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Spiritual Power and the Mundane World: Hispanic Female Healers in Urban U.S. Communities

Oliva M. Espin

Both men and women exercise the role of healer in Hispanic communities, and many recognized healers are women (Garrison, 1977, 1982; Garwood, 1977). But to my knowledge, the development, role, and status of Hispanic women healers have not been studied. The prominence of women as healers suggests that the relationship of the Hispanic woman healer to her community should be a focus of such a study. How does a woman become a healer in the Hispanic community in the United States? Does her new role contradict her status as a Hispanic woman? Does a woman healer transcend cultural definitions of her feminine role without actually challenging them? How does each woman make sense of the supernatural in her own life?

This study is based on life history interviews and participant observation I conducted in 1983 of ten Hispanic women identified as healers and currently living in urban centers in the continental United States (Espin, 1983). The data consists of participants' self-perceptions and personal process. Factors not directly related to their lives (such as the characteristics or needs of their clients) were not explored. The interviews were transcribed and I sought patterns in the group that were revealed in the analysis of the transcripts. All interviews were conducted in Spanish.

Of the ten women interviewed, eight are Cuban-born, one is Peruvian, and one is Venezuelan. The predominance of Cubans in my sample reflects the fact that most of the interviews took place in Miami, Florida, where most of the Latin community is Cuban. The focus on a single cultural subgroup could be viewed as a limitation of the study. In fact, one of the non-Cuban interviewees volunteered that she had made a conscious effort to change her accent and vocabulary to approximate those of her Cuban clientele.

The healers of this study subscribe either to *santeria* or to charismatic Catholicism. Of the two non-Cubans interviewed, one is a *santera* and the other is a Catholic charismatic healer. Santeria is a syncretic belief system based on Yoruba religion and Catholicism. It developed in Cuba for several centuries among the black slaves and has spread throughout the general population in the last three centuries (Gonzalez-Wippler, 1975; Sandoval, 1975, 1979; Halifax and Weidman, 1973). Charismatic Catholicism is a form of Pentecostalism, with Catholic dogmatic content and institutional allegiance to Catholicism (McGuire, 1982; McDonnell, 1976). It has spread among Roman Catholics in the last few years.

The healers of this study ranged from twenty-two to ninety years of age, with a mean age of fifty-two. Four are married, two are divorced, one is a widow, and three have never been married. Five have adult children, three have grandchildren, and one has several great-grandchildren. Four have received formal education in the United States: one has a master's degree, one has a bachelor's degree, one has a few years of college education, and another is in the process of obtaining a bachelor's degree. Questions about formal education were not included in the interviews, but information on this topic was volunteered by the interviewees.

I compensated the healers for participating in this study by engaging their services on my behalf (e.g., oracle reading, prayers). Since I could not pay them for the interviews, I purchased a "consultation" to demonstrate respect for their skills and to pay them indirectly for their collaboration. Needless to say, these "*consultas*" provided additional opportunities for participant observation and thus an additional source of data.

Selection of Hispanic Female Healers

In response to my questions about how these women became healers three main factors emerge from their life histories: the "calling" to a healing role by events that are interpreted as manifestations of the supernatural; the unique opportunities for empowerment provided to women by the role of healers; and stresses on the participants created by the process of acculturation to U.S. society. The rest of this paper will discuss the impact of these factors on the selection and development of Hispanic female healers presently living in urban centers in the United States.

The "Calling." Regardless of her preferred belief system each healer attributed her vocation to a special choosing by a supernatu-

ral being or beings. The calling was manifested through one of three circumstances: an illness, a message, or role modeling. The most frequently mentioned way of being chosen was an experience of illness or other dire suffering from which the woman was miraculously saved. The extraordinary help she received at the time of crisis usually came from practitioners or adherents to a belief system with which she had had some previous association either directly or through friends or relatives. In a few instances the rescue was her first real contact with the particular belief system. The miraculous healing was interpreted as a calling to the role of healer.

For example, Rosa's initial involvement in santería came about because of a serious disease. As she tells the story, she became very ill eleven years ago while living in New Jersey. A friend took her to see a doctor who in turn referred Rosa to a famous orthopedic surgeon in New York. She was told that she had cancer in her back and needed surgery. Even surgery was not a guarantee that she would live since her cancer was very advanced. When she heard this, Rosa was in despair, but her friend suggested that she try other approaches. Other friends took Rosa to a healer. This woman, who was a santera, performed an oracle reading through the use of ceremonial shells and told Rosa that somebody was trying to kill her (*Te han tirado a matar*) and that her only protection was to become a santera as soon as possible; not to do so would be certain death. Other suggestions were made, such as purifying baths, but a crucial thing was that she become a santera herself. Rosa did not have the money to pay for the initiation ceremony, but she remembered that she knew a santero who had previously suggested that she get involved in santería. She had never wanted to follow that advice, but at this point she decided to seek his help. Through this santero she again received the oracular message that someone was trying to kill her and that her only salvation lay in becoming a healer. He told her that she had been born to help people in need. Eventually Rosa was initiated as a santera. Her illness never recurred and she has worked full time as a healer ever since.

The second impetus to becoming a healer was a message or command received through an oracle, through the words of a trusted person, or even from a knowledgeable stranger. These messages informed some of the women in my study that healing was their mission in life or that they needed to heal others in order to protect their own health and that of their families. These "super-

natural" commands did not seem to be related to any specific events in the women's lives.

For example, Magdalena's involvement with healing began almost by chance. Her daughter Carmen went with a couple of friends to consult an *espiritista* when she was an adolescent. The consulta cost five cents then, and they decided to go just for fun. The *espiritista* told Carmen that her mother was the one who should be consulted because she really had powers (*vista*). Magdalena was at the time earning a living by sewing doll clothes. Prompted by curiosity or need, she decided to go and see the woman. Apparently the *espiritista* not only convinced Magdalena that she had powers but even helped her to set up her own spiritual center. After several years of working "spiritually" (*lo espiritual*) Magdalena was told by an oracle that she should become a *santera*. She was initiated thirty-two years ago and has practiced *santeria* ever since.

A third factor women mentioned as part of their decision to become healers was role modeling by older female family members who were already initiated. Sometimes this would combine with one or both of the other factors cited—an illness or a command—to determine a woman's involvement as healer. For example, Magdalena's daughter Carmen was initiated both because of her mother's influence and because she was told to do so by a trusted stranger. However, even when human influence on their decision to become healers was acknowledged, the source of the calling is always considered to be supernatural.

In fact, the ten women interviewed all consider the source of their ability to heal or to perform unusual activities to be the supernatural beings who have called each of them to the healing role. The Holy Spirit, *el santo*, or another supernatural being controls the woman's abilities, directly or indirectly. A perplexing question, however, is why other women did not respond to an illness, command, or role modeling in this way. The literature (for example, Garrison, 1977) and the interviews on which this study is based provide examples of Hispanic women who, though they were miraculously healed, or were told that they "had to" become healers, never followed through with initiation. These women who did not become healers were not the focus of my study. Nevertheless, the existence of a second set of factors relating to power (discussed in the next section) might help to explain what was special about the women who did become healers.

Empowerment and the Woman Healer

A woman's acceptance of the healing role may be associated with the consciously or subconsciously perceived opportunities for empowerment or financial independence. These opportunities satisfy needs. But in no way do these opportunities negate or contradict the belief in a supernatural calling to the role of healer.

The healer's role provides women with an opportunity for empowerment in areas of their lives that seem independent from the supernatural level. Their power manifests itself in intrapersonal ways such as self-esteem and self-assurance. In addition, interpersonal relations are changed as the healer gains influence. For example, Josefina, who was only twenty-two at the time of the interview, travels across the United States without her husband or relatives, exercising her healing ministry at charismatic meetings with no objection from her husband. Sometimes the healer also attains financial power either through prescribed fees (*derechos*) or through valuable gifts offered by thankful clients. This was the case of Consuelo, Rosa, and Magdalena.

Usually, the healers in my study did not articulate these other forms of empowerment or view themselves as transcending role expectations of Hispanic women. However, they all dare to behave in certain ways and to express certain opinions *because* they believe they have special supernatural powers. Precisely because these powers are given to the healer by external forces without her consent and even against her will, she is freed from many of the normative restraints on women and is able to exercise more control over her life. We know from anthropological sources that the role of women can be drastically modified by their role as healers.

The supernatural provides the legitimacy that enables them to leave the domestic sphere. Furthermore, this legitimacy is not amenable to human intervention. The woman's husband and/or family who protest are liable to find that they have little or no control . . . Women who are able to obtain supernatural legitimacy through ritual often have much power (Hoch-Smith and Spring, 1978, pp. 15–16).

By surrendering her will to the supernatural the woman healer is able to make decisions and interpretations about the will of the supernatural in her life. Many times she challenges male authority in the name of the supernatural in ways that would not be accepted

except for their source in supernatural commands. I observed, particularly in the families of Consuelo and Angela, how husbands, adult children, siblings, and other relatives tolerate, accept, or even encourage behavior that would not be tolerated under other circumstances. Thus, the belief that they have supernatural powers and the practice of healing seem for some women to be a form of rebellion against established norms and an expression of strength. Although they continue to see the source of "special powers" or "the gift of healing" as external (e.g., the spirits) rather than internal (i.e., herself). Interestingly, the healers who did *not* report a painful experience as their motivation for becoming healers seemed to speak about their power as healer more clearly and openly than the others, who emphasized to a greater degree their debt to the supernatural intervention in their lives. Nevertheless, all the women had to transform their supernatural power into concrete activities. There are distinct processes by which they convert this "supernatural" power into strengths manifested in interpersonal relations.

A few of the healers were quite explicit about transforming their supernatural power and were very aware of its effect on their lives. For example, Consuelo spoke about her power to harm those who hurt her and her relatives as a source of strength in interpersonal interactions. The most important change appears to be the increase in self-determination, manifested in the women's relationships with their families, particularly their decision to exercise their healing and religious beliefs in spite of relatives' opposition, mockery, or other negative reactions. The financial independence from male relatives that the practice of healing provides for some women is an additional incentive to self-determination mentioned by Consuelo, Rosa, and Magdalena.

The power provided by the healing function can work in two different ways. It may compensate a woman for her lack of other resources such as status and self-esteem. On the other hand, it may be an expression of the personal strength she had before becoming a healer.

Two of the women interviewed, Consuelo and Angela, illustrate these contrasting situations and some of the individual factors that may be at play in the selection process. Each woman has a sister who shares her religious beliefs but does not have healing powers. Consuelo is the least-educated member of her family and was considered duller than her sisters when she was growing up. Hav-

ing become a healer, she is consulted and acknowledged by all her relatives, including those still living in Cuba. She tells her adult children what is best for them, and they listen because what she says comes from a supernatural source. One of her sisters, a highly educated and independent woman, who is a believer in santería but has never felt any desire to become a healer, also receives advice from her. Thus, by virtue of her healing ability, Consuelo has been transformed from a powerless member of the family to its most powerful member. It seems evident that for this woman healing has been a way of acquiring what she lacked as well as compensation for her previously low status. Moreover, her healing practice has provided her with a substantial income that she probably could not have earned otherwise and so has enabled her to be financially independent.

By contrast, Angela is a strong, well-educated woman who has always been financially independent and commanded the respect of her family and friends. She became involved with the charismatic movement, began to take an informal leadership role in prayer groups, became able to transmit the Holy Spirit, and has had several experiences of healing others. One of her sisters has always been considered the neediest and weakest member of the family, both emotionally and financially. This sister has been involved in the charismatic movement for several years but has never claimed to have special powers. In Angela's case, her healing powers constitute more an expression of strength than a source of it. Healing has become a legitimate way of expressing power in the context of her family, and it frees her from the guilt that could result from pursuing her own interests and neglecting her family duties. Although the two women described have been empowered interpersonally by their healing, this empowerment appeared to serve different psychological functions for them.

It is possible, however, that the "unusual" behavior manifested by these women healers reinforces the norms of patriarchy rather than freeing the women. In the end, women healer's deviations from the norm may promote compliance rather than change. In their apparent rebellion against culturally prescribed sex roles, the healers may be simply "letting off steam." Without such an outlet, the pressure of women's frustrations with their sex role could mount to the point of bringing about actual social change. Viewed from this perspective, the role of healer seems to be part of an established system of sex roles and power allocations within the

culture. It could be that by making them healers, the culture accounts for and accommodates those women who do not fit the general mold without disturbing the status quo.

The findings of this study suggest, however, that at least for the participants the role of healer leads to personal empowerment. It constitutes, for some, the expression of a sense of self that is strong and competent, but cannot be fully communicated in all spheres of life without breaking cultural norms, as in Angela's case. For others, healing becomes an opportunity to be considered strong and important by themselves and by others, as in Consuelo's case.

While the magical or supernatural form of power involves *power over* illness, misfortune, enemies, sin, evil spirits, or whatever, the other manifestations of the healers' power that we are referring to are mostly expressed through the *power to* exercise more self-determination. The financial independence from their husbands or male relatives, which the practice of healing provides for some of them, is an obvious factor in their self-determination, but not the only one.

This capacity for self-determination provided or facilitated by the power derived from the role of healer is particularly relevant for women. The empowerment of women, or the process of developing a woman's own power, has been defined as "the development of those skills and attitudes which enhance a woman's ability to exercise maximum control over her life" (Barnett, 1981, p. 22). The process of "empowerment would appear to involve a variety of dynamics: increased self-esteem, competence and sense of self worth; access to concrete resources and opportunities; owning one's anger; challenging sex role constraints; risk taking" (Barnett, 1981, p. 84). All of these dynamics seem to be manifested in different degrees by the women healers.

The conceptualization of the empowerment of women as involving *power to* rather than *power over* is in accordance with the "best" characteristics of female psychology and female development as understood by Miller (1976) and other authors. Miller speaks of power as "the capacity to implement" (p. 116), referring to the capacity for women to implement their own goals in life rather than those of someone else. In this respect, the empowerment provided to the women through the healer's role is not "power as it is conventionally thought of: adversarial, hierarchical, finite. . . . It is rather a felt state of being, potentially accessible to all human beings, defined . . . as the sense of having or being able to attain

control over one's life" (Barnett, 1981, p. 193). It is true that some of the healers interviewed may use their supernatural powers in adversarial ways and that the ability to do so may enhance their interpersonal and financial power. On the other hand, the sense of empowerment provided by adopting the healer's role is manifested also in those women who do not use their special powers in an adversarial way. In other words, the empowerment of women healers is not dependent on these expressions of adversarial power but on something else.

Self-healing

Several studies (Langner, 1965; Soto and Shaver, 1982; Torres-Matullo, 1976) show that Latina women who exhibit psychological and psychophysiological symptoms are less assertive, hold less power or status, or otherwise have less control of their lives than Latina women without these symptoms. Since the healer role provides an opportunity for empowerment, it is probably a source of healing for the woman healer herself. This may be related to the experience of illness or pain described by some of the interviewees as a sign of their calling. They were relieved of their suffering when they became healers and consider the continued exercise of that role essential to their well-being. It can be argued that by empowering them and giving them more control over their lives their role as healers in fact helped relieve their symptoms. A case can also be made that those Hispanic women who are ready to take charge in their lives but not equipped to be successful in the mainstream of society or to fully embrace feminist ideology may find it easier than others to respond to the calling of supernatural forces.

The women interviewed continue to perceive themselves as very traditional. They have not "found themselves" through consciousness raising or feminist ideology. In fact, many would repudiate or even condemn such ideas. However, most of them are ready to behave in ways usually associated with women who espouse feminism: they would be willing to leave their families or move to another city if they believed they were being called to it, and they take their work as healers very seriously and would not abandon it at the request of any man. In many ways they are living in accordance with feminist ideology while interpreting their behavior in very different terms.

Traditional Healing and Acculturation

In addition to the experience of a calling and the opportunities provided by the healer's role, the acculturative stress to which Latinos are subjected in the United States may also be a factor influencing the selection of Hispanic female healers in urban centers in the United States.

For some Hispanic immigrants acculturation brings with it an increased adherence to traditional systems of healing. This increased traditionalism can be seen in many ways: the experiences of the healers interviewed; the spread to other subgroups of beliefs previously confined to only one segment of Hispanic culture; and the observation that the practice of healing is on the increase in the United States. Halifax and Weidman (1973) believe that "*santeria* is proliferating in Florida more than it did in Cuba" (p. 317), and Sandoval (1975), referring specifically to the practice of *santeria* among Cubans in Miami, attributes the increase to several factors that may apply to other belief systems as well, including the need for sources of strength in order to deal with the threat, stress, and anxiety created by economic insecurity and unfamiliar experiences. In addition, the current interest in healing practices and esoteric religious systems among educated elites in the United States creates a climate of acceptance for practices and beliefs that would have been considered inappropriate by mainstream American society only a few years ago.

Alternative healing systems may symbolize the newcomer's struggle and represent a way of coping in a situation of change that might otherwise be too threatening. The healer uses her faith to help other newcomers cope with their anxiety. According to Halifax and Weidman (1973), *santeria* provides an ego-integrative mechanism by defining

the individual as more acted upon than as actor, and thus provides "the reason" for the Cuban's increased sense of powerlessness—a powerlessness which accompanies the fact that traditional behavioral "keys" do not always fit a new social "locks." . . . It defines sources of responsibility as lying within the supernatural realm and, therefore, supports the "transfer" of guilt in the individual to loci outside the self. . . . Such psychological processes serve to enhance the individual's sense of mastery by separating the acceptable "me" (pp. 325–27).

The sense of mastery is also enhanced because "the client is always advised to perform certain rituals, harmless in themselves but

usually involving sacrifice of some sort" (p. 327) that convey a message of control over the external and internal worlds.

Charismatic Catholicism also expresses metaphorically the immigrant's helplessness and offers empowerment through the supernatural and the externalization of responsibility. "The baptism of the Spirit' is specifically an act of empowerment" (McDonnell, 1976, p. 36) that offsets the immigrant's impotence against external forces.

Newly arrived immigrants find themselves discriminated against and oppressed in all areas of their lives, including access to health services. In addition, the content of the mental health care they may receive magnifies the problem of the immigrant. The system of health care and specifically of mental health care prevalent in the United States reinforces their feelings of helplessness by emphasizing the individual, intrapsychic responsibility (even if unconscious) for all personal problems. Most psychotherapeutic approaches involve talking with someone who "knows better" than the sufferer and takes control over treatment but refuses to give specific advice or suggestions on how to behave or to get better. Because mental health professionals may consider mental distress and illness to originate in unconscious processes beyond the client's control, there is nothing the client can do except collaborate in the uncovering of the unconscious. It is practically impossible to understand the connection between talking about one's childhood or other seemingly irrelevant topics and one's presenting problems, which might be a persistent headache or the behavior of an unruly child.

In the traditional healing systems such as santeria or *espiritismo* and even in charismatic Catholicism, the cause of a personal problem is considered to be outside the sufferer. This coincides with the client's intuitive experience of daily life. Satan, the offending spirit, or an enemy's destructive hex can be overcome through certain prescribed activities that have a clear relationship to the problem. Most traditional healers use simple forms of homeopathic and/or contact magic (Gonzalez-Wippler, 1975; Trotter and Chavira, 1981) that seek to provide immediate understanding and relief.

The traditional healing system thus places responsibility outside clients and helps them recover an internal locus of control. The prevailing psychotherapeutic approaches, in contrast, make clients responsible for their difficulties but externalize the control of healing. Traditional practices help Hispanics deal with stress by providing a cognitive structuring of problems that approximates their personal experience. The externalization of responsibility corre-

sponds with the client's sense of powerlessness, and the prescription of concrete rituals and behaviors returns a sense of mastery.

Healers "provide a valuable counseling service to their clients, if absolutely nothing else" (Trotter and Chavira, 1981, p. 165). It is no surprise, then, that when people are experiencing little control and enormous responsibility because of their oppression (Sue, 1980), they increase their use of traditional healing practices. Such practices are culturally relevant not only in historical terms but especially in the psychohistorical situation of Latinos in the modern-day United States.

Surprisingly, Janeway (1981) in her discussion of the "powers of the weak" considers magic and religion only as another form of control of the powerful over the powerless or as a metaphor for the uncontrollable power of the powerful. De la Cancela and Zavala (1983) seem to take a similar position. The literature, however, provides innumerable examples of magic and religion as instruments for the empowerment of the powerless and expression of the "powers of the weak" (Turner, 1974). As Turner asserts, the "power of the weak" is often assigned to the female symbols and the "liminal" and the "inferior" conditions are often associated with ritual power" (Turner, 1977, p. 100).

In fact, women of all cultures have traditionally resorted to religion and its variations as a source of strength and empowerment. "Religious laws and bureaucrats can dictate that only men shall be priests, but the gods choose whom they will" (Falk and Gross, 1980, p. 39). The belief in this divine choosing, usually shared by both women and men of a given culture, can sometimes provide women healers with the power to balance the inequality of sex roles for themselves as well as for others (Lerch, 1979; Pressel, 1979). This power to balance inequality may be important for the healers as women, and maybe even more so, in terms of the present psychohistorical situation of Hispanics in the United States.

Anything that is said about the empowerment effect of the healer role on the lives of Hispanic women has to be understood in the context of their status as immigrants and minority persons. The healers interviewed for this study are involved in a process of care that is not only affected by their own culture but also influenced by external factors. From one perspective they are insiders in the religious traditions characteristic of their cultural background, but they are at the same time outsiders in their own society because their role as healers brands them as different. In addition, they, like all Hispanics, are outsiders in U.S. mainstream culture, both in the sense of being foreigners and in their belief systems. Healers and

clients alike espouse a world view that differs from and even contradicts that of U.S. middle-class culture.

It is very possible that Hispanic women are seeking through the practice of healing, to order their lives in a social context foreign to them and to their clients. They may be adapting in ways that can create new roles for themselves and for other women or only in ways that do not fit into American culture at all. At worst, they may even be choosing to express their needs through a regressive element in Hispanic culture, as De la Cancela and Zavala (1983) suggest.

The discussion of the empowering effect of the healer's role and of the possible influence of acculturative stress provides clues to the social and psychological processes underlying the development of the healer. Ironically the empowerment of some Hispanic women in this way may undermine the empowerment of the whole group by delaying the acculturation process or by divesting to the religious sphere some energies that might be best applied to efforts directed at changing social conditions.

There are several implications of the explanatory task attempted in this paper. Explaining the insights of one world view in the vocabulary of another distinctly different paradigm creates practically insurmountable difficulties. The participants' own explanations of their psychological processes are coherent and clear from their vantage point. From the vantage point of the outsider, however, these explanations may not be sufficient. Women's studies scholars need to explore the wider meaning of women's experiences in this realm to understand how cultural elements that could not be considered as partaking of feminist ideology can, in fact, contribute to the development of attitudes and behaviors in individual women that embody the best consequences of feminist ideology.

This study is but one attempt at understanding the process involved in the development of the female healer in one particular group living in specific psychohistorical circumstances. Perhaps it also sheds some light on the process of empowerment for women who conceptualize their development with a frame of reference different from extant feminist conceptualizations, and yet achieve similar results.

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