

In 2000 we began an ethnographic project funded by the National Center for Complementary and Alternative Medicine to document Latina/o traditional medicine in Los Angeles as a cultural health care resource. Directed by Jones with Hernández as the primary assistant, the study involved observations, interviews, and audiovisual recording in regard to *botánicas*, healers, ceremonies, herbal remedies, and medicinal plants in peoples' yards. In the present essay we provide an overview of the project. This includes not only initial findings but also matters of how we went about documenting, managing, and presenting data, along with several challenges we confronted in doing so. Some of our experiences might assist others seeking to establish repositories of local knowledge on which education programs and community outreach may be developed.

### **Ethnographic Methods and Techniques**

The study began in June of 2000 with our documenting products and services available at *botánicas* in Los Angeles as well as the medicinal plants grown and utilized by individuals esteemed in their families and neighborhoods for their knowledge of herbs. *Botánicas* sell religious items, herbs, and herbal products in addition to providing divination-diagnosis, counseling, and herbal and ritual treatments (see Table 1). We employed ethnographic methods of observation, participant observation, and interviewing. Most of the interviews were carried out by the two of us, assisted in the beginning by Dr. Patrick A. Polk, folklorist and staff member in the Department of World Arts and Cultures at the University of California, Los Angeles. Whenever possible we acquired voucher specimens of plants for identification by a botanist and observed people and products inside *botánicas*. We also attended festivals and parties on the feast days of saints, religious ceremonies at which spirits possessed supplicants, and ritual healing ceremonies in which we sometimes took part. Whenever possible we audio- or videotaped interviews and events. We always requested permission of the healer and host to film and take pictures, and often provided them with a copy of the video and photos. Bilingual students transcribed and translated interviews. Data entry personnel, led by folklore graduate students Wennifer (Wei-Ni) Lin and Jaynie Aydin entered information on ailments and treatments in a database management program.

With the assistance of Patrick Polk and others, we compiled a census of 446 *botánicas*, most of which are in Bell, El Monte, Huntington Park, and Los Angeles proper (especially East Los Angeles, the Alvarado Corridor, and the Pico-Union district), as well as less complete data from other areas (e.g., Long Beach, Torrance, North Hollywood, Norwalk, Van Nuys). In the future we hope to canvass by auto and on foot the commercial sections of such municipalities as Bell Gardens, Commerce, Cudahy, Maywood, Pico Rivera, San Fernando, South

El Monte, and Vernon, all of which have large Latina/o populations. Although we perused published directories, many botánicas are not listed. In addition, they spring up, move, or go out of business suddenly, hence the need to conduct “windshield ethnography” as well as to walk the streets in order to locate stores. We visited 127 botánicas and interviewed a convenience sample of 26 healers associated with these stores on 84 occasions (16 participants on one occasion each, 4 participants on two occasions each, 5 participants from 4 to 12 times each, and 1 participant 28 times). We interviewed another 22 participants on 47 occasions (14 participants once each, 2 participants twice each, one participant 4 times, another 6 times, and another 9 times). Most are noted for their knowledge of herbs while several are clients of healers.

Interviews with botánica owners occurred at their places of business, while other participants were consulted at home. Most respondents preferred Spanish but 5 of the 26 spoke English. We explained the study orally as well as provided written descriptions approved by our Institutional Review Board (IRB). Interviews lasted from 1 to 2 hours each. We employed open-ended questions as well as several semi-structured protocols. Our first protocol sought information about the healer and the botánica. Another concerned 60 ailments taken from an article about home remedies in South Texas (Trotter, 1981). As a result of initial interviews, we added 54 illnesses to this “finding list” (Goldstein, 1964), along with a set of recurrent social, financial, family, and immigration problems. All but 16 interviews were recorded. Respondents were assigned numbers to maintain anonymity, tapes and notes were transcribed and translated into English, and information was entered into separate database templates for botánicas, interviewees, and ailments/treatments. We hope eventually to make the information from the ailments/treatments database available online, perhaps through the UCLA archive of American folk medicine ([www.folkmed.ucla.edu](http://www.folkmed.ucla.edu)), which already contains nearly 200,000 records on regional and ethnic traditions in the United States.

Our goals have been to document the nature of botánicas and their products and services as well as to obtain information about the owners/healers, the ailments treated by traditional healers, and the modalities employed. We have been particularly interested in the use of plant materials cutting across cultural, religious, and ethnomedical systems, as we assume that those utilized repetitively over time and space may have beneficial effects. The most popular systems are Curanderismo,<sup>1</sup> Espiritismo,<sup>2</sup> folk Catholicism,<sup>3</sup> and such Afro-Caribbean religions as Santería<sup>4</sup> and Palo Monte<sup>5</sup> (Jones et al., 2001). We have also interviewed a few clients to determine the extent of and reasons for the use of traditional medicine, along with individuals who are knowledgeable about medicinal plants but are not associated with botánicas. While we sought to ascertain the nature and extent of traditional medicine as a health care resource for

Latina/os, as folklorists we also wanted to create a repository of these traditions as valuable cultural heritage. By collecting this information in an archive, we aim not only to preserve oral knowledge, but also to make it accessible to educators, medical personnel, and community members alike.

### **Initial Findings: Healers, Remedies, and Ailments**

Of the 26 botánica owners/healers whom we interviewed, 12 were men and 14 were women. Two-thirds emigrated from Central America (10 participants) and Mexico (7 participants); only one person, of Cuban descent, was born in the United States. About half were in their 40s and 50s, while slightly over one-fourth were in their 20s and 30s. In regard to the 14 people about whom we have this information, more than two-thirds attended high school, college, or graduate school. Many botánica owners/healers claimed association with multiple religions, e.g., three men were *santeros* (priests and healers in the Santería religion), *paleros* (in the Palo Monte religion), and *espiritistas* (in the Espiritismo tradition), while one woman was Catholic as well as a santera and an espiritista. Nearly one-fourth were devotees of the Central American folk saint San Simón and of La Santísima Muerte, or Holy Death. About one-third practiced the Afro-Caribbean religions of Santería and Palo Monte, and more than two-fifths practiced Espiritismo. In regard to ethnomedical specialty, all espiritistas (spiritists), santeros, paleros, and devotees of Catholic folk saints obtained assistance from spirits to diagnose and/or treat problems, which accounted for three-fourths of the specializations. About one-seventh identified themselves as herbalists, but most healers had considerable knowledge of herbal remedies. One-fifth of them claimed to be *curanderos* (curers or healers) whose traditions combined spiritual approaches with knowledge of medicinal plants.

Together, the 26 botánica owners and 22 other people we interviewed described nearly 100 physical conditions, along with emotional or other problems that are treated with plants, rituals, or a combination. The most frequently mentioned were functional complaints (headache, dizziness, muscle ache, fatigue, insomnia), chronic conditions (arthritis, rheumatism, irritable bowel syndrome), upper respiratory infections (colds, bronchitis, congestion, fever, sinusitis), earaches, gastrointestinal-digestive disorders (ulcers, colic, gastritis, indigestion, constipation, vomiting, diarrhea, parasites), aches and pains (back, legs), injuries (lacerations, burns, bruises), skin conditions (irritations, acne, eczema, scalp infections, warts, psoriasis, bites and stings, fungus), dental problems (toothache, gum disease), eye infections, urinary tract and kidney ailments, emotional illness (anxiety, irritability, mood disorders), impotency, sexually transmitted diseases, gynecological problems (infertility, vaginal infections, menstrual irregularities, hot flashes, fibroid tumors), hypertension, diabetes, and alcohol abuse.

Interviewees also described various “folk illnesses” (*susto* or fright, *empacho* or impacted intestine, *nervios* [nervousness], evil eye, *mal aire* [evil air],<sup>6</sup> hot stomach, cold uterus). A final category involves social-financial-metaphysical matters (achieving domestic tranquility, solving immigration problems, avoiding or resolving legal issues, attracting or repelling a suitor, obtaining or keeping a job, securing good luck, attaining protection from envy and evil spirits, and removing or reversing spells).

We obtained information regarding more than 300 plants; however, there seems to be a basic core of 40 to 50 that are grown at home for medicinal and spiritual use (see Table 2, which compares 36 plants grown and used by four participant healers). We also recorded many non-plant treatments, from *limpias* or spiritual cleansings to the use of *trabajos* or “works” (spells), prayer, amulets, minerals, and so forth.

### **Interacting with Interviewees: Opportunities, Challenges, and “Results”**

Several mechanical, logistical, and interpersonal challenges arose during the course of our research (see also the video *An Oral Historian's Work* featuring folklorist Edward D. Ives, along with such publications as Georges & Jones, 1980; Goldstein, 1964; Ives, 1974; Jackson, 1987). Recording equipment and problems go hand-in-hand. Preparation is essential: charging batteries and having spares on hand, checking the working state of equipment before leaving, carrying more tapes and rolls of film than one expects to need. As Ives observes in the oral history video, audiotapes have only two sides, not three or four; it behooves the interviewer to mark each after use and to keep these tapes separate from fresh ones so as not to record over an interview. Despite equipment preparations, problems sometimes arose in our research. In one instance we finally obtained permission to photograph in a particular botánica. One researcher’s flash was dead, however, and while the other researcher was shooting away with a still camera we discovered that its flash attachment was heating up. As a result, only two of the slides were properly exposed.

Other glitches occurred. To improve sound quality we used a lavalier microphone when videotaping interviewees. A cylinder on the 25-foot cord holds a battery and has an on-off switch. On one occasion a participant was fiddling with the cylinder as he talked. We discovered later that we had good visuals but no sound for 20 minutes; he had inadvertently switched off the mic. Wearing headphones throughout the interview, not just occasionally, helps guard against such problems. When videotaping interviewees who were giving us a tour of plants in their garden we relied on a remote mic lest one of us trip over a cord. We also kept a notepad handy on which to jot down peoples’ names and other details not recorded on tape.

Documenting cultural resources requires the researcher to locate knowledgeable individuals and to engage them in the study. When we walked into botánicas (whether individually or together) we were essentially “cold calling.” After briefly looking around the store to gain some idea of the religious traditions represented and the extent of sacramental items and herbs, we approached the attendant or owner. We identified ourselves by name and university affiliation and then briefly explained that we sought participants in a study of the role of botánicas and traditional medicine in immigrant health care. We gave each person a written description of the project, along with our business cards.

Fieldwork manuals address the matter of “roles,” that is, the persona the researcher assumes and presents to others. Less has been written about such matters as the fieldworker’s gender (see Camitta, 1990; Kodish, 1993; Williams, 1990), age, and appearance—or about inferences (and projections) made by others on the basis of these traits, and how these affect fieldwork. Claudia Hernández is a young Latina who speaks fluent Spanish. She introduced herself as a graduate student serving as a research assistant on this project. Several botánica owners dismissed her because of her student status; others talked with her at length precisely because of her youth and desire to learn more about their traditions. Some men were disdainful because of her gender and youth, and refused to meet with her; a number of women, mostly clients of healers, agreed to interviews, however, and discussed issues of female concern, owing to their common gender. Michael Jones is white-haired, male, and speaks Spanish haltingly. He is also bearded (as is Patrick Polk who sometimes accompanied us), which was a source of some amazement to one curandero who had seen few men with beards. This healer remarked about Jones’s age as well, puzzling over why he is still working and suggesting that Jones should instead be *Don Miquel*, esteemed for his answers rather than out in the field asking questions. Sometimes when we attended events or visited botánicas together, the very difference in our size, age, gender, and ways of referring to one another convinced others that we were indeed student and professor. On other occasions, we may have aroused suspicions that we were at the botánica as a government official and a translator.

The situation differed when we worked with community members whom we already knew and who served as liaisons and assistants. For example, Mary Helen de la Peña Brown earned her M.A. degree in folklore at UCLA and is now retired from teaching in the Los Angeles Unified School District. Having lived and taught in the same community for years, she knew many of the parents and neighbors of her former pupils. Little introduction to the project was necessary (although we still gave each individual a written description). Participants whom Brown had referred willingly talked about medicinal plants they grew, remedies they knew, and even ailments they suffered from and treated themselves. All

appeared pleased that educators were interested, especially an Anglo from the university.

In contrast, when we cold-called at botánicas, many people were unwilling to take part in our research. Some said they would help us, but when we telephoned later to set a day and time, they gave excuses for being unable to. A substantial number did agree to at least one interview, however. Others granted several. Of the 49 individuals interviewed, 26 are associated with botánicas, 7 operate other businesses providing alternative health care, 8 are noted in their neighborhoods for their knowledge of medicinal plants, and 8 are clients who have utilized spiritual or herbal healing. Those who declined to be interviewed probably did so out of disinterest, a concern that we would interfere with business, or fear that we might be undercover journalists who would misrepresent their business and/or cause them to be arrested by the Immigration and Naturalization Service or health department for providing health-related advice or selling non-prescription products (which was the case with various storefront owners in the late 1990s during crackdown operations headed by County Supervisor, Gloria Molina).

More puzzling was why others willingly participated. In one instance we suspected that a santero who knew us had pressured one of his initiates. One curandero/espiritista anticipated an increase in business because of our attention to him. Another espiritista saw his participation as his “spiritual responsibility,” stating that it would be wrong (and hence a type of negative karmic exchange) to turn anyone away. Some people appreciated the deference we accorded them as experts. Others took pleasure in interacting with us, and talking about health and healing. Several individuals voiced their disappointment that their children had no interest in herbal traditions, and therefore valuable cultural knowledge would not be passed on; they appreciated our desire to document and preserve aspects of their Latina/o heritage.

We always offered payment for interviews, having included compensation as a budget item in our grant proposal. Only an unemployed student, a retired teacher, a retired painter, and a single parent accepted. In appreciation for the time granted us by botánica owners/healers who refused financial compensation, we bought religious statuary, amulets, and other products. We left offerings at their altars to the Central American folk saint San Simón, to El Niño de Atoche (Holy Child of Atocha),<sup>7</sup> and to orchias (spirits or demi-gods in Santería belief). Hernández served as translator and troubleshooter on behalf of a curandero who did not know the city code regarding signage. We still maintain contact with some of the participants, inviting them to class lectures or discussion panels as guest speakers or, in the case of one curandero/espiritista, conducting cultural studies “tours” at his botánica. In other cases, we call them or drop by the botánica just to say hello. Initially we were strangers asking questions. Often, however, we were

in turn queried by participants as well as invited, and at times expected, to participate in events; we have saluted the saints at festivals and received spiritual cleansings. The “results” of fieldwork are usually thought to be tangible and impersonal products in the form of publication, archival record, or museum display. There are also intangible and personal outcomes, however, in the friendships made, the feelings evoked and shared, and the human concerns generated and expressed by those involved in the research enterprise (Georges & Jones, 1980).

### Question Guides for Interviews

To provide direction in interviewing, we developed several question guides approved by our IRB. One set of questions addressed to botánicas owners seeks information about the community and other botánicas in the area, along with the particular store’s history, products, services, and clientele as well as the proprietor’s date and place of birth, length of residence in Los Angeles, religious affiliation(s), ethnomedical specialization(s), history of being a practitioner, and services performed. Such information would help to develop a history of botánicas from their beginnings in Los Angeles in the late 1970s and contribute to understanding how and why these stores have become a cultural resource serving some of the needs of immigrants.

The second protocol contains 114 conditions derived from a register of 60 ailments in an article by Trotter (1981) about home remedies in South Texas, to which we added items as the preliminary study progressed. It lists both Spanish and (when appropriate) English terms for ailments. People seek traditional healers for problems other than or in addition to somatic and emotional complaints. Therefore we asked about other reasons that individuals often seek *consultas* (consultations) and assistance in the form of *limpias* (spiritual cleansings), *trabajos* (“works” or spells to influence spirits), and counseling, such as family matters, personal decision-making, immigration issues, legal troubles, romance, luck, financial difficulties, and protection from envy or sorcery.

A third interview guide focuses on a condition and its treatment. It asks the provider about the frequency with which the illness is encountered; the symptoms; who is treated most often (gender, age, ethnic/national identity); the nature of the treatment (and in the case of plants, the source, preparation, dosage, and administration of the material); a description of a recent example of treating the condition; and information on how to avoid the ailment. We also tried to inquire consistently about the conditions treated in the country of origin but not attended to here, those medicated here but not previously, and those more frequently treated here.

A fourth interview schedule concerns basic sociodemographic information

about a healer, the spiritual entities with whom the practitioner works (if any), means of divining or diagnosing conditions, and history of providing health care. Other questions focus on medicinal plants (see Croom, 1983; Etkin, 1993; Kay, 1996; Lipp, 1989; Young, 1983). The guide asks the name of the plant, whether it is cultivated or collected wild, collection times, stage of development, procedures for collection (including prayer or other symbolic and ritualistic behavior), storage, part(s) of the plant employed, and processing methods and equipment. Some questions refer to the purpose for using the plant part, dosage, administration, and other modalities recommended with the plant (diet, prayers, behavioral changes, etc.).

The many questions were sometimes exhausting to the participants. However, these protocols were merely guides to interviewing, not questionnaires to be slavishly followed. The unique circumstances of each encounter determined what we asked interviewees. We employed open-ended interviews as much as possible, but were guided by specific interests.

### **Translation, Transcription, and Data Management**

Once we had accumulated a number of audio- or videotaped interviews (most of which were in Spanish), bilingual students fluent in Spanish and English undertook the lengthy process of transcribing and translating the tapes. Wennifer (Wei-Ni) Lin helped create a set of standards and procedures. These established, for example, the formatting of a transcript—the number assigned to the interviewee, the date of the interview, and the names of the interviewer and transcriber. The language in which the interview occurred and the recording medium (notes, audio, or digital video) were also indicated.

Retaining Spanish terms for ailments, plants, and non-plant modalities while translating an interview into English proved crucial for data entry and retrieval. Some transcribers were more adept than others at translating dialectal expressions or particular terms (for instance, one curandero described remedies involving the use of *limón*, which the transcriber took to mean lemon, but which the healer consistently referred to as “the little green ones,” that is, limes). Transcribers differed in how they translated Spanish terms for ailments or treatments into English, for example, the folk illness *empacho*. They translated it variously as “stomachache,” “indigestion,” and “blockage” (for cultural variations, see Weller, Pachter, Trotter, & Baer, 1993). Often, however, the interviewee revealed his or her conception of the ailment in talking about it and how to treat it, which we asked the transcribers to pay attention to. One person who transcribed several interviews conducted in English was unfamiliar with the ethnomedical-religious system of the practitioner, but managed to phonetically spell the names of spirits and plants well enough that we could correct them. We

made audiotape dubs of digital videos to facilitate transcription. The quality of the recording affects one's ability to transcribe, however; background sounds and someone speaking rapid-fire or in a low voice are particularly trying. One healer whom we interviewed several times tended to mumble as well as speak hurriedly. Often transcribers could better understand what this person or other interviewees said by watching a VHS dub that we made of the digital video.

Personnel on the project devised templates for entry of information using a data management program. The botánica template has fields for store name, address, telephone and fax numbers, business hours, contact person, languages spoken, dates of visitation and interviews, and the owner's name and background (e.g., religious affiliation, place of origin, and length of time in this locale).

A second template for ailments and their treatment with medicinal plants has nearly three dozen fields. About one-third almost always contain data. These fields include record and participant numbers; interview date; interviewer(s) name(s); the condition in both English and Spanish; the passage from the interview that describes the belief or practice in its entirety; and details about the treatment method such as Spanish and English terms (and scientific name whenever possible) for a plant, which part is used, how it is prepared, the dosage, and administration. One field concerns cause, another prevention. The remaining fields are based on the assumption that a healer cultivates or collects the plant in the wild, which was rarely the case for botánica owners, who usually obtained plant materials from one of three major wholesalers in the area or had tropical plants for spiritual use sent by overnight courier from Miami or Puerto Rico. The fields relevant to healers who grow or collect plants deal with when, where, and how the material is obtained and by whom, the methods of processing, and matters regarding storage. Initially we expected to receive information about only plants—the focus of the study. However, healers also described the use of non-plant materials, from prayer and ritual to minerals, amulets, candles, incense, and animal or animal products; this necessitated modifying the template to incorporate these materials and modalities.

### **Issues in Generating Terms for Retrieval**

Transcripts had to be checked carefully during data entry, because some contained misspellings of ailments or plants and therefore the records would not be retrieved during a search. Terms were standardized in several fields. We also conceptualized layouts consisting of a few fields with data presented in columns for easy identification and comparison. One layout consists of five columns for ailment (in English); the Spanish, English, and scientific names of the plant used as a remedy; and the participant number, e.g., anxiety, *flor de naranja*, orange blossoms, *Citrus aurantium*, S01 (“S” indicating the “subject” or interviewee).

Records can be alphabetized in any column by the ailment or the item used to treat it, and they can be arranged sequentially by the number that identifies the interviewee.

While there are some problems particular to the database management program we are using, an issue of general concern involves how to identify the condition that is treated. The challenges are twofold. First, the conditions for which clients seek help include not only somatic and emotional ailments, but also troubles regarding family relations, finances, work, immigration, love, and luck, among other matters. “What most people come to see me about is when they’re dealing with stress [*estres*],” said one curandero/botánica owner. He went on to list a number of functional complaints as well, such as headache, body aches, arthritis, colds, coughs, and impotency, and he also mentioned “love problems” (*problemas de amor*). In addition, “There are people from our countries [in Central America] who believe they do not have good luck in life or cannot have children, so I give them something. Or people affected by witchcraft. . . I can take that away. . . . I get a lot of cases having to do with people getting treated very badly by their bosses at work, or that of people being humiliated and treated badly by workers that have been at the workplace longer. Also, I get a lot of people that are unemployed. These people have a lot of faith in God, San Simón, and me, and they come to me.” They “light a candle or something and they calm down. Sometimes they get treated bad at work and they can’t complain or fight back so they come here and San Simón listens to them.”

As evident from this curandero’s description of conditions that he treats and the ways in which he does so, “folk medicine” is not analogous to biomedicine. Traditional healers often deal with metaphysical, social, economic, and other dilemmas that confront their clients, attribute causation or exacerbation of an illness or problem to supernatural as well as natural forces, and utilize not only herbs but also prayer, ritual, talk, amulets, candles, incense, minerals, crucifixes, eggs, and so on. A repository of data on Latina/o traditional medicine, therefore, contains a great amount of information that a researcher steeped in biomedicine might not think to search for, including the very conditions for which clients seek help from traditional practitioners.

The second challenge to creating standardized terms for purposes of retrieval is that the terms for physical and emotional ailments employed by interviewees are vernacular ones. They simply do not correspond to the National Library of Medicine’s Medical Subject Headings (MeSH), which are a controlled vocabulary thesaurus based on biomedical concepts. Some conditions that are treated by traditional practitioners are so-called culture-bound syndromes not recognized by Western medicine, such as *nervios* or “nervousness,” *empacho*, *mal de ojo* (the evil eye), and *susto* or “fright” (Granger, 1976; Kay, 1993; Guarnaccia, DeLaCancela, & Carillo, 1989; Rubel, O’Neill, & Collado-Ardón,

1984). In addition, healers and clients often refer to vague symptoms rather than specific disease categories, e.g., “kidney problems” or “cold air” entering the lower back. All this makes it difficult to arrive at standardized terms, much less those recognized by the medical profession.

### Uses of the Data

Archived information about their traditional medicine and health care resources may benefit Latina/o immigrants in several ways. These range from preserving cultural knowledge for future generations to educating members of the medical profession, helping develop culturally appropriate health care, building community, and improving the quality of life.

According to literature on culturally sensitive health care, education is the first step in responsive treatment of ethnic communities (e.g., Caudle, 1993; Holland & Courtney, 1998; Scholes & Moore, 2000). We have participated in this attempt by presenting our findings at conferences, to doctors and health care educators at hospitals, and to classes on community health. Our presentations consist of four elements: lecture, slides, video, and handouts. We present a brief background to our study; introduce botánicas, including services and religions associated with them; set forth basic beliefs, values, and attitudes; offer an example of divination-diagnosis as well as a consultation; describe *limpias* or spiritual cleansings; list common medical problems and frequently mentioned plants; and conclude with a summary of main points. Printed information briefly explains our project, recapitulates our findings, and provides a bibliography of works on Latina/o traditional medicine, the religious-ethnomedical systems represented at many botánicas, and works proposing steps toward achieving more culturally sensitive health care for ethnic populations. Questions for eliciting peoples’ explanatory models also appear on the handout to evoke discussion.

Medical personnel who invited us to speak seemed particularly interested in the herbal remedies employed to treat certain ailments. To provide a more comprehensive picture, however, we presented information about consultations at botánicas as well as the spiritual component of health and healing. Although some clients enter these stores to purchase herbal products and sacramental items, those who go to botánicas to confer with a traditional healer usually seek a *consulta*, a consultation that typically involves divination-diagnosis, discussion, and wellness recommendations—whether the problem is somatic, emotional, or social. In presentations we described the example of a young woman complaining of headaches who appealed for help from a Mexican espiritista/curandero at a botánica. The healer asked if she was troubled by anyone or anything. She replied that she was not. Her problem appeared to be physical rather than supernatural, perhaps stress-related, but the practitioner was uncertain. He asked her to close

her eyes while he prayed and sensed her aura. He placed one hand in front of the woman's forehead and the other hand at the back of her head without actually touching her. Before beginning, he cleansed his hands and head with a scented liquid called Florida water and began chanting a prayer. After sensing the woman's aura he told her that she did not appear to be afflicted by a malicious spirit, rather she was under stress and suffering lack of sleep. He recommended that she run cool water on the back of her head where she felt the most pressure, and that she drink valerian tea prepared with the skin of a green apple. Often consultations are preceded or followed by brief spiritual cleansings or *limpias* involving prayer and sometimes the use of burning incense, Florida water, and other materials. "Where else can you get \$200 worth of time [charged by psychiatrists] for \$25?" asked one healer. Talking through their problems and undergoing a spiritual cleansing may produce a calming effect, a reduction in anxiety, and a restoration of confidence.

Slides in our presentations depict the fronts and interiors of selected botánicas, products for sale, and services offered. Our video contains examples of *limpias* as well as segments from interviews with several healers associated with botánicas, people who grow medicinal plants in their yards, and clients who seek herbal and spiritual treatment. We attempt to communicate several ideas. One is the variety of packaged and fresh herbs available for sale, or growing in gardens, and some of their medicinal uses. Another is the concept of hot and cold, from humoral theory, which informs some Latina/os explanatory model of disease etiology and treatment. A third is that books on herbal remedies abound in botánicas and peoples' homes. Usually small, cheaply printed paperbacks published in Mexico, they inform as well as confirm peoples' notions of what plants effectively treat which ailments. In addition, through particular comments and examples, we show that some people go to Mexico or other countries in search of remedies and herb-based products. The way people behave in their gardens reveals the importance of the sensory qualities of plants (rubbing and sniffing to identify them, and remarking on their sweetness or pungency), and their comments convey their pride in growing their own as well as their belief in the superiority of medicinal plants over some prescription drugs. Statements throughout the demonstration video indicate that people employ plants and spiritual healing as complementary and alternative therapies. In one segment, a woman from Mexico with varicose veins shows us a plant mixture with which she washes her leg before applying a prescribed medication to the affected area. In another, a woman enumerates problems she has suffered as an immigrant, describes chronic pain in her coccyx, and discusses the wide variety of treatments that she has sought and utilized, from biomedicine to traditional healers and plant materials to religious rituals.

Through lectures, slides, and video segments we attempt to convey values and attitudes about health care, while simultaneously counteracting certain stereotypes. For instance, common assumptions held about Latina/os are that they all practice folk medicine, rely on it exclusively, and frequent botánicas, and that traditional healers are poorly educated and unwilling to refer clients for biomedical care. Results of our research challenge these notions. In addition, although it is often the case that the botánica “offers a legitimate health care service for treatment of illnesses and provides this service in a culturally appropriate manner” (Gomez-Beloz & Chavez, 2001, p. 545), botánicas offend many Latina/os as trading in the occult.

A second application of our research involves *Proyecto Jardín*, the Garden Project, a community- and school-based garden in Boyle Heights in East Los Angeles on the grounds of the White Memorial Medical Center. This endeavor integrates the scientific, evidence-based evaluation of herbal medicine at the UCLA Center for Human Nutrition with the ethnographic approach to documenting healing traditions that typifies the Folklore Studies component of the World Arts and Cultures Department. Funded by the UCLA in LA Community Partnership program, the undertaking extends the concept of the garden established by family physician Dr. Robert Krochmal (at the time a postdoctoral fellow at the UCLA Center for Human Nutrition) and volunteers, by drawing upon data in the archive of Latina/o traditional medicine that we are developing. Based on medicinal plants commonly available at botánicas and often grown in peoples’ gardens, upwards of 50 different species will be planted. Interdisciplinary, hands-on discussions regarding the cultivation and safe utilization of traditional herbal medicine are planned. We will produce a training manual, guide to cultivating and utilizing medicinal plants, herbal cookbook, video documentary, publishable report, and ongoing presentations. A research-driven curriculum on medicinal plant cultivation and use will be taught at the site to area residents as an 8-week workshop. The living herb garden will serve as a focal point in developing a partnership between scholars and community representatives with a common interest in preserving cultural knowledge, not only through the collection of data but also by empowering people to learn and to educate others about the uses of traditional medicine. The garden will enable communication between academics and neighborhood leaders through collaborative projects that include the creation of mosaic artwork, cooking and herbal tincture preparation classes, celebrations, and school programs. In providing space in the urban jungle for a garden rooted in the Latina/o use of herbal remedies, the project will contribute greatly to the quality of life of area residents.

## Conclusion

To bring this essay to a close, we reiterate that our goals at the outset were to discover the nature of botánicas and their products and services, and to document the ailments treated by traditional healers along with the modalities employed, especially the use of plant materials (albeit in relation to ritual practices and religious beliefs). As folklorists intent on not only understanding human behavior but also conserving a people's heritage (see Georges & Jones, 1995), we sought to develop an archive that would preserve data. Such a repository of traditional medicine in Los Angeles serves multiple purposes. It safeguards cultural knowledge for future generations, as well as offering data that can inform educational programs, help sensitize medical personnel to the nature and uses of traditional medicine, and assist in the development of culturally appropriate health care. As Proyecto Jardín indicates, a repository of information about medicinal plants may contribute to improving the quality of life and health care as well as strengthening community. We began our study by asking questions of local specialists and practitioners. Then we created an archive to house records from the interviews. We conclude the project by utilizing the information to advocate on behalf of the population from which it comes, thus giving voice to individuals' memories and their cultural heritage.

## Notes

<sup>1</sup> Curanderismo is "the most common folk medical tradition practiced by Mexican Americans and Latino immigrants in the United States" (Jones et al., 2001, p. 55). It is a healing method in which a curandera/o (literally translated as curer or s/he who heals) uses modalities such as prayer, spiritual cleansings, herbs, and other rituals from various religions or healing systems to manage common ailments as well as problems of a spiritual nature including so-called culture-bound illnesses (e.g., *susto* or great fright).

<sup>2</sup> Espiritismo or Spiritism developed from the nineteenth-century European Spiritist practice delineated by French philosopher Allan Kardec, in which he posits communication with spirits that can intervene in our lives to identify illness or other problems.

<sup>3</sup> Folk Catholicism is characterized by use and observance of Native American healing practices in combination with Catholic doctrines. The religion is further characterized by belief in saints unrecognized by the Roman Catholic Church, but who are praised and revered by the people. There are various interpretations of Catholicism throughout the world, but in this essay we deal specifically with Mexican and Latin American understandings.

<sup>4</sup> Santería (also known as Lucumí which is Yoruba for friend) stands for the way of the saints. It is an African “slave” religion that combines Catholic practice with the Yoruba religion of Ifa in which *orichas* or intermediary spirits are also given the names of saints and are appeased so they may carry prayers or petitions to the high god, Olodumare.

<sup>5</sup> Palo Monte is a Kongo-based religion found in the Caribbean. Like Santería, it is fused with elements of other traditions, in particular Espiritismo; it posits communication with ancestors as well as forces of nature (e.g., wind) and environmental elements (e.g., trees).

<sup>6</sup> *Aire* or *mal aire* (bad air, evil wind) is said by some Latina/os to be a type of air released by dead bodies, and by others to be a “chill” that enters a living person causing sickness such as sore throat, muscular aches, and flu-like symptoms.

<sup>7</sup> The Holy Child of Atocha, i.e., the Christ child dressed in pilgrim’s clothing, who brought food to Christian prisoners held captive by Muslims invading the town of Atoche, Spain in the thirteenth century.

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