Perceptions of Disabilities Amongst the Tarahumara in Northern Mexico

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PERCEPTIONS OF DISABILITY AMONGST THE TARAHUMARA

IN NORTHERN MEXICO

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Dedication

This thesis is dedicated to my husband, Robert, for all of his expert help throughout this research, and for his love and encouragement of me personally and professionally. This thesis is also dedicated to my children Nicholas, Adelaide, Isaac and Jeremiah. Thank you all for your love and your support. You have encouraged me and have been proud of me as I pursued my master’s degree. I am proud of each one of you, as well. I look forward to having more time to spend with you.

Carolyn R. Trussell

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PERCEPTIONS OF DISABILITY AMONGST THE TARAHUMARA 
IN NORTHERN MEXICO 

by 

CAROLYN RAYNOR TRUSSELL 

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Abstract

This research focuses on the perceptions of disability amongst the Tarahumara, known amongst themselves as the Rarámuri, in the Sierra Madre region of Northern Chihuahua. This population of individuals has typically lived in isolated areas in communities in the Sierra Madre where medical and specialized educational services were rare. The purpose of this study was to explore the perceptions, knowledge and beliefs related to disabilities, as well as the access and beliefs related to educational and medical services.

The study focused on the individual and the society to examine how bodily conceptions influence perceptions of others. The target group for this research was individuals who have resided in the Sierra Madre and migrated to Chihuahua City, Mexico. Results of the study include that individuals with disabilities are likely to have mild disabilities as opposed to severe disabilities. Moreover, the results of the study show that educational and medical services for individuals with disabilities are limited. Additional results demonstrate that disabilities are perceived as religious and superstitious phenomena. Further, the results indicate that the social and physical environment for individuals with disabilities is one of harshness and invisibility with a lack of accessible services. The data reveal that the Rarámuri are a very private and closed social group. In addition, religion and having a healthy community are important to many Rarámuri. The Rarámuri are a collective society where the individual comes second to the collective group.
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Perceptions of disabilities amongst the Tarahumara in Northern Mexico

Introduction

My research project focused on the perceptions of disability amongst the Tarahumara Indians in the Copper Canyon area in Northern Chihuahua. The Tarahumara are known amongst themselves as the Rarámuri. The study focused on the acceptance of children born with disabilities within this indigenous group, education programs, if any, available to children with disabilities, and the comprehensive support that these children and their families receive from other indigenous members and the State of Chihuahua.

This exploratory project is a very important area of investigation as little is known about Rarámuri perceptions regarding disabilities. The Rarámuri have been historically reclusive and scant information is known about the population’s perceptions regarding disabilities.

Figure 1. Teaching traditional dances to the children in the second Rarámuri settlement studied.
Review of the Literature

Rarámuri

**History.** The Rarámuri have traditionally lived in the Sierra Madre since before the Spanish Conquest. Before the Spaniards arrived centuries ago, the Rarámuri farmed in the fertile river basins. After the settlers arrived, the Rarámuri retreated to the rugged canyons and mountains, where the soil is poor and the weather is harsh, effectively escaping the conquest. Here they remained isolated for centuries, preserving their cultural customs and language. They have traditionally resisted efforts by the Mexican government and by missionaries to integrate into Mexican society and culture. Thus, they had for generations adapted to the arid mountain environment of the Sierra Madre.

Their historical isolation in the rugged canyons both from the outside world and from other neighbors has made the Rarámuri a very individualistic culture. They have traditionally lived in isolated ranches in the mountains, separated from community and extended family, coming together only for communal feasts, manual labor functions and Sunday worship meetings. Each community has an elected official, a governor, who regulates their behavior and dispenses discipline (Fried, 1953).

Because of their isolation, many Rarámuri have traditionally feared outsiders. This manifests itself into a lack of hospitality, which is rooted in the protection of their family. They are also a very egalitarian society. They dislike being taken advantage of and everything has to be equal among them. The sexes are egalitarian and there is little oppression of women (Fried, 1953). Many have a lot of anxieties in terms of interpersonal relationships, with jealousy, desertion, gossip and sorcery. Sorcery plays a major role in their lives. Many sicknesses are attributed to fright sickness, or to anger directed at the victim by other people through the peyote plant. Children with disabilities are thought by some Rarámuri to invoke fright sickness upon others (Mull & Mull, 1987).

Religion is central to the Rarámuri family and community. The Rarámuri were influenced by the Spaniards who brought Roman Catholicism to Mexico in the early 1500s (de Paula et al., 1996). Catholic
missionaries arrived in the Sierra Madre in the 1600s to convert the Rarámuri to Catholicism. Over time, many Rarámuri have fused together pieces of both religions.

**Contemporary.** The current Rarámuri population is estimated at 106,000 (Gorney, 2008). Today, an estimated 10% of the Rarámuri population practices a traditional subsistence economy of pastoralism in an isolated environment. Another 10% percent of the Rarámuri population is relatively acculturated into a cultural system that is similar to modern, urban Mestizo culture (Weaver, 1996). Yet, the majority of Rarámuri have incorporated into the modern capitalist world-system. This majority forms a middle cultural ground, which represents a mixture of Spanish, Mexican and traditional Rarámuri features, albeit one that is different from the surrounding Mestizo culture. One factor that contributes to this amalgamation is the residence and influence from the Mestizo towns which surround the indigenous area and the Rarámuri migration to urban areas.

**Exploitation.** The Rarámuri are exploited by the capitalist system in Mexico, and their homeland, the Sierra Madre, is in dire straits. The costs of global capitalism have adversely impacted the Sierra Madre. As a result, the natural resources of the Sierra Madre are being exploited and exported almost to the point of depletion. Further, the Rarámuri are being stripped of their lumber, forced into drug cultivation and subject to human rights violations. In combination with ecological destruction and drought, Rarámuri living in the Sierra Madre cannot grow enough food to eat and are resultantly starving and suffering from numerous health afflictions. These conditions are forcing many Rarámuri from their native lands, thus bringing more poverty and urbanization to Mexican cities.

Exploitation comes from many angles. Exploitation comes from drug traffickers, the legal and illegal forestry production, as well as local, regional, national and international governments and policies (such as NAFTA and GATT). This exploitation is compounded by the corruption at many of these levels.

**Resistance.** Traditionally, Rarámuri resistance has been concealed. Historically, their life situations have been uncertain and unstable. The Rarámuri have been survivors for centuries in a
dangerous environment. For this reason, symbols of this resistance can be seen in traditional Rarámuri principles as, “If you don’t endure, you’re worthless,” and “To survive you must be resistant” (Acuna and Acuna, 2009). Toughness is valued in Rarámuri society; they must show endurance in all orders of life. Resistance is a social fact that has dictated their survival in an ecologically harsh environment of drought, famine, scarcity, intense cold, as well as long mountain voyages. They must endure hunger, thirst, pains of childbirth, the pains of disease and it is necessary to resist cultural shock (Acuna & Acuna, 2009).

The Rarámuri have survived and resisted in their own ways. This resistance has come traditionally through their isolation from the outside world and from other neighbors in the Sierra Madre. The Rarámuri have been described in anthropological literature as humble, quiet, secretive, guarded, evasive, deceitful, cautious in disclosing their cultural knowledge, and in general exude a cultural camouflage to outsiders (Lumholtz, 1902; Bennett & Zing, 1935; Passin (1942a) and Passin (1942b); Burgess, 1981; Merrill, 1988; Kennedy, 1996; Levi, 1999). As Levi (1999) clarifies, these characteristics are tactics of resistance as the Rarámuri have traditionally had a veiled interaction with outsiders. Scott (1990) emphasizes that this veiling of the self is a common concealment practice and exists as a cultural strategy within subordinate groups towards dominant groups in society. Resistance, therefore, is a social value that protects their cultural identity. Resistance is connected to their environmental, cultural and historical context.

The Rarámuri are known for their marathon running abilities. Therefore, many have strong resistant bodies that are able to resist a great capacity of physical harshness (Acuna & Acuna, 2009). The staple of the Rarámuri diet is corn, squash, chili peppers, greens and beans. They make many products out of corn, such as pinole, which is ground, toasted corn that is eaten as a liquid or a solid. They also make a highly intoxicant corn alcohol called “tesgüino”, which is made from fermented corn sprouts. The traditional Rarámuri diet has helped many Rarámuri have strong and resistant bodies, as it is a balanced diet that is practically meatless and consists mainly of complex carbohydrates (Lutz & Lutz, 1989).

Given their history of resisting the Spaniards and missionaries, it would seem logical that many
Rarámuri would be tempted to take up arms to resist the drug traffickers and loggers that are invading their land. The Maya in Chiapas revolted, why shouldn’t the Rarámuri? However, the prospects of a Rarámuri uprising are remote. The situation in Chiapas and the Sierra Madre are different. There are no liberal priests in the Sierra to organize them, as there are in Chiapas. The church in Chihuahua is very conservative. The Catholic Diocese expelled its liberation theologians in the 1970s; furthermore, the local priests do not involve themselves with social struggles (Shoumatoff, 1995).

This is not to say that they have not overtly resisted the drug traffickers and other environmental threats in the Sierra. Yet, it is difficult to sustain this overt resistance when drug traffickers fight back with violence. Hundreds of Rarámuri have been killed over the last decades by the drug traffickers. In addition, the massacre and slavery of thousands of Rarámuri by the Spanish after attempts of resistance to conquer in the 1500 and 1600s are deeply embedded in their collective memory (Lutz, 1989). Therefore, many Rarámuri have more of a passive resistance to the threats that surround them.

In response to these threats, advocacy groups have trained many Rarámuri to symbolically fight back in the Mexican courts. Their demands include that their communal property rights of 63,000 hectares be legally recognized (Weinberg, 2000). The *ejido* (communal land) system was established after the Mexican revolution and provided land to landless farmers. Notwithstanding, the communal land rights were privatized by the Agrarian Reform Law of 1992 (Gingrich, 2005). Seventy percent of the Sierra’s forest is owned by the government (Hitt & Gingrich, 1995). Unfortunately, the concerns, desires, land titles, along with lives of the Rarámuri are virtually irrelevant to those who profit from the area’s resources, particularly when the land is unparalleled for drug crop cultivation and is so close to the US border.

**Leaving native lands.** As a result of drug trafficking, logging, plus the consequential degradation of the environment, many Rarámuri are leaving their native Sierra Madre lands. The results of these threats are taking their toll on the Sierra Madre. One of the causes of the persistent droughts is
deforestation by the paper companies along with illegal loggers. Only 2% of the area’s old-growth forest remains (Watson, 2001).

Figure 2. Women and children outside of the second Rarámuri settlement in the study.

The Rarámuri in the Sierra Madre suffer from multiple year droughts, starvation, plus many health afflictions. Many have been forced from their land by drug traffickers along with illegal loggers, and now many have very small patches and are completely dependent upon the rain. The poor soil in the Sierra Madre grows barely enough food in good years. In drought seasons, there is a crop failure. Many Rarámuri depend on their crops for survival. There are no other industries in the area. When they run out of food that they have grown, many depend on wild plants, hunting and seasonal jobs in cities along with farms in northern Mexico (Watson, 2001).

The persistent drought has as a consequence caused numerous health related issues. Thousands of Rarámuri children under the age of five have died during drought seasons. Children are the most susceptible to malnutrition and related illnesses, such as diarrhea and stomach infections. Harsh winters,
moreover, cause deaths by hypothermia, tuberculosis, malnutrition, along with other cold-related diseases (Emmott, 2008). Inasmuch as individualistic as distrustful of the government, the actual number of deaths is unknown as many Rarámuri do not keep records of birth or death (Watson, 2001). About 80% of children under the age of five suffer from malnutrition. The government provides medicines for illnesses, still many Rarámuri often stop taking the medicine when they start feeling better. This allows harmful bacteria to regenerate as well as strengthen, thus becoming more contagious plus expensive to treat (Watson, 2001). Many Rarámuri are very suspicious of outsiders and Western medicines. Many believe in curing by ceremonies along with natural remedies.

Many towns in the Sierra Madre have lost more than 50% of their populations (Barnet, 2000). There are no clear studies to show where they have migrated. Since the 1970s and 1980s, there have been large numbers of Rarámuri, mainly women along with children, working on the streets of Ciudad Juarez. This migration to Ciudad Juarez coincides with the time that drug trafficking violence began in the Sierra Madre. The state of Chihuahua estimated in 2000 that there were 600 Rarámuri living in Juarez (Barnet, 2000). About 2,500 Rarámuri make up a “floating population” in Chihuahua City (Paterson, 1999). The floating population travel back and forth between the Sierra Madre and the border area. Many earn enough money in the city in order to live in the mountains until their money runs out and then many return. Others have sought more permanent work in the cities with their families and have established informal settlements in the urban areas of Chihuahua City, Ciudad Juarez and Cuauhtémoc. Many Rarámuri men generally work in construction or other manual labor jobs, while many women earn income as domestics or by selling their arts and crafts (Paterson, 1997). In response to Rarámuri urbanization, the government of Chihuahua has implemented several government programs to assist the Rarámuri.

**Family.** Rarámuri eating patterns among the nuclear family are distinct. Many Rarámuri families do not observe fixed mealtimes. Generally, the women will prepare food and set it out for family members to eat whenever they want. Many mothers are often unaware of what or how much food their children
actually eat during a day. In this type of setting, adults and older children are in a better position to eat more than a younger child (Mull & Mull, 1987). Often, food aid is given from outside agencies to Rarámuri families with malnourished children. The food is intended exclusively for the malnourished children, yet in actuality is eaten by the adults instead (Mull & Mull, 1987).

Women in Rarámuri culture have traditionally held important positions in the family structure. Many are responsible for raising the children plus managing the family income. Consequently, life in the city has been a big adjustment. For one, it is difficult to find childcare. Some younger women work as domestics, earning very little money for their long days. Others have turned to prostitution. Many have moved to the city for survival. In the mountains, if it rained, there was plenty of food to eat. Nonetheless, in the city, they have to pay for everything. For years, many Rarámuri families planted all that they needed and were never hungry. Yet, for many years, there has been a drought; likewise, there has been no food. For these reasons, along with violence and illegal logging, many people have come to the city. Nonetheless, once in the city, they have to find a place to live plus a way to buy food. Those that do not find jobs may beg for spare change. Small children can as well be seen on the streets selling gum and candy (Paterson, 1999).

**Indigenous displacement.** The migration or displacement of indigenous people from one place to another is a phenomenon and process that has been occurring worldwide for centuries. Currently, economic conditions are dislocating indigenous communities. Large indigenous territories the world over are being reconstructed to boost a resource extraction/primary export economic model (Bello, 2007). Other causes of indigenous migration include: poverty or a lack of land resulting from the growth in size of the communities’ populations, external pressure on the communities’ natural resources, depletion of resources such as water, droughts, natural and environmental disasters, and armed conflict and forced displacement (Editorial, 2007). As a result, indigenous communities have been pushed from their native lands into seasonal or permanent migration to urban centers. The massive scale of migration of indigenous
populations worldwide and its root causes have set the scene of deterritorialized communities. These human groups, for one reason or another, are losing or have lost their links with their ancestral territories, which they have inhabited since time eternal (Editorial, 2007).

A market-oriented agricultural economy has introduced new forms of spatial occupation and has put pressure on indigenous populations to migrate from the countryside to the city. Often, extreme poverty in the countryside has pushed indigenous peoples towards urban centers in the hopes of finding economic relief. The majority of indigenous who has migrated to urban areas have joined other slum dwellers as a cheap source of labor. Because of the prevalence of joblessness and underemployment in the cities, indigenous peoples have become the new urban poor (Editorial, 2007).

This migration has brought about the emergence of small neighborhoods in many cities the world over based on successive migratory waves. The existence of these urban concentrations of indigenous people can foster the reproduction of indigenous identities in urban areas, which is a positive adaptation to globalization. However, migration includes new challenges for the adaptation of indigenous identities. Migration and the consequent creation of intercultural contact can lead to discrimination and exclusion (Editorial, 2007).

**Disabilities**

**Definition.** In general terms, disability is defined as the outcome of the interaction of a person’s functional status and their environment. It is a phenomenon that reflects an interaction between the body features of a person along with the features of the society in which he or she lives (Braithwaite & Mont, 2008). Disability likewise encompasses the expectations of what people should be able to do in society. Disability occurs when the environment does not take these functional differences into account. People with physical, sensory or mental limitations are often not disabled as a result of a medical diagnosis, rather because they are denied access to education, employment and public services. People are classified
Figure 3. Women socializing and sewing in the second settlement of the study.

according to a detailed description of their functioning, from specific body functions to basic activities, like walking and seeing. Furthermore, a person is functionally classified according to the extent of their participation in work, school, family life and other endeavors (World Bank, n.d.).

Resultantly, universalizing the category of “disabled” is a conceptual problem. Differing definitions of the term make it difficult to document the extent of disabilities in the world. Estimates of disability depend on what counts as a disability, on how severe an impairment is before it is considered to be a disability, plus how categories are structured in the data gathering process. Many surveys have been conducted in developing nations, yet only a qualified guess can be made regarding the statistics (Renker, 1982). Cultural factors play a large role in attempting to count cases of disability. Further, as a social identity, “disabled” is only currently being constructed in many Southern countries. This construction has been created through surveys, research projects and rehabilitation programs along with government policy.
At the hand of these steps, a general category of “disabled people” is being established (Ingstad & Whyte, 1995). For the purpose of this study, a severe disability is one that is visibly apparent to others in society.

**Statistics.** Disabilities exist worldwide. According to the UN, 600 million, or 10%, of the world’s population is born with or acquires a physical, mental or sensory disability within their lifetime. Of this 600 million, 25% are children (UNICEF, 2003). Among these children, it is estimated that only 3% in developing countries are attending schools (UNICEF, 1999). Further, the mortality rate for children with disabilities in developing countries may be as high as 90% by the age of 18, while 90% of children with intellectual disabilities do not survive beyond the age of five (United Nations, 2001).

When examining the world’s poorest people, the World Bank (n.d.) estimates that 20% have some kind of disability. In developing countries, roughly 50% of children become disabled by the time they are 15 (United Nations, 2001). Further, 80 to 90% of persons with disability in developing countries who are of working age are unemployed. According to national census data in Mexico, the prevalence rate of disabilities is roughly 2.3% of the population. In contrast, the World Health Organization estimates disability prevalence in Mexico to be 10% (IDRM, 2004). Underestimates of prevalence rates are affected by lack of identification.

Nevertheless, a large percentage of disability is preventable. Disability is caused by poor nutrition, dangerous working and living conditions, limited access to vaccination programs and health and maternity care, poor hygiene, bad sanitation, inadequate information about the causes of disabilities, war, conflict and natural disasters (EDAN, 2004). Further, only approximately two percent of people with disabilities in developing countries have access to rehabilitation and basic services. As a result, youth with disabilities generally drop out of school as a consequence of a hostile social environment, inaccessible infrastructure and facilities.

**Perceptions.** It is important to study perceptions toward disabilities as many of the obstacles encountered by people with disabilities are propagated by societal attitudes (Antonak & Livneh, 2000).
When societal attitudes are positive, people with disabilities are included in society, thus accepted by family, friends and potential employers. Conversely, when societal attitudes are negative, people with disabilities are not included in society; hence, their specific functional impairment becomes a personal, social, vocational and family handicap (Vilchinsky & Findler, 2004). Negative attitudes are barriers to attaining a quality of life and acceptance as valued members of society (Gelskie & Salasek, 1988). For this reason, the study of perceptions and attitudes towards persons with disabilities is important in order to eliminate these handicaps (Weisel, et al., 1988).

Perception can be described as an individual’s basic experience of the world and involves the processing of sensory input (Peter & Norman, 1977). Attitudes and perceptions are very close in meaning. Whereas attitudes are the understanding of why people react as they do to disabilities and to persons with disabilities, perceptions are the objects or stimuli of attitudes. Perceptions have meanings which were constructed in childhood and perpetuated by ongoing socialization (Antonak & Livneh, 2000). The
meanings of perceptions are created, embedded in and recognized by the larger social group and function at the social, interpersonal and intrapersonal levels (Atwood, 1996).

**Culture.** Systematic evaluation of culture is an important tool in understanding how families make certain decisions. In terms of disability, there are three key issues concerning its social implications. First, understanding the culturally perceived cause of a chronic illness or a disability is important in all cultures. The reason why an illness or disability is believed to have afflicted a particular individual and/or family will play an important role in determining family and community demeanor towards the individual. Secondly, the expectations for survival for the infant or child with a chronic illness or disability will affect the amount of care given to the child along with the quantity of effort that is invested in planning for their future care and education. Thirdly, the social role that is viewed as appropriate for children and adults with disabilities and who are chronically ill, which is often based on a consensus about their productive potential along with beliefs about how the disability was transmitted, will help understand the extent of resources a family and community will invest in an individual. This includes issues of education and training, participation in family and community social life, the leeway permitted for individual liberty, along with the long-range planning undertaken for the individual over the course of a lifetime (Groce & Zola, 1993).

**Rarámuri.** The literature on Rarámuri beliefs has found that disabilities have both a supernatural and a Christian etiology. Thus, there is a fatalistic view of disabilities. Disabilities are seen fatalistically in that it is God’s will, and likewise is a punishment for wrong-doing in the present or a past life, unacceptable behaviors or sin (Cruz, 1979; Lafitte, 1983). If a disability is viewed as a divine punishment for sin, the family may believe that they should not interfere with God’s will (Salas-Provance et al., 2002). Indeed, many cultures see chronic illness and disability as a form of punishment. God has cursed the individual with the disability, his or her family, or an ancestor, according to the particular belief system.
Someone in the family has sinned or violated a taboo. In some cultures, the child with the disability is seen as manifest evidence of divine displeasure (Groce & Zola, 1993).

Many Rarámuri highly value dreams as an interpretation tool for diagnosing health and other problems that people have. Dreams during pregnancy may be seen as premonitions of childhood disability (Salas-Provence et al., 2002). Supernatural beliefs related to disability or disease includes fatalistic attitudes such as evil eye, bad luck, witchcraft, along with magical fright and can be seen to cause disabilities. Cures for disabilities are believed to come from curanderos who are divinely gifted healers that intervene on part of the sick person by the use of natural along with supernatural practices. Divine healers conjointly interact with the spirit world as part of the healing process (Spires-Robin & McGarrahan, 1995).

Little is known about disabilities among the Rarámuri. This is particularly true for high incidence disabilities, such as ADHD, learning disabilities, emotional/behavioral disorders, mental disturbance and mild mental retardation, which are not visibly apparent. In light of disability prevalence rates worldwide, along with in poor countries in particular, it is equally startling that among the Rarámuri, the prevalence of disabilities is very low. Severe disabilities among the Rarámuri are a rarity; the most common disabilities reported are deafness, blindness or paralysis. Why there is such a low prevalence of disability is unknown; moreover, research is needed in this area.

**Early intervention.** In many countries, the idea that a child can be helped by early intervention or stimulation is not a part of the conventional knowledge base, even among medical and educational professionals. In fact, early intervention only dates back a few decades in the US. Regrettably, pre-school age children who do not receive needed interventions and services until they enter school, lose important developmental years in the process (Groce & Zola, 1993).
Methodology

This qualitative research was a component of a project funded through UTEP’s College of Education, Department of Educational Psychology and Special Services. My research role in this team project included the following components: conducting the literature review and writing article summaries, assisting in developing research questions, conducting follow-up interviews, collaborating on analyzing interview data and the writing of results.

The following steps were implemented during the research period: First, research team members designed interview questions for Rarámuri families regarding perceptions of children with disabilities. During this process, each team member separately derived descriptive questions based on the body of literature reviewed. Afterwards, team members came together to share their questions and assemble a questionnaire. Open-ended descriptive questions that focused on perceptions, emotions and experiences were developed. These descriptive questions aimed to elucidate a large number of responses from the Rarámuri participants and to encourage participants to elaborate on particular cultural issues and keep them talking (Spradley, 1979).

After I conducted the literature review and the interview questions had been developed, initial contact with the Rarámuri was initiated with the help of official state government contacts via telephone and writing. Initial interviews with individuals involved with the Rarámuri community were then conducted probing information on their perceptions regarding the Rarámuri and their children with disabilities, and also to elicit contact information of individuals who are themselves Rarámuri and who might wish to participate in interviews. After contacts were made, initial interviews with individuals and volunteers who work with the Rarámuri in Chihuahua City were conducted regarding indigenous attitudes and perceptions pertaining to children with disabilities.
Following these initial steps, on-site interviews were conducted in two Rarámuri settlements in Chihuahua, Mexico. Interviews were conducted between May 2011 and October 2011, and were video recorded for data analysis. Participants were selected for interviews through a convenience sampling process (Neuman, 2006). The native Spanish speaking research assistant conducted initial interviews by asking permission of Rarámuri individuals present in the settlements on the day of the interview. I then conducted follow-up telephone interviews with select Rarámuri individuals who could shed further light on certain research areas. A snowball effect was implemented to cull follow-up interviewees by recommendations of initially selected participants (Neuman, 2006).

The second phase of the research involved analyzing the data. I evaluated the data using theme analysis to search for relationships among categories, and how these categories are connected to the culture as a whole according to a medical anthropological framework, see below (Spradley, 1979). First, I reviewed the transcripts of existing data and reflected upon the data in order to identify themes. After
themes are identified, I created a spreadsheet with each column identified as a thematic category. I then reviewed each file and entered the data into the appropriate thematic category. The end result of this spreadsheet was a thematic summary that assisted in the next level of data collection. This thematic summary served as a matrix that provided a descriptive picture of the data; it clearly showed patterns, the structure of relationships and gaps in the data that needed further research. The thematic summary further served as a written inventory of all the data collected (Spradley, 1979). The thematic summary was an essential analysis tool in identifying which interviewees to contact for follow-up interviews because of the value and quality of their responses. As well, the thematic summary identified which participants contributed sparse information and spur analysis on their silence on certain issues. The analysis process included both what was said and unsaid in the interviews. Information could be corroborated when organized into thematic categories. After the thematic summary was compiled, I identified gaps in the data, developed follow-up questions and formulated conclusions. I then compiled conclusions, gaps and questions into an annotated document.

After all data had been thematically categorized, I reviewed the video tapes again for inter-rater reliability. I checked that the Spanish to English translation was accurate and corroborated the observations of the interviewer. This perceptual information added to the thematic summary to enrich the data. Conducting inter-rater reliability enhanced the validity of the research, as qualitative research is fundamentally a subjective undertaking which relies upon interpretation.

During the data analysis, I probed certain research areas for further exploration by means of follow-up telephone interviews. I conducted follow-up interviews with select research subjects and via snowball sampling (Neuman, 2006) expanded the initial contact base. Contacts for follow-up interviews included Rarámuri individuals who grew up in the Sierra Madre and have received government scholarships for higher education and professionals and volunteers that work with the Rarámuri population. Telephone interviews with educated Rarámuri who work with the Rarámuri population and are dedicated to diverse
careers extended the research to the perspective of indigenous members who could look into their culture and reflect upon it from an educated indigenous viewpoint.

During the data analysis period, I also tested validity by triangulating the data. Conducting initial interviews and follow-up interviews at different points in time examined the consistency of the responses of the different interviewees. The initial interviews and the follow-up interviews also were conducted in different settings. The initial interviews were held in the common areas of the settlements while the follow-up interviews were phone calls at an individual’s home or work. The different settings served to corroborate the consistency of the data. I also compared the data from different points of view.

Additionally, there was an analyst triangulation component to the research. I analyzed the data for themes and asked the team members to independently analyze the data for themes, as well. The analyst triangulation also came into play when I conducted the inter-rater reliability analysis to substantiate the

Figure 6. Informant outside of a house in the second Rarámuri settlement in the study.
findings. Using multiple observers and analysts enriched the data analysis. It was necessary to triangulate the data to shed light on the research question as well as to facilitate deeper understanding of the issue.

**Setting**

The two Rarámuri settlements selected for this study lie on the outskirts of Chihuahua City, Mexico, about 20 minutes from the downtown. Chihuahua City is a dangerous city, and violence is a frequent occurrence around the Rarámuri settlements. Both settlements are close in proximity, blocks away from each other. Also, both settlements are of comparable size, with 36 small houses in the settlements. The houses consist of one bedroom, a small kitchen, bathroom and a very small backyard for washing clothes only. Both settlements have electricity, water and a sewage system. Approximately 40 families live in the Rarámuri settlements. In both settlements, there could be two sets of families living in the small homes, using bunk beds for sleeping arrangements.

![Figure 7](image.png)

*Figure 7.* Informant standing in the doorway of a house in the first Rarámuri settlement studied.
In comparing the two Rarámuri settlements, several differences were noted. The first settlement was very poor; the Rarámuri government was also very weak. The houses in the first settlement were not clean or painted, and drugs and alcohol use were common. In contrast, the second settlement interviewed for this study was very family-oriented and had excellent Rarámuri leadership. The second settlement tried to keep Rarámuri traditions going by bringing in people from the Sierra to tell stories, sing and teach traditional dances. The second settlement also had a large community building in the center of the community where they could hold meetings, dances, social gatherings and educational activities. Additionally, in the second settlement, one house was only for two computers with internet and one phone. In sum, the second settlement was in good condition, clean, painted and there was no talk of alcohol or drug use.

The difference in the infrastructure of the two settlements is due to the governance of the communities. The settlements are governed by a local Rarámuri governor. As well, the Jesuits are in charge of the facilities and the infrastructure of the communities. They procure the land and houses from the government and dispense them to the Rarámuri families. They also maintain the communal property. The communal buildings are used for homework, tutoring, English classes, catechism classes and communal celebrations. In the first settlement, the informants complained about a mean lady who taught catechism to the children. Therefore, relations with the church in the first settlement were not as good as in the second settlement.
Analysis and Theoretical Approach

Medical Anthropology

**Health and illness beliefs.** Interpretations of health and illness vary among cultures. Culture represents a significant role in folk and medical belief systems as they pertain to health and illness. In all cultures, most health and illness beliefs are passed down through generations by word of mouth, albeit the beliefs may have modified over time (Salas-Provance et al., 2002). Disease beliefs in many cultures are related to magic and religion. Thus, supernatural beings or witchcraft are believed to bring about illness. In numerous societies, shamans are curers and likewise are paid by their patients to heal them. In multifarious tribal societies, medical belief and practice is magical. Magic is the explanation for all misfortunes; likewise it controls the social environment (Foster & Anderson, 1978). Hence, illness along with disease threatens the individual in their society. An ill person is no longer able to perform in their roles; consequently, something must be done to remedy the illness. Therefore, symptoms that are signs of illness in one culture may be ignored in another. Illness has been diagnosed, treated, as well as experienced differently in diverse historical and cultural settings.

**Preventative medicine.** Moreover, the concept of preventative health does not exist in many non-Western cultures. A well-developed government system is needed to enforce such things as quarantines, mandatory immunizations, a minimum standard for potable water, in addition to municipal sewage and waste disposal (Foster & Anderson, 1978). All the same, many non-Western societies believe that personal behavior is preventative medicine. While laboratory analysis reveals an infection in many Western societies, substantial numbers of non-Western societies define illness in contrary manners. Countless cultures believe that a person becomes ill by means of angry gods, resentful ancestors who are punishing for sins, witchcraft, fright, cold air, or malicious looks from others (Foster & Anderson, 1978). Accordingly, to prevent illness in many non-Western cultures, it is circumspect to obey social taboos, perform rites and ceremonies to the gods along with the ancestors, avoid offending neighbors, place the
appropriate ornament on a baby’s neck or wrist and avoid situations where cold air can enter your body (Foster & Anderson, 1978).

While the notion of preventative medicine often conflicts in many Western and non-Western cultures, governments around the world commonly face grave dilemmas concerning their marginal populations. Many developing nations are faced with problems of mammoth proportions, such as poverty, hunger, along with destitution among its periphery. Accordingly, to solve these magnanimous problems, preventative Western style health care has been adopted by governments around the world. Science and technology has influenced most cultures the world over. Consequently, most cultures have incorporated medical information into their health belief systems (Applewhite, 1995; Keefe, 1981; Kleinman, 1980). Even so, traditional folk beliefs continue to prevail in varying degrees around the world.

**Medicalization.** Yet, with the adoption of Western style health care occurs the process of medicalization, which organizes society’s collective needs into convenient categories (Schepet-Hughes, 1992). As a result of medicalization, medicine and medical professionals have reinterpreted as well as reorganized people’s needs. The effect of worldwide medicalization is arguable. On the one hand, with the spread of medicalization around the world, rates of childhood mortality and the average number of births in a year have dramatically declined. Nonetheless, when these rates are critically examined, another phenomenon appears; that of the modernization of childhood mortality. Gone are the traditional childhood killers, such as tetanus and other infectious childhood diseases, which are now controlled by immunizations. These killers have been replaced by infant malnutrition and dehydration, caused by diarrhea, both of which are related to bottle-feeding (Schepet-Hughes, 1992). Historically, infectious diseases had killed infants along with children indiscriminate of race and socioeconomic group. Nevertheless, with widespread immunization campaigns, industrialization, urbanization, as well as modernization occurring globally, many traditional childhood killers have largely
been eradicated. This global biomedical transition has consequently accomplished demographic and epidemiological changes for all.

While middle and upper classes now enjoy a healthier lifestyle, urban along with rural working classes still suffer. Malnutrition and gastrointestinal problems related to impoverished and unsanitary living conditions have adversely affected the working class. Thus, childhood mortality has not disappeared; it has receded and firmly lodged itself into the rural and urban periphery. UNICEF has responded to this demographic transition with programs of universal immunization, breast-feeding promotion and oral rehydration therapy (ORT); nonetheless, these campaigns are not enough to completely eradicate it (Schepel-Hughes, 1992).

Health behavior

Biology and behavior. It is difficult to separate the biological effects of infant mortality and behavioral factors within the family. Biological factors of infant mortality include close spacing of births, poor nutrition and infection, while behavioral factors involve food distribution among the family, in addition to attaining medical attention for sick family members (Scrimshaw, 1978). These factors are very much intertwined, and it is difficult to separate their effects. For example, unequal food distribution in a family could cause an intestinal infection in one child, who then becomes more susceptible to another infection in the future (Scrimshaw, 1978). Although in cases of severe economic deprivation, all family members may be equally affected and there may be little discrimination among them.

Even though it is difficult to distinguish between biology and behavior, there is evidence that in some societies, underinvestment in children is a factor in infant mortality (Scrimshaw, 1978). This underinvestment would be considered neglect by Western terms, yet conversely are cultural norms in many developing nations. Population pressures can create desperate conditions within a family. Thus, in many societies, the loss of a child is so commonplace that a woman expects to lose at least one of her children.
Figure 8. Women sewing outside of a house in the second Rarámuri settlement of the study.

These societies accept infant mortality as the norm; moreover, they may not feel a deep need to take extreme measures to save a child’s life.

When there is a child with a disability in a family, many societies believe that the child will simply not survive. This belief makes the allocation of scarce resources, such as medical care and parental attention to healthy children seem more reasonable to families. Unfortunately, withholding of these necessities turns into a self-fulfilling prophesy. Neglecting a disabled child can have severe implications for healthy psychological development. Oftentimes, this does not mean that the child is unloved; alternatively, it is culturally perceived as less justifiable to spend extensive amounts of a family’s resources on a child with a disability (Groce & Zola, 1993).

Developing world families live in poverty and in conditions of high mortality and high fertility. Family thinking in a developing world context is: to give birth to many children, expect that only a few will survive infancy, invest selectively in those that have the best chances for survival, and particularly in
those of the preferred sex, birth order, appearance or health (Schepers-Hughes, 1992). Developing world families try hard to provide for as many children as they conceive, yet the material conditions of their lives sometimes make this impossible.

In a developing world rural area or shantytown, the survival of one child is often overshadowed by the well-being of the entire family unit. A household is made up of adult men along with women and older more dependable children. The life of any one person cannot be at the center of anything (Schepers-Hughes, 1992). Consequently, in this context, families sometimes focus on the survival of older, healthier children over younger, weaker family members. It is triage circumstances that guides moral thinking rather than aesthetic and egalitarian ethical principles. A family must save the salvageable family member. In this sense, cultural relativism is an important concept for researchers to keep in mind, as it asks professionals to judge each culture on its own terms and to accept the beliefs of others within a cultural context (Kavanaugh & Kennedy, 1992).

**The Three Bodies Theoretical Approach**

My theoretical focus is based on the work of Schepers-Hughes and Lock’s (1987) three bodies theoretical approach. The three bodies approach examines the assumptions of the mind and body of the individual and in society. These bodily conceptions influence perceptions of others. Impressions of the body differ among people of different cultures. Understanding these bodily notions is essential in the work of medical anthropology as they influence how health care programs are planned and delivered.

**Society and culture.** The body is both naturally and culturally produced. It is firmly bound by the historical epoch and the setting in which it lives. The human body can be understood as a relationship between three bodies. To better understand this relationship among the three bodies, first it is important to examine the type of society that an individual lives in. The body will be culturally different if it lives in an individualistic versus a collectivist society. An example of an individualistic society is the United States, whereas examples of collectivist societies are China and Japan. Individualistic societies are likely to be
more affluent and the self-reliance of the individual body will supersede the social and political body. On the other hand, collectivist societies value conformity and the opinions of others as more important than the self. Generally, as societies become more complex and more affluent, they resultanty become more individualistic (Triandis, 1989). The Rarámuri can be considered a collectivist society, as they share demographic attributes, activities, preferences and institutions. The collective group influences social behavior and a wide range of social situations, and their social relationships among each other are communal.

Figure 9. The community room in the second settlement of the Rarámuri study. The children were learning traditional Rarámuri songs and dances from an informant who travels from the Sierra.

**Individual body.** The first level of the body, the individual body, experiences life as the body-self. It is the sense of embodied self that exists apart from other individual bodies (Mauss, 1985[1938]). The individual body encompasses all of the statements that a person makes about themselves; the “I”, “me”, “myself,” and “mine.” Some aspects of the individual body, such as feelings as “I am hungry” are
universal feelings that people experience the world over. While other aspects of the individual body are culture specific and depend on the mythology, religion, world-view and language of a culture (Triandis, 1989). Therefore, how the mind, matter, psyche, soul, self, etcetera relates to each other, is composed and experiences health and sickness will vary individually and culturally.

**Social body.** The second level of the body is the social body. The social body is a representation of the body and how the body is perceived vis-à-vis nature, society and culture (Scheper-Hughes & Lock, 1987). The social body is the public self. It is concerned with how others view their self. An example of the language for the social body is, “People think I am honest” or “I am a daughter” (Triandis, 1989). Social behavior and what others think about an individual is very important and is more of a function of the group norms in collectivist than individualistic cultures. In collectivist cultures, group behavior influences a wide range of social situations (Triandis, 1989).

**Body politic.** The third level of examining the body is the body politic. This refers to how the body is regulated, examined, as well as controlled individually and collectively in reproduction and sexuality, work and leisure, and in sickness and other forms of human difference (Scheper-Hughes & Lock, 1987). The stability of the body politic depends on its ability to regulate populations, i.e. the social body, and to discipline individual bodies (Scheper-Hughes & Lock, 1987). Obedience, reliability and proper behavior are demanded of individuals in collectivist societies, whereas self-reliance and independence are emphasized in individualistic cultures. Collectivist cultures demand that individuals conform to group norms, role definitions and values. Infraction of normative behaviors is not tolerated in collectivist societies, and punishment is administered to individuals who deviate from expected behavior. Often in collectivist societies, property is controlled and religious figures are leaders. Individuals in collectivist societies become extremely anxious if they or others in their community do not act correctly (Triandis, 1989). The language of the body politic is how a collective body views the self. For example, body politic
language would encompass thoughts such as “My family thinks I am introverted” or “I am liked by most people” (Triandis, 1989).

**Approach.** Schep–Hughes and Lock’s (1987) “three bodies” theoretical approach is a unit of analysis that can be utilized as a theoretical approach for understanding cultures and societies, as well as cultural meanings of health and illness. The healthy body and the sick body are illustrations of harmony as well as conflict. Looking at societies in sickness and in health can offer a paradigm for understanding the body. It is an appropriate theory for this study as medical anthropology examines humans as inseparable beings, looking at the biological, social, cultural, as well as symbolic aspects of human life. There are three distinct and overlapping theoretical approaches in the three body analysis: phenomenology (individual body, the lived self), structuralism and symbolism (the social body) and post-structuralism (the body politic).

The interaction among the mind and body and the individual, social and body politic is an expression of health and illness. Sickness cannot be looked at as an isolated event which was created by an unfortunate encounter with nature. Rather, illness is a form of communication through which nature, society and culture speak simultaneously. The individual body is like a theater stage where social truths and social variance are played out. The individual is also the location where the personal and the social come together in resistance, creativity and struggle (Schep–Hughes & Lock, 1987).
Data

In this section, I will introduce the data collected in the descriptive study to attain insight into the perceptions of disability amongst the Rarámuri. The discussion surrounding the data will entail the following: (a) the presentation of the hypotheses formulated prior to obtaining field data, as well as (b) a presentation and interpretation of cultural themes within the three body’s framework as related to each hypothesis.

Hypotheses

Prior to the study, I formulated two hypotheses with reference to what I thought I might find regarding perceptions of disabilities amongst the Rarámuri. The hypotheses were derived from an extensive review of the literature. Each hypothesis is examined in consonance with Scheper-Hughes and Lock’s (1987) three bodies theoretical framework. The two hypotheses employed in this study include: 1. Disabilities will be perceived as a religious and superstitious phenomenon; and 2. The social and physical environment for persons with disabilities will be one of harshness and invisibility with a lack of accessible services.

Analysis of Data

The data in this section will be presented pursuant to the framework of the three bodies (Scheper-Hughes & Lock, 1987). Therefore, each hypothesis will examine the individual body, the body politic and the social body in turn, while the data will concurrently be condensed into themes amid each of the three bodies to extricate relationships.

Hypothesis 1: Disabilities will be perceived as a religious and superstitious phenomenon.

The individual body

Perceptions of disability. The informant responses yielded a variety of beliefs about perceptions of disabilities. Among the 25 participants, 6 did not talk at all about disabilities in the interviews. Further, 14
participants had never seen a child with disabilities. Sample responses among the informants when asked how other Rarámuri would perceive children with disabilities included: “I don’t know, I don’t think anything about disabilities” (Marco, age 80, long-time resident of the Sierra Tarahumara); “I have never seen one” (Anita, age 18, six months in the city and Violeta, age 32, seven years in the city); “I really have not had any experience with people with disabilities” (David, age 27, eight years living in the city); “I don’t know, I don’t know of anyone” (Lorena, age 31, eight years living in the city); “All of the children in the community are healthy” (Nora, age 23, five years living in the city); “We look at them the same” (Clara, age 22, mother of four children); “It is not very common to see children with disabilities in our communities” (Pilar, age 33 who has lived in the city for three years).

Gloria, age 37 and 10 years living in the city:

It would make me sad to see a child with disabilities. And when they grow up, they will always still be like babies and they will talk like babies. People in the community would reject the child with disability and their family.

When asked if the perceptions would be different if the disability were a severe mental versus a severe physical disability, the informants recounted the following statements: “People see them as the same, and they both have problems,” said Pilar. Maritza, age 18 and 3 years living in the city stated, “No, because it is the same. There is no difference between a severe mental disability and a severe physical disability. They are both sick.” Marisol, age 36 and 8 years living in the city responded, “There is no difference in perceptions of physical and severe mental disabilities. It is the same with both types of disabilities. They are not normal kids.” Carmen, age 28 and 8 years living in the city, said, “Perceptions would not be different for severe physical and severe mental disability because they are all sick.” Catalina, age 17 and two years living in the city stated, “No, because they have an illness.” Angela, age 35 and 15
years living in the city, replied, “No, they are all equal because they are the same.” Gloria stated, “Yes, I
think people would be afraid of both because the ones with mental disabilities seem crazy and the ones
with physical disabilities are scary to look at.” Esmeralda, a 28-year-old single lawyer, said, “Some people
would perceive the physical disability with rejection and others would accept the child.”

Figure 10. Common area behind the houses in the first Rarámuri settlement of the study.

Esmeralda continued:

When you see someone with a mental condition, they often believe the person went crazy. When
asked why they went crazy, they say they might have done something like consume something or
it is an illness. But others do not believe this and say, ‘Oh, he just went crazy.’

Two informants used the word “malformation” to indicate a severe type of disability that was
visible. Pilar said, “We see children with disabilities the same as the other children, even if it is a
malformation.”
Marta, a 23-year-old nurse who has lived in the city three years:

Yes, there are those with malformations, but they will most likely die. I remember there was a little girl who had a cleft palate and started to get an infection. By the time they took her to a doctor, the infection was so bad that she died.

Contact with individuals with disabilities. Among the informants, 11 knew of children with disabilities. A total of 15 children with disabilities were mentioned in the study. The types of disabilities known among the informants include the following: Pilar knows of a child who cannot walk; Arturo, age 28 who has lived in the city for five years, has a 10-year-old son with a visual impairment; Gustavo, 19-years-old and less than 5 years living in the city, knows a child with poliomyelitis who cannot walk well; Catalina has a nephew with cerebral palsy; Angela knows a 9-year-old girl who has speech problems; Cyntia, 50 years old and 12 years living in the city, knows a 9-year-old girl and a 15-year-old boy who both have speech problems; Esmeralda has a 2-year-old cousin who was born with only two fingers on each hand; Gilberto, 21-years-old and 3.5 years in the city, knows of someone who cannot walk and another person with a hearing impairment; Gloria has an 11-year-old brother who has trouble seeing and shakes his head around; Marta knows a 6-year-old boy who has speech problems and is hearing impaired. She also knows of a baby who had a cleft palate and another baby who was badly burned and had to have five fingers removed from one hand; Socorro, age 52 who lives in the Sierra Madre and was visiting her daughter in the city, has a 17-year-old grandson who has speech problems and cannot walk. Socorro also knows of another girl who cannot walk.

Individuals with disabilities. Among the informants, eleven out of twenty-five participants knew of a child with a disability. The 15 disabilities mentioned included: speech, vision, hearing, cleft palate, cerebral palsy, poliomyelitis, badly burned, born with missing fingers or physical disabilities as an inability to walk. Among the children mentioned with disabilities, some of these children attend school, some do
not, and some receive medical services while others do not. Arturo has a 10-year-old son with a visual impairment. “He is going to school and is able to read. It was at school where he received glasses,” said Arturo. Socorro has a 17-year-old grandson who has speech problems and is in a wheel chair and attends school. She remarked, “He is graduating from primary school. They gave him the opportunity to complete this level of education. He wants to continue studying and going to school.”

![Image](image_url)

*Figure 11.* Teaching a traditional dance to children in the first settlement of the Rarámuri study.

Socorro continued:

He was born with a physical disability and they (his parents) took him to a special facility several times in Mexico City for help. Now that they have a special facility in Chihuahua, he goes there three times a year for help. He goes to this facility to learn more about the exercises he needs to do and there is no charge for him. They take the bus for eight to nine hours from Norogachi to Chihuahua.
Gloria, age 37 who has lived in the city for 10 years, has a brother who has trouble seeing and shakes his head around. He is 11-years-old and goes to school. However, others do not attend school. Cyntia said she knows of a 9-year old girl and a 15-year-old boy with speech problems who do not go to school. She said, “They had tried to go to school, but they quit attending because people could not understand them.” Socorro also knows of a girl who cannot walk. She stated, “I have not seen her, but she is at home and not receiving any help.” Marta said that she knows a 6-year-old boy who is speech and hearing impaired. She remarked, “He does not go to school. They only have support in health, not school or education.” Cyntia said, “Children with disabilities would not go to school as there is not any help for them.” The children with disabilities who do not attend school stay at home. Cyntia continues, “The families just take care of them at home, they just give them the basic help.” Cyntia also said that the 15-year-old boy with the speech disability “was in rehabilitation, but now he has drug problems. He doesn’t attend school, he just stays at home.” Cyntia said about both the 9-year-old and the 15-year-old, “They had tried to go to school, but they quit attending because people could not understand them.”

Stories passed down. Regarding stories told in the communities about individuals with cognitive disabilities, Gloria shared a couple.

Gloria:

I have an uncle who was so violent and was hitting my family with a stick, and then he went up to the mountains for three weeks and ate the cactus with the stickers. Yes, these are the ones I am afraid of.

Gloria added:

If this happened in my community (a person with a mental disorder), the person would not stay here. He would run away to the mountains. In the middle of the night you could hear
someone screaming. The person would be screaming in the mountains. To survive in the
mountains, the person would eat cactus without taking off the stickers, or they would eat rocks.
The person will die because of the things he eats. This is a story I heard in my community, and it
happened because the person did not have a family to care for him.

Gloria further added:

I know of a story where an old woman was taking care of her daughter’s child while she went to
get water. The water was very far away, so it took a long time, and when she came home, she
found her mother boiling her baby in a pot of water. When the people found out what she did,
they put her in a room by herself until she died.

*The body politic*

*Traditional medicine.* The informants shared the following comments about Rarámuri beliefs in
traditional medicine to treat children with disabilities:

*Curanderos* (divine spiritual healers). Gustavo said, “If the clinic can’t help, we can go to the
curanderos. Curanderos can give herbs to help the family.”

Marta:

If the family lives in the city, they can try to get the services. But if the family lives in a more
isolated area such as the Sierra Madre, they may go to a curandero for natural medical treatment
with herbs. They believe the curandero would have dreams and tell the family what to do in the
situation. For example, one family went to a curandero and the curandero had a dream about
killing a cow and the illness would go away, so the family was told to kill their cow.
Marta continued to talk about the role of the curanderos:

They (curanderos) give diagnosis for a person’s problem according to their dreams. How they diagnose is they listen to the person’s problem, and then they will go to sleep that night and interpret their dreams to seek the solution for the person who had the problem. Now, there are both good and bad curanderos. If a curandero uses their power badly, they can worsen the person’s situation.

Esmeralda:

There aren’t any curanderos in the city, but they are still practicing in the Sierra. The curanderos believe in traditional medicine and have more confidence in their traditional medicine. In the Sierra, there are a lot of Western medical clinics and there is Western
medical access. But there is less information in the Sierra about the clinics, so they don’t go to the clinics much. In the Sierra, they don’t trust or like Western medicine much. They have trust among each other (Rarámuri families) to take care of their medical needs or with the curanderos.

*Psychological problems.* Regarding psychological problems among the Rarámuri, Marta had the following comments to share:

Marta:

In my opinion, I don’t believe in these beliefs (curanderos). I believe that these are psychological problems that exist within the culture, and for psychological problems, unlike in Western societies, there isn’t the vocabulary for the maladies that they have. So when they go to the curandero with their problems, they (the curanderos) are going to interpret their problem from their dreams. When these are psychological problems, the curandero will interpret the problem as a physical medical problem, maybe a problem with the liver, stomach or some physical malady. The curandero does not have the vocabulary to diagnose the psychological problems, which I believe are the underlying problems that are caused by witchcraft curses. The curanderos know about plants, for instance, but the good curanderos, when they encounter a problem like a genetic problem, or something like that, that’s not within their specialty, a good curandero will send the family to a medical doctor. In my opinion, these are problems that relate to people’s fear of others putting spells of witchcraft on them. The fear, paranoia and stress associated with witchcraft causes these psychological problems. I
don’t personally believe that people have the power to give a curse to another person, and then that person will then have a child with a disability or a disability themselves.

**Peyote.** The informants had the following comments about peyote:

**Gustavo:**

Some people believe that that when children are born with a disability it is because of some type of sorcery. But also it can be the excessive use of plants and herbs, like peyote, that affects the child when the woman is pregnant.

**Gustavo continued:**

Some families believe in hospitals and doctors, and they are not afraid of a child with a disability. And there may be others who believe in sorcery; these families may be using too much peyote. This is like substance abuse, and it makes them think differently. Using peyote like this goes against the Rarámuri views because peyote is only to be used in certain ceremonies, or to help a family find an answer to their problem. People should follow the rules.

**Marta:**

The Rarámuri also believe in using peyote, but the only ones who can use it are the curandero and the family who is specifically involved. They have a specific ceremony where they make a little circle made up of the curandero and the family. These will be the ones using the peyote. Other community members can
attend, but they are not part of the circle and will not use peyote. During the ceremony, they must kill a cow or sheep and there must be food there and they also must bring tesgüino, a beer made from corn. When they take the peyote, there must be all the food and drinks because the peyote becomes the spirit and may tell you to eat or drink. Peyote is living inside you and everything is revealed to you through dreams. My parents always told me not to take peyote because it is very serious and should only be used for emergencies.

Regarding dreams, Marta stated:

The curanderos give a diagnosis for a person’s problem according to their dreams. How they diagnose is they listen to the person’s problem, and then the curandero will go to sleep that night and will interpret their dreams to seek the solution for the person who had the problem. Now, there are both good and bad curanderos. If a curandero uses their power badly, they can worsen the person’s situation.

*Traditional beliefs.* Talking about traditional beliefs, informants had the following responses to share:

Marta:

But even people who have been living in the city for years still have traditional superstitious beliefs. I believe that among all of the Rarámuri population, Sierra and city, about 70-80% still have the traditional beliefs of witchcraft and divine punishment and curanderos. I personally don’t believe in the powers of the
curanderos, but I’m among the 20% that do not. The 20% that do not have more education, and we’ve received this education as children through the schools and from our parents, so we have risen above through education.

Figure 13. Women sewing and socializing outside of a home in the first settlement of the Rarámuri study.

Marta continued:

Among the Rarámuri, some people have special powers, but not everyone. Some have good powers and others have bad powers, they are called chisteros (magical wizards). Curanderos also have this power. When people have problems or conflicts with other people, they will blame the problem on someone who did some witchcraft on them. Some chistero did something bad to them. But only some people have this power, not everyone.
Divine punishment. One traditional belief that many Rarámuri hold regarding disabilities is divine punishment. Among the informants, six discussed divine punishment in their interviews. Three informants stated that divine punishment was sometimes a cause of disabilities, one informant stated that divine punishment was probably a cause of disabilities, one respondent stated that divine punishment was a cause of disabilities and one responded stated that divine punishment was not a cause of disabilities. Informant responses included the following statements: Pilar said, “Sometimes we think that some malformations have to do with punishments for the family for doing something they were not supposed to do.” Cyntia asserted, “Fright sickness comes about because God was punishing them for something.”

Marta:

Families of these children believe that their child was born with a disability because of a sin. We believe that having a disability is a punishment to them from God. Some sin or problem in the living family’s generation caused the disability to occur.

Socorro stated, “Some people believe in divine punishment but I don’t.” Esmeralda said, “The disability may have happened as a punishment from God or something that happened during pregnancy.” She added, “In some cases, the Rarámuri believe in divine punishment.” Gloria stated, “If a person is born with a disability, it is probably because of something they have done and it is their fault.

Fright sickness. Apart from divine punishment, another traditional belief related to disabilities is fright sickness or susto (fright sickness). Among the informants, 14
discussed fright sickness. Among the 14, eight said that fright sickness may or may not be a cause of disabilities; two informants said that fright sickness was not a cause of disabilities; one informant did not know if fright sickness was a cause of disabilities; and three informants said that fright sickness was a cause of disabilities.

Informant responses about fright sickness included the following: Marco stated, “A child with a severe physical disability would cause some people to have fright sickness. When people don’t know the family, they might be afraid of the child with the handicap.” Anita said, “A child with a severe disability might cause people to have fright sickness, I don’t know, maybe. I think if a person does not have enough experience with the kids, the people might be afraid of the child.” Marilia, 33-years-old and 8 years living in the city, said, “Yes, maybe it can be contagious and they can pass it on to me.” Gustavo replied, “For some people yes, they would be afraid, but not for all the people; it all depends on each person. Other people don’t care and do not get afraid of the child with the disability.” Maritza indicated, “Yes, it might be contagious.” Catalina stated, “Not for everybody. Some people are used to seeing them more than others. Some people might think it is contagious if they don’t know the child or the sickness.” Rodolfo, 27-years-old and 8 years living in the city replied, “I don’t know, maybe it can be contagious. When you see the disability for the first time, you might think that it is contagious and you might get scared.”

As mentioned above, Cyntia believed that fright sickness came about because God was punishing them for something. However, Socorro said, “No, I don’t believe in that. Nothing would happen, the disability is not contagious. The disability would happen because the mother during the pregnancy was missing some type of food and not eating right. They are lacking vitamins.” Violeta said, “No, because there is more exposure to the city and to people who can help. They know doctors are available to cure the kids. They
have hospitals and they can do anything to cure the kids.” In addition, David claimed, “No, I don’t know. I really have not had any experience with people with disabilities. I cannot really talk about fright sickness.”

Esmeralda:

You see this a lot! They won’t get close to the child with the disability, and they may be afraid of the child and also think it is contagious. Some people would accept the child and others would reject the child. They might react like fright sickness, rejection, or not look at them or you might have a child with the same disability. The children are perceived differently from those without a disability. The more severe the disability is the more frightened people would be. The fear is that it is contagious, or that if they looked at the person with the disability, they may have a child like that.

Gloria:

It would scare people at a social event. I’m not afraid typically, but if the individual started screaming or hitting, then I would want to run away from them. Yeah, they are scary and I would not be next to them. I would run away from them. Once I was hit by one of them. Maybe they were drinking something or taking something. They were hitting in the air at nothing and then I got hit.

Sorcery. Another belief that many Rarámuri hold is that sorcery is a cause of disabilities.
Gustavo:

Some people believe that when children are born with a disability, it is because of some type of sorcery. Some families believe in hospitals and doctors and they are not afraid of a child with a disability, and then there may be some who believe in sorcery.

When asked why some Rarámuri do not like to talk about disabilities, Marta stated:

This is because the families of these children believe that their child was born with a disability because of a sin, and because when they were pregnant, somebody put a spell on them. Why? Maybe there were problems between the families; maybe they didn’t like the family of the child, previous problems, but previous problems of the living family, not deceased ancestors. Some sin or problem in the living family’s generation caused the disability to occur.

Marta continued to say:

Also among the Rarámuri, some people have special powers, but not everyone. Some have good powers and some have bad powers, they are called chisteros. Curanderos also have this power, and when people have problems or conflicts with other people, they will blame the problem on someone who did some witchcraft on them. They will say that some chistero did something bad to them. But only some people have this power, not everyone.
Marta also said:

And there are psychological problems in the Rarámuri culture. In my opinion, these are problems that relate to people’s fear of others putting spells of witchcraft on them. The fear, paranoia and stress associated with witchcraft causes these psychological problems. I personally don’t believe that people have the power to give a curse to another person, and then that person will then have a child with a disability or a disability themselves.

*Other traditional beliefs.* Other traditional beliefs related to superstition and disabilities are detailed below:

*Watching excessive television during pregnancy.* Another belief related to the cause of disabilities is watching too much television during pregnancy.

Arturo:

We think that during pregnancy, if the woman watches a lot of television, it can cause problems to the baby in his eyes. It is because in the television, the pictures are moving so fast from one side to the other that that might cause the problem in the eyes for the baby. That might have happened to our son.

*Natural actions during pregnancy.* Another belief dictates that something natural that the parents did during pregnancy will cause a disability.
Esmeralda:

In some cases they believe in divine punishment, but apart from that, more than that, many often feel that they did something during the pregnancy, natural things that they did during pregnancy. Also, a lot of people believe that it is caused by what the mother saw during the pregnancy, when some children don’t see well, or when a child sees but seems like they are somewhere else, I don’t know what to call it, they say that the mother saw an eclipse, or they looked at the sun when it was in the middle of the sky at noon.
Esmeralda, who has a three-year-old cousin who was born with only two fingers on each hand, continued to say:

The parents of this child blamed each other for the child’s physical disability. The father said things like, ‘You did not take care of yourself during pregnancy,’ or, “You were looking at the eclipse and this caused the disability.’ After the discussion on who was to blame, they went to the city for help. They were told that there was nothing they could do to help the little girl, so the family came back to the community and had to care for her.

*Animals.* As well, traditional belief says that loving an animal too much can cause something bad to happen in your life.

Esmeralda:

We’ve already talked about natural reasons because of what happens during the pregnancy, divine punishment, errors on the part of the woman and the man about what they did before or during the pregnancy. Apart from these, another belief pertains to animals. When I was little, I was told that when you take care of a pet a lot, or when you love a pet a lot, like a cat or a dog, something bad can happen. But this is a very old belief. If I go to a community that isn’t very integrated, where they don’t have a lot of information and they don’t leave the community much, this belief still exists. It will probably still exist when they first arrive to the city, but with time in the city, these beliefs go away.
Blood. Further, another traditional belief pertains to blood. Taking blood from one’s body could cause something bad to happen and using donated blood causes problems for the individual as well.

Figure 15. Two girls playing a running game in which a ball is tossed with a two-pronged stick as far as possible up a path and returning to the finish line.

Marta worked as a nurse in a burn unit and related a story about a six-month-old baby who was badly burned and had to have five fingers removed; therefore, she would not have a complete left hand.

Marta:

I was talking to the mother, and because the mother was illiterate, I was educating her on how to take care of the baby. When I was talking to the mother and telling her that the baby was going to lose the five fingers, I told her they
also had to take blood from the baby to do some blood tests. The mother asked me, “What are you going to do with the blood? Are you going to do something bad with the blood? Witchcraft, are you going to sell the blood?” The belief among the Rarámuri is that you can’t take the blood, if you take blood from someone, it’s to do something bad, for a bad purpose. So the parents wouldn’t let us take the baby’s blood, so the baby needed donated blood. But when the mother saw the donated blood going into the baby, she asked, “Why are you using blood from another person? Won’t she get the problems that the other person has?” She meant the medical problems, psychological problems and etcetera.

*Relationship between traditional beliefs and education.* The traditional beliefs that a person holds depends on several factors as Esmeralda and Marta discuss. Esmeralda’s family lived in a town in the Sierra Madre that was more integrated with Mestizos (the racially mixed dominant society, part Spanish and part indigenous ancestry). She had a lot of outside influences in her upbringing. She wasn’t from a really pure traditional Rarámuri community. Esmeralda lives outside of the Rarámuri settlement in Chihuahua City and was visiting her brother on the day of the interviews. Esmeralda is studying to be a lawyer. It is taking her five years to complete her degree. She and Marta are sisters-in-law. Marta is almost done with her nursing degree. She wants to go on to school to complete a Master’s degree in Public Health. Marta attended through high school in Norogachi, which is close to the Sierra Madre in Guachochi. She is completing her degree through a special program for the Rarámuri called the *Universitario Indigena* (The Indigenous University).
Esmeralda:

The beliefs that the Rarámuri hold depend on the level of education that they have. The upbringing (or education) that we have is very different among families and depends on what beliefs your family has. It depends on how we were indoctrinated by our family or by our community when we were children and what we were told by our parents about their beliefs and our ancestor’s beliefs. It (traditional beliefs) really depends on the education a person has from their family. It depends on what their family believes in, the type of community they live in and the type of school that they go to. In the school that I went to, it was a Rarámuri school, but the teachers were not Rarámuri. So it depends on the type of education that one receives and how we were formed initially with what our parents believed and taught us. We had to respect what our family believes. We in the city don’t believe everything that they do in the Sierra, but we respect it.

Esmeralda continued:

My parents are teachers in Norogachi and live there. They teach in the primary grades, but they do not have degrees. They teach the children the basics like how to read and how to speak Spanish.

Esmeralda further responded:

I don’t have a lot of contact with other Rarámuri who have a lot of education. They don’t seek me out, or I don’t seek them out, or they shy away from me or don’t want to talk to me when I try to talk to them. When people come to the
city, their beliefs change a lot. They’re not as interested in traditional beliefs.
They start getting other ideas, so the Rarámuri with a lot of education don’t
interest me much.

Esmeralda stated that the Rarámuri language is not spoken a lot in the city. When she was
asked why, she stated the following:

Because it has a lot to do with the parents. The parents want another kind of
education for their children. They think there is better education available in the
city. They give a lot of importance to Spanish. Spanish is important because
they will be better off. There are more opportunities to speak Spanish, and they
feel ashamed of speaking Rarámuri, that they won’t be accepted. There is
discrimination when they leave the Rarámuri settlement and they want to speak
Spanish out of shame for their native language.

Marta:

Many of the children who live in the Sierra Madre leave that community to the
closest school and stay there during the week and will go home on weekends. If
the school is very far away from their home, they may stay the whole school year
and only come home for the major celebrations. Most of the schools are run by
nuns. In some of the classes, they are only taught in Rarámuri. When I went to
school, all the way through fourth grade the instruction was in Rarámuri, and
then in fifth grade Spanish was introduced.
Marta continued:

When I went to school during the primary years, I stayed the whole week at the school and then went home on the weekends. Then in secondary school, I stayed the whole school year and only went home on vacation times. This was very difficult for me. I often didn’t want to leave to go to school because I would have to be away from my family. My dad was very insistent that we children had to go to school. My dad valued education and told us that was how we would achieve and get ahead in the world.

Esmeralda went through the same schooling that Marta did where she attended primary school by staying at the school for the week and coming home on weekends. She studied at secondary school by staying at school all year except to come home on special occasions.

Marta:

Things are changing within the Rarámuri community slowly. Through the effort of the government working with the Rarámuri and other indigenous, I estimate about 100-150 indigenous or plus are in the different universities in Chihuahua. And this is not just Rarámuri, that’s indigenous from all over the country. This is giving the indigenous a chance to have a career to advance out of poverty and to give them some health education through scholarships.
Marta continued:

But even people who have been living for years in the city still have traditional beliefs. I believe that among all of the Rarámuri population, Sierra and city, about 70-80% still have the traditional beliefs of witchcraft and divine punishment and curanderos. I personally don’t believe in the powers of the curanderos, but I’m among the 20% that don’t. The 20% that do not have more education, and they’ve received this education as children through the schools and from their parents, so they have risen above through education.

*Figure 16.* Washing clothes in the common area behind the houses in the first settlement in the Rarámuri study.

*Traditional ceremonies.* The informants talked about the different ceremonies that the Rarámuri celebrate. Pilar commented, “We have a big celebration for the corn harvest. The whole community participates.” Cyntia said, “We have celebrations. We celebrate
Christmas, and in October, Día de la Raza (*when Christopher Columbus came to Mexico and there was a mixing of Spanish and indigenous heritage*) and Easter. We have a big celebration with food and music.” Marian, 19-years-old and 14 years living in the city, said that at the ceremonies, “We all bring food and have music.” Gilberto stated, “The children participate in certain races that we have.” Marta remarked about these races, “They have races with a ring on a stick to see who can get the ring to the other spot first.”

Marta:

> On December 12, we have our celebration of Our Lady of Guadalupe (*in honor of Mexico’s patron saint*) and at Christmas we have our celebration. January 6 is Día de Reyes, which is when the three wise men brought the gifts to Jesus. On February 2 is Día de la Candelaria, when we raise the baby Jesus from the nativity scene and change his clothes. Holy Week (*the week before Easter*) is also celebrated. At Christmas, our music is guitars, but during Holy Week we use drums. We have all types of food. But we are not allowed to drink alcohol.

Marta continued:

> Even though we are living in the city and have left the Sierra Madre, the people in our community are still considered very traditional. We are all living together in the Rarámuri settlement and are following our basic traditions.

Socorro mentioned the same celebrations as Marta. In addition, she stated:

> We have dances at the church, and after the dances we go to the houses and have food and tesgiino. During Holy Week, we have the drums to help celebrate.
They paint our body with white paint and they dance for two nights as a sacrifice for the Holy Week. We have a celebration on November 2 (All Saints Day) at home. We don’t get together as a group; we just get together as a family at our home. We prepare food and have tesgüino. We make tesgüino out of corn, and it takes a long time to make it as it has a lot of ingredients.

Esmeralda said, “A lot of the food we make comes from corn. When I go home, I try to find opportunities to cook and eat the more traditional foods.” Gilberto considers himself to be traditional, “I wear the traditional clothes for special dances and celebrations.”

Angela:

We have festivities on: Holy Week; October 12, Día de la Raza; December 12, Our Lady of Guadalupe (celebrating the appearance of the Virgin Mary to St. Juan Diego in Mexico in 1531); and Christmas. Also, the women have races. They run and if you win, you can choose another lady’s skirt that you like a lot.

Marco:

We have lots of celebrations where everybody is invited. For example, in Holy Week we have dances only with drums. We paint our faces and dance around the church three times. Then we go in the church to pray. After that we go to houses to have a party. During Christmas time we don’t use drums, we use violins and we have a big celebration. Everybody is welcome.
Esmeralda:

When people come to the city, their beliefs change a lot. They’re not as interested in the traditional beliefs. I see a lot, a lot of changes in the city among the Rarámuri. I feel that the ones that are living here are losing a lot of the traditions that they had in the Sierra. They don’t put a lot of attention to the traditional beliefs, like they don’t matter a lot, or they are not interested in them. They are growing up here, not there, they are not their parents. They say, ‘Why should we do this or that, that’s what they do in the Sierra.’ Only the older people participate in the traditional ceremonies. The young people growing up do not. The children are not receiving the same kind of Rarámuri upbringing that we did in the Sierra. That’s why the children don’t participate or do any of the traditional things.

Marco wears traditional clothing and spends time telling the children about the Rarámuri. He tells them stories and also teaches the children some dances. He talks to the children in Rarámuri. He comes to the housing community every so often to meet with them and share Rarámuri traditions. He comes to the city in a bus, and when he returns to his community, he must walk two days to get there.

*Inclusion in community events.* Among the informants, 16 out of 25 commented on inclusion of children with disabilities at community events. Following are some sample responses: Marco stated, “Everybody participates in social community events. Everybody attends and participates in all the festivities. We have lots of celebrations where everybody is invited.” Anita said, “We all go to the ceremonies. Everybody is there.” David replied, “A child with a disability will come to the festivities with the family.” Marisol said, “At
social community events, children with disability would be perceived like other children.” Catalina stated, “People with disabilities attend social community events if they want to.” Angela said about the 9-year-old child that she knows who cannot talk, “She goes to celebrations but not school.” Gloria said about bringing children with disabilities to a community event, “It would scare people at a social event.”

Pilar:

When we have our big celebration for the corn harvest, the whole community participates. We always try to include them (children with disabilities) in everything we do, but it is not very common to see many children with disabilities in our communities.

Esmeralda:

They will go out to the events, but some people may not get close to them and others will be okay. Sometimes the family will choose not to attend the community event so to not impact other people. They will keep the child isolated.

Marta:

There probably are children with severe disabilities, but people don’t see them because these children are hidden in the houses. This is because the families of these children believe that their child was born with a disability because of a sin, and because when they were pregnant somebody put a spell on them.
The Catholic Church. Regarding the role of the Catholic Church in the Rarámuri settlements, the informants made the following statements: Lorena said, “On Sundays we just go to mass. We have a little conference room where a priest goes and we have mass in there. After mass, everyone goes home to clean house and wash clothes.” Cyntia responded, “We have mass on Sundays and catechism every afternoon for the children.” Marta stated, “We all consider ourselves Catholics; however, we are not required to attend Sunday masses. We may go or we may not, it is not important.”

Marta:

The land in the settlement where I live belongs to the church, and there are rules that the families have to follow. So essentially, the agreement is that the Rarámuri families can occupy the land, but the rules are: all families have to work to support their families, all people have to improve their lives from what it was in the Sierra and all children have to go to school. These are the rules of the church and the community both. The houses are loaned, so they don’t have to pay rent, but they do have to pay utilities.

Marta continued:

The Jesuits are in charge of the facilities of the community, they are in charge of the infrastructure of the settlement. The families receive support through scholarships and economic support to help buy food and the needs of their families. The schools are bilingual Rarámuri/Spanish. The communal buildings in the Rarámuri settlement are set up for homework, tutoring and English classes. Volunteers come from outside the community to help.
Figure 17. Houses in the first Rarámuri settlement studied.

Marta added:

Among the families in the Rarámuri settlement who have children with less severe disabilities, two children, these families are receiving, seeking out services. But the reason is because the Rarámuri settlement where they live, the land and houses, is owned by the Jesuits, and the Jesuits are encouraging the families to receive education and counseling families to receive medical care. If there is a problem that a family has, the Jesuits will help the families seek the services to solve their problems. Therefore, if the Jesuits see a child with a disability or know about one, they will talk to the family and help them find and receive services. So the families in the city have more education and are more likely to receive services for themselves and their children than those in the Sierra.
Cyntia:

I don’t like to go to mass in the settlement because of the mean woman who is in charge of the church activities. She has been treating all of the people from the settlement cruelly. She is also the children’s catechism teacher. I used to like to go to mass there, but the priest died. He was the one who got the homes in the settlement for all of the people. Before he died, the lady was behaving nicely and helping us, but she changed in her behavior after he died. I think she has gone crazy because she is mistreating us, always putting us down and telling us we are not worth anything. She is always finding our faults and pointing out the bad things we do.

Angela:

When Father Díaz Infante was here in our settlement, things were so much better. He did a lot for the community. Father Infante got our houses for us. We don’t have to pay anything for them. It is like we have borrowed them from the government. He recently passed away. When he passed away, the community started to lose the protection. He was a spiritual leader who defended the families. Now there is a lady who is married to a judge that has taken over leading the community. She is not very charitable to the families. She teaches catechism to the children each afternoon.

*Education.* The informants had the following responses regarding education:

Lorena said, “The families value education more. The schools are closer and available to the families.”
Marco:

I never attended school. I didn’t have the opportunity back then to go to school because there were no schools available at the time. School has only been available in my community for about ten years. Teachers now have to live there.

Regarding schools in the Sierra, Marta related:

Many of the children who live in the Sierra Madre leave that community to the closest school and stay there during the week and will go home on weekends. If the school is very far away from their home, they may stay the whole school year and only come home for the major celebrations. Most of the schools are run by nuns. In some of the classes, they are only taught in Rarámuri.

As Marta mentioned above about her educational background:

When I went to school, all the way through 4th grade the instruction was in Rarámuri, and then in 5th grade Spanish was introduced. This was very difficult for me. When I went to school during the primary years, I stayed the whole week at the school and then went home on weekends. Then in secondary school I stayed the whole school year and only went home during vacation times. I often did not want to leave to go to school because I would have to be away from my family. My dad was always very insistent that his children had to go to school. My father valued education and told us children that was how we would achieve and get ahead in the world.
As Marta stated above:

The 20% that do not believe in traditional superstitious beliefs have more education, and they’ve received this education as children through the schools and from their parents, so they have risen above through education.

Esmeralda’s parents are teachers in Norogachi and live there. They teach at the primary grades, but do not have degrees. They teach the children the basics, such as how to read and how to speak Spanish. Regarding teachers, Cyntia said, “I believe teachers have the power and authority. I don’t question what teachers do.”

*The social body*

*Social change.* Informants had the following responses regarding how life has changed since moving to the city: As stated above, when Violeta was asked if a child with a disability would cause someone to have fright sickness, she replied, “No, because there is more exposure to the city and to people who can help. They know doctors are available to cure the kids. They have hospitals, and they can do anything to cure the kids.”

Gustavo knows a child with poliomyelitis. About this child, Gustavo mentioned:

He was not able to walk very well. The family was taking him to see some doctors in Mexico City, and he came back (to the city) with some crutches to be able to walk better. We have clinics where we take the children (with disabilities).
Marta said about children with disabilities:

If they live in the city, they can try to get services. But if they live in a more isolated area, such as the Sierra Madre, they may go to a curandero for natural medicine treatment with herbs.

*Figure 18. Informant in the first settlement of the Rarámuri study.*

Marta also related:

Among the families in the Rarámuri settlement who have children with less severe disabilities, two children, these families are receiving, seeking out services. But the reason is because the settlement where they live, the land and houses, is owned by the Jesuits, and the Jesuits are encouraging the families to receive education and counseling families to receive medical care. If there is a problem that a family has, the Jesuits will help the family seek the services to solve their problems. Therefore, if the Jesuits see a child with a disability or
know about one, they will talk to the family and help them find and receive services. So the families in the city have more education and are more likely to receive services for themselves and their children than those in the Sierra.

Esmeralda told about prenatal care among Rarámuri women in the city:

Medical care is more advanced in the city because there are more health programs, activities and promotion in the settlements. Health promoters visit the settlements and give talks and women know when they are supposed to go to the doctor for appointments. There is more information in the city than in the Sierra. Women in the city believe in prenatal care. In the Sierra, they don’t trust or like Western medicine much. They have trust among each other to take care of their medical needs or with the curanderos. Sometimes they will go to the clinics, but only occasionally when people are really sick. But all of the women in the city receive medical care and prenatal care in Western style medical clinics and give birth in the hospital. Women in the city have all the medical services available. They have the doctors, the checkups and everything.

Marta continued to talk about Rarámuri traditional beliefs since coming to the city, as mentioned above:

Things are changing within the Rarámuri community slowly. Through the effort of the government working with the Rarámuri and other indigenous, currently I estimate about 100-150 indigenous or more are attending the different universities in Chihuahua. And this is not just Rarámuri, that’s indigenous from all over the country. This is giving the indigenous a chance to have a career to
advance out of their poverty, to give them some health education through scholarships. Indigenous can go to either public or private universities. The scholarships are provided for both, but private universities have to absorb the rest of the costs outside of the scholarship. But even people who have been living for years in the city still have traditional superstitious beliefs. I believe that among all of the Rarámuri population, Sierra and city, about 70-80% still have the traditional beliefs of witchcraft and divine punishment and curanderos. I personally don’t believe in the powers of the curanderos, but I am among the 20% that do not. The 20% that do not, have more education and we’ve received this education as children through the schools and from our parents, so we have risen above through education.

Esmeralda commented the following regarding traditional beliefs and living in the city, as mentioned above:

Traditional beliefs change when people come to the city. There aren’t any curanderos in the city, but they are still practicing in the Sierra. The curanderos believe in traditional medicine and have more confidence in their traditional medicine. In the Sierra, there are a lot of Western medical clinics and there is Western medical access. But there is less information in the Sierra about the clinics so they don’t go to the clinics much.

Esmeralda continued:

The beliefs that the Rarámuri hold depend on the level of education that they have. The upbringing that we (the Rarámuri) have is very different among
families and depends on what beliefs your family has. It depends on how we were indoctrinated by our family or by our community when we were children and what we were told by our parents about their beliefs and our ancestor’s beliefs. My family lived in a town in the Sierra that was more integrated with Mestizos, and I had a lot of outside influences in my upbringing. I wasn’t from a really pure traditional community. It really depends on the education a person has from their family; it depends on what their family believes in, the type of community they live in and the type of school that they go to. In the school that I went to, it was a Rarámuri school, but the teachers weren’t Rarámuri. So it depends on the type of education that one receives, and how we were formed initially with what our parents believed and taught us. We have to respect what
our family believes. We in the city don’t believe everything that they do in the Sierra, but we respect it.

Esmeralda added:

When people come to the city, their beliefs change a lot. They’re not as interested in the traditional beliefs. I see a lot, a lot of changes in the city among the Rarámuri. I feel that the ones that are living here are losing a lot of the traditions that they had in the Sierra. They don’t pay a lot of attention to the traditional beliefs, like they don’t matter a lot, or they are not interested in them. They are growing up here in the city, not there in the Sierra, they are not their parents. They say, ‘Why should we do this or that, that’s what they do in the Sierra.’ Only the older people participate in the traditional ceremonies. The young people growing up do not. The children are not receiving the same kind of Rarámuri upraising that we did in the Sierra. That’s why the children don’t participate or do any of the traditional things.

Marco wears traditional clothing and comes to the city to tell the children about Rarámuri heritage. He comes to the city in a bus, and when he returns to his community, he must walk two days to get there. He said, ‘I tell the children stories and also teach them some dances. I talk to the children in Rarámuri. I come to the housing community every so often to meet with them and share traditions.’

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As Esmeralda detailed above about the traditional belief of loving a pet too much:

If I go to a community that isn’t very integrated, where they don’t have a lot of information, they don’t leave the community much, this belief still exists. It will probably still exist when they first arrive to the city, but with time in the city, these beliefs go away.

When asked why the Rarámuri are migrating to the cities, Marta responded:

In Chihuahua, there are about 20 settlements with Rarámuri inhabitants. Six settlements that exist that have more than 50 families, but there’s about 10-30 smaller Rarámuri settlements. Many Rarámuri come from the Sierra because they are looking for work and better education. They know about the settlements because people from the city go frequently to the Sierra and talk about their lives in the city. They tell their families and friends to come to the city. It’s very hard to get ahead when you don’t know people in the city, so people are coming through family connections. They’re coming because they’ve heard about it from a family member. They need a connection to come to the city. Sometimes they live several families together. More and more families are coming from the Sierra to be with their extended families and friends.

Marta continued:

People come to the city looking for better opportunities. Some just come for periods and then they return. The land in the settlement where I live belongs to the church, and there are rules that the families have to follow. So essentially, the agreement is that the Rarámuri families can occupy the land, but the rules are:
all families have to work to support their families, all people have to improve their lives from what it was in the Sierra and all children have to go to school. These are the rules of the church and the community both. The houses are loaned, so we don’t have to pay rent, but we do have to pay utilities.

When asked about life in the Sierra, Marta said:

Life in the Sierra is difficult, but in particular ways. I left the Sierra when I was about 12-15 to study, and I came to the city when I was 18. When I lived in the Sierra, my family grew corn, potatoes and beans. We grew all the food that we needed for a year. So it was mainly this diet, sometimes we would have meat, but only what animals we would raise. The most difficult part of living in the Sierra is the jobs, the lack of jobs, how to obtain a job was difficult. The schools
that existed were far from their communities, and the jobs that existed were low-paying jobs. So if a child would go all the way through high school, afterwards it was difficult for that child to go to the university and also to find work. That’s why I believe more people are coming to the city.

When Marta was asked if people were migrating to the city because of the drug problems in the Sierra, she replied:

Some of the communities in the Sierra have drug problems. But I don’t see that much of a problem in the communities. The Tepehuanes (another indigenous group in Southern Chihuahua) have more problems with drugs. The Rarámuri also have problems with drugs, trafficking and cultivation, but the Rarámuri have less of a problem with this than the Tepehuanes.

Language. All of the informants who participated in the study were bilingual Spanish/Rarámuri. When asked where they learned Spanish, eight of the informants reported the following: Arturo said, “I learned Spanish in the city in everyday life situations.” Marco stated, “I learned Spanish throughout my daily life.” Maria del Mar, age 23 and living 1 year in the city, and Marilia both reported, “I learned Spanish in the city.” Cyntia stated, “I learned to speak Spanish from my Grandma.” Socorro mentioned, “I learned how to speak Spanish at school.” Regarding the children, Clara stated, “The children speak both languages.”
Esmeralda:

The Rarámuri language is not spoken a lot in the city because it has a lot to do with the parents; the parents want another kind of education for their children. They think there is a better education available in the city. They give a lot of importance to Spanish. Spanish is important because they will be better off, there are more opportunities to speak Spanish, and they feel ashamed of speaking it, that they won’t be accepted. There is discrimination when they leave the settlements, and they want to speak Spanish out of shame for their native language.

Hypothesis 2: The social and physical environment for persons with disabilities will be one of harshness and invisibility with a lack of accessible services.

The individual body

Children with severe disabilities. In reference to children who were born with a severe disability, the informants responded accordingly: Marta, about a child born with a malformation, “Yes, there are those with malformations, but they will most likely die.” Socorro remarked, “Who knows how many babies are born with disabilities because the ranches (in the Sierra) are very isolated and they give birth at home. However, more go to the doctors than before because it is more accessible.”

Marta continues:

I understand that there are percentages of people in each society with disabilities, but it is not the case among the Rarámuri because probably they die as babies because of neglect, lack of attention, or in pregnancy because of lack of or poor
Figure 21. Common area where Rarámuri women wash clothes behind the houses in the first Rarámuri settlement studied.

...prenatal care. I believe that the child will die naturally from neglect. A family will typically leave the children with the grandparents so they can work, and there are multiple children in a family. Possibly the seventh child might have a disability. Everyone has to work to survive, and there is not enough time to dedicate the proper attention to the child, so therefore the child will die from neglect.

Marta added:

If a child is born with a disability, they will not pay a lot of attention to the child, they will just let them die, not take care of them. It is difficult for the child to develop normally because of the lack of care. The culture in the Sierra, and
maybe sometimes in the city, is to let the child die naturally when there is a
disability. Whether it is conscious letting them die or not, the ignoring of the
disability will cause the child to die. This is among people with little education.
When families have more education, they are more likely to receive services for a
child with disabilities. Among the families in the Rarámuri settlement that have
children with less severe disabilities, two children, these families are receiving,
seeking out services. But the reason is because the Rarámuri settlement where
they live, the land and houses, is owned by the Jesuits, and the Jesuits are
encouraging the families to receive education, counseling families to receive
medical care. If there is a problem that a family has, the Jesuits will help the
families seek the services to solve their problems. Therefore, if the Jesuits see a
child with a disability or know about one, they will talk to the family and help
them find and receive services. So the families in the city have more education
and are more likely to receive services for themselves and their children than
those in the Sierra.

Marta regarding the 6-month-old baby (whom she discussed above) who was her
patient in the burn unit she worked in:

I worked in a burn unit and I had a patient, a 6-month-old baby. The baby was
burned on her left arm and because of severity of the burn, the doctors had to
remove five fingers from the baby’s left hand, so now she won’t have a complete
left hand. I was talking to the mother, and because the mother was illiterate, I
was educating her on how to take care of the baby. I predict that because of the
illiteracy in the family, this child will probably be maltreated in the future. This
baby is the seventh child in the family. None of the children in the family go to
school, and they are all illiterate. They live in the Sierra, and they came to the
city looking for medical care for the baby. They leave the children with the
grandparents seasonally when they work in the apple orchards. It is a difficult
life in the Sierra with seven children, plus all of the work that you have to do to
survive. It is difficult to dedicate time and attention to just one child. So that’s
why I predict that this child will be maltreated in the future.

Marta added:

Maybe there are children with severe disabilities; I’m not discounting that
possibility. I recognize that in every population severely disabled children do
exist, but they probably die within infancy. In a family, a situation like having a
disabled child can change their lives, so they just can’t afford to pay the amount
of attention to a child with disabilities that the child needs. So they don’t pay
attention and don’t help the child; therefore, the child doesn’t develop properly
and will probably die if the disability is severe.

Esmeralda:

In some cases, if a baby is born with a medical problem, I think that they don’t
take good care of the baby. This is in some families, not all families. I see that
people when they have the knowledge that their baby has a problem, they don’t
take good care of the baby, or they abandon the child, or they don’t pay a lot of
attention to the child. Maybe infanticide occurs, I don’t know of any specific
cases, so I don’t know for sure. People don’t know anything is wrong with a
baby until they are born with an obvious disability, until it becomes apparent; sometimes it doesn’t become apparent until the child is older.

**The body politic**

*Western medical care.* When asked about individuals with disabilities receiving medical care at Western clinics, the informants responded accordingly: “We try to get help for them and medical services,” said Pilar. “We take them to the doctor so they can cure them. Doctors give them pills so they can be cured,” replied Marco. “Doctors are available to cure the kids. They have hospitals and they can do anything to cure the kids,” remarked Violeta. “We just take a child with disabilities to the hospital,” stated Maria del Mar. Gustavo replied, “We have clinics where we take the children.” Catalina stated, “We have clinics and doctors even in our small communities. So we can take them to the

![Image](image-url)

*Figure 22.* An informant making bracelets to sell in the first Rarámuri settlement studied.
doctor.” Socorro asserted, “If the family lived at the ranches where it is isolated, the child might not have the medical help and then might die or take longer for them to get help.”

*Health services for individuals with disabilities.* When asked about health services that individuals with disabilities receive, the informants responded with the following statements: Pilar said, “I know a child who cannot walk, his family is taking care of him, and he is receiving medical services.” Gustavo said he knows a child with poliomyelitis. He said, “He was not able to walk very well. The family was taking him to see some doctors in Mexico City, and he came back with some crutches to be able to walk better.” Catalina stated she has a nephew with cerebral palsy. “His mom and dad take him to a doctor.” Angela knows a child who cannot talk. She stated, “We take children with disabilities to the El Teleton, which is a place where physical therapy and treatments are provided to the children.” Cyntia said that the 15-year-old boy she knows who cannot walk “was in rehabilitation, but now he just stays at home.” Marta stated that the 6-year-old boy with a speech and hearing impairment went to see doctors, but she said “there is no remedy according to the doctors.” Marta also talked about a little girl who had a cleft lip and started to get an infection: “By the time they took her to a doctor, the infection was so bad that she died. That is the most severe case that I know of.” Socorro said she has a 17-year-old grandson who has speech problems and in a wheelchair.

**Socorro:**

He was born with a physical disability and they (his parents) took him to a special facility several times in Mexico City for help. Now that they have a special facility in Chihuahua, he goes there three times a year for help. He goes to this
facility to learn more about the exercises he needs to do and there is no charge for him. They take the bus for eight to nine hours from Norogachi to Chihuahua.

Socorro also knows of another girl who cannot walk: “I have not seen her, but she is at home and not receiving help.” Socorro said that the family of children of disability “may get help through some type of services. The services will provide the help they need.” She knows this because of her grandson who received help. Esmeralda has a cousin who was born with only two fingers. She remarked, “They (the child’s parents) went to the city for help. They were told there was nothing they could do to help the little girl.” Gloria said, “My brother has trouble seeing and shakes his head around. He is 11-years-old and has had surgery.” Arturo has a son with a visual impairment who receives medical services.

Arturo:

We (my wife and I) take care of him. He was born in Chihuahua City, but when he was born we did not notice it until he grew up. His problem is only in one eye, the eye moves to the side, and he is only able to see a little with that eye. The other eye is fine. When he watches television, he needs to get closer so he can see better. He is going to school and is able to read. It was at school where he received glasses.

Prenatal care. Five informants discussed prenatal care among the Rarámuri in the following comments: Marta stated, “Among indigenous women, very few have prenatal care.” Maritza is pregnant and about to deliver. She knows she is having a baby girl: “I
am going to the doctor for check-ups and am going to deliver at the hospital.” When asked how she was taking care of the baby in order to avoid any malformations or disabilities, she answered, “I am taking my vitamins and am going regularly to the doctor to see that everything is going OK.” Socorro replied, “A disability would happen because the mother during the pregnancy was missing some type of food and not eating right; they are lacking vitamins.” Gustavo replied, “When children are born with a disability, it could be the excessive use of plants and herbs, like peyote, that affects the child when the woman is pregnant.”

Esmeralda:

Medical care is more advanced in the city because there are more health programs, activities and promotion in the Rarámuri settlements. Promoters visit the settlements and give talks and women know when they are supposed to go to the doctor for appointments. There is more information in the city than in the Sierra.

Esmeralda continued:

Women in the city believe in prenatal care. In the Sierra, they don’t trust or like Western medicine much. They have trust among each other to take care of their medical needs or with the curanderos. They have distrust in western medicine in the Sierra. Sometimes they will go to the clinics, but only occasionally when people are really sick. But all of the women in the city receive medical care, prenatal care, in Western style medical clinics and give birth in the hospital.
Doctor-patient relationship. Regarding the doctor-patient relationship, Marta and Esmeralda stated the following:

Marta:

There is a lack of communication between the doctor and patient. Part of this is because they are indigenous; the doctors don’t even take the time to communicate with them. I’ve seen this problem a lot. Maybe because they’re indigenous, the doctors don’t explain the maladies very well, what the problems are. Also, maybe the Raramuri individual doesn’t understand Spanish, or they don’t even ask questions of the doctor. So there isn’t any communication, and the family doesn’t have a good idea of what is wrong with them, they just go to the doctor, the doctor checks them, gives them medicine and they go home. They have no idea or concept of what is wrong with them, nor do they think to ask. A lot of this is because of discrimination, they don’t communicate. Now, there are some good doctors, but a lot of the communication is this way.

Marta continued:

More Raramuri women are receiving prenatal care, but the doctors don’t ask questions like, ‘How is your pregnancy going?’ There’s just not even basic communication between the doctor and patient. Also, maybe they don’t receive prenatal care and nothing goes wrong and they don’t ask questions, there’s just a lack of knowledge regardless if they receive prenatal care or not. Nobody knows if anything is going wrong in the pregnancy or not because it's not discussed.
Esmeralda:

Women in the city have all the medical services available. They have the doctors, the checkups and everything. But they are not told how the baby will be born or how things are going during their pregnancy. They aren’t told when they are visiting the doctor how the baby is forming. They don’t receive a lot of information. After the baby is born, I think they are probably told if there is a problem.

*Discipline.* Concerning the behavior of individuals in the community, the informants responded accordingly:
Marta:

In our community, if there is an individual who is aggressive and violent, the community members will tell that individual to stop the violent acts. If the person does not stop, they will tell him to leave the community.

Cyntia stated concerned in her interview because she believed that the residents in her Rarámuri settlement were going to have to leave their houses within two weeks because of some problem behaviors in the settlement.

When Marta was asked about the threat of the residents leaving the community, she said:

It really isn’t the threat that they would have to leave, it is more like discipline. Threats are the discipline used for people to conform and to live within the accepted rules of our society. These rules come from the church and the community. I don’t think that they really will be kicked out; it’s more of a discipline tactic, a code of rules that they have to follow so as to not have problems within the Rarámuri settlements. It’s more like discipline from the church and the community.

Esmeralda stated, “There is a problem with drugs in the Rarámuri settlements. There are a lot of drugs in the settlements, and all of the related problems that go along with drugs.”

*Family violence.* Esmeralda and Marta also discussed the issue of family violence. Their responses are as follows:
Esmeralda:

Abortion naturally happens a lot. I personally haven’t seen it, but I think that it happens a lot, I have heard about it when I go to the Rarámuri settlements. I realize that there are abortions. It happens really when a woman has a very violent husband, or when a couple fights a lot. It happens mostly because of the violence. It doesn’t happen on the part of the woman, it happens when the woman is a victim of violence on the part of a man/husband.

Marta:

Violence is an issue and that is why couples may separate. The governor may help to resolve an issue, but in the end it is really up to the couple to resolve their issues.

Figure 24. Common area in the first settlement of the Rarámuri study.
Discrimination. When discussing discrimination, the informants had a variety of responses. Marta related that there is a lack of communication between doctors and Rarámuri patients. She said, “Part of this is because they are indigenous; the doctors don’t even take the time to communicate with them.”

Esmeralda:

There is a lot of discrimination, but if you know who you are, it won’t matter. That is why I accept my identity and try to participate in all of the traditions of the Rarámuri. Every time I go back to my community, I will try to participate in all of the activities and traditions. But I don’t have time to go back very often.

Regarding her dress, Esmeralda always wears her traditional clothes. She is very proud of who she is.

Esmeralda:

My parents taught all of my siblings and myself to be proud of our clothing and traditions. My father always told us where we came from and to be proud of who we are. After hearing all these stories from my father, I felt like I was waking up and finding out who I was. I don’t see dressing as I do or being from the Rarámuri group as an obstacle because I know clearly who I am. I have a very simple life, and I accept myself for who I am.
Arturo’s 10-year-old son wears glasses for a visual impairment. He said about his son:

In all my years, I have not felt any discrimination or rejection for my son. He is now able to see better with glasses. The teacher said he can read better now with the glasses. He goes out to school or outside the home to play with other kids.

In fact, during Arturo’s interview, his son was not at home. He was outside playing with the other children.

Marta has two siblings; an older sister who completed a bachelor’s degree in nutrition and a brother (Gustavo, another informant in the study) who works for the city helping to coordinate programs and services to help the Rarámuri. Marta stated about her family, “We always learned to be proud of who we are because our father always told us to be proud and to keep our identity we have with our traditions and customs, like our dress, language and celebrations.”

Esmeralda talked about speaking Rarámuri in the city:

The Rarámuri language is not spoken a lot in the city because it has a lot to do with the parents. The parents want another kind of education for their children. They think there is a better education available in the city. They give a lot of importance to Spanish. Spanish is important because they will be better off. There are more opportunities to speak Spanish, and they feel ashamed of speaking it, that they won’t be accepted. There is discrimination when they leave the Rarámuri settlement, and they want to speak Spanish out of shame for their native language.
Marta talked about discrimination as a child when she went to school in Norogachi, in the Sierra. She said, “I did not feel discrimination at school and the other students were used to the Rarámuri.”

*Government.* Among the informants, Gustavo and Esmeralda work for state government agencies. Esmeralda works as a lawyer and a translator for the state justice department. Gustavo works in a state agency whose purpose is to coordinate the help Rarámuri receive when they leave the Sierra to come to live in the city. Marta’s husband works in the same state office as Gustavo. Also, Marta’s father was a leader for the Rarámuri. He went to a conference on indigenous groups in Switzerland to represent the Rarámuri. He was also very well known among politicians and lawyers in Chihuahua. Marta is completing her nursing degree through a special government program for the Rarámuri. It is called Universitario Indigena (*Indigenous University*). The government and the universities signed an agreement to provide the Rarámuri with this educational opportunity. Marta said that the Universitario Indigena program is a well known program for lawyers and politicians. Marta also stated, “If the men have higher education, they may work in an office to help provide programs to the Rarámuri.”

Marta:

In the city there is more support for the Rarámuri. There is more medical support, free education and scholarships for indigenous from the government. The money is given to the indigenous families.
When Marta was asked why one Rarámuri settlement was more developed than the other settlement interviewed, she replied:

The money from the government to the Rarámuri does not go directly to the settlement and then the settlement administers the money. The Jesuits are in charge of the facilities of the community, they are in charge of the infrastructure of the settlement. The families receive support through scholarships and economic support to help buy food and the needs of their families. The condition for the money is that all children go to school. The schools are bilingual Rarámuri/Spanish. The communal buildings in the Rarámuri settlement are set up for homework, tutoring and English classes. Volunteers come from outside the community to help.
When asked why she thought the government wanted to help the Rarámuri move to the city, Marta answered:

As we can all see on the streets of Ciudad Juarez and Chihuahua, the Rarámuri come to the city for the reason of a Rarámuri word called korima (sharing what you have with other people) and limosnas (begging, alms). Many people come to the city to beg for money, there are women and children at every stoplight begging for money. Many families come to beg, so I think the government is helping the indigenous to get ahead, to get the indigenous off the streets to stop begging. Therefore, they are giving scholarships to children and adults to get an education to search for a better life. Through scholarships and economic assistance the government will improve their life from what it was like in the Sierra.

Nora mentioned in her interview that she received government assistance through an agency that helps the Rarámuri. Angela stated that they receive money from the government every two months. Angela said, “Father Infante got our houses for us. We don’t have to pay anything for them. It is like we have borrowed them from the government.”

The Rarámuri settlements are governed by a first and a second governor, and there is also a captain. Esmeralda said, “The chain of command is first the two governors, then two captains, then two mayors and two sheriffs.” In particular, one of the Rarámuri settlements interviewed is very organized and the leaders are well respected. Cyntia’s husband is the first governor of one of the Rarámuri settlements interviewed.
Esmeralda:

The role of the governor is decreasing and the people of the community are not following the governor’s rules. Between governors at each of the Rarámuri settlements, they are not communicating. The people are not respecting the governor’s role and listening to him.

**The social body**

*Resistance.* Cultural resistance is manifested in many social facts. One of these social facts is the Rarámuri language. About the language, Marta stated the following:

“There are different dialects of Rarámuri. The Alta *(high)* Tarahumara Mountainous Zone and the Baja *(low)* Tarahumara in the Canyons have different languages.”

Esmeralda:

The Rarámuri language is not spoken a lot in the city because it has a lot to do with the parents; the parents want another kind of education for their children. They think there is a better education available in the city. They give a lot of importance to Spanish. Spanish is important because they will be better off, there are more opportunities to speak Spanish, and they feel ashamed of speaking it, that they won’t be accepted. There is discrimination when they leave the settlements, and they want to speak Spanish out of shame for their native language.
Free union. With respect to the Rarámuri tradition of free union, living together outside of a marriage contract, Marta and Esmeralda indicated the following: Marta remarked, “Some couples may get married, but a majority live in free union.”

Esmeralda:

If I were to get married, I would live in free union, and that would be my agreement. I would continue with the Rarámuri traditions of free union. It is very easy for us to make agreements and to just agree with free union.

Foot races. Regarding the Rarámuri foot races, the informants reported the following: Angela stated, “The women have races. They run and if you win, you can choose another lady’s skirt that you like a lot.” Gilberto remarked, “The kids will participate in certain races that they may have at any time.”

Marta:

We have a tradition where the women of the community have a race and whoever wins may choose a dress she likes from another woman in the community who raced. We also have races with a ring on a stick to see who can get the ring to the other spot first.

Traditional clothes. Regarding traditional clothes, the interview data states the following: Marco is seen in the interviews wearing traditional clothes and teaching traditional Rarámuri dances and telling stories to the urban settlement children. Marco comes to one of the Rarámuri settlements once a month to meet with the children and share
Rarámuri traditions with them. Marco lives in the Sierra Madre and comes to the city in a bus. When he returns to his community, he must walk two days to get there. Marta said that she and her siblings were raised to be proud of who they are. She remarked, “My father always told us to be proud and to keep our identity we have with the traditions and customs, like the dress, language and celebrations.” Gilberto, Marta’s sibling, also considers himself to traditional. He remarked, “I wear the traditional clothes for special dances and celebrations.” Esmeralda stated that she always wears her traditional clothes and is very proud of who she is. She said she did not see dressing as she does or being from the Rarámuri group as an obstacle because she knows clearly who she is. Esmeralda indicated, “I have a very simple life accepting myself for who I am.”

Esmeralda continued:

My parents taught all of my siblings and me to be proud of our clothing and traditions. My father always told us about where we came from and to be proud of who we are. After hearing all of these stories from my father, I felt like I was waking up and finding out who I was.

Traditional food and beverages. With reference to traditional food and beverages, the informants commented the following in their interviews: Esmeralda responded, “A lot of the food we make comes from corn. When I go home, I try to find opportunities to cook and eat the more traditional foods.” Socorro remarked that for celebrations, “We prepare food and have tesgüino. We make tesgüino out of corn, and it takes a long time to make it as it has a lot of ingredients.”
Traditional celebrations. The various Rarámuri celebrations are another way of exercising cultural resistance. About traditional celebrations, the data shows the following comments: Socorro remarked, “During Holy Week, we have the drums to help celebrate. We paint our body with white paint and we dance for two nights as a sacrifice for the Holy Week.” Marco commented, “During Christmas time we don’t use drums, we use violins, and we have a big celebration. Everybody is welcome.” Lorena mentioned, “We have a big celebration for the corn harvest where the whole community participates.” Cyntia added, “We have celebrations. We celebrate Christmas, and in October, Día de la Raza and Easter. We have a big celebration with food and music.”

Marta:

On December 12, we have our celebration of Our Lady of Guadalupe, and at Christmas we have our celebration. January 6 is Día de Reyes, when the three wise men bring the gifts to Jesus. On February 2 is Día de la Candelaria, when we raise the baby Jesus from the nativity scene and change his clothes. Holy Week is also celebrated. At Christmas, our music is guitars, but during Holy Week we use drums. We have all types of food. But we are not allowed to drink alcohol.

Angela:

We have festivities on: Holy Week; October 12, Día de la Raza when Christopher Columbus came to Mexico and there was a mixture of the Spaniards and the Mestizos; December 12 for Our Lady of Guadalupe; and Christmas.
Marco:

We have lots of celebrations where everybody is invited. For example, during Holy Week we have dances only with drums. We paint our faces and dance around the church three times. Then we go in the church to pray and then after that we go to houses to have a party.

Socorro:

We have dances at the church, and after the dances we go to the houses and have food and tesgüino. We also have a celebration on November 2 at home. We don’t get together as a group; we just get together as a family at our home.

Traditional beliefs. Regarding traditional beliefs, the informants commented the following in their interviews: Marta responded, “Even though we are living in the city and have left the Sierra Madre, the people in our community are still considered very traditional. We are all living together in the settlement and are following our basic traditions.”

Marta continued:

Even people who have been living for years in the city still have traditional superstitious beliefs. I believe that among all of the Rarámuri population, Sierra and city, about 70-80% still have the traditional beliefs of witchcraft and divine punishment and curanderos.
Esmeralda:

When people come to the city, their beliefs change a lot. They’re not as interested in the traditional beliefs. There aren’t any curanderos in the city, but they are still practicing in the Sierra. The curanderos believe in traditional medicine and have more confidence in their traditional medicine. In the Sierra, there are a lot of Western medical clinics and there is Western medical access. But there is less information in the Sierra about the clinics, so people don’t go to the clinics much.

Esmeralda continued:

I see a lot, a lot of changes in the city among the Rarámuri. I feel that the ones that are living here are losing a lot of the traditions that they had in the Sierra. They don’t put a lot of attention to the traditional beliefs, like they don’t matter a lot, or they are not interested in them. They are growing up here, not there, they are not their parents. They say, ‘Why would we do this or that, that’s what they do in the Sierra.’ Only the older people participate in the traditional ceremonies. The young people growing up do not. The children are not receiving the same kind of Rarámuri upraising that we did in the Sierra. That’s why the children don’t participate or do any of the traditional things.

Esmeralda went on:

The beliefs that the Rarámuri hold depend on the level of education that they have. The upbringing that we have is very different among families and depends on what beliefs your family has. It depends on how we were inculcated or
indoctrinated by our family or by our community when we were children, what we were told by our parents about their beliefs and our ancestor’s beliefs. My family lived in a town in the Sierra that was more integrated with Mestizos, and I had a lot of outside influences in my upbringing; I wasn’t from a really pure traditional community. It really depends on the education a person has from their family; it depends on what their family believes in, the type of community they live in and the type of school that they go to. In the school that I went to, it was a Rarámuri school, but the teachers weren’t Rarámuri. So it depends on the type of education that one receives and how we were formed initially with what our parents believed and taught us. We had to respect what our family believes. We in the city don’t believe everything that they do in the Sierra, but we respect it.
Traditional medicine. The informants responded about traditional medicine accordingly in the interviews: Marta stated, “In the Sierra, they don’t trust or like Western medicine much. They have trust among each other (Rarámuri families) to take care of their medical needs or with the curanderos.”

About the role of the curanderos, Marta stated:

They give diagnosis for a person’s problem according to the dreams of the curandero. How they diagnose is they listen to the person’s problem and then curandero will go to sleep that night and will interpret their dreams to seek the solution for the person who had the problem. Now, there are both good and bad curanderos. If a curandero uses their power badly, they can worsen the person’s situation.

Peyote. Regarding peyote, the informants had the following comments: Gustavo indicated, “Peyote is to be used in certain ceremonies, or to help a family find an answer to their problem.”

Marta:

We also believe in using peyote, but the only ones who can use it is the curandero and the family who is specifically involved. They have a specific ceremony where they make a little circle made up of the curandero and the family. These will be the ones using the peyote. Other community can attend but they are not part of the circle or will not use peyote.
Figure 27. Children playing in the first settlement of the Rarámuri study.

Marta continued:

During the ceremony, they must kill a cow or sheep, and there must be food there and they also must bring tesgüüno. When they take the peyote, there must be all the food and drinks because the peyote becomes the spirit and may tell you to eat or drink. Peyote is living inside you and everything is revealed to you through dreams.

Gustavo:

Some families believe in sorcery; these families may be using too much peyote. This is like substance abuse, and it makes them think differently. Using peyote like this goes against the Rarámuri views because peyote is only to be used in
certain ceremonies, or to help a family find an answer to their problem. People should follow the rules.

*The Catholic Church.* The informants reported the following comments about the Catholic Church: Marta reported, “We all consider ourselves Catholics; however, we are not required to attend Sunday masses.” Lorena stated, “On Sundays we just go to mass. We have a little conference room where a priest comes and we have mass in there. After mass, everyone goes home to clean house and wash clothes.” Cyntia commented, “We mass on Sundays and catechism every afternoon for the children.”

*Discrimination.* With regards to discrimination, Marta stated, “I did not feel discrimination at school, the other students were used to the Rarámuri.” Arturo said about his son who has a visual impairment, “In all my years I have not felt any discrimination or rejection for my son.”

Esmeralda:

There are more opportunities to speak Spanish, and they feel ashamed of speaking Rarámuri, that they won’t be accepted. There is discrimination when they leave the settlement, and they want to speak Spanish out of shame for their native language.

Esmeralda continued:

There is a lot of discrimination, but if you know who you are it won’t matter. That is why I accept my identity and try to participate in all of the Rarámuri
traditions. Every time I go back to my community, I try to participate in all of the activities and traditions. But I feel that I don’t have time to go back very often.

*Causes of disability.* Pertaining to beliefs about causes of disability, the informants responded the following: Pilar stated, “Sometimes we think that some malformations have to do with punishments for the family for doing something they were not supposed to do.” Gustavo commented, “Some people that that when children are born with a disability it is because of some type of sorcery.” Regarding fright sickness, Gustavo remarked, “For some people yes, they would be afraid; but not for all the people, it all depends on each person. Other people don’t care and do not get afraid of the child with the disability.” Esmeralda indicated, “The more severe the disability is the more frightened people would be. The fear is that it is contagious or that if they looked at the person with the disability they may have a child like that.”

When Esmeralda was asked about other beliefs about causes of disability, she replied:

> We’ve already talked about natural reasons because of what happens during the pregnancy, divine punishment, errors on the part of the woman and the man about what they did before or during the pregnancy. Apart from these, another belief pertains to animals. When I was little, I was told that when you take care of a pet a lot, or when you love a pet a lot, something bad can happen. But this is a very old belief. If I go to a community that isn’t very integrated, where they don’t have a lot of information, they don’t leave the community much, this belief still exists. It will probably still exist when they first arrive to the city, but with time in the city, these beliefs go away.
**Children with disabilities.** Regarding children with disabilities, the informants reported the following comments: Marta said, “There are those with malformations, but they will most likely die.” Esmeralda remarked, “There is not a high rate of children with disabilities. There are not very many.” Socorro stated, “Who knows how many babies are born with disabilities because the ranches are very isolated and they give birth at home. However, more go to the doctors than before because it is more accessible.”

Marta:

The family will take care of the child, and if they live in the city, they can try to get the services. But if they live in a more isolated area such as Sierra Madre, they may go to a curandero for natural medicine treatment with herbs.

Esmeralda:

Some people would accept the child and others would reject the child. They might react like susto, rejection, or they won’t look at them or they may have a child with the same disability. The children are perceived differently from those without a disability.

**Withholding medical care.** When the informants were asked if medical care was ever withheld from children with disabilities, 12 responded accordingly: Marco stated, “We don’t withhold medical services from a disabled child. We take them to the doctor so they can cure them. Doctors give them pills so they can be cured.” Anita responded, “No, we go to the doctor.” Violeta said, “No, we go to the hospital.” Gustavo replied, “No, we have clinics where we take the children. If the clinic can’t help, we can go to the
curanderos. Curanderos can give herbs to help the family.” Maritza added, “We go to the hospital to ask for help.” Marisol replied, “No, we take them to the doctor.” Carmen responded, “No, we can take them to clinics and the doctors.” Catalina said, “No, we have clinics and doctors even in our small communities. So we can take them to the doctor.” Rodolfo added, “No, we don’t do that.” Gloria commented, “This might happen because we can expect everything to happen. I don’t know of anybody that it happened to, but it might happen.”

Socorro:

They would take them to the doctor and try to help them. They wouldn’t take away the medical services. If they lived at the ranches where it is isolated, the child might not have the medical help and then might die or take longer for them to get help.

Esmeralda:

This may happen in the isolated areas, but it is not common, and I have never heard of it. In my community this would not happen, but in little communities that are isolated it could happen with a child with a severe disability. This could happen because of lack of communication, information and lack of services. In the municipalities the people have more access to medical services.

Esmeralda continued:

In some cases, if a baby is born with a medical problem, I think that they don’t take good care of the baby. This is in some families, not all families. I see that
people when they have the knowledge that their baby has a problem, they don’t take good care of the baby, or they abandon the child, or they don’t pay a lot of attention to the child. Maybe infanticide occurs, she doesn’t know of any specific cases, doesn’t know for sure. People don’t know anything is wrong with a baby until they are born with an obvious disability, until it becomes apparent, sometimes until the child is older it becomes apparent.

Marta:

Maybe there are children with severe disabilities; I’m not discounting that possibility. I recognize that in every population severely disabled children do exist, but they probably die within infancy. In a family, a situation like having a disabled child can change their lives, so they just can’t afford to pay the amount
of attention to a child with disabilities that the child needs. So they don’t pay
attention and don’t help the child; therefore, the child doesn’t develop properly
and will probably die if the disability is severe.

Marta continued:

I really don’t think that infanticide is part of the culture; they are not going to kill
the babies. It’s more that they’re not going to pay the necessary attention and
would just let them die. I don’t know if in their mind they are conscious that the
child is going to die with the lack of attention, I don’t know their thoughts. It’s
just a natural reaction of there’s not time in the physically demanding schedule of
their lives of 7-10 children to take the extra time for one of these children. They
simply won’t do it, and therefore the child is going to die because they are not
going to receive the care that they need.

*Roles of Rarámuri men, women and children.* The occupations among the
informants and their spouses vary. Among the women, 14 stay at home and do not work
and 10 work outside the home. The occupations are distributed as follows: one is a
student; one is a singer; one is a nurse; one is a lawyer; one cleans houses; one goes house
to house asking for money; two of the female spouse’s occupations are unknown; and one
female informant’s occupation is unknown. Among the men: 10 work in construction; 7
work on farms or ranches; 2 work in government agencies that assist the Rarámuri; 2 are
gardeners; and 1 is a student.

Following are sample comments from the informants regarding roles of men and
women: Speaking about her husband, Gloria said, “My husband works at a ranch. But
only for a season, and then he comes home to be with the family.” Gloria also said about
the roles of men and women, “Men will work outside the home. Women may work at
home or outside the home.” Marco replied, “In the Sierra, men always have to work.
Women stay home taking care of children, but they also have to help their husband in the
fields and feeding the animals.” Anita said, “The husband needs to work and the wife
takes care of the babies.” Catalina stated, “Men have to work. Women have to take care
of children at home, or if they need to work they can.” Clara declared, “Married women
stay home to take care of the children. Some married women work. Single women have
to work, like cleaning houses. The men go out to work on the ranches or in construction.”
Clara also said, “I work. My mother-in-law takes care of my one-year-old boy.” Maria
del Mar said, “A relative who lives with us takes care of the children while I have to
work.” David responded, “I am used to working; I have been working since I was a
child.” Angela stays at home with her children. She said, “The only time I leave is when I
go to performances.” Angela is a professional singer. After her interview, she was
leaving for El Paso to perform.

Socorro:

In my family, I stay at home and do not work. My husband is a farmer. The
men have to work outside the home doing work on ranches or farming. Women
stay home, especially if you live in the smaller communities. But if you live in
the city, you may work outside the home.
Figure 29. An informant sewing in the second Rarámuri settlement studied.

Lorena:

Most of the men work in construction, factories and ranches. The married women stay in houses taking care of children. Some women who are married choose to work cleaning houses or work in factories. Single women have to work. My sister takes care of my little 3-year-old boy while I clean houses.

Marta continued:

Typically men work in the brick mills making bricks, construction work and ranch work with animals like chickens. In my family, the roles are changing because of the education I have received. I work as a nurse and my husband works in a government office that helps provide programs for the Rarámuri. The women who need to work will work outside the home and others who don’t need
to will stay at home. These women who stay at home are taking care of the children, their own and of the women who are leaving the home to work. A family may also set up a store of basic food and household items to sell to community people. The men go out to work in construction or ranches, or if they have higher education, they may work in an office to help provide programs to the Rarámuri. About half of the women stay at home to work and half go outside the homes to work to clean houses. They may also work in the factories packing onions. There is a factory two blocks away from the Rarámuri settlement where we live.
Among the informants, 18 discussed the role of Rarámuri children, all of these 18 informants responded stated that children have to go to school. A sampling of their responses follows. Anita said, “Once children get old enough, they go to school.” Violeta responded, “Children go to school.” Lorena said, “The role of the children is to attend school.” Esmeralda indicated, “Children are expected to go to school.”

**Family.** Among the informants, 23 commented on the primary caretakers of children with disabilities. All 23 informants responded that the family is responsible for taking care of a child with disabilities. Following are a sampling of comments: Pilar said, “The family is responsible for them and responsible to ask for help.” Marco replied, “The family would be responsible to care for a child with a disability.” Maria del Mar replied,
“The family is responsible for a child with disabilities. We would just take them to the hospital.” Carmen said, “The mom and dad would be responsible for the disabled child.” Lorena indicated, “The mom or the family member who stays home to take care of the children would be responsible for a child with disability.” Cyntia replied, “The families would just take care of them at home; just give them the basic help. They would not go to school as there is not any help for them.” Socorro indicated, “They are cared for at home by the family. The family may get help through some type of services, and they might go to school. The services will provide the help they need.” Socorro knows about this because of her grandson who received help.
Analysis & Theory

In this section, I will present conclusions about the perceptions of disability amongst the Rarámuri with regards to the two stated hypotheses: 1. Disabilities will be perceived as a religious and superstitious phenomenon; and 2. The social and physical environment for persons with disabilities will be one of harshness and invisibility with a lack of accessible services. The findings will describe in detail factors which effect the perceptions of disability through the lens of Schepér-Hughes & Lock’s (1987) three body framework.

In this study, there are two Rarámuri children with mild disabilities that live in the second settlement. Among the families in the Rarámuri settlement interviewed who have children with mild disabilities, the data show that these families are receiving and seeking out services. However, as Marta pointed out, the reason for this is because the settlement where they live, the land and houses, is owned by the Jesuits, and the Jesuits encourage the families to receive education, counsel families to receive medical care and help families seek services to solve their problems. Therefore, if the Jesuits see a child with a disability or know about one, they will talk to the family and help them to find and receive services. Thus, the results of the data show that many families in the city have more education received from schools, health promoters and the Catholic Church, and are more likely to receive services for themselves and their children than those in the Sierra.

The results of this study further indicate that even though the informants received medical services, they had very little information on disabilities and its causes. Marilia commented that disabilities may be contagious and could be passed on to others. Marilia typifies other informants who lacked experience knowing individuals with disabilities and unable to answer questions about children with disabilities, or elaborate on any of the
questions in their interview. I conclude that lack of knowledge about disabilities and lack of contact with individuals with disabilities affects Rarámuri perceptions of disabilities.

The data additionally show that apart from the informants being uninformed about disabilities, one-third of the informants did not talk at all about disabilities. Reasons for this may be because they do not see individuals with disabilities, and the informants do not have a concept of what severe disabilities are, apart from the mild disabilities that they are aware of—for example, speech, vision and hearing problems; loss of extremities and inability to walk.

The results of the study further indicate that among the informants, 52% lack experience knowing individuals with disabilities. Yet, even among the informants who had lack of contact with individuals with disabilities, roughly 40% stated that children with disabilities were viewed the same as other children while at the same time stating contradictory comments such as, “They are not normal kids.” Such contradictions in perception, points to the marked absence of individuals with severe disabilities within Rarámuri society.

Also among the informants, the data show that 20% responded that there was no difference in perceptions between individuals with severe mental and physical disabilities. Sample comments included, “They are both sick,” “They have an illness,” and “They are the same.” The data indicate that individuals with severe mental and physical disabilities are invisible in the Rarámuri environment. Many Rarámuri may not recognize a disability and instead view the disability as simply an illness. This makes disabilities itself invisible, as not recognizing a disability is the same as not seeing a disability.

The data indicate that only three individuals stated that individuals with disabilities were treated differently than other children. These three individuals, Esmeralda, Marta and
Gustavo, are family members. Esmeralda and Marta, sisters-in-law, both have post-secondary education, and Gustavo, who works in a government agency helping the Rarámuri who come to the city, while only 19-years-old and just completing middle school, has been influenced by his educated sister, Marta, as well as his father who has represented the Rarámuri internationally at conferences and another sister, not interviewed, who has higher education in nutrition. Therefore, the data indicate that perceptions of disability may be affected by an individual’s level of education and interaction with the dominant society.

I conclude from the results of the data that many Rarámuri generally interact only with those from their community. Many do not integrate with others outside of their community other than when they go to work. I further conclude that these informants did not want to talk about disabilities for a combination of fear of superstitions, having quiet personalities and being distrustful of non-Rarámuri.

The data indicate that children with disabilities amongst the Rarámuri population are more likely to be from high incidence types of disabilities. This stems from the informants reporting that they did not know of individuals with severe disabilities and that if a child were born with a malformation they would most likely die, a malformation indicating something physical that can be seen. However, retardation, for example, cannot be seen; therefore, it would not be considered a malformation. Marta stated that if a child were born with something very physical, they would likely die. Like cleft palate, retardation would be very visible, and as a child may die of cleft palate due to infection, a child with retardation may not die of infection, rather from neglect. Marta mentioned the baby born with cleft palate whose parents were trying to get medication for the baby, yet before they could obtain medication, the baby had died.
As indicated by the data, 60% of the informants talked about superstitions. These informants believed in some level of divine punishment or fright sickness. The remaining 40% of the informants did not talk about superstitions; hence, it is unknown whether they believe in divine punishment or fright sickness.

As the data show, the belief in divine punishment regarding being born with a mild disability was very prevalent among the informants. More informants talked about divine punishment as the cause of disabilities than other superstitious beliefs. The informants described divine punishment as a religious belief, and that it relates to any crisis that happens to a family or individual. Many Rarámuri believe that they must exhibit good behaviors so that God would be pleased with them. On the other hand, if they exhibit bad behaviors, then God would punish them. Pertaining to having a child born with a disability, the data indicate that the majority of the informants believed that God was punishing them for something that they had done wrong. The informants conveyed the impression that they are very respectful of God’s punishments. The results of this study indicate that many informants try to exhibit good behaviors so as to please God and to not get punished.

The information obtained from the informants regarding fright sickness was somewhat inconsistent. Some informants did know what fright sickness was and some did note that it occurs, while others were hesitant to talk about it. From the data, fright sickness cannot be ruled out, as it most commonly might occur when witnessing an individual with a severe disability. Since individuals with severe disabilities reportedly did not exist, then fright sickness may be an issue for many Rarámuri if a child with a severe disability were in their community.
Marilia’s fear that disabilities could be contagious cannot rule out that individuals with physical or mental disabilities could possibly put a spell on others. The data showed in Gloria’s comments that her community was very scared of the man who was mentally ill. The community told him to leave, so he went to the mountains. The message suggests that if the man did not leave, God would be displeased with all of them and punish the whole community. This punitive message is consistent with the literature in that group members in a collectivist society must conform to group norms or else suffer severe consequences for their deviant actions.

It was reported by many informants that if a child has a disability, they would be included in all family and community events. However, the reports did not include individuals with severe disabilities. The informants reported that many Rarámuri may not get close to an individual with a severe type of disability as fright sickness may occur. Many also stated that Rarámuri families who have a child with a disability may isolate themselves from community events as a punishment to themselves. These families might attend the big celebrations, but not attend all of the community events. Many informants additionally stated that community members may judge the families for having a child with a disability as they know the family had committed a sin.

Apart from divine punishment and fright sickness, many Rarámuri also believe that some people have special powers, some have good powers and some have bad powers. As Marta explained, these people are called *chisteros*. Curanderos also have this power, and when people have problems or conflicts with others, they will blame the problem on a *chistero* who put a spell of witchcraft on them. Many Rarámuri are always weary and suspicious that someone has or will put a spell on them.
The data show that superstitions may cause anxiety in their lives. Practically all spheres of life are laden with the fear of bewitchment which pervades even the most common everyday occurrences. As Marta speculates, this fear, paranoia and anxiety associated with witchcraft causes a lot of hidden psychological disorders. This is compounded with the lack of vocabulary to explain their psychological problems.

Apart from not having a lot of vocabulary for psychological disorders, many Rarámuri also lack medical vocabulary. For example, when Esmeralda talked about children “who see, but they seem like they are somewhere else,” she explained this phenomenon, but she said she does not know what to call it. Also, Gloria explained that her brother “has trouble seeing and shakes his head around.” Both Esmeralda and Gloria could be describing autism, yet not actually knowing what autism is. I conclude that this lack of vocabulary heightens the invisibility of individuals with disabilities as many individuals with disabilities are possibly not identified in their culture, and therefore their behaviors are viewed more superstitiously. As a result, the behaviors and appearance of individuals with disabilities may cause them to become victims of precipitating fright sickness and curses.

The results of the study indicate that the informants were aware of available medical services. The data indicate that many Rarámuri might respond to the need for medical services in four ways: 1. Local medical services; 2. A specialist who is out of town; 3. Curandero medical assistance, which would be available in the Sierra Madre; or 4. Choosing not to receive medical assistance. The data indicate that many Rarámuri do believe in receiving medical services, though it depends on their situation what types of services they receive. They may receive services at a clinic, hospital, or if they are living in an isolated area, it may be through a curandero. Socorro talked about her grandson
traveling for a couple of days on a bus to go to Mexico City to see a specialist for his physical disability.

The results of the study indicate that in the Sierra Madre, many Rarámuri distrust Western medicine. Instead, many have trust among each other to take care of their medical needs, or with curanderos. Sometimes Rarámuri families in the Sierra will go to clinics, but only occasionally when they are really sick. In rural areas, medical care is inaccessible, and as a result more children may be born with a disability due to lack of prenatal care. On the other hand, the data indicate that the majority of the women in the city try to receive medical care and prenatal care in Western style medical clinics and give birth in the hospital.

However, the data indicate that a problem that exists within the health care system for many Rarámuri and other indigenous groups is a lack of communication between the doctor and patient. Many women do not know before a baby is born if there are any problems with the unborn baby or if the baby is going to be born with a disability or not. Many have no knowledge of the health condition of the unborn baby, and Rarámuri do not pay a lot of attention to the unborn baby. In the Sierra Madre, women seldom go to the doctor for checkups. Many Rarámuri women in the city and Sierra just accept that they are pregnant, they do not think about how their pregnancy is developing or about the unborn baby. This is not in their mindset. If there is a problem with a baby, the mother is not told until after the baby is born and the problem becomes visible. This lack of communication between the doctor and patient applies to any Rarámuri with a health care issue. Many have no idea or concept of what is wrong with them, nor do they think to ask. They go to the doctor, the doctor checks them, gives them medicine and then they go home, no
questions asked. A lot of this communication problem is due to discrimination and language limitations, the doctor and patient have difficulty communicating.

The data indicate that withholding medical care to children with severe disabilities was denied by the majority of the informants. However, Marta and Esmeralda mentioned that a child with severe medical problems would likely be neglected or possibly even abandoned. Withholding medical care and neglect are therefore a possible cause for the lack of severe disabilities among the Rarámuri. Infanticide among the Rarámuri was not corroborated in this study, and abortion was talked about only by Esmeralda who had heard women talk about spontaneous miscarriage or abortion due to family violence. Having numerous children creates a population pressure on families. In a typical family with numerous children, as Marta explained, none of the children in the family go to school, they cannot read or write, and they live in the Sierra and may come to the city looking for medical care for the sick baby. The parents may work seasonally in an apple orchard and will leave the children in the care of the grandparents. Marta explained that life in the Sierra is difficult with numerous children, let alone all of the work that is required to simply survive. Therefore, a child with a disability will likely be neglected in such harsh environments where it takes everyone’s efforts to survive.

The results of this study further indicate that many Rarámuri strongly value education, job training and being bilingual. Only 2 out of 25 informants did not comment on education. The data indicate that many Rarámuri see education as a major part of their child’s role growing up. The data show that parents are more insistent that their children go to school. Parents value education and tell children that education is how they will achieve and get ahead in the world. There are a variety of educational services offered to the Rarámuri, particularly for post-school ages. There are vocational training programs and
evening adult education programs for those individuals who are unable to attend school during the day. If the family needs the child to help with the family’s income, the child may not enroll in school for a period of time and then go back to school, perhaps three or four years later. This is evident in the example of 19-year-old Gustavo who was just finishing middle school. This stopping and starting education may be related to the strong desire of survival among the Rarámuri. As mentioned previously, most of the children with disabilities mentioned in the study were high incidence. Among these children, some attend school while others do not. If children with disabilities survive into childhood, they are likely to stay at home. The children in the city today are attending schools with other Mestizo children from their neighborhoods.

The results of the data indicate that many Rarámuri value bilingualism and biculturalism as 100% of the informants were bilingual and bicultural. Their first language is Rarámuri, and they learned to speak Spanish in their early years at elementary school. Many parents are bilingual as they have learned Spanish in the city primarily through everyday life situations. The data indicate that they maintain their first language and culture to preserve Rarámuri culture and have learned the second language and culture to assimilate and survive. The data could be interpreted as education and language are how many Rarámuri are going to survive as a culture.

Additionally, access to schools is growing. In the past, many of the children who lived in the Sierra Madre had to leave their community to go to the closest school, stay there during the week and only go home on weekends. If the school was very far away from their home, they may have stayed the whole school year and only gone home for the major holidays. The schools were run by nuns and the children were only taught in Rarámuri. However, in the past ten years, the schools in the Sierra Madre have been
increasing in all of the little towns. Schools are closer and more available to families. Further, teachers now have to live in the communities where they teach and the instruction is now bilingual. This greater access has affected the education rate among the Rarámuri. In the past, it was not uncommon for individuals to have never attended school or only some of primary school as they did not have the opportunity to go to school due to lack of access to schools at the time. Among the informants in this study, the average years of education are 4.2 years. However, with the growth in schools and parents insistent that children attend schools, the years of schooling is increasing among the children.

The data show that educational opportunities are open to all children. However, the data indicate that educational programs for individuals with disabilities were very limited and were only noted for those with mild types of disabilities. If their disability were severe enough, they may not attend school. This was evident even for those children with mild disabilities, such as speech problems where people could not understand the child. There were no support services at the school for these children. They would just not go to school. In addition, there were no early intervention programs reported by those interviewed.

Further, the question remains, what is happening among the Rarámuri regarding the severe disability group? As Marta remarked, there may in fact be children with severe disabilities amongst the Rarámuri, though they are hidden in their houses out of shame on the part of the family. They may feel shame for they believe that their child was born with a disability because of a sin, and also because when they were pregnant, somebody put a spell on them. This may be because there were problems between the families. Maybe they did not like the family of the child because of previous problems with the family. Some sin or problem in the living family’s generation caused the disability to occur.
However, drawing on the research, 10% of any population will have some form of severe visible disability (UNICEF, 2003). Given this percentage, one would expect that in a closed community as that of the Rarámuri, the majority would have some level of interaction with individuals with severe disabilities. It is difficult to conclude for certain, yet it can be said that there are probably children with disabilities being born in the Rarámuri population due to a number of factors, such as lack of prenatal care, excessive use of plants and herbs like peyote, spousal abuse during pregnancy, withholding medical care, neglect, inadequate information about the causes of disability and simply luck of the draw. While an individual with a severe disability would likely have cognitive disabilities, a family may not know about this disability until the child was older, thus the individual would likely die early. Therefore, I conclude that individuals with disabilities are probably not surviving into childhood. This conclusion corroborates the research that as high as 90% of children with intellectual disabilities in developing countries do not survive beyond the age of five (United Nations, 2001).

With regards to the three body theoretical framework, the data indicate that the individual body among the Rarámuri has been traditionally weak. The Rarámuri are a very private social group. They are typically shy and not overly talkative people. However, while the individual body has traditionally been weak, urban migration has created a stronger individual body among the Rarámuri. Urban migration has also weakened the social body, particularly among the children and the educated as many are not following the traditional customs as much as before in the Sierra. Many Rarámuri children and the educated have re-interpreted their traditional beliefs. Part of the population has decided to keep some beliefs, reject other beliefs or keep none at all. Yet, this reaction to change is an individual choice, an expression of the individual body; it is not shaped by external social
situations. A person’s social life only affects them to the extent that they allow themselves to be affected. There are some Rarámuri who have migrated to the city who have transcended the social situation who no longer believe in traditional superstitious beliefs, while others have kept their traditional beliefs intact.

This data is consistent with the literature in that as societies become more complex, they naturally become more individualistic. In the rural setting, many Rarámuri depended solely upon each other to meet their needs and found very little need to interact with the dominant Mestizo culture. However, in the urban setting, many Rarámuri interact not only with each other, but are also influenced by the dominant Mestizo culture in their everyday life. Rarámuri culture has become more complex in the urban environment, and while many remain poor, their immediate survival needs are met in the urban environment with job availability. Many are less economically dependent on each other in the city than in the Sierra.

Yet, the body politic remains strong among the Rarámuri. This is indicated in the importance of the Catholic Church and having a healthy community. All of the Rarámuri consider themselves Catholics; however, they are not required to attend Sunday masses. This choice of church attendance may go back to the years when they lived in the Sierra Madre where a community building for mass was difficult for people to get to as it was a long distance for them to walk to. Therefore, many were not raised to go to church each Sunday. In the past, Sundays were the meeting days because their life was very isolated and inter-familiar communication was limited. Therefore, going to mass as well as the community celebrations constituted two institutionalized dates to avoid losing contact, to support community and family contacts, to transmit and acquire knowledge, and to make socialization possible. However, in the city, socialization has increased with living close
together within the Rarámuri settlements and they no longer fear losing contact, so in this way attending mass may not be as important as in the past.

As indicated by the data, many Rarámuri have a strong desire to have a healthy community and to function appropriately, which is also indicative of a strong body politic. If a community member is dysfunctional, they are warned that they must change their behaviors or leave the community. The data indicated that among the two Rarámuri settlements, many in the first settlement were very worried that their homes were in danger of being taken away from them because of poor upkeep and the drug situation. Drugs were being sold and used in this settlement, and many informants feared that this could cause them to lose their homes. Many also feared that the government might say that they were not maintaining their homes. The Rarámuri do not own their house or their land in the Chihuahua settlements. Their house and the land that it is on were given to them and can be taken away if they do not take care of it. Many Rarámuri worry that their inappropriate behavior will result in God’s punishment. Their fear of losing their homes may be strongly related to divine punishment. Many fear that God will punish them for not maintaining their homes and allowing drugs to be used and sold in their settlement. This is the same environment where children with disabilities are being raised. This puts children with disabilities who are not attending school at risk of becoming involved or a victim of violence and drugs.

The results of this study indicate that these threats of banishing people from the community, apart from divine punishment, are also a form of discipline to conform behavior. When there are problems of drugs or other deviant behavior among the Rarámuri, these individuals are threatened with banishment and are disciplined for the purpose of conforming and living within the accepted rules of their society. These rules
come from the church and the community. As Marta stated, often the individuals will not in actuality be banished, it is more of a discipline tactic, a code of rules that the Rarámuri have to follow so as to be able to stay in their communities.

Consistent with the literature, conforming to societal rules and group norms show a strong collective society, which portray both a strong body politic and social body. The anxiety that many in the first settlement feel with the prospect of having their houses taken away from them is in line with the literature that individuals in collectivist societies can become very anxious if they or others do not behave appropriately. The data is further consistent with the literature in that collectivist societies can be very punitive when its members deviate from the expected behavior. Additionally, the religious leadership and control over their property aligns with the literature that the body politic is important in the collectivist society.

Along with a strong body politic, the social body is also strong among the Rarámuri. The individual “I” comes second to the “We”. This is indicative of a weak individual body, as the Rarámuri are a very collective society. Therefore, the social body is more important than the individual body as belonging to the group and having community support is central to the identity of the Rarámuri. Community celebrations, races and tsegüínadas (community parties) continue to exist in the city as the mode of meeting and social integration. The most important social values of the Rarámuri have been reproduced in the city. Among these important values are solidarity, communication, intelligence and resistance. Therefore, for many Rarámuri, it is socially important to be intelligent, a part of the group and to be very resistant to be successful in life. The Rarámuri’s social behavior aligns them as a group and gives them a sense of identity.
The overall central social fact among the Rarámuri is resistance. Traditional Rarámuri sayings that depict the value of resistance are “If you don’t endure, you’re worthless” and “To survive you must be resistant” (Acuna and Acuna, 2009). In this manner of resistance, the Rarámuri have survived as a race. In a broad context, resistance has been their key to survival. This value of endurance and resistance is a derivative of survival of the fittest. Looking at the environmental context, the Rarámuri have had to resist famine and lack of water due to drought, cold winter nights, long rugged treks in the mountains and harsh terrain. Many generations of Rarámuri have adapted to a harsh world of cold, heat, hunger, illness and pain. They have also adapted to a high infant mortality rate. Their traditional diet of corn, squash and beans has aided in producing a resistant body. Now, this generation of Rarámuri has to resist the migration to the city and the consequential cultural changes. Resistance is important in maintaining their culture and their ethnic identity. Many Rarámuri will do everything possible to survive.

This strong driving philosophy of survival and resistance is connected to Rarámuri perceptions of individuals with disabilities. Many Rarámuri have a strong work ethic and believe that everyone needs to be useful and contribute to the family and community. For many Rarámuri, human life has an economic value, and contributing to the family is an important value, as well. Therefore, children who can contribute economically will have both economic and social value.

If a family member is economically viable, they can help improve the economic situation of the family. On the other hand, if they cannot help improve the family situation, they will likely be neglected. Similarly, if a child with a disability is born in a family, and everyone has to work to survive, there may not be enough time to dedicate the proper attention to this child with the disability. Consequently, the child with the disability may
die from neglect. If a child is born with a disability, it is likely that a Rarámuri family will not pay much attention to the child; they may allow them to die and not take care of them.

Typically, a Rarámuri family simply cannot afford to pay the amount of attention to a child with severe disabilities that the child would need. Therefore, it is difficult for such a child to develop normally due to the lack of care, and a child will probably die if the disability is severe. With the population pressures of multiple children in a family, many Rarámuri accept the gamble that some children will die and some children will live. Accordingly, many will invest in those children who will be productive and can contribute to the family. Thus, a process of natural selection veritably occurs.

Many Rarámuri also have a strong belief in God’s will. If God wants them to survive, they will, if not, they will die. Those who believe in God’s will do not intervene with nature. As many believe in divine punishment from God, perhaps they believe in divine intervention as well. If a child with a severe disability dies, maybe they were not meant to exist. Many Rarámuri believe in winning God’s favor; therefore if you survive, you have won God’s favor.

The results of the study indicate that among the Rarámuri, despite greater access to schools and more widespread medical services and clinics for the general population, educational opportunities and health services for children with disabilities remain very limited. Along with the growth in schools, has come growth in medical services and clinics, which have helped the general Mexican population. Medical care is more advanced in the city as there are more health programs, activities and promotion in the settlements. Promoters visit the settlements and give talks, and women know when they are supposed to go to the doctor for appointments. However, while there is more
information in the city than in the Sierra, the data indicate that there is limited and inaccessible medical care and services available for children with disabilities.

The results of this study indicate that individuals with disabilities need more support in health and education. Widespread support in health shows that the spread of medicalization has reached even the most marginal populations in Mexico, and the educational system has expanded, as well. Yet, neither the medical nor the educational system is meeting the needs as observed by the general lack of identification of children with disabilities in Mexico and educational support of children with disabilities. If headway is to be made for individuals with disabilities among the Rarámuri, systemic changes have to be made. For systemic change to occur, the Rarámuri must first be understood for who they are. Their moral psychology must be understood, for all humans believe that their morality is right, and they have reasons for believing that they are right. Even if one disagrees with another culture’s moral psychology, every culture has reasons for the actions and behavior they undertake. Therefore, understanding the culture, the history, the struggles and the contemporary setting of the Rarámuri are paramount before systemic change for individuals with disabilities can be made. An attempt was made in this study to reveal some of the social facts that underlie the workings of Rarámuri society. For Durkheim, one of the fathers of early sociology, has stated that social facts reveal the inner workings of society and are the mechanism through which societies change (Spitzer, 1975).

Limitations of the Study

Although this research was able to interview more Rarámuri than previous research, there is always a need for continued research in several areas. There is currently no research on special education among the Rarámuri. The current study was an
exploratory study to open the field for future research on this topic. One limitation of this study was the limited access to educated Rarámuri that could provide insight into traditional Rarámuri beliefs. Thanks to the Ministry of Education, the access to Rarámuri settlements has been established. Therefore, the contact base of Rarámuri informants needs to be developed for future research. An additional limitation to this study was that all participants of the research team were not able to visit the Rarámuri settlements due to the violence in Mexico. Therefore, I had to rely on videotaped interviews, follow-up telephone interviews and observations of the native Spanish speaking team member who conducted the interviews.

**Implications for Future Research**

For future research on special education among the Rarámuri to be successful, a few important additions need to be considered. Firstly, intensive participant observation in the community needs to be conducted in multiple research sites. Further, this same research project needs to be conducted in different communities to corroborate the present study. Additionally, the informant base needs to be expanded to include not only Rarámuri individuals but also individuals with disabilities, teachers, medical personnel, government officials, church officials, and others who work with the Rarámuri community to gain both an insider and outsider perspective of disabilities among the Rarámuri.
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Retrieved from www.irc-online.org/borderline/


Appendix A

Participants

<table>
<thead>
<tr>
<th>Settlement</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>First</td>
<td>14</td>
</tr>
<tr>
<td>Second</td>
<td>11</td>
</tr>
<tr>
<td>Total</td>
<td>25</td>
</tr>
</tbody>
</table>

Table 1

Distribution of Informants Living in Rarámuri Settlements

<table>
<thead>
<tr>
<th>Gender</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>19</td>
</tr>
<tr>
<td>Male</td>
<td>6</td>
</tr>
<tr>
<td>Total</td>
<td>25</td>
</tr>
</tbody>
</table>

Table 2

Gender Distribution of Informants

<table>
<thead>
<tr>
<th>Age</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>17 - 19</td>
<td>5</td>
</tr>
<tr>
<td>20 - 29</td>
<td>10</td>
</tr>
<tr>
<td>30 - 39</td>
<td>7</td>
</tr>
<tr>
<td>40-80</td>
<td>3</td>
</tr>
<tr>
<td>Total</td>
<td>25</td>
</tr>
</tbody>
</table>

Table 3

Age Distribution of Informants
<table>
<thead>
<tr>
<th>Grade</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>6</td>
</tr>
<tr>
<td>1st - 4th grade</td>
<td>5</td>
</tr>
<tr>
<td>5th - 6th grade</td>
<td>4</td>
</tr>
<tr>
<td>7th - 8th grade</td>
<td>2</td>
</tr>
<tr>
<td>9th - 12th grade</td>
<td>1</td>
</tr>
<tr>
<td>Some college</td>
<td>2</td>
</tr>
<tr>
<td>College graduate</td>
<td>1</td>
</tr>
<tr>
<td>Unknown</td>
<td>4</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>25</td>
</tr>
</tbody>
</table>

Table 4

**Educational Attainment of Informants**

<table>
<thead>
<tr>
<th>Marital Status</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single</td>
<td>4</td>
</tr>
<tr>
<td>Married</td>
<td>15</td>
</tr>
<tr>
<td>Divorced</td>
<td>1</td>
</tr>
<tr>
<td>Free Union</td>
<td>5</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>25</td>
</tr>
</tbody>
</table>

Table 5

**Marital Status among Informants**

<table>
<thead>
<tr>
<th>Children Under 18</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 1 year</td>
<td>5</td>
</tr>
<tr>
<td>1 to 2 years</td>
<td>6</td>
</tr>
<tr>
<td>3 to 5 years</td>
<td>10</td>
</tr>
<tr>
<td>Under 6 years</td>
<td>21</td>
</tr>
<tr>
<td>6 to 11 years</td>
<td>18</td>
</tr>
<tr>
<td>12 to 17 years</td>
<td>7</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>56</td>
</tr>
</tbody>
</table>

Table 6

*Children Under 18 Years of Age Living with Informants*
<table>
<thead>
<tr>
<th>Number of years</th>
<th>City</th>
<th>Sierra</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 1 year</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>1 to 2 years</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>3 to 5 years</td>
<td>7</td>
<td>1</td>
</tr>
<tr>
<td>Under 6 years</td>
<td>10</td>
<td>1</td>
</tr>
<tr>
<td>6 to 10 years</td>
<td>7</td>
<td>0</td>
</tr>
<tr>
<td>11 to 15 years</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>16 to 20 years</td>
<td>0</td>
<td>8</td>
</tr>
<tr>
<td>21 to 24 years</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>25 to 30 years</td>
<td>0</td>
<td>4</td>
</tr>
<tr>
<td>31 to 80 years</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>Unknown</td>
<td>2</td>
<td>2</td>
</tr>
</tbody>
</table>

Table 7

*Number of Years the Informants Have Lived in the City Versus the Sierra*

<table>
<thead>
<tr>
<th>Town in Sierra</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Norogachi</td>
<td>12</td>
</tr>
<tr>
<td>Nararachi</td>
<td>3</td>
</tr>
<tr>
<td>Bocoyna</td>
<td>1</td>
</tr>
<tr>
<td>Carichi</td>
<td>3</td>
</tr>
<tr>
<td>Baqueachi</td>
<td>3</td>
</tr>
<tr>
<td>Unknown</td>
<td>3</td>
</tr>
<tr>
<td>Total</td>
<td>25</td>
</tr>
</tbody>
</table>

Table 8

*Previous Residence in the Sierra Madre*
<table>
<thead>
<tr>
<th>Occupation</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cleans houses</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Stays home</td>
<td>0</td>
<td>5</td>
</tr>
<tr>
<td>begs</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Ranch</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td>Construction</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td>Gardener</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Government</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Farmer</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Singer</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Nurse</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Lawyer</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Student</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Doesn’t Work</td>
<td>1</td>
<td>10</td>
</tr>
<tr>
<td>Unknown</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>19</strong></td>
<td><strong>22</strong></td>
</tr>
</tbody>
</table>

Table 9

*Occupations of Informants and Their Spouses by Gender*
Appendix B

Initial Interview Questions

1. Please describe the roles and responsibilities of Rarámuri men, women and children.

2. Please describe the roles and responsibilities of men, women and children within your community.

3. When we say the word “disability” what does that mean to you?

4. How do you think other Rarámuri people would perceive children with severe disabilities?

5. Do you think people's perceptions would be different if the disability was a severe mental disability vs. a severe physical disability?

6. Why?

7. Would a Rarámuri child with a severe physical disability cause people to have fright sickness?

8. (Demographic information) Do you know of any Rarámuri children with a severe disability?

9. If yes, please describe how the child with the severe disability is cared for.

10. In general within the Rarámuri community, who would be responsible to care for a child with a severe disability?

11. How would people from your community perceive a child with a severe disability at a social community event?

12. In some societies children born with severe disabilities may not survive because medical services may be withheld from the child. How do you believe Rarámuri people would perceive withholding medical services?
13. Do you know of any Rarámuri children who have had medical services, food or water withheld because of the child's health or physical condition? If yes, please describe the situation.

14. What else can you tell me about Rarámuri beliefs, customs, or superstitions regarding children with severe disabilities?
### Appendix C

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>Gender</th>
<th>Occupation</th>
<th>Spouse’s Occupation</th>
<th>Time Lived in City</th>
<th>Time Lived in Sierra</th>
<th># of Children</th>
<th>Marital Status</th>
<th>Contact with Disabled</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lorena</td>
<td>31</td>
<td>Female</td>
<td>Cleans houses</td>
<td>Husband left</td>
<td>8 years</td>
<td>23 years</td>
<td>2</td>
<td>Divorced</td>
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<tr>
<td>Nora</td>
<td>23</td>
<td>Female</td>
<td>Doesn’t work</td>
<td>Ranch</td>
<td>5 years</td>
<td>18 years</td>
<td>3</td>
<td>Married</td>
<td>No</td>
</tr>
<tr>
<td>Marian</td>
<td>19</td>
<td>Female</td>
<td>Doesn’t work</td>
<td>n/a</td>
<td>14 years</td>
<td>5 years</td>
<td>0</td>
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<td>No</td>
</tr>
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<td>Clara</td>
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<td>Female</td>
<td>unknown</td>
<td>Construction</td>
<td>Unknown</td>
<td>Unknown</td>
<td>4</td>
<td>Married</td>
<td>No</td>
</tr>
<tr>
<td>Angela</td>
<td>34</td>
<td>Female</td>
<td>Singer</td>
<td>Construction</td>
<td>15 years</td>
<td>19 years</td>
<td>3</td>
<td>Married</td>
<td>Yes</td>
</tr>
<tr>
<td>Cyntia</td>
<td>50</td>
<td>Female</td>
<td>Doesn’t work</td>
<td>Gardener</td>
<td>12 years</td>
<td>38 years</td>
<td>9</td>
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</tr>
<tr>
<td>Marta</td>
<td>23</td>
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<td>Nurse</td>
<td>Government</td>
<td>3 years</td>
<td>18 years</td>
<td>2</td>
<td>Married</td>
<td>Yes</td>
</tr>
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<td>Doesn’t work</td>
<td>Farmer</td>
<td>n/a</td>
<td>Lives in Sierra</td>
<td>14</td>
<td>Married</td>
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<td>Esmeralda</td>
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<td>Female</td>
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<td>Unknown</td>
<td>Unknown</td>
<td>0</td>
<td>Single</td>
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<tr>
<td>Gilberto</td>
<td>21</td>
<td>Male</td>
<td>Studies Advertising</td>
<td>n/a</td>
<td>3.5 years</td>
<td>17 years</td>
<td>0</td>
<td>Single</td>
<td>Yes</td>
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<td>Gloria</td>
<td>37</td>
<td>Female</td>
<td>Doesn’t work</td>
<td>Ranch</td>
<td>10 years</td>
<td>27 years</td>
<td>3</td>
<td>Married</td>
<td>Yes</td>
</tr>
<tr>
<td>Pilar</td>
<td>33</td>
<td>Female</td>
<td>Doesn’t work</td>
<td>Ranch</td>
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<td>30 years</td>
<td>4</td>
<td>Married</td>
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<td>Marco</td>
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<td>Farmer</td>
<td>Unknown</td>
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<td>Married</td>
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<td>Anita</td>
<td>18</td>
<td>Female</td>
<td>Begs</td>
<td>Construction</td>
<td>6 months</td>
<td>17 ½ years</td>
<td>1</td>
<td>Married</td>
<td>No</td>
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<td>Violeta</td>
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<td>Ranch</td>
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<td>25 years</td>
<td>5</td>
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<td>33</td>
<td>Female</td>
<td>Stays home</td>
<td>Construction</td>
<td>8 years</td>
<td>25 years</td>
<td>4</td>
<td>Married</td>
<td>No</td>
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<td>23</td>
<td>Female</td>
<td>Stays home</td>
<td>Construction</td>
<td>1 year</td>
<td>22 years</td>
<td>4</td>
<td>Married</td>
<td>No</td>
</tr>
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<td>Age</td>
<td>Gender</td>
<td>Occupation</td>
<td>Spouse’s Occupation</td>
<td>Time Lived in City</td>
<td>Time Lived in Sierra</td>
<td># of Children</td>
<td>Marital Status</td>
<td>Contact with Disabled</td>
</tr>
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<td>---------------</td>
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</tr>
<tr>
<td>Gustavo</td>
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<td>Male</td>
<td>Government</td>
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<td>13+- years</td>
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<td>Yes</td>
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<tr>
<td>Maritza</td>
<td>18</td>
<td>Female</td>
<td>Doesn’t work</td>
<td>Construction</td>
<td>3 years</td>
<td>15 years</td>
<td>1</td>
<td>Married</td>
<td>No</td>
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<td>Marisol</td>
<td>36</td>
<td>Female</td>
<td>Stays at home</td>
<td>Construction</td>
<td>8 years</td>
<td>28 years</td>
<td>4</td>
<td>Free Union</td>
<td>No</td>
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<td>28</td>
<td>Female</td>
<td>Stays at home</td>
<td>Gardener</td>
<td>11 years</td>
<td>17 years</td>
<td>2</td>
<td>Married</td>
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<td>Catalina</td>
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<td>Female</td>
<td>Doesn’t work</td>
<td>Construction</td>
<td>2 years</td>
<td>15 years</td>
<td>1</td>
<td>Married</td>
<td>Yes</td>
</tr>
<tr>
<td>Rodolfo</td>
<td>27</td>
<td>Male</td>
<td>Doesn’t work</td>
<td>Ranch</td>
<td>8 years</td>
<td>19 years</td>
<td>3</td>
<td>Free Union</td>
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</table>

Table 10

Informant Demographics
Curriculum Vita

Carolyn R. Trussell was born on January 19, 1966. Carolyn graduated from Marshall High School in Marshall, Missouri, in the spring of 1984. She received her B.A. degree from the University of Missouri-Columbia in Political Science with a minor degree in Spanish. Her professional background is community adult education. Currently, she teaches ESL at the University of Texas at El Paso. Carolyn was also a United States Peace Corps Volunteer promoting health education in Ecuador, South America.

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This thesis was typed by Carolyn Trussell.