

Original paper

“Illnesses of the Mind” and “Illnesses of the Spirit” among the *Ñu’u savi* indigenous people that inhabit the Metropolitan Area of Guadalajara (MAG) City in Mexico

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Abstract. *Ethnic diversity brings along problems derived from coexistence and different worldviews. It seems necessary to make an analysis of the Mental Health consequences from the point of view of those who face a forced process of Acculturation. With funding of Mexico’s National Council for Science and Technology (CONACYT), we are conducting research work aimed to generate knowledge in order to create a model for mental health care which focuses on the problems and the needs of the migrant indigenous population from different ethnic groups in the MAG. This paper shows the results of the research done with the Mixteca population. Mixteca (named so by the non-indigenous population) or, more properly, Ñu’u savi (People of the Rain) are one of the migrant indigenous groups with more population in the MAG. They arrived here in the 1980s. Nowadays there are 2001 speakers of their language. This article show the results of a qualitative research aimed to characterize the illnesses and therapeutic methods described by this population and related somehow to Mental Health. It has been made semi-structured and non-structured interviews to migrant Ñu’u savi indigenous people living in the MAG. There were identified cases that could be diagnosed by psychiatry and others that the community had an interpretation related to spiritual causes, as witchcraft and susto. It is essential to know the patients’ culture in order to be able to intervene with efficacy. Psychiatry and Western medicine should adapt to and understand the population studied.*

Keywords: Mixteco, Cultural Psychiatry, Illness of the spirit, Healer, Immigration, Indigenous.

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INTRODUCTION

Ideas about health and disease linked to mental illness may be better understood when we relate them to a specific cultural production (ideas, beliefs, rituals, etc.). Besides its contextual, economic and cultural peculiarities, Mexican reality is imbued by stories that date back to its pre-Columbian past, and that have become reference models for social actors and discourse. Any attempt to understand the influence of culture in the expression and prevalence of mental illness leads by necessity to the episteme of modernity, which according to Dussel (2002) has a Eurocentric origin. In the midst of these socio-cultural determinations are indigenous migrants to urban contexts, who must integrate two discursive realities that are in some respects mutually exclusive.

According to the data obtained in the 12th General Census of Population and Housing conducted by the Mexican Institute of Geography and Statistics in 2000, and the 2nd Counting of Population and Housing in 2005, the indigenous population comprises around 6% of the total population of Mexico, distributed

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among the 32 states of the country and 62 ethnic groups. It is estimated that 140,080 speakers of indigenous tongues have migrated away from their places of origin, within Mexico. There are speakers of the 62 different indigenous tongues in Jalisco, which constitute a population of 42,372 five-year-old or older individuals (INEGI, 2010). It is worth mentioning that whereas the number of speakers of indigenous tongues has decreased nationally, in Jalisco it has increased. *Huichol, Nahuatl, Tarasco, Mixtec, Zapotec* and *Otomí* are the most spoken of these tongues. In considering health and culture as one of the central categories of analysis we are bringing up for discussion a whole set of subjective phenomena that include the practices, beliefs, and customs that give shape to mental health, how mental health is felt and experienced. This means a viewpoint from the understanding of the sickness, illness and emic view of disease, which put into question the medical and scientific universal truth (etic) view of disease. The nosological and therapeutic variations due to ethnicity, as well as the treatments in traditional medicine and urgent public health issues such as chronic diseases, diabetes, obesity, drug addiction, and alcoholism in this population could be the consequence of culture shock, social violence, and life conditions that have an impact on mental health.

Our aim is to analyze what the *Ñu'u savi* subject describes of himself and his own culture in regard to the illnesses that identify those phenomena that Western science includes within the discipline known as mental health care.

CULTURAL BACKGROUND

As an ethnic group, *Mixtecos* trace their origin to pre-Columbian Mexico, and they have incorporated Western elements to their culture since the times of the Conquest until the present day. Thus, their beliefs and cultural practices are the result of a process of cultural fusion that has amalgamated different (mainly Christian) elements. In their own tongue they call themselves *ñu'u tavi*, “Poor People”, or more commonly *ñu'u savi*, “People of the Rain”.

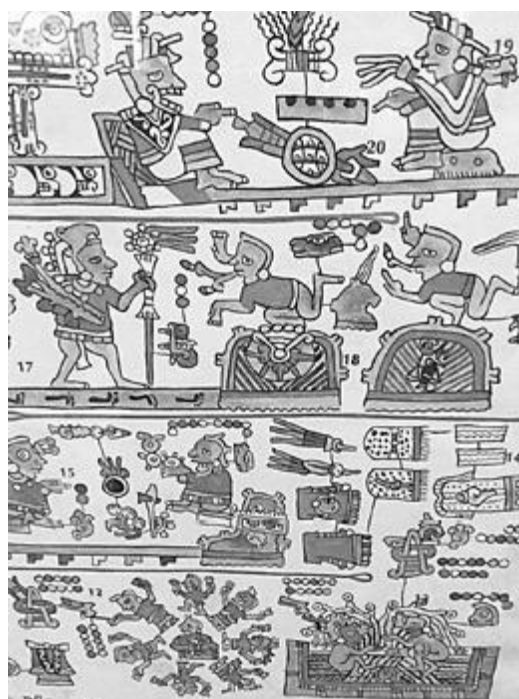
Figure 1. Oaxaca and the division of the Mixteca region
source: Van Doesburg (2008)



Lind (2008) made a description of the region known as *La Mixteca* in the state of Oaxaca, although members of this ethnic group may also be found in the states of Puebla and Guerrero. Other ethnic groups have also inhabited the Mixteca in Oaxaca, but *Mixtecos* constitute the majority (90%) of its population. The region is divided in three parts: the highlands, the lowlands, and the coast, and in each one of them there is linguistic variation due to its own particular history.

The history of the *Mixtecos* has been retrieved thanks to the interpretation of several codices, such as the ones interpreted by Alfonso Caso and published in 1977. Each one of the regions has codices that have allowed scholars to reconstruct its history (Van Doesburg, 2008). In pre-Columbian times, approximately in 942 AD, the Mixteca was organized in kingdoms or *yuhuitayu*, which may be translated as “the place of the ruler”, and which functioned as a monarchy (Lind, 2008).

Figure 2. Photograph taken at the National Museum of Anthropology and History. A fragment of the Selden codex, one of the 6 pre-Columbian codices found so far.



The religious practices of this period were conducted by priests, who had to complete a four-year training period and were in the service of the king. Each kingdom worshipped a patron deity (Lind, 2008). Among these deities were the wind, the rain, the earth, and the spirits of the earth. Copal incense, feathers, rubber, idols and birds were used in their religious rituals (Rodríguez, 2008).

Many of the pre-Columbian elements mentioned have been preserved, such as the importance and veneration of the wind, the rain and the spirits of the earth, to which they have added Roman Catholic figures like St. Andreas, St, Michael and other saints. Rituals have also preserved some of their old elements, to which Roman Catholic prayers have been added.

THEORETICAL SUPPORT

Narratives are the thematic core of this research. Language and what it expresses are considered as the instrument that provides the capacity to imagine, create, and re-create experience (Castoriadis, 1997).

Following Berger and Luckman (2001), we view reality as a product of a linguistic construction, which necessarily implies the definitions and characterizations of illnesses. The concept of illness brings together a number of features that constitute its meaning and determine the ways in which people relate to them; that is, how they represent, understand, and even experience it.

Kleinman (1980) identifies the importance of the social element, the collective legitimization of an illness. From a transcultural perspective, he breaks down the phenomenon in three terms: *sickness*, *illness*, and *disease*. Kleinman begins by viewing it in socio-cultural terms. He calls *sickness* the cultural construction and “naturalization” of it in a given social context, which helps to perceive, express, and assess its symptoms. *Sickness* has two aspects: *illness* and *disease*. *Disease* refers to the biological or mental dysfunction in the terms of Western psychiatry, which provides information to the person who suffers it. *Illness* refers to a psycho-socially shaped experience, the shape the disease takes in the individual within a society. In regard to *illness*, Kleinman argues that, unlike the other elements, it may be experienced by other people besides the “diseased”, such as the family, the community, or even a larger collective.

What follows is some elements of cultural psychiatry’s, which requires pointing out some of its epistemic aspects. Psychopathology has been influenced by phenomenology, especially by Jasper’s early works, in which he makes a descriptive compilation of fact-based data. However, he veers away from it when it requires an empirical generalization of descriptions and symptoms (Berrios, 2011).

In his chapter “The subjective manifestations of an ill psyche” (1993), Jaspers makes an emphasis on the convergence of psychopathology and phenomenology (p. 65). He describes in a strict and precise way the psychological states of the mentally ill, and argues that the self-descriptions of the “patients” are the only way to explore subjectivity. Only the persons themselves can observe and make judgments on their experiences. Jaspers takes phenomenology to its final implications when he argues that we must set aside theories and interpretations and limit ourselves to describing “the psyche such as it is”.

In psychiatry, the cultural view has developed and strengthened in different academic and geographical settings (Jilek, 2008). The study of culture in mental illness is taken as the study of its production, so in order to have access to it we must do it through the descriptions of illnesses and sicknesses.

Incorporating culture in the discussion implies considering the behaviors and lifestyles shared by a collective, including customs, habits, beliefs and values that shape emotions, behavior and life patterns. Every culture inevitably has a category that can be called “madness”, which depends on the behavioral limits established as expected in each specific situation (Simon, 1984).

Villaseñor (2008) points out the importance of rejecting the cultural tendency to making *a priori* assertions, because no culture can be judged or assessed based on the scale of values of another culture, and he further argues that even one’s own culture must be regarded as exotic.

A phenomenological design allows for the approach proposed for this research, tying in with the foundational principles proposed by Husserl to capture the essence of phenomena on the basis of “what is shown”, using as a general method: a) a natural attitude; b) the reduction that brings into existence the phenomenon in consciousness; c) an eidetic intuition, which implies the intentionality of capturing the essence through experience (Chávez Calderón, 2008).

On the other hand, this design is epistemically and ontologically compatible with the theoretical elements mentioned above.

METHODOLOGY

Husserl (1962) argued that in order to discover phenomenologically the “purely natural” and sensitive experience one must achieve a participative belonging. The world precedes the individual who knows it, so in order to produce knowledge one must situate oneself before the objects that are to be interpreted, what Paul Ricoeur (1997), in his proposal of a hermeneutic phenomenology, calls a transcendental consciousness mediated linguistically, that is, by signs and symbols.

The research design is qualitative, using ethnographic research techniques. The sample comprises indigenous people who have lived in the Metropolitan Area of Guadalajara for more than three years, and who belong to one of the five ethnic groups with the largest presence in this city, in permanence as much as in quantity, the Nñu’u savi. The research team conducted two kinds of interview: the first one a

semi-structured one, and the second one an in-depth one with the healers. The first kind of interview was based on the following format:

Table 1. Semi-structured interview

Category	Subcategory	Indicator
Demographic data	Ethnic group	Community of origin
		Mother tongue
		Parents' community of origin
		Parents' mother tongue
	Age	
	Occupation	
	Sex	
Experience of migration	Time of residence in the city	
	Family	Marital status
		Description of the situation of the immediate family
		Persons who live in the home and relation (familial or not) with them
Reason for migration	Decision	
	Description of situation prior to migration	
	Migration	Description of the experience
		Interactions (support networks)
Illnesses related to:	Religious practices	Compliance (beliefs, customs, and traditions)
		Most common illnesses in the MAG (Metropolitan Area of Guadalajara). What they need, what they want, what we can offer them
	Mental health	Concept of mental health.
	Religious consequences	

In the ongoing content analysis we are in the process of identifying common and complementary contents in the issues observed and referred to.

Our sample consisted of 14 *Nũ'u savi* migrants to the MAG who lived in the Constancio Hernández and the Ferrocarril neighborhoods, and who came from the state of Oaxaca, specifically from the Mixteca Baja. They have all lived in the MAG for at least five consecutive years. Among the participants interviewed were two healers.

Content Analysis was used for the interpretation and analysis of the information obtained. The steps followed in the analysis and treatment of the information can be summarized as follows:

1. Knowing all the data and reading the transcriptions in their entirety.
2. Identifying the main stages, events and experiences of each individual.
3. Codifying and separating the data according to the stages.
4. Weeding out the information by leaving aside stories and issues irrelevant to the research goals.
5. Compiling the stories into a consistent document.
 - Preparing primary documents (transcriptions and field diaries).
 - Reduction of the information.
 - Creation of analysis categories.

RESULTS

a) Ethnographic Description

We will present data that will help to outline a panorama of ethnographic elements, as well as the migratory journey of the simple population, based on the information compiled in the participant-observation fieldwork. Some bibliographic references were used for descriptive purposes. The *Ñu'u savi* arrived to the MAG between 1990 and 1995. Most of the families came from the Mixteca Baja region of Oaxaca and settled on Ganso Street of the Ferrocarril neighborhood.

De la Peña (2010) points out that migration from rural to urban areas in Mexico was due to the lack of economic development in the place of origin. In the 1980s and 1990s it became a very common phenomenon as cities grew larger.

Figure 3. Constancio Hernández neighbourhood.
Source: Google Maps



Besides Jalisco and its MAG, Mixtecos have also migrated to Puebla, Distrito Federal, the state of Mexico, Colima, Torreón, La Paz, Monterrey, Sinaloa and Baja California, among others. One of the informants, who lived in the Constancio Hernández neighborhood and was a member of the families who founded the Mixteco settlement in the Ferrocarril neighborhood, said that before settling in the city they only spent a few months a year in Guadalajara, but most of the year in their community of origin.

[...] there was already a family from another community called San Miguel. They were the ones who were there, and we usually came and stayed, well, in garages, under trucks and buses, in mechanic workshops (Angélica, 2013).

Figure 4. Ferrocarril neighborhood
Source: Google Maps



In the MAG they began to settle irregularly in several places. One of the first settlements was the one in the Ferrocarril neighborhood. A female informant says:

[...] and when we found this family, they told us “listen, we’re staying here. Why don’t you build yourselves a little house?” There was some wood left over by the people who repaired the railroad tracks, so they suggested: “Why don’t you stay longer? It’s too hard to be coming and going. What do you think?”

You can get wood, it’s cheap, and metal sheets.” And then my father said “Well, why not? We can stay a little longer and then we’ll see how long we can stay and come back.” And that’s when they began to build the little houses with wood and a metal roof. (Angélica, 2013)

Four or five *Nũ'u savi* directly-related families live in each house. However, for them everyone who lives in a house is considered part of the family unit.

Figure 5. Celebration in the Constancio Hernández neighborhood.



Some houses are built with more solid materials, while others have a metal sheet roof and other makeshift materials. They have running water and sewers as well as electric power, except for Cosmos Street in the Constancio Hernández neighborhood, where the public lighting does not work and the streets are dirt-paved. Ganso Street in the Ferrocarril neighborhood has been stone-paved. It was built by the side of old railroad tracks no longer in use. There is a good relationship between the families. They all take part in major celebrations: weddings, baptisms, patron saint feasts. Every year most of them return to their hometowns to fulfill their duties

in the patron saint days or the municipality feasts.

Most *Mixteco* families make and sell handcrafts. Many men play traditional Mexican and Oaxaca music. Eight years ago *Nũ'u savi* used to sell their handcrafts in the streets and main avenues of the MAG, but difficulties such as exclusion and abuse have led several families to organize and travel in groups to sell handcrafts in other towns of Jalisco. *Nũ'u savi* families gradually built links among themselves as they arrived in Guadalajara, and that is how they got organized to settle in specific areas of the city. Now they conduct meetings to decide on important issues related to their community of origin, a death in the family, accidents, illnesses, or when a family is going through a difficult time. They help each other financially and morally.

The *Nũ'u savi* language is spoken by most of the members of the ethnic group. However, our informants told us that when they became parents they decided not to teach their children their language, due to the negative experiences of exclusion and discrimination they had growing up here. Now the loss of the language has become a matter of concern for the older adults.

Table 2. Composition of the sample population:

Name	Age	Generation	Occupation
Analia	19	2	Student
Angélica	35	1	Artisan
Dolores	33	1	Artisan
Elvira	22	1	Artisan
Janet	18	2	Student
Justina	46	1	Artisan
Irma	28	1	Artisan
Reina	33	1	Artisan
Pablo	70	1	Gardener, Herb healer
Agustín	67	1	Salesman, healer (herbs and prayers)
Isabel	24	2	College student
María	-	1	Saleswoman
César	-	1	Salesman and college student
Claudia	-	1	Artisan

b) Semi-structured interview findings

Even though not all the subjects interviewed were first generation migrants, when asked where they were from and they all answered that they were from the community in Oaxaca, where their families came from: “Well, I was born here, but we are from Oaxaca, from San Andrés Montaña” (Analilia, 2013). This is where the issue of identity arose, an issue frequently referred to by the subjects interviewed although it had not been established as one of the interview topics.

Different themes (code families) arose from the analysis of the semi-structured interviews, grouped into emerging codes:

- Being a Mixteco.
- Illnesses of the mind.

Each theme was identified through its component codes, and they all relate to each other. Subjects refer to mental health concerns and needs, as well as the causes and characteristics attributed to mental illness. Migration as a common experience of the subjects cuts across their conceptions of mental health, which is consequently related to discrimination. It is worth mentioning that discrimination is considered as a thematic unit due to the continuous references to it and to the links it also establishes with the theme of the so-called illnesses of the mind. The frequent references to identity elements, not considered initially in the general format of the interview, stand out in the results. However, the subjects interviewed attribute it a link both to mental illness and to the experience of discrimination.

During the analysis some codes emerged which represent the conceptions that compose the themes mentioned above, and which were defined based on what the subjects said:

Description of the information by code families (categories)***I. Being a Mixteco***

The continuous references to being a *Mixteco* stand out because they were not expected in the interviews, since it was not one of the themes to be addressed.

According to Tajfel’s theory of social categorization, people create categories that they use to organize, simplify and understand reality (Pujal, 2004). Thus, they build a concept of themselves based on the groups with which they share a number of characteristics, and they build a notion of “us” against one of “them”, as the following quote exemplifies:

“[...] well, that you represent a culture, traditions, well, that were are in part different from mestizos. [...] one of the most important things that we have as indigenous groups, the language is what best represents us and identifies us among other groups. The traditional garments have already been lost, so to speak, only our grandparents try to remind us how they were, because we don’t wear them so often in feasts or so, but no, for us it is not normal anymore to dress like that, and I think that it is important to recover our language, so that at least they don’t forget who we are”. (Analilia, 2013)

The characteristics referred to as part of being a *Mixteco* were language, traditions, feasts, dance, comradeship, living in a community or as a group, music, and food. On the other hand, at a personal level, being a *Mixteco* implies a knowledge of cultural elements and experiencing it with pride.

This sense of being a *Mixteco* brings with it obligations with the community and the deities that must be fulfilled even after death: “because it is very important to return there, to stay, to be buried, dead there” (Isabel)

Another theoretical perspective of identity that may help to understand our findings is the one found in Mead’s symbolic interactionism. In it, identity or *self* is a conception of oneself that emerges through interaction, through the looks, actions and reactions that take place in the context of a relational situation (Pujal, 2004). In Shakespeare’s words (1950): “eyes cannot see themselves but through a refraction, that

is, through other objects” (p. 4). The image that a person has of himself or herself exists through a reflection of what is outside, the others, their reactions.

In the case of *Mixtecos*, they identify living in a community and forming a group as part of the elements that are characteristic of being *Mixtecos*. Thus, their daily interactions, together with the interactions that they eventually establish with the people in their place of origin, gradually shape their image of themselves.

“[...] with my grandparents who still live in Oaxaca, with them I do have to speak in *Mixteco*, because otherwise they will not understand, or they will say “there in Guadalajara you can do whatever you want, but this is your town, your home, and you have to speak like this because you are from here”...”. (Janet, 2013).

It is through *Mixtecos*, who have a long history of migration as a group and long stay in a new and different context from their origin, that we can understand that the issue of the self, of one’s self-concept, has become relevant in the discourse about one’s own experiences and their repercussions on mental health.

II Illnesses of the mind

This was the central issue of the interview, so it was part of one of the codes and became a category that includes several codes.

Overall, the subjects interviewed say that mental illness alters the behavior of people who suffer them, and identify among such altered behavior the following: saying strange things, leaving home at odd hours, running, screaming, speaking incoherently, having hallucinations and a disorganized memory.

Among the causes to which they attribute these kinds of behavior are drug abuse, alcoholism, the death of a beloved person, reading the Bible and not understanding it, “bad vibes” and witchcraft. “Bad vibes” are defined as witchcraft cast on a person by someone else, so it has an intentional component.

What follows can illustrate the above:

“[...] suddenly he began to speak incoherently, to speak of things that did not exist, or he just passed and hit people and ran away, and that boy is still the same now [...] well, they say that happened because he drank a lot, but he started to go out of his house at odd hours, without clothes, and he started walking and screaming and saying things and all that”. (Angélica, 2013)

“[...] a girl, a Mixteca too, who lives on the hill, I think she had an illness, I don’t remember the name, and another boy that they said that it was because he read the Bible, he didn’t understand it, I don’t know, and he became traumatized and began to say strange things and said that the Devil got inside him, and that kind of thing happens a lot”. (Janet, 2013)

Illnesses of the mind associated with migration or -perhaps- with the process of acculturation of the Ñu’u savi

Besides the cases in which there are extreme alterations of behavior, our subjects refer to other illnesses such as anxiety, depression, stress, and being nervous. Anxiety and being nervous are mentioned as illnesses of the mind; however, in their discourse they seem to refer to them as symptoms, so it was not possible to obtain a description of them. As part of these illnesses associated with their arrival in the city, we were also able to identify worries or *ta’a cani ini na*.

One of our female informants said that she experienced it due to the changes in her behavior and appearance required to adjust to the city, and the acculturation that followed.

Depression is described as a feeling of sadness that turns into an illness. Our informants tell us that it happens to people who arrive in the city and miss their hometown, or that it can be related to the discrimination they suffer in the city. It was also attributed to the stress mentioned above, especially the one linked to the changes in the behavior and daily life of migrants that results from the process of acculturation. Some of the manifestations or symptoms mentioned are crying and feeling locked in. Another cause attributed to it is the fact that, in spite of living in a community, *Mixtecos* have no one to talk to about what happens to them and how they feel about it.

Table 3. Code definitions

Code	Definition
Being a Mixteco	The view that each person has of himself or herself about his/her belonging to the social category of Mixteco. It includes a series of cultural features such as language, traditions, feasts, dance, and comradeship, living in a community or as a group, music, and food. At a personal level, it implies a knowledge of cultural elements and experiencing it with pride.
Illness of the mind	Illnesses that modify the behavior and feelings of those who suffer them.
Doctor of the mind	Physicians who look after people with illnesses of the mind and who, if they want their treatment to work, must respect the culture and work of the healer.
Psychological care	Care to illnesses of the mind that consists of talking to help people feel better with what they are and what happens to them. They identify the psychologist more as a mestizo person, so they believe that in order for their treatment to work it is better if an indigenous person or a translator is present.
Healer or <i>Ta'a teva</i>	The "man who knows" or "wise man" is the person who can identify illnesses, mainly of a spiritual origin, with the help of cards or seeds, and who treats them through rituals in which the most important elements are prayers, copal incense, mezcal, flowers and birds (hens/ roosters/turkeys).
Luck	It can be identified by healers. It describes the state of the individual, the presence or absence of wellbeing in the present moment, in the past or in the future. The present helps to diagnose, the past to identify a cause or origin of the problem, and the future for prognosis and treatment.
Punishment	A cause of illness. Both the gods or the ancestors may send an illness to a family or an individual who had a bad behavior or violated their customs.
Evil or <i>maldad</i>	An illness or bad event brought upon somebody by an evil healer. Changes in behavior such as laughing alone and walking aimlessly are usually associated with <i>maldad</i> .
Dreams	Images, visions we have when we sleep. They can be experienced by the healer, the patient or someone in his/her family, and its interpretation helps to learn about the progress and/or success of the treatment.
Depression	An illness of the mind that makes a person feel sad, anxious, or makes the person cry.
Stress	An illness of the mind that makes a person feel bad, nervous, or "think of things".
Discrimination	Being mocked by mestizos who live in the city because of the clothes that <i>Mixtecos</i> wear, their language or the way they speak Spanish.
Fright or <i>Na'a yivina</i>	An illness that can afflict individuals of all ages. The frightened person has no blood in his/her cheeks or hands, is lost in thought, tired, weak, and after some time may experience headaches or stomach-aches. It is transmitted by <i>tachi</i> (the wind). Transported by <i>tachi</i> , the souls or spirits may steal part of a person's spirit. It can have two forms: <i>·na'a yivina</i> , which means "the person got frightened", although usually translated into Spanish as <i>susto</i> (fright), is an illness that appears after the person experienced a situation that made him/her feel very afraid. <i>·tachi'i yivina</i> , a fright acquired through the wind and may have two causes: <i>tachi di'i</i> "soul who died in that place", or <i>anima'a</i> "soul of someone known".
Sadness or <i>Ca'a nu'i ini na</i>	The meaning of the word is that the person's sadness is directed inwards. Being lost in thought, without the will to work or to eat, forgetting many things, being distracted. It can be countered with some foods and herbs, and also by going out and avoiding being alone.
Worry or nervios <i>Ta'a cani ini na</i>	The meaning of the word is that the person is lost in thought inside. An emotional tension with repercussions on physical health, usually associated with financial trouble or migration.

About those who cure or heal them

Our informants pointed out their need of attention by a psychologist who can offer them therapy, which is understood as a treatment in which the person may speak and be listened to. They say that this process might be easier if the psychologist were an indigenous person or, failing that, there were a translator present. As part of the healthcare they mentioned the complementary participation of a doctor of the mind and a healer. In this context doctors of the mind, as non-indigenous physicians, must contribute to mental healthcare using their knowledge and respecting the person's culture and beliefs, especially about healers:

[...] they must know this, and get it into their heads, so to speak, that OK, I respect you and your culture, what you say, what you do, and I do my job, I'm going to do whatever can be done, [...] And if you say well, I'm going to see a healer, he says, "How is that possible?" I mean, they are very negative about it, [...] but I think that if you have any respect for my culture, and with your medicine, well, perhaps it can be solved. (Angélica, 2013)

In the *Ñu'u savi* language the healer is known as *ta'a teva*, the "man who knows" or "wise man", who helps people with illnesses that physicians cannot cure, illnesses related to the spirit. Some are more powerful than others. Knowledge is transmitted orally, by spending time with older healers, but at the same time it is also a gift. "When you are sad, feeling bad, you go with a man who heals, in our language it is like a man who knows a lot [...] I know that healers only help to heal those, say, spiritual illnesses" (Pablo, 2014)

The subjects interviewed say that they go both to the doctor and to the healer because "our people believe in both" (Pablo, 2014) and because "that's why God created two of them" (Agustín, 2014).

Within traditional medicine, they also identify the people who know a lot about plants. According to the subjects interviewed, those plants cannot be found in the city. One of them told us that in her garden and in her hometown she has the plants she uses to cure people.

Illnesses of the spirit suffered by the Ñu'u savi

One of the most commonly mentioned was *susto* or *na'a yivi na*, that may be caused by an alteration related to the souls or the spiritual world, and it may be the consequence of a situation that makes the person feel overtaken by fear. In the first case the illness is brought by the wind, whether through the soul of someone the person knew, *anima'a*, or the spirit of someone who died in the place where the sick person passed, *tachi di'i*. Also the word, what is said, can hurt people and cause *susto*. In any case, the signs of *susto* are paleness, especially in the face and the hands, weight loss even when the person does not lose his/her appetite and eats well, "fast and strong" *tuchu* (nervousness), being lost in thought, susceptible, worried, or inexplicably tired.

(...) but *susto* has specific symptoms. One, well, that you have no blood in your hands, because sometimes you have no blood here, and in your eyes, and you are sometimes lost in thought, and also *susto* is when you are very tired or weak, only that, I think, what I remember, but there may be more symptoms (Isabel, 2014).

In their hometown there is a variety of *susto* known as *na'a cani yu'u yo'o*, which in the *Ñu'u savi* language means "you were hit by the stone". It happens when a person disrespects, sits on or touches the sacred stone *yu'u savi* or *yu'u davi* (according to linguistic variation) left on the hill by the god of rain. Such stones may be black, porous, or also look attractive. The person who gets ill, usually a child, has a fever and shows an exanthema.

(...) it is usually on the hill, you sat on a stone where you shouldn't have, you disrespected it, or you respected it but you touched it, that's when it hits you and you start, well, people start to have boils on their skin and sometimes even a fever (Isabel, 2014).

Punishment can also be the cause of an illness related to the spiritual. It can be due to a bad behavior or a violation of one of the customs, for instance not going to the feast of the patron saint or not to keep a promise made to the saint. When there is a congenital illness, it is believed that the whole family is being punished; usually because the parents did something wrong and they must be punished with their

children's sickness. However, when an older person gets a punishment it is usually because of something that he or she did, although it was mentioned too that sometimes person may get a punishment intended for someone else by mistake.

Maldad is another illness that may be manifested as witchcraft or the evil eye. They are typically illnesses provoked by someone else. In the case of the evil eye, it is originated when a child or animal is attractive or pleasant for another person, who sees it and desires it. Witchcraft may be brought on by an evil healer. "One knows that someone has cast a *maldad* on you because your whole body hurts" (Agustín, 2014).

CONCLUSIONS

As mentioned in the results, in the interviews it became evident that informants placed a lot of importance on identity. It is on the identity where the cultural elements that distinguish an ethnic group can be found. The population we interviewed acknowledges a relationship between being a *Mixteco* and *the illnesses of the mind*. At the same time, they coincide in the belief that there is a relationship between the feelings experienced as a consequence of migration and the stress it produces, which some theoreticians conceptualize as acculturation stress. However, in the terms of the objectives and interests of this research, what stands out is the relationship that the subjects themselves find between culture and mental health.

Our findings allow us to say that the illnesses identified by Western science as mental are an important issue for the population and that there is an *emic* concept of the term from which we can start to understand their view and make further discoveries in the next stage of the project. They see illnesses of the spirit, which for them are beyond the understanding and the work of Western medicine, as different from the others. This is a transcendental difference between illnesses of the mind, associated to migration and city life, and illnesses of the spirit, treated by healers.

This makes it necessary to investigate if the latter kind of illnesses happens in their communities of origin or if they only appear in the cities, as perceived and told by our subjects. It must be pointed out that one of the disciplinary and referential frameworks of this research is cultural psychiatry and psychology, which strives towards a nosology inscribed in the worldview of the population where illnesses appear, not in their universality. Thus, if based on cultural paradigms we cannot conceive the existence of illnesses of the mind in the *Mixtecos* that live and stay in their place of origin, their prevalence cannot be maintained from an *etic* perspective. This leads to questions about the presence of illnesses unique to the original cultural context of *Mixtecos* that may be considered subjects of the study of psychopathology.

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