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From Witchcraft to Psychosis Treating Illnesses of the Head and Mind In Contemporary Chol Communities

Today, Mexico's indigenous peoples have access to a diversity of alternatives for health care since they live in multicultural contexts; this has influenced their ways of understanding and dealing with health problems. This article will look at experiences of Chol-speakers living in the southeast of the municipality of Calakmul, Campeche, near the border with Guatemala and the state of Quintana Roo. The Chol language is part of the Mayan linguistic family.

To care for relatives with illnesses of the head (*jol*) and the mind (*pensal*),¹ they deal with a multiplicity of special-

ists with different approaches to health and illness, the individual, the body, and the universe. This translates into varied diagnostic techniques for detecting and determining conditions, forms of treatment, and criteria for healing. This is known as medical pluralism.

The research on which this article is based was done in five localities of Calakmul municipality and led to the analysis of the treatment path of 15 people.² They have seen doctors and healers in the area covered by their social networks, that is, Chol healers both in Chiapas and in Campeche,³ Maya healers from the Yucatán Peninsula, or *hmenob* located in the states of Campeche and Yucatán, spiritualists from different places throughout the peninsula, Pentecostal pastors living in Calakmul collective *ejido* farms, and, less frequently, psychiatrists

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All photos by the author.

or neurologists from nearby cities. These alternatives may resolve health problems in different contexts, but at times they are not enough.

A look at the medical records allows us to get a glimpse of the complexity of the problem these populations face: clearly, they have great difficulties in treating health problems like those mentioned since they must seek out the wide gamut of possibilities they have within their reach and invest important sums of money—the treatments and travel are very expensive for their fragile finances. And even so, in most cases, they report no improvement.

It is important to mention that few people have had specialized medical care, a clear indication of Mexican indigenous peoples' social exclusion in health matters. These groups do not have the access to the goods, services, and opportunities that can improve or preserve a good state of health that other groups in society enjoy.

For decades it has been shown that the state invests the least amount in human and material resources in these citizens: their possibility of seeing medical specialists who can give them the care that public hospitals or private clinics offer is also minimal. It has been pointed out that cultural, economic, and social barriers prevent them from fully enjoying that benefit. This is why, in the case of the conditions mentioned, those who might receive clinical, scientific care have few probabilities of being treated in top-level clinics, much less being channeled where they need to go. All this encourages their condition to progressively deteriorate.

In addition, those involved must “translate” their proposals for care, since some are more familiar to them than others. The diversity of explanations or the illness include “witchcraft” (*tilentiel*) or an illness deliberately caused by someone (*choco chāmel*), according to the Chol healers and many spiritualists; the introduction of “foul spirits” in the bodies of the patients, in the interpretation of Pentecostal pastors; or, in the opinion of scientific medical practitioners, that the illness is the result of somatic injuries or dysfunctions. Thus, we encounter conditions like *soj-kem ijol* (confusion or muddling of the head), also called “madness,” *yaj chitiam* or “pig shame,” when what people actually are suffering from is epileptic crises, a psychotic break, or cysticercosis.

By analyzing one man’s treatment path, we can begin to understand the local cultural logic that has guided his family’s decisions and interpretations; plus, the obstacles

to his accessing specialized medical care will also become clearer.

María states that during Holy Week her dad (D) fell ill with diarrhea and intense vomiting. D explained that some neighbors had invited him to have a “drink.” When they saw that he was drunk, they brought him a plate and said, “Cousin, eat this snack, because in the middle of this plate is you; you’re the snack.” D and María thought that they put something in the snack to hurt him. María and her mother took D to a *xwujtijel*, or Chol healer, who helped him get better. He told him that he should make three visits to him, but D did not want to return because he felt better. María thinks that if her dad had gone, he would not have died, “because he was still able to hold his own.”

Shortly after his condition manifested, D began to threaten María and her mother with killing them; he also



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hit his wife while she was asleep. D said that he had seen several men come into the house and have sexual relations with his wife. They also say that “he listened as though someone was speaking to him. At noon, he would bathe [since he heard someone say], ‘Pig! Take a bath because we’re going to eat you now.’ And he’d obey. He’d say that he felt how they operated on him, putting the bottle of Big Cola in his gut, throwing potatoes in with it, and they’d sew him up again. He said that he saw that, that he felt it, but we were there and [could see] that none of this was happening.”

He also said that two people from his village forced him to go with them to work in the hills taking care of the animals. He would go away for days at a time, coming back covered in thorns and ticks. Those people had also recently forced him to sell a piece of land at a very low price because they wanted to set up a store there. Neither María nor her mother know how the transaction was carried out, but they think that D accepted selling it because they had done him some “evil,” cast a spell, which made him “lose his head.”

Just like her mother and other people from their area, María thinks that D had had “evil” or “witchcraft” done to him. Shortly before his death, they took him to see a spiritualist, who said, “Right now you’re walking around. It’s just your body. They’ve already eaten your soul; you’re no longer alive.” He explained to him that some enemy had paid a lot of money to someone to do him damage and cause his death. The spiritualist saw him five times, but in the end said there was nothing more he could do for him. For this work, he charged Mex\$5 000.

María said she took her father to the municipal hospital because “he could smell himself, that his body stank like a dead dog.” He said, “I have AIDS...” But, his daughter says that he was the only one who smelled anything. “For us, who were fine and healthy, he didn’t stink.” The doctors did tests —although María doesn’t know what kind— and they only found that he had tuberculosis.

She describes her reasons for thinking that someone cast a spell on D. She says that, at the burial, the people present said, “Here’s a snake coming out, ‘there it goes, there it goes.’” María’s sister saw the snake. “Lots of people say that, yes, when he heard voices, maybe somebody hung the snake on him somewhere; [so, then, it was] the snake that was talking.” The explanation is that the animal was inside D in a spirit form, and that is why they could see it when he died. The snake was the indisputable proof that this man had been a victim of “witchcraft.”

In this case, we can observe that the first choice for care was the Chol healer, and then the spiritualist. For both, the explanation was that someone had caused the man’s condition because he or she wanted to get ahold of his property, and so, had affected his spirit (*ch’ujlel*). This idea is based on a conception of people as porous entities at constant risk that can be affected in multiple ways both awake and asleep, by being exposed to attacks from envious neighbors who use rituals to penetrate their bodies, affecting their *ch’uilel* and even disturb their ability to act independently.⁴



Maria also said that they went to the municipal hospital where they did tests on her father that she could not understand and whose only results showed that he had tuberculosis. The symptoms she described could be interpreted by medical science as linked to some kind of psychosis since they might be classified as hallucinations and delirium. However, the doctors who examined him did not identify them as such.

One important obstacle to the indigenous population having access to timely, quality care is the cultural difference and not speaking the same language: the doctors' approach to care does not incorporate the patients' cultural perspectives, and they also do not have access to people who can translate culturally what is happening. The educational level of the indigenous population is lower than that of the rest of the population (4.9 years compared to 7.7 years), which has an impact in many ways on their being excluded from health care.

In other cases, people have had trouble getting to their doctor's appointments because of the distance to the hospitals; they have also developed complications due to cultural differences and difficulties in understanding each other because doctors and patients do not speak each other's languages. But even so, I did find that a few people have received psychiatric care, but have not had access

to all the medications prescribed by the health clinic, something that is a generalized problem in clinics and hospitals throughout Mexico.

As can be seen, the indigenous population faces both structural and cultural barriers that have an impact on their health and health care and that are often made invisible in the national health system. ■■■

Further Reading

- Leyva-Flores, R., C. Infante-Xibillé, J. Pablo Gutiérrez, and F. Quintino-Pérez, "Inequidad persistente en salud y acceso a los servicios para los pueblos indígenas de México, 2006-2012," *Salud pública de México* vol. 55, no. 2 (2013), pp. 123-128, DOI: 10.21149/spm.v55s2.5107.
- Menéndez, E. L., "Modelos de atención de los padecimientos: de exclusiones teóricas y articulaciones prácticas," *Ciência & Saúde Coletiva* vol. 8, no. 1 (2003), pp. 185-207.
- Menéndez, E. L., "La enfermedad y la curación. ¿Qué es la medicina tradicional?" *Alteridades* vol. 4, no. 7 (1994), pp. 71-83.

Notes

- 1 I have used these terms for the illnesses taking into consideration that both the patients and their families and the specialists who have treated them have situated them that way.
- 2 In this article, I will refer to the research I have been doing since January 2017 in this municipality, which consists of ethnographic fieldwork in different locations.
- 3 When I say "healer," I am referring to *xwujtijelob* (healers who use ritual procedures and herbal medication), the *tatuchob* (praying elders), and the "seers" who hear the voice of Saint Michael the Archangel (*yubin* San Miguelito) that emanates from a wooden box with his image and indicates to them the cause of the condition and what procedures must be followed to heal the person.
- 4 Witchcraft can operate through nocturnal rituals in which the witch (*xibaj*) establishes communication with Satan or the owners (*yumob*) through which he ensures that different entities acquire harmful properties that can penetrate the body of the person targeted. The entity can be "bad air" (*tsuku ik'*), objects, or animal spirits that penetrate through direct contact, or through eating or drinking. It can also happen during a dream, when the *ch'ujlel* leaves the body and wanders the earth, making it more vulnerable to attacks that produce discomfort when the person awakes. The spell can also work at a distance, using a proxy by ritually manipulating a full-length photograph or a piece of clothing, or writing down the target's full name. These objects must be buried in the cemetery, allowing the Owner of the Earth (*yum lum*) to trap the person's *ch'ujlel*, preventing him from returning and condemning him to death. The final objective is that the evil entity, Satan or the owner, eats the person's *ch'ujlel*, causing his death.