convinced that no biomedical treatment could save their child if the “spiritual” causes had not been removed first, they resorted to the health center just to keep her body alive long enough to have the ritual therapies performed; once they saw that even drugs were useless, they regarded with horror the consequences of a possible death in the clinic, due to what they considered unforgivable negligence. By taking the patient away and trying a last desperate session of ritual healing, they showed that they wanted to fulfill all their duties. If in spite of this Sofia died all the same, it was not due to their shortcomings, but because “it was her destiny”: the supreme and inevitable will of God had been accomplished.

According to Huave thought, not all deaths can be avoided and one of the most important things is to die “the right way”, leaving no guilt not atoned for, nor unresolved affairs between the deceased and his/her living relatives. Otherwise the risk, as we said, is that of the dead person “returning” to cause serious health troubles to the survivors and eventually other untimely deaths. As the doctor failed to produce any radical improvement and was not able to assure the healing of the body (and how could he, if the cause was the injured “double”?), by taking their daughter away her parents made an inevitable choice: they staked everything on the removal of the ultimate causes of the ailment. Once this final attempt failed, they had no choice but to resign themselves to the superior divine will, comforting themselves to some extent with the certainty of having avoided even greater evils for their whole family.

The thoughtful observer may read this apparent resignation of the family also as an indication of their awareness of being concretely unable – due to the condition of poverty, subjection, marginalization and exclusion in which they lived – to control and confront the multiple environmental, economic, social, political and cultural factors linked to the structural causes of most of the ailments that threaten life.

Proof of their intense desire to save Sofia’s life are their tireless efforts in the midst of a confusing variety of diagnoses and therapeutic initiatives, which also show the irrepressible wish to “explain” the girl’s resistance to the cures. As often happens when healing interventions meet with incomprehensible failures, explanations become ever more complicated as diagnoses and therapies pile up, with the initial ones seldom cancelled or denied by the following, which add themselves to explain each failure without questioning the basic etiological criteria.

According to the traditional Huave view (shared by many other groups, as abundantly shown in anthropological literature⁹), this kind of “explanation” cannot be found in the dimension of “natural” phenomena (like the action of microorganisms and the pharmaceutical medicines that fight them), but must be sought on the moral level of the behavior

and relationships between individuals and also between humans and the extra-human entities able to influence their condition. In our case, ever since the seriousness and the intractable nature of Sofía's illness were clear, all the therapists consulted stubbornly offered etiological readings in "social" terms, regarding either emotional experiences of the sick girl (her humiliation when chided in school or her dispute with one of her brothers), or invoking the family as an extra-individual extension of her person (through the "shame/anger" of the father¹⁰ at the neighbor's slander, or else through the mother's reluctance to admit her own extra-conjugal affair, which prevented the removal of the obstacle to the cure it presented). Even the "fall" of the animal counterpart (cause of the *niüng abliü*) – which normally is not confused with a human being's magical aggression, but attributed to the inscrutable actions of remote extra-human entities – was linked to the vulnerable condition determined by the previous loss of soul substance, due to the aforementioned "emotional" episodes (the *na-rangüch*/done [by someone]/comprising "anger" and "shame"). So much so that at a certain point the therapeutic action was carried on a triple front, with one ritual specialist "calling" the lost soul component with the help of the girl's garments while she was in the clinic receiving medical treatment that nourished her body to keep it alive "here" and allow the mystic intervention of another specialist "there", in the remote dimension where the alter ego lay wounded. If on the one hand this multiplication of the levels on which the ailment's cause is projected may disperse the energies and deviate from an efficient healing course, on the other it offers hope as it posits a margin for intervention even in the cases that seem desperate, besides allowing the use of stabilized traditional models to deal with the cognitive and social implications relative to the moral significance and the collective management of misfortune.

Let it be clearly said that I do not consider the ritual therapeutic activities of the Huave healers incapable of having a positive impact on the patients to whom they are addressed. Medical-anthropological literature includes ever new testimonies and reflections on the ways in which the management of "symbols" (or more generally of "meaning"; Moerman 2002) and the emotions it can arise in sick persons are capable of producing concrete measurable improvements in their psychic and physiological conditions, not to mention the social ones¹¹. In our days biomedicine is distancing itself from the reductive organicism with which it was wont to define and confront health troubles, and this allows us to evaluate in a more complex and persuasive holistic (or systemic) perspective the mechanisms of a wide range of therapies, and induces us not to discard a priori as "ineffective" actions which innumerable testimonies declare capable of producing improvement and

cure in many ailments. Examples collected among the Huave are no exception (Signorini & Tranfo 1979).

Still, the case of Sofía S. could not be numbered among the successes, due both to the extreme seriousness of the organic condition determined by meningoencephalitis, and to the consequent state of profound unconsciousness in which she lay during the whole final stage of the disease, which totally excluded the possibility of her assuming even a minimally active role, enough to trigger the endogenous reaction from which the effectiveness of ritual acts is thought to arise (Kirmayer 1993; Csordas 1994; Good 1994; Severi 1993, 2004; Beneduce 2005; Lupo 2012b). As even the last effort revealed itself futile, the only thing to do was to accept the inevitability of the end. Considering how familiar the Huaves are with early death (the infant mortality rate was extremely high in San Mateo until very recently¹²), the calm fatalism of the parents is not surprising, especially if their decisions are seen in a broader perspective than the mere physical survival of Sofía.

First of all, as the doctor himself had to admit several times, it was impossible to predict whether, in case of recovery, she would not have suffered serious brain injuries, which could compromise her autonomy. Certainly Sofía's family still remembered the terrible epidemic of horse meningitis that had claimed many victims among the population in the early 70s¹³. And it is easy to imagine the enormous difficulties that the family would have to face in taking care of a seriously invalid child, considering their poverty and isolation. Above all, Sofía's "sacrifice" must be interpreted from the perspective of the wider kinship group, which could not be exposed to the risks arising from the choice of neglecting ritual therapies, preferring to trust the doctor and the clinic. In that case, her death would inevitably have triggered a deep sense of guilt, accusations of negligence among family members and gossip from neighbors, as well as the realistic fear of the onset of a litany of other ills, due to her death by omission and the troublesome relationship with her ghost. Bearing in mind the supraindividual conception of the person existing in many Mexican indigenous groups (cf. López Austin 1980; Galinier 1990; Bartolomé 1997; Monaghan 1998; Good 2005; Pitarch 2010; Lupo 2009: 25-51, 2012a: 42-45), the girl could be seen as just a part of the larger social organism that was her family. From this perspective, her untimely death – painful as it was – can be understood as a lesser evil that, by the way in which it occurred, permitted avoiding greater ones; more or less as the surgical removal of a very ill organ or limb may allow the patient's recovery. In this view, notoriously extended in the societies studied by ethnographers, Sofía appears as one more victim of the hard conditions that tragically often impose the defense of the group at the expense of its weaker members.

Finally, in the doctor's opinion, Sofía's decease was unequivocally due to septic shock and acute malnutrition caused by meningoencephalitis, that could not be properly treated due to the stubbornly "irrational" attitude of her family. In vain he tried to save the girl and bring around to his own pragmatic and organicistic approach those who – given the fact that she was a minor and the unconsciousness in which the disease had sunk her – exercised on her behalf the ability to select the most convenient therapy. The doctor did not have the authority and power that practitioners of biomedicine show in other contexts, due to his own youth and short experience, the culturally new and foreign (for the Huave) nature of his knowledge, the paucity of the medical means available and the lack of authority and power of the health center he worked in – which had been opened recently and depended on the parish priest's hospitality and charity –: such structural weakness forced him to let the patient be taken on a course he knew would be fatal. Yet, by allowing the death to occur outside the clinic, the doctor escaped being held responsible for a failure, which would inevitably have damaged his own credibility and the acceptance of the new medicine he was trying to promote in the community.

Conclusions

I am aware of the dangers inherent to base an anthropological study of socio-cultural phenomena in an isolated case, even more when the case is as peculiar as that of Sofía S., which for its dramatic quality clearly stands out amidst the multitude of cases of health problems I have observed over many years, but I have selected it as worthy of a deeper examination due to several reasons. In the first place, only very seldom, in ethnographic practice, can one follow so closely (not just as an observer, but playing a part in it) a case so clearly showing the hard living conditions of people who – as most of the Mexican indigenous population – are part of the weakest, most marginal sections of society; a case marked as well by the involvement of an extraordinarily high number of actors and institutions, directly proportional to the plurality of interpretations proposed to explain its origin and find its solution. The ineffectiveness of the several therapies undertaken and the constant deterioration of the sick girl's condition produced a therapeutic course highly complex and contorted even in its brevity, whose stages I was able to follow step by step, recording the frustrated initiatives, contradictions and second thoughts as they happened, thus avoiding the need to work – as is more common – with later narrative reconstructions, inevitably vitiated by the homogenizing intervention of the narrators' interpretation, besides the observer's temptation

to impose on facts a consistency they often lack (cf. Benoist 1996a: 8). Even though the affair was certainly not a common one, through it I think it possible to bring to the surface not just the general existential conditions which so greatly contributed to Sofía's early demise (the "structural" aspects, cf. Fassin 2000: 127), but also the way in which, under the influence of those conditions, the behaviors and choices (the agency) of so many actors involved intertwine and affect each other: something that inevitably eludes the more systematic quantitative approaches based on a wide and carefully selected array of cases.

Secondly, I believe that this case – precisely because it includes interaction with an isolated representative of the biomedical institution, active in a recently penetrated, peripheral context, where it did not yet possess the structural superiority (Lee 1982) that with time it conquered even in the remotest indigenous areas – is able to show in a particularly evident way the plurality of paradigms which inspire the etiological explanations and therapeutic strategies of the different actors involved, as well as the discrepancy of the evaluating levels which orient their respective decisions. The considerable "functional strength" which the explicative and operational models of Huave traditional medicine still possessed at the time – made of capillary diffusion and of incidence in actual use (*ivi*) – is emblematically represented by the negotiations and compromises Sofía's relatives forced on the young *pasante* doctor, confronting his organicistic perspective, concerned essentially with the survival of the girl's biological body, with their own traditional holistic and socially oriented view, which together with the individual organism sees also (and sometimes preeminently) the different elements composing the *person* (the inner vital principle that can be lost, the external alter ego that can suffer mystic attacks), the meanings the health trouble takes on at the moral levels of responsibility and guilt, as well as its consequences at the level of supraindividual relationships, regarding the "extended person" and including all kin (the group called in Huave *nakwalaatsaran*; cf. Signorini 1979: 99; Cuturi 1990: 109 ff.).

All of this, though, should not mislead us into attributing exclusively to the family's choices, inspired by a cultural horizon far removed from biomedical rationality, the explanation of its fatal outcome; that would be indeed the "culturalist" reductionism so justly criticized by medical anthropologists, who for years have been insisting on the weight of structural determinants (economic, political, social) that contribute to seriously limit and determine those choices, to the point of rendering hopeless cases like the one we are examining (cf. Farmer 1999, 2003, 2004; Fassin 1996, 2000, 2001; Kleinman, Das & Lock 1997; Quaranta 2006, 2012). In fact, the third reason why I consider Sofía's case worth examining is that it

shows better than many the social interlocking of the therapeutic courses and their dependence on forces and interests that often overstep the priorities and interests of the sick person, to the point of almost overriding them; precisely the fast and furious progress of the disease, sinking the girl in unconsciousness almost from the start, deprived her of any ability to express her own reasons and determine her own fate, divesting her of any agency and subjecting her entirely to the evaluations, priorities and decisions of others, no matter how close. In the rural poverty and isolation in which the S. family lived, lacking any possibility of institutional support (economic and therapeutic-rehabilitating), what chances could its members have to manage much longer her very serious state and her eventual survival, very likely impaired by some form of disability?

The projection of the causes of the ailment onto the domains of social or extra-human relationships (tensions with neighbors, family adulteries, attacks on the alter ego) may perhaps be read as a metaphorical representation of the prevalent “external” forces which the different actors perceived as opposing the possibility of the cure. But above all, once she fell into a coma, Sofía was no longer fully a *person* (as expressed through the combined diagnoses of the loss of part of her soul and the agony of her animal companion – the *rangutano*), that is, a subject capable of relating to her social *entourage* and asserting her own will, and was overridden by the defense and reassurance mechanisms of the social group: the larger “collective person” capable of surviving even after and despite the loss of one of its parts.

In the tragic epilogue, the doctor’s decision to let Sofía’s parents repossess her suffering unconscious body indicates that he was well aware of the paucity of the instruments and resources available to him from the health institutions (who had to delegate in the parish priest and remote North-American donors the support of the health center) and the inadequacy of biomedical knowledge for handling the consequences for the girl’s relatives of the failure of pharmacological treatment. Faced with the enormous difficulties of the situation, the traditional perspective was at least able to confer to the ailment a frame of meaning that allowed to explain its unfortunate course and to manage death on the psychological and affective level: the possibility to project the reasons for the failure on inevitable “ultimate” causes (the unquestionable divine will) offered the surviving community the certainty – maybe delusional, but undoubtedly reassuring – to have done everything possible to avoid the girl’s death. And even to us, who reconstructed in detail her torment, it seems now obvious that the responsibility for Sofía’s death is not to be found in the behavior of her unfortunate relatives.

Notes

1. This article is the development of a paper read at the International workshop on “Medicine, religion, witchcraft”, held at the Sapienza University of Rome on November 29th, 2012. I thank the organizer Mariano Pavanello, the participants in the seminar and the two anonymous reviewers for their useful comments.

2. The ethnographic materials presented here were gathered in my first research season in Oaxaca (specifically, they took place in November 1979) as a member of the *Missione Etnologica Italiana in Messico*. The Missione is funded by the *Ministero degli Affari Esteri*, the *Ministero dell'Università e della Ricerca* and also received support from the *Consiglio Nazionale delle Ricerche*.

3. All Mexican physicians, upon graduation, are required to do one year of service in some public health facility, as “*pasante*”.

4. The quotation marks intend to remind the reader that inner organs’ displacements and body temperature alterations are mostly to be understood symbolically, having only indirect correspondence with verifiable organic conditions (cf. Signorini 1989; Lupo 2012a: 48-52).

5. On the pervasive and variegated category of the “*aires*” in native Mexico there is an enormous literature; cf. Kearney (1972), López Austin (1972), Montoya Briones (1981), Signorini & Lupo (1992) and Lupo (1999b).

6. Slashes (/.../) indicate literal translations; more free versions appear between single inverted commas (‘...’).

7. Although in most cases it is not possible to determine some direct and persistent correspondence between the patient’s symptoms and the diagnostic category the case is assigned to, there are some manifestations considered more “typical” for some diseases; among these, headaches are often believed to reveal a problematic relationship with some deceased’s soul, the cause of the *wüx nearraar* (cf. Signorini & Tranfo 1979).

8. I have no elements to say that the parents’ behavior would have been different if the patient had been their first son, and even to think of it may sound disrespectful to their grief; still, it would not be the first case – at San Mateo del Mar or in similar contexts – in which a daughter, especially the last born, deserves less attention and less investment than her older brothers.

9. Suffice it to remember cases examined in classic texts, as Evans-Pritchard (1937), Lévi-Strauss (1949), de Martino (1959), Frake (1961), Turner (1964), Fabrega & Silver (1973), Augé (1975), Zempléni (1975), Foster (1976), Sindzingre & Zempléni (1981), Bibeau (1981, 1982), Good & Del Vecchio-Good (1982).

10. I have already said that – in the Huave etiological system – emotional ailments (“fright”, “shame” and “anger”) may affect the closest relatives of contiguous generations, particularly those of the opposite sex: in our case, Sofía’s father’s strong emotions would have caused the daughter’s trouble (cf. Signorini & Tranfo 1979: 238).

11. On this issue, see Lévi-Strauss (1949), Prince (1982), Hahn & Kleinman (1983), Bibeau (1983), Dow (1986), Le Breton (1991), Kirmayer (1993), Severi (1993, 2004), Csordas (1994), Good (1994), Waldram (2000), Moerman (2002), Seppilli (2004), Beneduce (2005), Lupo (2012b).

12. Just to give a most dramatic example, and old Huave lady I met at the time had brought forth twelve children, of whom only two were still alive, and at least eight had died within days of their birth.

13. Cheney (1979: 70) testifies that «in August of 1971 [...] a virulent epidemic of equine encephalitis broke out which killed about 250 horses, caused the deaths of 86 people, and seriously sickened hundreds more».

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Abstract

The subject of this article is the difficult relationship between biomedicine – with its therapeutic practices oriented toward the resolution of organic troubles of individual patients – and the profoundly semantic and social nature of the experience of illness in those who seek treatment by health institutions – mostly, but not exclusively – in non-Western contexts. Starting from a dramatic ethnographic example, the case of a Native Mexican teenager suffering from meningoencephalitis, admitted at a health center in San Mateo del Mar (Oaxaca, Mexico) and also, at the same time, ritually treated by several religious therapists for attacks against her alter-ego, I intend to show the different logics that inspire the diagnostic processes, healing practices and strategic choices of the agents involved, highlighting the difficulties of communication between them, the contrasting horizons of sense and value that orient them and the possibilities for negotiation and interaction.

Key words: Huave, Mexican Indians, health care, traditional healing, medical pluralism, therapeutic negotiation, curing failure.

Riassunto

L'articolo affronta il tema del difficile rapporto tra la biomedicina – le cui pratiche terapeutiche mirano per lo più alla risoluzione dei disturbi organici del singolo paziente – e la natura profondamente semantica e sociale delle esperienze di malattia vissute da quanti (per lo più, ma non solo) in contesti non-occidentali cercano una cura da parte delle istituzioni sanitarie. Prendendo spunto dal tragico caso etnografico di una adolescente indigena (huave) affetta da meningo-encefalite e ricoverata nel centro di salute di San Mateo del Mar (Oaxaca, Messico), ma simultaneamente sottoposta anche alle cure rituali di svariati terapeuti tradizionali per combattere gli attacchi al suo alter ego, cercherò di mettere in luce le diverse logiche che ispirano i processi diagnostici, le pratiche di guarigione e le scelte strategiche degli svariati attori coinvolti, soffermandomi sulle difficoltà di comunicazione tra di essi, i contrastanti orizzonti di senso e di valore che li orientano e le loro possibilità di negoziazione e interazione.

Parole chiave: Huave, indigeni messicani, istituzioni sanitarie, terapie tradizionali, pluralismo medico, negoziazione terapeutica, insuccesso curativo.