THE SACRED NATURE OF MAYA BONESETTING: RITUAL VALIDATION IN AN EMPIRICAL PRACTICE

A Thesis

by

CLARENCE EDWARD MCMAHON

Submitted to the Office of Graduate Studies of
Texas A&M University
in partial fulfillment of the requirements for the degree of

MASTER OF ARTS

May 1994

Major Subject: Anthropology
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May 1994

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ABSTRACT

The Sacred Nature of Maya Bonesetting: Ritual Validation in an
Empirical Practice. (May 1994)

Clarence Edward McMahon, B.A., Hendrix College
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Bonesetting in San Pedro La Laguna is a medical practice that can be
recognized for its objective empirical efficacy. Yet its practitioners, wecol
bak, are sacred specialists that accomplish their work through a ritual
process that is based upon traditional Mayan spiritual beliefs. To account
for the importance of ritual traditions in bonesetting, the narratives of
wecol bak are provided as evidence for how the liminality that the healers
experience in their recruitment is paralleled by the separate liminal
experience of their patients. For both the wecol bak and their patients, the
sacred instrument - the hueso - that is used in bonesetting symbolizes a
potent force for restoring wholeness.
ACKNOWLEDGEMENTS

From the first days of my study to the completion of this thesis I have been fortunate to have the help, participation, support, and encouragement of numerous people. Here I wish extend my thanks to them.

Wes Dean and Mike Saunders were there in July 1992 when the odyssey began with the fracturing of my ankle. They and Lisa Shaumann performed a small miracle by finding a pair of crutches for me in Antigua. Lisa and George Carranco are thanked for videotaping my bonesetting therapy. I also wish to thank all of the other students of the 1992 field school, Duncan Earle, who was the field instructor, and his wife Erica Verrillo, who introduced us to Mayan language, for the help that they gave to me while my ankle was healing. Juana Ixmatá deserves special thanks for performing the cure.

My brother and sister-in-law, Jamie and Margaret McMahon, with their faith in me and in traditional healing, generously provided the finances to make the 1993 field season possible. My graduate committee members all provided invaluable support, research tips, and planning ideas for the field study as for the writing of this report. Duncan Earle sparked my interest in Mayan culture, and proved to be an able and willing guide through its intricacies. His great amount of input into the development of the ideas presented in this thesis is much appreciated.
Sylvia Grider, with patience and clarity, instructed me on the finer points of folklore studies and the writing of a manuscript. I greatly value her assistance - from the first word to the last period. Clarissa Kimber allowed me to put my ideas into motion by helping me to organize my fieldwork strategies. Her unwavering encouragement of my work has given me the drive to continue at times when it was needed. These three strengthened my work with their interest and expertise. Any shortcomings in this thesis are of my own making.

I am grateful to the people of San Pedro who contributed of their time and knowledge to this study. Among them I wish to acknowledge Rolando Cotuc, Cecilia Chavajay, Isabel Gonzalez, and Juana Cholotillo, all of whom provided great assistance at different times in the study with translations and interpretations, and at all times with friendship. I am grateful as well for the participation of the Pedrano healers in this study. It is their work that inspired it. Additionally, thanks goes to Ben Paul, of Stanford University, for his encouragement of my work and his insight - backed by years of research in San Pedro - into the topic.

I want to give special thanks to my family - my mother and stepfather, Sheila and Eldon Tinsley; my father and stepmother, James and Judy McMahon, and my brothers Tim and John - for standing behind my effort. I especially thank my fiancée Jennifer Ingalls for her loving help and encouragement.
DEDICATION

I dedicate this thesis to the memory of Julia Farnham McMahon, who met life with love and joyful tenacity. And I dedicate it to the memory of George Thomas Clark, a botanist who taught that observation involves more than the five senses.
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CHAPTER I
INTRODUCTION

In the highlands of Guatemala, on the western edge of Lake Atitlán, is the robust Tzutuhil Mayan Indian town of San Pedro La Laguna. Compared to its neighbors, San Pedro is progressive, and is rapidly undergoing "modernization", in terms of its increased participation in the national economy and its loss of things Indian. When one considers the common indicators of change for measuring the degree of modernization that has occurred in an indigenous Mesoamerican community, cited by Woods and Graves (1973: 5-11), one finds that San Pedro is on the verge of emerging as fully modernized. The principal language spoken is still Tzutuhil Mayan, but most Pedranos are fluent in Spanish as well. Traditional dress has diminished. Women still wear cortes, the traditional skirts, but none can be found who still wear the traditional blouses, huipils. Men do not commonly wear the traditional striped pants that reach just below the knees, except for members of San Pedro's oldest generation, and a small percentage of middle-aged Pedranos. Traditional subsistence agriculture is still practiced, but it no longer meets the town's annual consumption of maize, since much of the land has been allocated for commercial coffee production in San Pedro's vigorous push to participate competitively in the national economy. Traditional

The style of this thesis follows the format of American Ethnologist.
Catholicism has largely given over to the aggressive Catholic Action movement, or has seen its former adherents join the rapidly growing Protestant congregations. And the ideological change that undermined the former authority structure provided by the civil-religious leadership of the cofradías has also spelled the end for many traditional specialists in San Pedro, most notably for the shamans and diviners, who participated in the provisioning of power. In fact, the new ideology has provided a hostile environment for traditionalism and its practitioners. Most of the spiritual and physical needs that they administered for their past clientele are now under the auspices of the Catholic Action and Protestant churches, and the imported Western medical outlets.

However, in the midst of the sweeping changes that this century has brought to San Pedro, some traditional practices have not only persisted, but seem to have grown in importance. One of these is midwifery. The other, which is the topic of this thesis, is bonesetting. What is responsible for the success of bonesetting in an otherwise "progressive" town where characteristically traditionalism is consciously pushed aside? Why have its practitioners not succumbed to the same fate as other traditional specialists? Part of this phenomenon may be because specialists such as bonesetters and midwives have not historically participated in the power structure of San Pedro, and thus are not seen as a threat to progress. Another reason is that the healing techniques used in these traditional
practices provide concrete empirical results, giving them a place within the Western paradigm that is increasingly dominating other areas of indigenous culture on a local scale in San Pedro, and on a large scale across the Maya region.

A key to the persistence of bonesetting is that it maintains a window to the traditional Mayan world that mostly has been untinted by the effect of modernization in the society. This is further emphasized by the common cultural elements present in the work of traditional Catholic and Protestant practitioners alike, which at the outset would appear to be a paradox. Conversion to Protestantism has been viewed as a step away from "Indianness" (Annis 1987). However, a report of Protestants practicing a traditional specialty does not necessarily imply a contradiction of ideologies. I did not collect field data on the whole body of religious ideas in San Pedro with their meaning for Pedranos practicing traditional Catholicism, Action Catholicism,¹ and Protestantism, and how these ideas relate to traditional beliefs. But I predict that common threads of belief concerning the Mayan spiritual world would be found among members of different religious sects. In bonesetting - one of the remaining traditional specialties in San Pedro - these traditional beliefs are quite evident. The template that determines the form in which the threads are spun together is based in the Mayan concept of what constitutes a legitimate spiritual experience: the difficult negotiation of ritual rites of passage. Of these
rites, those with the most heightened spiritual receptivity are the rites of transition - the intermediate stage - otherwise known as liminality, which in certain instances insures the passage from a secular to a magico-religious group (van Gennep 1960: 1, 11). As I will show later, this process is typical of the narratives told by bonesetters about their recruitment to the practice.

Bonesetters are known in Spanish as curanderos de huesos, and as wecol bak in their native dialect of Tzutuhil Mayan. Specializing in the treatment of fractures and dislocations of bones, they provide orthopedic care for the people of San Pedro as well as for patients from all over the lake region, and even places as distant as Guatemala City. By curing people from other areas, and from all socio-economic levels and ethnic backgrounds, whether in their homes in San Pedro or by travelling to meet patients who cannot be transported safely, the wecol bak have become an institution in their town. They have established its fame in the western highlands as a place to go to repair traumatized bones. Wecol bak demonstrate only a rudimentary understanding of human skeletal anatomy (see Figure 1), and without exception deny ever having received training from another practitioner. Yet they form a prominent and persistent component in the medical system within and beyond their community. The constant demand for their work is testimony to its efficacy. In fact, many people from the lake region questioned on the
Figure 1. Simplified illustration of a human skeleton labelled by the *wecol* *bak*

Vicente Cruz.
matter would choose, or have chosen, the treatment offered by San Pedro's wecol bak over that of hospitals in the area that could be reached in less time and with less expense. Many stories exist of patients who were not satisfied with the care given to them in hospitals, and thus sought out a wecol bak for better results in healing their injured bones. Such is the story of my first experience with Maya bonesetting.

The manner in which a wecol bak quickly restored use to my broken ankle (a topic that I will discuss at length in Chapter V), combined with the explanations given to me by her and another wecol bak when I questioned them separately about their work, suggest a body of phenomena associated with bonesetting in San Pedro of which physical remediation is only a part. At this time it must be pointed out that the number of wecol bak has increased while other traditional specialists who dealt exclusively with subjective cause and effect have disappeared. This is partly because bonesetting provides objective results for patients. However, physicians in the state hospital can also give objective results in the treatment of bone injuries; so why have they not helped to relegate bonesetting to the past along with so many other traditional Maya healing practices? The popularity and persistence of bonesetting, as well as that of midwifery, in the local medical system may be due to the dual nature of their results: coupled with a physical remedy, a spiritual remedy is also supplied that incorporates the whole patient into the healing process.
Hence I submit my hypothesis that ritual elements are involved in the healing techniques used by wecol bak that, together with the effectiveness of the physical therapy that they provide, are responsible for the persistence of their role as orthopedic specialists in the medical system of their community, and contribute to their fame in highland areas beyond San Pedro.

The hypothesis applies in the area of the practitioner-patient transaction which has as a central focus the sacred object used by wecol bak to effect cures. People refer to the object by many names, the most common being hueso (bone). According to all of the wecol bak with whom I spoke about the hueso, it is a gift from God. I will attempt to demonstrate that a wecol bak's hueso can be considered as a condensation of his or her initiation experience of recruitment to the practice (although this experience may come either before, during, or after acquisition of the hueso, according to the separate accounts of different wecol bak). This loads huesos with symbolic power: openly it is acknowledged that huesos, being from God, are responsible for healing injured bones; but in a more subtle way, they represent the rites of passage endured by wecol bak as they learned to accept their sacred work. As such, a hueso symbolizes liminality. Wecol bak provide accounts of their recruitment to bonesetting that show that varying degrees of personal hardship and family tragedy were suffered by them before they fully accepted their
healing in life - to heal their people - which was revealed to them in their dreams. The pattern of events found in their narratives shares a common theme that is typical of liminality, a three-step process of ritual initiation marked by separation, margin or limen, and reaggregation (Pérez Firmat 1986: xiii; van Gennep 1960: 11). I am inclined to view the liminal process portrayed in the wecol bak's narratives as an important event for the induction of the wecol bak into their practice. The liminality experienced by wecol bak is both symbolized by the hueso and portrayed in the healers' oral texts. Represented in these ways, liminality validates the healers for their patients. During the liminal experiences of the wecol bak candidates, it is confirmed for them that they have been required to work by God: an important designation in a society that could be considered quite spiritually active.

This is a report of the findings of my investigation into the role of the wecol bak. In the following chapters I present descriptions and analyses of 1) the methods employed by wecol bak in their treatments - in particular, the use of the sacred hueso; 2) translations of the oral personal narratives and memorates told by wecol bak about their recruitment to the craft and about treatments they have performed; 3) the narratives existing in San Pedro and the lake region about wecol bak; and 4) my own experience as a wecol bak's patient.

Wecol bak perform work having objective and subjective
Components. The objective components of their work can be observed: the results that they obtain (mended bones), and the concomitant increase in the number of patients that they treat as word spreads of their healing ability. Narratives reveal the subjective components of their work: their knowledge of and aptitude for bonesetting - attributes that they claim to have gained through dream experiences and divine guidance. To achieve and maintain favorable standing as healers in San Pedro and surrounding areas, wecol bak must demonstrate these objective and subjective aspects of their craft. The objective empirical aspect is a feature of bonesetting that allowed it to be integrated into the process of modernization. It fits the "progress" paradigm. The subjective elements serve to legitimize the practitioners - who otherwise have no proof or seal indicative of acceptable secular training. In other words, spiritual revelation is a valid way to become a practitioner. In like manner, this report is based on both objective and subjective information in order to provide the reader with a view of how the observations, and the circumstances under which they were made, are equal partners in my research of Maya bonesetting.

THE STUDY AREA

As the goal in this report is to provide a close look at the phenomena associated with bonesetting, I will give only such description of San Pedro La Laguna and the surrounding area as is necessary for the reader to obtain some feel for the physical, economic, social, and spiritual environment in
which the *wecol bak* perform their cures. For detailed expositions on San Pedro La Laguna, I refer the reader to works by Benjamin Paul (1950; 1968; 1987; 1988; 1989).

Towns along the perimeter of Lake Atitlán, up in the steep highlands north and east of the lake, and down in the rolling Pacific lowlands to the south and west are included in the range covered by San Pedro’s *wecol bak* (see Figure 2). The town of San Pedro La Laguna, which has become famous in western Guatemala for the bonesetting specialty, curves about a steep hill on the western shore of the lake. It is the administrative center (*cabecera municipal*) of the San Pedro municipality, Department of Sololá, Guatemala. According to a prominent sign in the town square (that also advertises Colgate toothpaste), San Pedro has an elevation of 1,610 meters. The municipality covers 24 square kilometers, and has a population of 8,508 inhabitants. The town is divided into four neighborhoods (*cantones*), and these are further subdivided into blocks (*cuadras*).

Most Pedranos live in houses constructed of adobe bricks with corrugated sheet metal or tile roofs. Some new houses are built of concrete blocks. Kitchens and latrines are built apart from the houses. Open patios unify the separate buildings into a residence, or *socio*. These are separated from each other by walls and open onto the streets, or must be reached by the network of small alleys that course through the blocks.

San Pedro is connected to Santiago Atitlán - on the route to
Figure 2. Cities and towns identified by Pedrano wecol bak as places from which they have received patients.
Guatemala City and the southern lowlands - by a highway completed in 1958 that skirts a volcanic mountain (Paul 1968: 96), but is most commonly reached by ferries that ply the lake with round trip service to Santiago Atitlán four times daily, and Panajachel - on the eastern shore of the lake - five times daily.

According to observations made by Paul (1988), San Pedro's entrepreneurs with busy transport or retail businesses and those with extensive landholdings have become prosperous by rural Guatemalan standards. A small minority live in poverty. But the majority of Pedranos fall in between the two extremes (Paul 1988: 6). Overland transport of cargo, primarily agricultural products and construction materials, and lake transport of passengers and market goods are important features in San Pedro's economy, and have become indispensable to the enterprising Pedranos who engage in commerce with distant markets. Subsistence farming of maize (and to a lesser extent, beans, squash, and greens) is a common economic activity for many male Pedranos; indeed, all of the male wecol bak with whom I spoke practice farming. However, the situation described by Paul (1968: 105) 25 years ago - in which local maize production no longer met the town's annual consumption needs - still holds true today. Maize must be imported from the Pacific lowlands in order to meet the demand in San Pedro, since cash crop production has come to occupy a considerable portion of the tillable
land available to Pedranos. The principal crops exported are coffee and onions. Both men and women participate in their harvest, cleaning, and packaging for shipment. Coffee grows well on shaded mountain slopes above the lake, and it is the most abundant cultivated plant found on the land above the town. Onions are planted in the sandy soil near the lake shore, where water is readily drawn for irrigation. The vigorous participation of San Pedro farmers in commercial agriculture has pushed their sphere of land use activity into nearby municipalities on the lake. Paul reported that approximately half of the agriculturally useful land in San Juan La Laguna is owned by Pedranos, partly as a result of economically strapped Juaneros selling their land parcels during the oppressive regime of Cabrera, which ended in the 1920s (1968: 99). Stories told in San Pedro of Juaneros stealing coffee and firewood from land that is not theirs exemplify the resentful situation that adds to the measure of mistrust between the two neighboring towns. Some Pedranos have capitalized on land sales in the Santa Cruz municipality across the lake to put in small plantations of coffee. They have also bought land in San Pablo and San Marcos for the same purpose (Paul 1988: 6).

The men who work the land around the lake in the cultivation of maize or coffee, or the harvest of hogplums, citrus fruits, or avocados, or the cutting of firewood, do so in rugged terrain where the risk of physical injury is high. I have heard stories of people who have broken bones by
falling from trees while picking fruits, by falling on the trail while carrying a 100 pound load on a tumpline (the footpaths around the lake are exceptionally narrow and rocky), and even by falling off of their milpa (plot of land) while cutting weeds around the maize plants (any tillable land sloping less that 45 degrees from level may be cleared for farming). Women also have stories to tell of fractures and dislocations sustained while carrying out daily household chores or errands. These usually involve falling as they walk down trails or along the rough cobblestone streets in San Pedro.

Many women in San Pedro produce clothing with weaving, knitting, sewing, and embroidering skills. Their work provides a source of income for the household. Men with little or no land and no steady employment in San Pedro's schools, businesses, or development projects usually work for wages as day laborers in construction, or for farmers who raise cash crops. Their earnings are meager relative to the combined costs of living, building or renting a house, and providing school supplies for their children. Many Pedranos are occupying the economic niche opened up by the increasing contact between San Pedro and the outside world. Service industries have been established for tourists: eight restaurants and three hotels are operating in the town, some families have built small houses to rent, and children on the beach have a tired remuda of horses for tourists to choose from for rides along the lake.
San Pedro also has approximately 100 businesses for the service of Pedranos, from butchers and general stores, to mechanics and suppliers of building materials (Paul 1988: 3,4). The supplies that stock these stores generally come by truck from Guatemala City.

Religion is an important part of life in San Pedro. In addition to the centrally located Catholic Iglesia Las Tres Hermanas, there are 15 Protestant churches in the town (Paul 1987), representing at least five different denominations. In the 1920s, Pedranos began converting to Protestantism for various reasons including a cure for alcoholism, avoidance of the monetary burden from participation in cofradías, and a chance for personal betterment (Paul 1968: 133, 134). Their numbers have been growing steadily since. One informant told me that perhaps half of the town's population is now Protestant. A factor that has undoubtably augmented the conversion rate is the work of a now well-remembered and well-regarded missionary from Wycliffe Bible Translators, Inc. who spent 10 years there to learn Tzutuhil and produce a translation of the New Testament for people to read the Gospel in their native language (Paul 1988: 8). Two informants, a wecol bak and her husband, told me that this same missionary, who they agreed was very dynamic, had converted them to Protestantism 15 years previously. They had already left traditional Catholicism for Catholic Action upon arriving at the conclusions that praying to saints is idolatry, and that Catholics
customarily drink to excess during religious events. They became lay leaders (catequistas) in this religious movement. Eventually their disagreement with Catholic traditions not found in the Bible, and their disbelief in Purgatory, made them uncomfortable with their former religion, and they became evangélicos, members of a fundamentalist Protestant church. From this it would seem that personal questioning of the tenets of one's faith may be involved in the conversion of people away from Catholicism.

But there are other factors that have contributed to the rapid growth of Protestantism in Guatemala. One is the mass exodus of congregations from the Catholic church, which has been persecuted for the alleged organization of people in a subversive movement against the national government during the late 1970s and early 1980s. Another is Protestants' proclaimed "hands-on, unified approach" that attracts people living in Guatemala's "permanent ambience of incertitude" (Simon 1987: 40, 45). Yet this aspect of the Protestantism's appeal has actually fostered a greater fissioning of highland Maya communities since it has fed the growth of its steadily dividing sects by tapping into contentions among rural inhabitants with the promise of empathy and brotherhood. Now problems that used to be efficiently mitigated internally by the authority of the ranked religious and civil offices of the cofradas often go unsettled in the absence of this body of elders, whose influence was undermined first
with the introduction of political parties as contenders for civil offices, then with religious reforms promulgated by the revolutionary Catholic Action movement (Earle 1991).

Of the eleven wecol bak that I know of in San Pedro, all but two (including the woman mentioned above) are Catholic, as noted by the altars that are positioned in a corner or wall of their homes, endowed with the images of Chist, the Virgin Mary, and some saints. Highland Maya Catholicism has long existed as a syncretism of the Pre-Hispanic spiritual belief system with the Catholic doctrine that was introduced early in the Conquest (Reina 1984). The original Maya spiritual contribution to the amalgam has been kept and practiced by costumbristas. Some general aspects of costumbrista beliefs and practices are reverence for the land, shamanistic communication with a complex system of spirits and ancestors, divination, and keeping the days of the Mayan calendar. Today in the Guatemalan highlands there are some places, such as Momostenango and Chichicatenango, where the costumbrista traditions are still kept very much alive (Earle 1991: 9). In other highland towns, such as San Pedro, the sweeping religious conversions of the past half-century have diffused this body of beliefs. Shamanism was apparently the first to disappear. As Paul noted five years ago, there are virtually no shamans practicing in San Pedro (1988: 3), and all informants, both Catholic and Protestant, that I questioned directly about shamans have
denounced them as frauds. Belief in the sacredness of the land may be more persistent, as evidenced anecdotally by a farmer from the lake region who proclaimed himself a Pentecostal to me as we walked together, but moments later, stressing his worry about the absence of rain for his crops, said, "hay que orar al monte" [it is necessary to pray to the land]. Other remnants of recognized traditional Maya spiritual beliefs, such as the existence of a hierarchical ranking of human and non-human spirits (jawal) (Douglas, 1969: 67-69), continue to be included in the world-view of many Pedranos, Catholics and Protestants alike. Narratives by wecol bak and narratives about wecol bak demonstrate how these beliefs exercise considerable influence on the behavior of the healers, and in some cases on that of their patients.

The medical system of San Pedro is a composite of Western orthodox, and traditional indigenous health care. Although there is little overlap in the services offered by Western and traditional medicine, I have observed households that draw from both types of health care for their medical needs. As the focus of my research is centered primarily on the ritual elements of bone-setting, it is beyond the scope of this thesis to provide detailed description of the range of ailments beyond orthopedic needs treated for Pedranos by the health care providers in their town, or of the methods of self-administered cures commonly used, such as has been done in other communities in the Atitlán lake region (Douglas 1968; Woods
1968; Marshall 1986). However, the following is a summary of the salient components of San Pedro's medical conglomeration.

A nationally sponsored health post (*puesto de salud*), is located on the central plaza. It is operated by Ladino professional auxillary medical personnel and a resident physician who administer vaccinations, provide public health information, give primary care, and refer patients with ailments or injuries beyond their capacity to treat to the nearest hospital, which is in Sololá, the department capital. People desiring treatment for broken or fractured bones cannot get it at the health post. They are also referred to Sololá, where x-ray equipment and material for plaster casts are available. But, as a nurse in the health post told me, most Pedranos choose to have bone injuries treated by a traditional specialist. Western pharmaceuticals are sold in San Pedro’s three pharmacies. The pharmacists often base their prescriptions on the description of symptoms given to them by their clients. People needing dental work can obtain it from the resident dentist. However, simple procedures such as a tooth extractions are performed with local anesthesia at one of the pharmacies.

There are a variety of traditional specialists who treat specific folk illnesses, such as *susto* [fright] and *aire*, which differ in etiology from place to place (Orellana 1987), but that in San Pedro are seen as being caused by a bad fall, and by moving from a warm area into the cool wind, respectively (a similar description for *aire* is given by Finkler 1984: 202). Midwives are
perhaps the largest class of traditional specialist in San Pedro. Like the other traditional specialists, but unlike wecol bak, they are known by their parents and by the midwives who deliver them to have a special gift or a calling for their work from the moment they are born. In the case of midwives, this sign comes in the form of a piece of the caul - inner fetal membrane - adhering to the infant's head, which is considered by those at the delivery to be symbolic of the midwife's mantle, and thus suggests the infant's destiny (Paul and Paul 1975: 711). The work of midwives in San Pedro has been studied in detail (Paul 1974; 1975; 1978; Paul and Paul 1975). There are some facets of the Pedrano midwifery oral traditions that correspond well to those of the wecol bak. I will compare these in a later chapter. Moreover, there are two Pedrana wecol bak that also practice as midwives. As I mentioned above, wecol bak are not born with a sign that is indicative of their future calling. This is one way in which the practice is distinguished from the other traditional specialities. Whereas supernatural recruitment is implicated in a birth sign registered on other traditional healers, in wecol bak it is found symbolized in the hueso that they use for curing patients.

The traditional beliefs that pertain to Pedrano bonesetting are involved in the ritual processes that characterize bonesetting therapy. This medical practice, however, also provides cognitive empirical results for patients. Because of this fact, it is a medical practice from the folk
medical system that has retained its importance as a component of the composite of Western and indigenous health care practices that is generally utilized by Pedrano households.

RESEARCH ON BONESETTING

I became interested in bonesetting as a result of having had a broken ankle successfully cured by a wecol bak in San Pedro during a field season in the summer of 1992. After returning home, I conducted a cross-cultural survey of bonesetting to see if the practice of bonesetting by indigenous healers in other parts of the world corresponds to that in Guatemala. The strongest impression made upon me in the course of this survey, which included the use of the HRAF, Abstracts in Anthropology (1972-1985), the MLA folklore bibliography, and Firstsearch, is that bonesetting, of itself, has not received much attention in anthropological and folklore literature. For non-Western cultures, the material on bonesetting tends to be widely scattered in general ethnographies, and usually offers little more than sparse coverage of the methods employed in the treatment of fractures and dislocations. In an effort to find intensive studies on bonesetting, I broadened my search beyond anthropology indexes and found only four works. One of these is an overview of the contributions of surgeons from Europe, the United States, and Canada to the history of Western orthopedic medicine, with particular attention given to the development of this branch of medicine in the Manitoba province of
Canada (Mayba 1991). The other three are biographical in nature, and discuss practitioners from England, Canada, and the United States (West 1977; Poulin and Labbé 1984; and Strickler 1984). Some reasons for why bonesetting has often been overlooked in research on traditional medicine have been submitted by medical historian Roger Cooter: bonesetting has only been considered as a practical craft without a unique body of theory; it has not been observed to be an organized "alternative" medical system, unlike its descendents (in the Western world), osteopathy and chiropractic; and it lacks a clear profile of confrontation with orthodox (Western) medicine (1987: 158). My field research of the Maya wecol bak gives evidence contrary to these claims. In San Pedro, bonesetting does not incorporate a "theory" in the sense that the quasi-scientific medical systems such as chiropractic do - instead it operates on a relatively small number of assumptions about how the body, and in particular, bones, will behave in given circumstances, coupled with the belief of supernatural intervention in the curing process. Although lacking a hierarchical structure of organization, or a regular mechanism of peer review to monitor the practitioners, Maya bonesetting could loosely be considered a "medical system" that serves many orthopedic patients from an area that encompasses the southwestern quarter of Guatemala. And while it is not the sort of medical care that would normally be considered as having a following - since it is chiefly given as needed - its effective practitioners
must handle a growing clientele due to word of mouth communication. Finally, there is no question that Maya bonesetting confronts Western orthopedic medicine. Every wecol bak that I interviewed had no hesitation in telling me that in hospitals one cannot get fractured bones mended correctly.

It seems apparent that there cannot be too many ways to reduce a fractured or dislocated bone, and indeed the physical means of doing so do not vary substantially from culture to culture. In a case of the sort typically mentioned in write-ups on indigenous bonesetters, such as a broken limb, the limb is stretched and released, and gradually bent at the joint while using hand manipulation around the broken area, in order to allow the severed ends to come together properly. When this is accomplished, one or several of various medicinal herbs, animal products, and minerals that are used in different cultures for fractures are applied to the injured area before it is immobilized with splints. Thus the physical therapy used in reductions varies little. The area in which one notices differences is that of the natural medicines applied or taken to aid in the healing process: for example, those documented in Ackernecht's summary of bonesetting techniques used in 22 different cultures in his chapter on indigenous surgery (1971: 97-99), Hewat's description of Bantu methods of healing fractures (1970: 85), Frisancho Pineda's list of zoological medicinals incorporated into plasters by Quechua healers (1978:...
(Rosen 1970).

Past research of bonesetting among indigenous Mesoamerican societies has emphasized the materia medica employed in the curing process. In Indian Medicine in Highland Guatemala, Sandra L. Orellana cites much of the existing research on bonesetting for the highland region, concentrating on the medicinal plants used for fractures (1987: 106-107). Among the plants she lists, the only one that I found in use in San Pedro is tobacco (Nicotiana sp.) - in Tzutuhil Mayan, may - the leaves of which are heated over coals and placed on the skin before the injury is wrapped. Mary Marshall, who studied illness and healing in a Kakchiquel Maya town on Lake Atitlán, did not identify healers who specialize in bonesetting, but she did list six plant and animal products, and even kerosene, that are used for "broken bones" in Appendix C of her work (1986: 337-366). She also mentions the application of plaster bandages to fractures (Marshall 1986: 364), and the use of sweatbaths for treating "broken bones" (Marshall 1986: 365). Other medicinal plants whose names are given in Nahua, and the way they are used to heal fractures were recorded by Fray Bernardino de Sahagún in his General History of Things of New Spain, written circa 1578-1579, and are reproduced by Guzmán Peredo (1985: 221-223). Charles Wisdom has described the plants used by Chorti Indians for producing the plasters and splints used to bind
on wounds and broken bones (1940: 356).

I found no record of the use of an object - such as the hueso that the Pedrano wetol bak use - to set injured bones in cultures other than the Tzutuhil Maya of highland Guatemala. Thus it appears to distinguish their traditional specialty from those of other bonesetters in Mesoamerica. However, the spiritual aspects of bonesetting have been addressed in studies of other societies in this region of the world. To begin with the earliest account, in 1629 Hernando Ruiz de Alarcón collected the incantations used by Nahua healers when treating fractures. Alfredo López Austin has translated these to Spanish and presents them in his book on Nahua medicine (1975: 165-166). William R. Holland also mentions the use of prayers by Tzotzil bonesetters directed at the pukuj (1978: 287), an evil spirit that he submits is a cognate of the name for the pre-Hispanic Maya god of the dead - Ah Puch - that rules the last of the nine levels of the underworld (1978: 96). Otherwise, Holland finds that the Tzotzil bonesetters, or ts'ak bak, are at the lowest of three levels of an informal hierarchy of healers since they have the least esoteric curing techniques (1978: 173). Robert M. Laughlin (1969), writing of the Tzotzil, also recognized male bonesetters in the town of Larainzar as occupying the lowest position of an informal hierarchy of shamans, based on age and effectiveness. The next rank up was occupied by the shamans proper, and the top rank was held by the diviners (Laughlin 1969: 173). Both Laughlin
In the 1960s, Alfonso Villa Rojas - for the Maya of Tikal (1969: 166) - interpreted bonesetting as a specialization of a particular elite category (along with shamanism and midwifery), the practitioners of which acted as intermediaries between the supernatural and the material. However, Robert and Margaret Park Redfield described the Yucatec Maya bonesetters of Dzitas as "hardly-at-all professionalized specialists" who only practice massage, thus mastering very little of the actual mystical knowledge used by the other healers (1940: 71). Horacio Fabrega and Daniel B. Silver (1973) provided more depth to the knowledge of Maya bonesetting with their description of Tzotzil bonesetters in Zinacantan. They identified the differences between the most highly regarded bonesetters who rely mostly or exclusively on spiritual curing methods, and those who are considered inferior because their knowledge of healing bones only includes techniques of physical manipulation (1973: 41-42). The recruitment of bonesetters in Zinacantan is also analyzed by Fabrega and Silver (1973: 41); with its phases of supernatural selection and subsequent revelation of curing methods it is similar to the process of recruitment experienced by Pedrano wecol bak.

In other studies, there are brief references to bonesetting. The ethnographer Laura Nader mentions bonesetting as a male occupation in terms of division of labor in Zapotec society (1969: 345). A detailed study of Spiritualist healing in Mexico by Kaja Finkler (1985) provides evidence
that bonesetters, along with curanderas, are found to be secular healers in central Mexico who lay no claim to supernatural powers. In fact, they are seen as losing their popularity concomitant to the growth in numbers of practicing Spiritualist curers, who derive their legitimacy through the control and sanction of supernatural figures from the Christian religion (Finkler 1985: 43).

In anthropological literature, the earliest mention of Tzutuhil Maya bonesetting and its magico-religious elements is in 1969. In this year Rodríguez Rouanet documented the use of a secret, magic bone by bonesetters from San Juan La Laguna to locate fractures (1969: 64). Also at this time Bill Douglas wrote about the bonesetters - rukoy bak - of Santiago Atitlán in his dissertation on illness and curing in this community (1969). Douglas found two bonesetters working in Santiago at the time of his study. Each relied on their small piece of bone - which they called cuentecito, as it is also sometimes called in San Pedro - to diagnose the nature of a fracture or dislocation, and then to use as an implement for vigorous massage of the injured area (1969: 143). Although these healers in Santiago claimed supernatural curative powers for their cuentecitos, they did not have a reputation equal to that of a woman from San Pedro, who was thought to use the same bone as her father - a healer of considerable repute (Douglas 1969: 144). Here Douglas is referring to Doña Rosario and her father Don Ventura. Both of these Pedrano wecol bak
have been long deceased, but they are still famous for their good works among people of the lake region. I will discuss some of the stories told about them in later chapters.

The only paper that has been written expressly for the purpose of analyzing Maya bonesetting is that by Benjamin D. Paul, *The Maya Bonesetter as a Sacred Specialist* (1976). Paul's research into the oral traditions concerning recruitment to the practice and the supernatural properties of the bone that the *wecol bak* use gave me, along with my experience as a patient, the impetus to explore the character of bonesetting in San Pedro at the present. As I will be citing his paper frequently throughout my report, I will postpone going into detail on it at the present. The stories about *wecol bak* that he included in his work are still circulating today. Some of them, as expected, can be found in differing versions. By providing summaries of the dreams involved in the recruitment of various *wecol bak*, Paul laid the groundwork for analysis of what may be considered a distinct Mayan oral tradition: the oral personal narratives and memorates of supernaturally recruited healers. The main questions to be considered in this thesis - the role of the liminal process in the recruitment of the practitioner and the healing of patients, the importance of dreams in the bonesetting practice, and the implications of the use of a sacred object in treatments - can be explored within the content and context of these narratives.
A written record of Pedrano narratives on bonesetting was brought to my attention during my field work in San Pedro: *Ja Wecol Bak*. *Cuentos Folklóricos y Algunas Experiencias Personales en Tzutujil y en Español*, a series of personal experience stories collected, translated and transcribed in both Spanish and Tzutuhil Mayan by James H. Butler and Pedro Rocché Bixcul (1973). Oral personal narratives and memorates are considered by Stahl (1989: 23) as naturally distinct forms of stories in American culture. In Chapter III I will provide examples of *wecol bak*’s personal narratives and memorates that support my belief that a similar claim could be made for Mayan culture. Stahl defines personal narratives as a teller’s own first-person, single-episodic account of a secular experience, and memorates as stories of supernatural, or psychic, events. In San Pedro, the *wecol bak* that I have interviewed used both types of accounts to explain how they came to their profession, and how they conduct themselves in their work. An analysis of the secular and supernatural events that they choose to build their narratives around (because they are relevant to the bonesetters for explaining who they are) may offer unique insights into both the importance of bonesetting as an enduring part of the medical system of this community, and the latent, but persisting, elements of Maya culture represented in the practice that are alluded to in the tales of the practitioners.
METHODS

This study is based on research conducted in San Pedro La Laguna and other towns on Lake Atitlán, including Santa Cruz La Laguna, Tzununá, and Panajachel, during two periods of fieldwork in July/August 1992, and May 1993, that totalled eight weeks spent in the field. I will describe the field methods for each period separately, since they differed according to my own physical condition (i.e., in the first period, my broken right ankle gave me access to Pedrano bonesetting as a patient; in the second, I had no physical problems requiring medical care, thus my visits to wecol bak required explaining my work as an anthropological researcher).

The five-week field season of 1992 was spent mostly in Santa Cruz La Laguna. I had agreed to work as a field assistant in an ethnographic field school for graduate and undergraduate students. One day prior to the official start of the field school I broke the distal end of my right fibula in a late-night bout of horseplay with fellow revelers in Antigua. After one week with my leg propped up to reduce the swelling around my ankle, I had it immobilized in a fiberglass cast at a private hospital in Guatemala City. But within two weeks, wanting to take advantage of a unique field experience, I decided to put my confidence in the wecol bak of San Pedro that I had learned about from people of Santa Cruz when they would ask me about my condition. My accident provided a rare opportunity for
participant observation of the bonesetting practice. A descriptive account of the experience that I had as a patient is given in Chapter Four. I was treated two times on two consecutive days by an aged Tzutuhil Maya woman. Both of these sessions were videotaped.

One week later I was able to walk without the support of crutches. At this time I made a final trip to San Pedro to learn more about bonesetting with the aid of Rolando, a Pedrano friend who speaks Spanish with the same ease as he does Tzutuhil Mayan. The woman who had treated me accepted the request for an interview, which was informal, and conducted at her home in the same room where she had treated me. We also interviewed a second wecol bak - a man who once had healed my interpreter. In addition to these interviews with wecol bak, I also collected some narratives from Santa Cruceños about their knowledge of Pedrano bonesetting, since no bonesetters work there.

In May 1993 I returned to San Pedro for three weeks to observe the wecol bak performing cures and to interview them about their work. A young woman named Cecilia translated between Tzutuhil Mayan and Spanish in interviews that were not conducted in Spanish alone. Some of San Pedro's wecol bak she knew in person; others she knew only by name. They work out of their homes, so we looked for them there. Together we interviewed six wecol bak. In most cases the interviews were conducted during our first meeting with the healers as we called on them at their
homes, although often these were previously arranged with their family members who told us when they would be in. In three instances, additional interviews were agreed upon at a predetermined time. We had direct interaction (spoke with them in person) with two wecol bak who declined interviews; and indirect interaction (did not see them in person, but communicated with them through messages left with or received from their family members) with two others who also declined.

I customarily asked for permission from the healers to record the interviews on audio cassettes, and permission was usually granted. In some instances when I was present as a wecol bak performed treatments, I taped the healing sessions of my own accord. I had all of the recordings of interviews in which a wecol bak spoke only Tzutuhil Mayan translated into Spanish by another Pedrana, Isabel, in order to determine how closely the translations that Cecilia gave to me in the interview setting actually matched what was said by the informant. This became invaluable for the recordings of two interviews with a very aged wecol bak who is also a midwife. My initial impression of the interviews is that they had not proceeded well, since Cecilia gave explanations that seemed much longer than those spoken by the wecol bak. As I later found out, her three children and even she herself had been delivered by the healer. In contrast to her self-assurance in interviews with other healers, in these she seemed uncomfortable. Her temporary role as interpreter may have
been incongruent with her normal role in relation to her midwife.

Accordingly, the tone of these interviews differed from that of the others. She was not familiar with the other wecol bak to nearly the same degree that she was with the one who was also her midwife. Thus she was, in trying to do her work, using a type of communication technique that was completely foreign to the normal communicative exchange she would share with the woman.

I was conscious of my ignorance of the normal Pedrano communicative patterns in every interview. This type of problem is frequently encountered by ethnographers, and must be taken into account when one interprets information collected in the field (Briggs 1986). I therefore styled my interview approach after that written about by the ethnographer Allen Burns, who has researched storytelling by the Yucatec Maya (1983). Burns wrote that Mayan storytellers do not readily launch into a monologue, but depend upon cues from the listening audience. He explained that - not knowing the cues when he first began his research - his early field technique consisted in simply uttering words of agreement during pauses in the story to let the teller know that he was attempting to relive the experience with him (1983: 23). I used the same method during my interviews with wecol bak. In the appendices, I provide transcripts of some of these interviews so that the reader may understand how they were carried out.
In addition to interviewing *wecol bak* during the May 1993 field study, I also conducted taped interviews with six Mayans who are not healers, but who had been patients to *wecol bak* or knew someone who had been a patient. Two of these people are from Santa Cruz La Laguna (and knew me from the 1992 field period), one is from Tzununá, and three are from San Pedro La Laguna. The interviews with the Pedranos were scheduled previous to the interview; the other interviews were informally conducted during encounters with the informants.

During the 1993 field study, I had the opportunity to observe the treatments of three patients. Two of these patients are adults - a man and a woman - and were treated by the same healer. I was present during only one treatment given to each patient, although the man received three, and the woman, five. He was being treated for a jammed finger. She had either bruised or fractured her coccyx (tailbone). Both of them are residents of San Pedro. The third patient was a boy of eleven years of age from the piedmont village to the south of San Pedro La Laguna named San Pedro Cutzán. He and his mother travelled to San Pedro La Laguna to have his broken left forearm reset by a *wecol bak*. He was treated by the same healer who cured my ankle. They met with her six times in three days before she determined that his arm was successfully cured, and that they could return home. The patients that I observed being treated were aware of my research interests in bonesetting, and consented to my
presence at their treatments. I assisted in those of the woman and the boy - with cues from their family members - by holding one of their shoulders in order to keep them still as the healer worked. I was permitted to tape the therapeutic interaction during the treatments of these two patients.\(^5\)

In the translation of the taped interviews and healing sessions from Tzutuhil Mayan to Spanish, Isabel often provided comments about the statements made by informants and participants that offered insight into the subject matter that had been recorded. The translation and transcription of the taped interviews was done towards the end of the field study, thus the recorded responses of informants to my questions were not reviewed with them.

ENDNOTES

1. Action Catholicism is a liberation theology movement started by Spanish priests in order to increase social awareness (Simon 1987: 25). In the 1960s and 1970s it gained many converts through the work of activist priests, who desired to improve the economic conditions of Indians through formal education, community organization, and cooperatives. In its spread this movement had a socially divisive influence on Indian communities since it generally failed to firmly establish legitimated authorities in the place of the old ones it had, in part, sought to undermine (Earle 1991).

2. The Tzutuhil term "wecol" was translated into Spanish for me with the meaning, "to fix, or put in a missing piece, such as sewing a thread into a cloth". "Bak" is bone. Throughout this thesis, I will most frequently refer to the Tzutuhil practitioners of bonesetting as wecol bak. This term applies for both singular and plural senses.

3. The sacred object is chiefly referred to as hueso (bone), although it is also called cuento, or cuentecito (thing; little thing), material (material), samajbel (object for working - work is "samaj"), and aparato (apparatus). Since hueso is the most commonly used term, I will use it consistently throughout this thesis to avoid confusion. The plural form is huesos.
4. I have chosen to write "God" as opposed to "god" in reference to "God the Father" of the Christian faith. Catholicism is the religion practiced by all but two of the wecol bak that I interviewed. The latter two are Protestant. From the content of the interviews with wecol bak, it is evident that their personal religious views are representative of a syncretism of Christian and indigenous religious beliefs. Religious syncretism in Mesoamerica is, however, a controversial topic. Here I will simply state that the hueso comes from a spiritual domain. "God" is a label for this.

5. These recordings, as all of those that were made during the field study, are in the possession of the author. Transcriptions of those which are cited at greatest length in this report are provided in the appendices, and are indicated as such in the text. Unless this is mentioned, the interviews do not appear in the appendices, but would be provided for the academic use of any interested researchers with a written request to the author.
CHAPTER II

SACRED AND SECULAR MOTIVATIONS IN THE USE OF THE ORIGINAL HUESO: BONESETTING TRADITIONS REVEALED IN JUXTAPOSED CASES

In San Pedro, a defining factor in bonesetting is the healers' use of a small object to locate and then set broken or dislocated bones. The objects used by wecol bak are kept wrapped in a handkerchief or another piece of cloth, so that they will not be seen by patients or other observers. Some call these objects material, or aparato, or cuento, but they most commonly go by the term hueso, which means bone. And nobody will say what kind of bone it is, nor from what kind of animal it comes. Every wecol bak uses a hueso. According to tradition, they come to the healers as gifts from God. However, some skeptical Pedranos say "who knows where they found their hueso?" about wecol bak for whom they have little confidence.

From the point of view of the wecol bak, huesos are given the credit for curing patients, due to their divine origin. According to recruitment stories told by wecol bak, most of these have come into active use in the past twenty-five years. But one hueso that is used today has a long history of use and has become legendary, since verbal accounts by Pedranos indicate that it has a life of its own. I use the term "legendary" to indicate that narratives about the hueso now belong to legend following the
process by which some narratives concerning supernatural experiences (ie., what the *hueso* is said to have done) become legends (Honko 1964). To say that some *huesos* are subject to skepticism is tantamount to saying that some *wecol bak* are subject to skepticism. In the case of the legendary *hueso*, there is no skepticism about its healing power: it is known to be in its third generation of healing. The skepticism is aimed at the man, José, who now uses it, since he is seen to have left the virtuous trail blazed by earlier *wecol bak*.

José has ambivalent recognition that goes well beyond that of the other dozen or more Pedrano *wecol bak* practicing at present. On the one hand, he has broken with bonesetting tradition by charging fees for his cures. On the other hand, the *hueso* that he uses has about 100 years of healing to its credit, being the original one used by his great-grandfather Ventura, who is considered to have been San Pedro’s "first" *wecol bak*, and then by Ventura’s daughter Rosario, before it was acquired by José. In his eight-year career he has straddled the line between coping with the economic realities of raising a family in late twentieth-century San Pedro, and measuring up to the legendary integrity of his predecessors in the profession, who are not only remembered by Pedranos for the "miracles" they performed, but also for the selfless service they gave to their people.

José quietly says that the *hueso* is "pure gold". Whether the object is made of gold or not, his description makes an ambiguous metaphor when
one considers Pedranos' perceptions of Ventura and Rosario, and their perceptions of José: the former are said to have been motivated to heal by wanting to do good works; the latter is said to cure out of a desire for money. All three are equally enigmatic in terms of my learning their stories about their work: Ventura and Rosario are deceased; and José evaded direct inquiry about his healing practices. But everyone that I asked had an opinion about each healer, and almost without exception José made an unfavorable comparison with Ventura and Rosario, a situation similar to the changing image of curers that June Nash found in a Maya village in Chiapas, Mexico (1970: 141).

Ideas from local narratives about these healers are the first that I present in this study. Most of the narratives were collected during conversation and interviews with Pedranos, although some of the material about Ventura is from written sources (Paul 1976; Butler and Rocché Bixcul 1973). These narratives represent what Pedranos consider the norm, and what they consider deviant, in bonesetting. However, it is important to keep in mind that even though in general people may be dissatisfied with José's behavior, they would still call on him in times of need.

They are owners of the same sacred hueso that appears in the most widely circulated stories of Pedrano bonesetting. And during my field research in San Pedro, I found these healers to be at the heart of an oral
tradition that subtly suggests that in some aspects of their society, Pedranos are resistant to change. The contrasting narratives about them are an example of how Pedranos, who are considered more progressive than their neighbors in other towns on the lake (Paul 1976: 77), react to change when they see it occurring in one of their traditional specialties. First I will present items concerning the original users of the hueso. I will then show how José's shortcomings as a wecol bak may be due to his not fitting the patterns established in the narratives about Ventura and Rosario. He is not living the tradition which is expressed in two main areas: 1) supernatural recruitment to the role of wecol bak and 2) giving of oneself in the helping of others.

There are many variations in the history of the use of this hueso. The following is a summary of how Don Ventura and then Doña Rosario began using the hueso. It is based on the verbal account given by Doña Rosario herself in October 1964 as it is recorded in *Ja Wecol Bak: Cuentos Folklóricos y Algunas Experiencias Personales en Tzutujil y Español* by Butler and Rocché Bixcul (1973). The narrative was spoken in Tzutuhil-Mayan by Doña Rosario. It was published in both Tzutuhil-Mayan and Spanish. Since this rare publication is not readily available, it is worthwhile to paraphrase the story in English.

Once my father [Ventura] had dreams that forbode of his becoming a widower if he did not do the work that would soon be
asked of him. When he asked his mother if he had been born with any extraordinary signs, she told him that he had not. He continued having the troubling dreams. Later one day he went out to work, and came back that night troubled about what he had seen. He could not sleep that night since his thoughts were on the things that he had dreamed. Early the next morning, when he went out to take care of his physical necessities, he noticed a bright, small object on the ground that came towards him. It was the same thing that he had seen the day before. It jumped on him, and he tossed it away. Again it jumped on him and again he tossed it away. He remembered his dreams, and believed that this object was an omen that he would soon die. When he got up quickly to arrange his clothing, the object leaped into his hand. Because of this, he resigned himself to taking it with him. Returning home, he had no desire to accept coffee from my mother. She became suspicious, and asked him what he had done. He was worried about what had happened, but at last he told my mother that he had found his fortune. She reacted with fear, thinking that his doings would surely bring about the death of their children. He tried to reassure her that God had sent the fortune. At his request, she cleaned out a small chest for him to keep the object. Once inside, it made noises like people talking. He removed it, wrapped it in a cloth, then blew
on it repeatedly. He did this every time he held it. He was told:
"This is our son that I will put in your keeping, it is unlike anything else. Do not let anyone see it, even though they ask, 'Where has that come from? Maybe it is the bone from a horse or a cow.' If you show it to anyone you will die." My father was told to take good care of it, and keep it in its own chest. No one should touch it but him.
If one of his children should touch it, they would die. And my mother was pregnant with their first child. He protested when he was told that his first son would die. As surely as it was told, his firstborn died three months after he was born. The object demanded that he begin his work. When he explained to his mother that he needed to begin doing the things he was shown in his dreams - restoring broken and dislocated bones, then wrapping them - for the people, she argued that he would be the cause of their deaths. He pleaded that the thing did not intend death for them, instead it offered them a longer life on Earth. Still, for one year he postponed beginning his work. His heart and his head pained him, and he became gravely ill. As he began working, his illness gradually left him.

As my siblings and I were growing, we never tried to see the thing that our father kept in the chest. We only heard it moving within the chest, and we were afraid of it. We would ask our
mother what it was, but she said she did not know. It was only when my father died that I knew what it was. I would think about it and realize why my father did what he did and why he would say that he did not even have time to rest since he gave himself completely to his work. I also had a dream in which I cured broken bones for many people. In the distance I could see more injured people coming, being carried by others. In this dream, the small thing came to me from the distance. When it arrived, it said: "Ay Marfa." Little by little I bent my head towards the thing as it kept talking to me. It told me where people would come from, and if they were Ladinos or Indians. Upon awaking, I knew that people would come to be healed. And that is what happened: the object cured people every day. It was the same as with my father, who never rested from healing bones.

My father had not been looking for anything when the object first showed itself to him. It happened all of a sudden. He did not know he was going to find it.

When he died, people came to ask about the object. Two men climbed on the bed with the cadaver and tried to rifle through the pockets. On the way to the burial, one of these men demanded to know where the thing was. He offered to buy it. I told him that it does not have a price, that it cannot be sold under any
circumstances, and it itself had said this. The man persisted, saying that my father would not have died if he had asked for money from people for curing them. He demanded the object for himself: let it do to him whatever it wanted. I would not say anything more about it, since I was not the owner.

On his deathbed, my father had handed over the object to me, saying: "Take this thing, guard it in the chest, only that you should never touch it. But yes, one day it will remain in your keeping, then you will not be able to escape the responsibility, it will always be yours. And although I have sons, I do not give it to them, it will always be at your care, my daughter." I protested that his words troubled me, that one needs strength to cure bones. But I gave him my promise.

Once the object disappeared for three days. My father thought then that he would soon die. When it returned to him, it said that it had gone to San Juan to try another man, who it learned was a spell-caster and a witch. It did not like the greedy man, so it returned. It was placed back in the chest. My father told me that if he dies, not to remove it, even if people told me to, or in truth my house would become abandoned. He told me to hide the key to the chest when he died and not to show the object to anybody. He said that I would cure people after he died, and that I must not refuse,
nor must I ask for money from people. This was as he had done. It is best that God should provide a few coins. The thing had given him many pieces of advice, and it never lied. When he had suffered a stubborn cough, it was because he would not go out to work when it obligated him to.

Two years after the death of my father, the object began to obligate me to work. People began to arrive at my house needing to be cured, but I refused them. Even though they pleaded, asking who could help them if I would not, I still refused since I was afraid to cure them. The people around me were the ones who finally convinced me to cure. They would accompany me when I began working. The object told me: "Do not be afraid, I am with you."

I began on an occasion when I was alone at home, watching over a child while my family was at church. It was raining hard, and I was frightened by a voice that sounded like my deceased father: "Daughter, here I come! Ay, I am coming to you!" I was afraid because I knew that it was the voice of the Lord of all humanity that I heard. The next voice that I heard was that of my brother Clemente calling to me. He had arrived with a fellow member of the church, whose son had been badly broken. He asked me to go with them to cure the boy, but I did not want to. When the man got on his knees before me, I claimed that I was not
worthy. My pity for the sad man overcame my worries about what my son and daughter-in-law would think, so I went with them. I found the boy in grave condition. A healer from San Juan had tried to help him, but was unable to. When I asked the boy if he could take what I was going to do, he answered that he could. The other people present held the boy while I worked. When I put the object on the tip of his spinal column, it made a noise, indicating that it had been put in its proper place. They wanted me to return the next day to continue curing him, but I did not want to since the people would notice and would begin coming to me for help. I agreed to return on the condition that they would not announce my work to anybody. But they did anyway. That is how I began. Gradually, I gained confidence in my work. I always ask patients if they can endure what I have to do. Little by little, people cure. It is not that I am curing them, because the object told me: "It is I who enters the body, not you". In my dreams it also says: "If someone insults us let them insult, and do not pay one bad deed with another. The day will come when they will arrive to kiss your hand and ask for your help." The object told me that it will always stay with me, and that I should not sell it, for whatever amount, for it would put doubt in the minds of the people. It told me that when I should die, it would not go to work in any other place. Instead it would let itself return
to earth. That is why I have told people that when I die, no other will do the work of curing bones. The fortune clearly explained to me that no one else would do it. (Butler and Rocché Bixcul 1973: 5-42).

By other accounts, Ventura had dreams about the hueso only after he found it in his field and had brought it home. José said that he found it when he had gone to work on the highway, as it was once mandatory for young men from rural villages to do. It was of "pure gold". When he dreamed of the hueso he was told that he would have to work with it. He carried it in his sash whenever he left his house. His first patients were his fellow workers who were accident victims. Ventura told Ben Paul that he had dreamed of seeing the hueso hopping about before he found it the next day blocking the trail on his way to work in his field (Paul 1976: 78). He retreated from it on the first encounter, but dreams that night convinced him to pick it up the next day he saw it. Although they differ in their details, each of these narratives endow the hueso with supernatural qualities. In all accounts, his act of finding it and then accepting the work that it demanded of him was controlled by the hueso.

When it was time for Ventura to die, he did not take the hueso with him in his burial. It had informed both him and Rosario that she was to continue with the work. Rosario mentioned this in her narrative when she spoke of her prophetic dream in which patients came to her from
many places. The *hueso* was transferred to its next keeper by its own wishes. Other versions of this transfer are permutations of the story of how the *hueso* went to work in San Juan only to find that the healer there wanted to use its power to make money. In these versions, this excursion occurred after Ventura's death, and ultimately the *hueso* returned to Rosario to work with her (Paul 1976: 80; Douglas 1969: 144). However Rosario came to use the *hueso*, she did so with reluctance, just as her father before her. In each version of her acceptance of the work, it was the *hueso* that chose her. Thus she is legitimated as a *wecol bak* with a supernatural calling.

This is where José's beginning as a *wecol bak* differs from the recruitment of Ventura and Rosario. As established in locally told narratives, Ventura acquired the *hueso* supernaturally. At his death, its transfer to his daughter Rosario was supernaturally sanctioned. But there are no narratives popularly told that indicate that the *hueso* chose to be used by José. Thus the transfer to José may be understood by Pedranos to have been on a strictly secular level. In the above translation, Rosario said that no one else would use the *hueso*. José says that she gave it to him telling him that he must use it, even though some have accused him of stealing it from her. The husband of another *wecol bak* states that José took it from moribund Rosario without hesitating. Rosario's son is deaf, and did not inherit the *hueso*. Her brother Clemente had a son named
Francisco who did not want it. Clemente's daughter had a husband also named Clemente. Their son is José. He inherited the hueso. Its passage through this family, as told by Rosario's nephew Agustín, is depicted in Figure 3.

José claims that Rosario is his "grandmother", perhaps to suggest that he has a right to own the hueso through direct kinship. This is not as important as the fact that he thwarts accusations of having stolen the hueso by saying that she gave it to him. Whatever the truth may be, even though he says that the hueso comes from God, he has offered no convincing verbal evidence to Pedranos that he acquired it in a supernatural transfer mediated by the hueso itself. For this reason, his motivation for having begun the work takes on a secular appearance, and he has departed from the pattern of supernatural recruitment expected for wecol bak. That is, he has not been through the proper rituals of initiation. And because of this, he has not been fully recognized as a legitimate healer. This is similar to observations made by the anthropologist Victor Turner who noted that Ndembu men who had been circumcised at the Mission Hospital and had not undergone full bush seclusion were not considered to have been "made men", since they had not been exposed to the ritual and the esoteric teaching that makes men (1967: 102).
José has suffered for breaking with the norms of recruitment by being verbally chastised by his Pedrano neighbors who also accuse him of "robbing" his patients. One afternoon, when we went to see him in his house, José and my interpreter Cecilia had an informal exchange spoken in Tzutuhil-Mayan. The next morning, she translated into Spanish for me the parts of their conversation that she could remember. He told her that he initially did not charge money for curing patients. People would come from distant towns looking for help and would ask for Rosario's "grandson". He would go with them back to their town to cure the waiting patient. Satisfied with his work, they would give to him voluntarily. But when he would return from where he had gone to cure, and he would be carrying things home to his family that he had bought with the money given to him, people would greedily comment to him: "You have gone to
get more money." José bore the criticism at first, saying that it is all right if people criticize him, because maybe one day they will fall and need his help. This is similar to the comment made by the hueso in Rosario's narrative, except that José was referring to himself - not him and the hueso together.

In the same conversation, he said that after seven years of work, the berating became too much for him, and he considered quitting. Then he had a dream in which he was told: "Don José, you should not leave your work...it is your work to help the people." From the content of Cecilia's translation, it is not certain that he was being addressed by the hueso in the dream as his aunt and great-grandfather were before him. But it was very significant to him, as dreams are to the Maya, since they are a time in which communication with spirits is readily accomplished (Tedlock 1987: 120). The dream was a pivotal event in his life. It convinced him to keep working as a wecol bak. It might be considered to be the final stage in his seven-year process of initiation. Ventura had to suffer a serious respiratory ailment and the death of a son before he responded to the hueso's demand that he cure his people's bone injuries. Rosario had suffered physical illness and fear before beginning the work required of her by the hueso. But José took the hueso and began working as a wecol bak before his painful initiation that would last for years began: unfettered accusations of thievery and criticism from the people, since he
had broken from the recruitment pattern expected of *wecol bak*. José gave no indication that he had been given a supernatural calling. He began working only two months after Rosario died. This is not sufficient time for completing an inductive rite of passage of the types experienced by Ventura and Rosario. So in a sense his community took the responsibility of placing him in liminal status. The Pedranos launched José into a rite of passage. As one *wecol bak* told me when asked about beginning her work: "*Hay que sufrir*" (You have to suffer).

It is possible that by breaking from the traditional pattern for beginning work, and then doing work as a *wecol bak*, José is viewed by Pedranos as attempting to change the meaning of the ritual and social duties encoded in narratives about San Pedro's first *wecol bak*. But as social anthropologist J. S. La Fontaine states, "Ritual knowledge...is antithetical to change. It is conceived of as the property of the ancestors, the founders of all social life. It must be handed on, not tested, altered, improved or even discarded" (1985: 189). What La Fontaine does not clarify, however, is the difference between perceived change *versus* real change. From an objective point of view, in which the narratives pertaining to Ventura and Rosario can be compared with those pertaining to José, it is apparent that José has been changing the ritual meaning associated with the bonesetting practice. I suspect that he may not perceive any real changes that he has wrought on the meaning attached to
the original *hueso* and its use.

Duncan Earle has heard a series of initiation stories from a single shaman from a highland Guatemalan town. Each account was different, but each time the shaman assured him that he had just told the "true" story of how he had begun his work (Earle 1993: personal communication). Hence "perceived change" is contextual. José may not view his behavior as a *wecol bak* in late-twentieth century San Pedro as being changed from that of Ventura and Rosario in early- and mid-twentieth century San Pedro. But people in his community do: on the basis of stories about the "original" *wecol bak* they have developed a set of expectations for bonesetting practitioners. In this increasingly cash-conscious town, the traditional folk beliefs regarding the practice of bonesetting have tenacity, even among the shifting paradigms of how one should provide for his own.

José's lack of an acceptable recruitment story was his first shortcoming as a *wecol bak*. His second shortcoming as a healer came about as a response to the Pedranos' criticism. Pedranos reacted adversely to his working without having been supernaturally validated, and their criticism drove him to the brink of quitting. His dream helped him through his crisis. José acted on the message in his dream by resolving to continue his work as a *wecol bak*. But he was still bothered that people called him a thief, so he made a bold decision to charge his patients for
cures. In doing so, he deviated further from another important mode of behavior expected from *wecol bak*, as found in the narratives about his predecessors. *Wecol bak* must give of themselves in helping others. They should only accept gifts given voluntarily by their patients. They should never charge money for their work.

In a discussion with the elderly woman who rented a room to me, she told me that Ventura did his work because it was a *don* (gift) from God; that it was his *suerte*. *Suerte* is fate (Sexton 1992: 265). When I asked her if it was the same with José, she said that no, he does not have *suerte*. He has *valor* (nerve). José is inheritor of the *hueso* that, in San Pedro's oral traditions, is an entity with a sense of righteousness, and that also is reputed to punish as freely as it blesses. That he would fix a price to his work is incomprehensible to Pedranos for two possible reasons: it could put him or his family in danger since the *hueso* does not tolerate greed; and it worsens the situation of most patients, since generally they are poor, and cannot work in their condition. Failure to heed these two implications of charging fees suggest a disrespect for the responsibilities that come with the sacred specialty.¹

A nephew of Ventura's told me that he remembers an occasion in which his uncle was asked why he did not charge for his work. Ventura replied, "I cannot, because he who gave me the orders warned me not to charge. And this is what I am fulfilling to the letter, because he would do
something bad if I should charge." Ventura also told Rosaria not to charge for cures, as she states in the above narrative. By every account that I was told about her, she never once asked for money of a patient. Both Ventura and Rosario had suffered illnesses and hardships that they attributed to their failure to comply with the hueso's demands that they should help their people. Thus a warning not to charge given by the hueso was taken seriously by them. Their experience has been captured in the narratives that they told (such as Rosario's account that is translated above in this chapter) and in the narratives told about them by other wecol bak and by ordinary people from San Pedro whom I asked about them. Now that Ventura and Rosario are deceased, these narratives set guidelines which seem to be followed by wecol bak that have since begun to practice in San Pedro - except for José, who ironically has the original hueso in his keeping. In contrast to wecol bak tradition, it appears that the hueso works for him; not that he works for the hueso. He uses the hueso - which by tradition has punitive as well as healing power - to do his work, and he has not fallen ill, nor have his children died. However, the absence of supernatural calamity for him or his family is soon forgotten when Pedranos consider his fees. Then he is ambivalently accused of being a comerciante, or merchant. In San Pedro, there is nothing negative about being a merchant. But when one merchandises his skills as a wecol bak, he is thought to have no scruples.
In a conversation with a wecol bak named Vicente (also from San Pedro), I asked him if he knew Ventura's story. He speaks only Tzutuhil-Mayan, so my question was translated by my interpreter. At a later time, another person translated the conversation to Spanish. Vicente's answer included some thoughts about José, and lends insight into why people look disfavorably on his policy of charging for cures (see Appendix I for a complete transcription):

Yes, I know the story. I know because he is the first wecol bak, and very old. When I met him, he was already very old. But [he was] the first wecol bak here. When someone would get a fracture, they would always go with him, with him, with him...because of his suerte, here on Earth. In addition to people from here, they would come from other places. Because there was only him. And when he died - he died because he was old - the material [another term used for the hueso] remained with his sister Rosario. The work remained with her. And when Doña Rosario died, the work remained with her grandson José. And he is working now. I knew - I do not know if it is true or not, only God knows - that he takes his work like a business. Because they have told me that if people come from other places, and he sees that they have money, then he will ask for a lot. He does not wait for them to give to him, instead he asks for a lot from the people. Sometimes he asks for 100 quetzals, 100 quetzals, but Don
Ventura was not like that. When he used to work - Don Ventura - for him it was big if people paid 10 cents, or 25 cents. But he was the old wecol bak, and the second was his daughter, and the third is his grandson. But he goes out a lot to the towns. And if he takes it like a business, I do not know - that is just how I knew it. I am telling you, because at times people come here that have already been to see him. And the people tell me, "We went to see José, and he wanted to charge us such and such." But I think in another way. Because a person with a fracture gives me pity since they cannot work. I cannot charge them much, because you know that today things are very expensive: because at times they come from very far away; because they have to pay for where they sleep, and where they eat. And at times they have to come for a few days. I think that he is not doing a favor for the people anymore.

Later in the conversation Vicente mentioned that he must not refuse to help people, nor charge them much money, because he was given his work by God. His work ethic of providing a service to people in need at little expense to them meets the people's expectations of wecol bak. Because of fate, they have a God-given ability to heal bone injuries. Often the injured patients are very poor and cannot work because of their conditions. To charge them for cures (which are made possible because of the wecol bak's God-given ability), only worsens each patient's situation,
and is an abuse of the sacred power that is incorporated in the hueso.

People resent the commodification of a sacred object - and it is the power of the hueso that attracts José's patients, not his reputation - because it indicates that "progress" has gone too far. The same wizened woman who told me that José works because he has nerve still enlists his help when she or one of her family suffers a bone injury. However, she considers Ventura and Rosario to have been the only "true" wecol bak. After explaining that they did not charge, she lamented that it is not that way anymore. As if to punctuate her thoughts, she went into a description of some of the ways in which San Pedro society has changed, and how there is no "respect" anymore. Today, she says, "todo es dinero" - money is everything. And with the example being set by José in his work as a wecol bak, it is apparent that the growing preoccupation with money in San Pedro has begun to have an effect on the traditional specialty of bonesetting as well. Having the original hueso in his keeping, and setting new precedents for its use, José is beginning the secularization of this traditionally sacred specialty during a time of rapid culture loss in so many areas of this Maya community. José has two sons - one of them named Ventura - who are candidates for being the next in this family to use the hueso. He told me that he is going to base his decision on their behavior, and their interest in doing the work. If oral traditions about wecol bak continue into the next generation in San Pedro, they may be quite
different than they are today.

The existing oral traditions that encode the values exemplified in the work of Ventura and Rosario are promulgated - and in a sense, lived - by the other _wecol bak_ in San Pedro who must do so to establish their validity. And the sacred power of the _huesos_ they use is reified in the concrete results that they give in their cures. Yet unlike José, they do not have the luxury of using the original _hueso_ that would give them the latitude to charge fees and still enjoy a growing clientele. Having the original _hueso_ is an asset that draws patients to José. At the same time, it submits him to public scrutiny beyond that experienced by some of the other _wecol bak_ who are said to charge fees, because it is the _hueso_ that appears in San Pedro's most well-known narratives about bonesetting. It is commonly accepted that the _hueso_ does the curing, and the _wecol bak_ is its instrument (Paul 1976: 80). Since the _hueso_ has supernatural origins, José, as its keeper, should trust in this source - God - to provide for him and his family. He himself said that persons must have faith in it if they want to be healed. Yet I suspect that he does not demonstrate to Pedranos that he has complete faith in it. He might believe that its power to heal comes from God, but he does not seem to believe that God will take care of his needs unless he participates in the process by charging fees for his work.

It seems more probable that José does not believe that his patients
will monetarily support his work. He does not believe in his community. José told my interpreter that he feels misunderstood by people. He says that he is compelled to charge because he needs to support his family. He says that most of the other wecol bak in San Pedro are women, and they do not have the same concern for earning an income as men do. (My interactions with women in San Pedro suggest to me that they too are very preoccupied with money, however). He explained that he could be making money by farming his land; that he uses a hoe and a machete. He claims to only ask people for what they can afford to pay. But some Pedranos have stated that patients do not have enough money to pay his fees: "Poor people, where would it come from?" I have been told that day laborers in San Pedro earn 10 quetzals (in May 1993, approximately $1.90) daily. José is said to commonly ask for 15 quetzals per healing session. And he purportedly has asked for up to 150 quetzals for a visit he made to la costa, the lowland region to the southwest of Lake Atitlán. José also told my interpreter that he sometimes feels that people deliberately mistreat him. He offered two instances to illustrate his point. Once another wecol bak went to cure a patient who had already called upon José, but that he could not attend to immediately. Another time a Pedrano brought a gringo (possibly North American) patient to him to get cured, then told the patient not to give him very much. Thus it appears that, in some respects, Pedranos are attempting to sanction José for his
misuse of the original *hueso* for perceived personal gain.

The above examples of verbal punishment and the small-scale economic sanctions directed at José by Pedranos demonstrate the way in which San Pedro society reacts to his deviation from the responsibilities met by "true" *wecol bak*. His first shortcoming is that he has not convinced Pedranos that he has been supernaturally recruited to his work, as is expected of healers in the sacred specialties. Recruitment to bonesetting fits the three-part scheme of rites of passage, with separation, limen, and aggregation. The effect of the Pedranos' chastisement on José has forced him through the first phase - separation from his normal life - and into the second phase, the limen. In this sense the limen is not a fleeting moment of transition, but a chronic state in which José finds himself: away from the center in the social context, in an eccentric position (Pérez Firmat 1986: xiv). He had shown no evidence of having undergone this necessary process for becoming a *wecol bak* in accord with the oral traditions, so his society has given him the liminal experience. Furthermore, the accusations he must contend with are innuendos for what it will take for him to be aggregated into society as a legitimate *wecol bak*: he needs to start helping his people, in the way his predecessors have, by abandoning his policy of charging fees. Then he will have moved beyond his second shortcoming as a healer: greed that is symptomatic of a lack of faith in his community.
It is conceivable that José has decided to set fees for his work in order to add prestige to his orthopedic services in comparison with those of other wecol bak. I have been told by a nurse who operates a health post in Santa Cruz La Laguna that people often choose to buy pharmaceuticals from a pharmacy instead of accepting the free pharmaceuticals supplied by the national government. She offered the explanation that they feel that the medicine has more power when it costs more. However, in Maya society, as in societies the world over, wealth offers prestige; and services paid for are more prestigious than those taken gratis. José may appear to some to provide an exclusive service, since he is known to charge high prices for his work. In keeping with this possible motive for collecting fees, he would cause the other wecol bak to appear as providers of socialized bonesetting. Such a radical shift from tradition by José could give him a competitive edge over traditional wecol bak. But if the practice is indeed competitive, then the other players are answering to his challenge by guarding the traditions and attempting to meet the expectations of their possible clients.

As healers who use the same sacred hueso, whether in actuality or in the realm of narrative, José, Rosario and Ventura play important roles in defining the patterns of experience and values that should be evident in the life and work of wecol bak. Together they accomplish this feat of maintenance of at least one aspect of their culture by demonstrating
contrasting courses of action that stem from the influence of the same powerful symbol - the *hueso*. When juxtaposed, their unique ways of responding to their obligation to work as *wecol bak* suggest elements of Maya culture that Pedranos cannot afford to lose (supernatural validation of healers, humility in a sacred role) - hence they resist when they see those elements in jeopardy. While José perhaps best exemplifies for Pedranos that which is not acceptable in the *wecol bak* practice, the very fact that he does so strengthens their idea of what should be expected from this traditional specialty: the folk beliefs regarding the sacred aspects of bonesetting. This is especially so since he uses the original *hueso*, which immediately subjects him to evaluation by those who remember Ventura and Rosario.

The fact that José, in spite of his shortcomings, is kept busy as a *wecol bak* when there are others to choose from is evidence that it is the *hueso* that attracts his patients. In San Pedro it is commonly believed that the ultimate healing power in bonesetting comes from God, and is embodied in the *hueso*. One informant, after telling me the negative characteristics of José's work, admitted, when I asked him, that he would go to José if he broke a bone again. The reason? He had been healed by the *hueso* before when it was in the hands of Rosario.

One can learn from the contrasted experiences of Ventura and Rosario with those of José that different personal sacrifices must be made
to become a *wecol bak* as a result of accepting the *hueso* - whether it comes from a supernatural source, or from one's aunt. The rites of passage for becoming a healer can come in various forms, be it the death of family members and sickness, or criticism and social sanctions. It is possible that José will be in liminal status until he acts upon the moral principles expected of the craft.

ENDNOTES

1. This conclusion is based on primary data, albeit a generalization that I made after a conversation with a woman (page 57) in which she told me that "there is no respect anymore", immediately after criticizing the fact that José charges fees for his work.
CHAPTER III

ACCEPTING THE CALL OF THE HUESO

In Chapter II, I attempted to build a case for how some of the central elements expected in bonesetting - supernatural recruitment of the healers, and their selfless service to society - become apparent when José's use of the sacred hueso is contrasted with that of Ventura and Rosario. In essence, José is taking the hueso onto a deviant course away from the traditions established in oral narratives about San Pedro's "original" wecol bak. However, whereas he may be be discarding the traditions associated with bonesetting, many of his wecol bak peers in San Pedro are effectively preserving these traditions in the narratives that they tell about their recruitment and in the way they perform their work. The subject of this chapter is how Pedrano wecol bak's narratives share common patterns, and how their narratives reveal the importance of individualized initiations to the process of becoming a healer in this Maya community. I will also demonstrate how their initiation rituals are similar to those that have been observed for other traditional healers in San Pedro: midwives, which are still active, and shamans, which have largely stopped practicing. The objective and tangible results produced in bonesetting (as with midwifery), have undoubtedly been positive factors for its viability; their absence in shamanism may, in part, have allowed for its disappearance in San Pedro. These three practices are bound together
by their similarities - in terms of ritual initiation of the practitioners, and their treatment of both universal and culturally defined ailments - and they offer a glimpse into the folk beliefs pertaining to the core of the Tzutuhil Maya cosmos: the human body. Due to the scope of this study, I cannot comprehensively address the reasons for the decline of shamanism in San Pedro. Midwifery has been studied in great detail in San Pedro and other Mesoamerican societies, but bonesetting has not. In order to show the value of the practice to the community, I began by contrasting the practices of José with those of Ventura and Rosario. Here I will show how the tradition of proper ritual initiation is maintained by other wecol bak in San Pedro. The narratives that they tell about their recruitment illustrate a collective folk belief in the supernatural qualities of the hueso. This must be understood in order to later attempt tracing the roots of the symbolic importance of the hueso in the following chapter. After that, I will offer an explanation for how the symbolism relates to the patient in the healing process.

Another type of narrative that is readily told by wecol bak is that which depicts how they do their work, whom they treat, and where their patients are from. These narratives build the credentials of wecol bak. In this chapter I will also examine some items from this type of narrative.

Before proceeding any further, it is necessary to clarify what I mean by "ritual initiation". My use of this concept is based on the writings of
Arnold van Gennep (English edition, 1960), Victor Turner (1967), and J. S. La Fontaine (1985). The fundamental idea behind my view of the recruitment of wecol bak as a transformation of a person from one state in society (ordinary person) to another (healer) comes from van Gennep's comprehensive classification of the rites of passage which accompany major changes in the lives of individuals in all cultures. He has divided the rites of passage into the separate phases of rites of separation, transition rites (also known as liminal rites, or liminality), and rites of incorporation (also known as aggregation), which may not be equally elaborated in all instances (1960: 11). In general, separation occurs when a person is physically or conceptually removed from his or her former state (which is culturally recognized, and may be a social position, a mental state, or a state of physical health). Liminality is the phase in which a person is neither what he or she formerly was, nor are they yet what they are going to be - they are crossing a threshold. Reaggregation is the concluding phase and amounts to the initiate assuming his or her new role. One characteristic of van Gennep's classification is that he principally studied the patterns of rites of passage as they pertain to ceremonies which are often collectively performed by members of a society. Turner distinguishes between the terms "ceremony" and "ritual": the former relates to religious behavior associated with and confirming social states (ie., legal status, rank, profession, etc.); the latter applies to
religious behavior that is associated with transitions between social states (1967: 95). In this chapter I will illustrate how the rites of passage endured by wecol bak are not ceremonious, by Turner's definition, but instead happen as ritual.

The study of ritual, according to J. S. La Fontaine, involves the consideration of the ritual action - the sequence which accomplishes a purpose - and the meaning invoked, whether explicitly or metaphorically, by the ritual action to the society (1985: 13). La Fontaine finds that rituals of initiation all purport to transmit knowledge and powers that are exclusive to the initiated: including the nature of the ritual objects, an understanding of the truths revealed, and the ritual experience itself (1985: 15). The narratives told by wecol bak in San Pedro about their initiation experiences all follow this basic form. Initiation, according to La Fontaine, defines boundaries between different statuses: those having undergone the initiation have a recognized higher degree of knowledge and power due to their association with mystical resources (1985: 16 - 17). Yet assets more tangible than knowledge are often regulated by rituals of initiation, including, among other things, earnings from specialist services. This type of reward, La Fontaine notes, "must be derived from the social setting of the rites, rather than the details of what is done or said, which are overtly concerned with what may be termed 'ultimate values': birth, death, mystical powers and human development" (1985: 17). A very
effective analysis of this sort has been accomplished by Ben and Lois Paul in their study of the role of Pedrana midwives, which they found to be accessible only through intense ritual initiation, but that confers upon its practitioners a certain measure of material gain and prestige that otherwise is not available to ordinary women in San Pedro (1975).

There is no question that the *wecol bak* in San Pedro, as healers for their community and for outsiders as well, enjoy the benefits of monetary earnings and prestige that come with their position. It appears that the social setting for their practice offers some incentive for ordinary people to become *wecol bak*. Indeed many *wecol bak* recognize this, and perhaps jealously defend the benefits that they enjoy by doubting the legitimacy of newcomers to the practice. As such, San Pedro society offers to *wecol bak* a favorable substrate in which to develop their work and nuture a growing clientele. And in exchange, the *wecol bak* offer to their society a measure of cultural continuity which becomes more valuable (from an etic point of view) as increased participation with the outside world makes their lives more complex. They do this by upholding the tenets of their sacred specialty, and by obtaining their legitimacy through undergoing the initiation rituals that reveal the "ultimate values" of life.

An individual becoming a *wecol bak* can be viewed as undergoing the three phases of the rites of passage. But since the most important aspect of a *wecol bak*'s initiation is in the transformation from an ordinary
person to a healer, the phase in van Gennep’s tripartite scheme that best characterizes this ritual process is liminality. But again I will point out that in van Gennep’s work on the rites of passage, he based his classification primarily on rites that involve the participation of a group of people. The initiation of a wecol bak occurs for the individual alone; that is, the ritual is directed at the lone neophyte, and it is not officiated by any group of human authorities. Turner suggested that in societies where initiations are individual instead of collective, and where there are no instructors, it becomes clear that the authority in question is quintessential tradition (1967: 100). The source of this tradition for wecol bak perhaps belongs to a time long before Ventura became a wecol bak, even though Pedranos say that he was the "first one". This tradition becomes graphically revealed to neophytes drawn into the ritual initiation. Some of its forms are depicted in the narratives that wecol bak tell about their recruitment. They are stories about people in liminal status, in which they have been separated from their former selves, and they are not yet what they are destined to become.

COMMON PATTERNS IN NARRATIVES OF RITUAL INITIATION

In Chapter II, I provided a translation of Rosario’s account of how both she and Ventura came to accept their fate to work as wecol bak. I suggested that their experiences, as portrayed in their own narratives, and in narratives about them, provide guidelines by which other wecol bak,
who have come to the practice recently, derive their standards for working. This is plausible, since Rosario and Ventura are held in high esteem in San Pedro, for it would be to the advantage of existing wocol bak to emulate them. Furthermore, the initiation experiences of the wocol bak with whom I talked are similar in pattern to those of Rosario and Ventura. Although the times in their lives upon which the candidates find their huesos differ, thereafter they are all presented with revelatory dreams that they are reluctant to act upon. After periods of suffering intractable illness, and in some cases even the death of some of their children, the candidates accept the work that their dreams show to them. Only then do they find reprieve from the series of tribulations set upon them.

Even though the pattern of initiation of the wocol bak with whom I spoke is similar, each healer gave an account that was quite individualized. Time does not permit a detailed reproduction of the verbal accounts told to me by each of the wocol bak that I interviewed. I will give the diachronic sequence of events told to me by a wocol bak named Rosalía that led to her emergence as a healer. Then, when discussing her initiation, I will identify the similarities and differences between the details of her experience and those of other wocol bak.

Rosalía speaks Tzutuhil-Mayan as her first language. She is also fluent in Spanish, although at our first meeting, she initially indicated
that she did not think that she could use it to talk with me. I had been taken to her house one afternoon by a friend named Juana, whose husband is a cousin of Rosalía's husband Pedro. Rosalía promptly agreed to an interview, and allowed me to record it on audio tape. As we were beginning, Pedro entered the room to join us. A complete English translation of this interview is in Appendix II. Here, with my English paraphrase, I recount a summary of her story in the third person. I have reconstructed it from the events that she told me of in our interview, which was an hour in length.

When Rosalía was a little girl, she used to play in the main street of San Pedro. Unlike today, it was a dirt street back then. She was seven years when she found the huesito [Rosalía often substituted the familiarizing suffix "-ito" for the "-o" in hueso in her references to it]. She had been piling up dirt, and it was noon when she found it. She brought it home and gave it to her mother. Her mother put it away, but then soon it disappeared. At a later time, she found the huesito among her toys. After that she put it into a little box where she kept her clothes.

When she was eight, she began to dream of a little old woman. She saw that her huesito is a little old woman. In her dreams, the woman, who is a diosil abak (spirit of the bone), explained to her what she must do to massage bones into place, teaching her the
proper methods. Sometimes, while dreaming, she would get up and go play in the street at midnight. Her mother would always go with her. "They" would teach her the work while she dreamed. She felt like she was going up on the mountains and all over the place to cure people.

At ten years old, she began working at other things in the dreams. People would gather together and ask her how to cure different illnesses, and the huesito would tell her how to answer them. So she learned more than just how to cure bones; she also learned to use herbs. It was always the hueso that taught her these things, and the huesito would be transformed into an old woman with white, white hair in two braids, and a white corte [woven ankle-length skirt] and white huipil [woven blouse] of the kinds that were worn long ago.

[Rosalía said that she began curing at eighteen years, after her first daughter was born. She then said that for eighteen years she was learning, and that she was thirty or thirty-one when she began]. She decided to begin her work because she "was given" an uncurable illness. It was for not wanting to do the work. Her stomach ached so badly that her legs went "dead" and she was bed-bound. She could not move. Then she had many dreams in which she was told that she should do the work and use the material [literally, material: used
referentially for the *hueso*] that God had given to her. Her dreams revealed more instructions concerning how to do her work, and advised her to wrap the *huesito* in a cloth so that no one would see it.

Rosalía now keeps the *hueso* in its box. Whenever a patient is going to come for help, it knocks on the inside of the box the night before the patient arrives.

[Later in the interview, Rosalía remembered another event that induced her to begin working, which she told to me]. Rosalía has a sister who is a midwife. Her sister celebrates Saint Michael's day each year by entertaining many guests. On one of these occasions, when Rosalía's first daughter was one and a half years old, she took her daughter with her when she went to her sister's house to help make tamales. She put her daughter to sleep in a bed. When she awoke, Rosalía gave the *huesito* to her so that she could play with it. The little girl began to put the *hueso* in her mouth, and three hours later she came down with diarrhea. The following day she died.

Rosalía said that a woman told her that a *brujo* [witch] from Santa Cruz [a town across the lake from San Pedro] had said to the woman: "It is because of the *huesito* the she died". Rosalía asked the woman if it could be certain. But nine days after her daughter had died, she dreamed of the little old woman, the *diosil abak* of her *hueso*, who told Rosalía, "It is because of me that she died. Why did she touch
me? Why did she put me in her mouth?". That is how Rosalía began to work.

There are two lines of thought that I will integrate in the analysis of this recruitment account, and in its comparison with similar patterns that I identified in the accounts of other wecol bak. The first is how recruitment, or ritual initiation, to bonesetting demonstrates the tripartite scheme of rites of passage, with particular importance being placed on the liminal phase. The second is how these accounts can be classified as belonging to a particular type of folkloric narrative, the memorate, and how their association with the seemingly archetypical belief legends existing about historical wecol bak shed light on one branch of folk belief in this community about the connection between certain types of healing and the supernatural world.

Memorates, as personal accounts of supernatural experiences, reveal how supernatural tradition is actualized and influences behavior (Honko 1964: 10). Memorates may describe situations that occur in waking life, or they may pertain to revelatory dreams, as is common in those told by wecol bak. In the memorates of wecol bak, the supernatural power of the hueso is revealed, and it ultimately has a decisive effect on the behavior of the neophytes that are subject to its calling. In the story of Rosalía’s recruitment, she became aware of the significance of the hueso (which transformed into an old woman in her dreams) at a very early age. The
same is true for the wecol bak who cured my ankle, Juana, whose husband explained to me that as she was going to wash clothes at the lake one day when she was young, she "pepenó" (past tense conjugation of pepenar, Spanish for "to find") her hueso. Pepenar is understood to be used Tzutuhil speakers to imply that the object found is recognized as being placed specifically for its finder, who immediately senses its special quality (see Douglas 1969: 137). Juana had been keeping her hueso in a box before she came to realize its true significance. When it would knock on the inside of the box at night, she did not know what to do. Her mother told her that she had suerte (a certain fate). Another wecol bak, Vicente (see Appendix I), found his hueso when he was thirty-five. Each time he saw it in his field, he would avoid picking it up. He began having troubling dreams of a crippled little boy arriving at his door. Eventually, an accident that happened to him while working convinced him to take the hueso home. Finding the hueso and then realizing that it is their suerte is what I view as the first rite - separation from ordinary life - in a person's passage to becoming a healer. Often separation involves reluctance on the part of the neophyte, for they may be given signals that they avoid acting upon: in Rosalía's case, she had been shown many healing methods, but she was not putting them to use.

Separation is followed by liminality, in which painful experiences are coupled with dreams of divine revelations that for some wecol bak ring of
an ultimatum: the work will be done or things will get worse for them.

Turner describes liminality as a time in which arcane knowledge ('gnosis') is obtained by the neophyte, "impressing him, as a seal impresses wax, with the characteristics of his new state" (1967: 102). For wecol bak, I submit that gnosis consists in understanding the awesome power represented by the hueso, and realizing their need to use this power for the good of their people. In the course of one hour of interviewing, Rosalíña told me two variations of her liminal experience in which the power of the hueso, and her obligation to use it, was made clear to her. In the first that she recalled, she became "incurably ill", and could not move. In her dreams she discovered that her illness resulted because she did not do the work required of her; that she was not using the material that God had given to her. Here, gnosis is characterized by realizing that her very well-being was dependent upon answering to her divine calling. In the second, it was the death of her child that made her recognize the power of the hueso. This flash of gnosis came to her in a dream in which the diosil abak, the old woman of the hueso, informed her that it was she who had caused the infant's death. Lauri Honko writes that memorates often reveal that spirit images become dependent on certain social roles, values, and norms, and that their appearances are usually experienced when a norm has been broken (1964: 14). Rosalíña had broken with the wecol bak norm of treating the sacred hueso with caution and respect (c.f. Paul 1976:
80) by carelessly giving it to her daughter as a pacifier.

These separate memorates of her interactions with the spirit of the hueso are of the type described by Honko which "along with authentic experiences, contain motifs learned, for example, from legends" (1964: 11). The legends from which Rosalía presumably drew these gnosis motifs are those concerning the recruitment of Ventura to bonesetting: he suffered a long period of illness, and one of his children had died because of the hueso. I justify the classification of Ventura stories as legends on the basis of Honko's explanation for how a memorate can in time develop into a legend. When an exciting description of a supernatural experience spreads from one district to another, it becomes schematic (unnecessary details are dropped and new motifs added), and the spirits' activities, for example, become concrete and graphic. Although this product is no longer close to the original experience, it may nevertheless remain in harmony with the memorate tradition and belief tradition of a locality. Then it can be called a belief legend (Glaubenssage); its value as a reflector of folk belief is quite considerable (1964: 12).

Ventura's supernatural experiences, although possibly somewhat different from those he is told to have had, nonetheless exist as models on which it is quite likely that many of San Pedro's wecol bak base their experiences. And Ventura's recruitment to the practice was marked by a long phase which resembles liminality, if we accept Victor Turner's
suggestion that it is in this period of ritual initiation that *gnosis* occurs.

Ben Paul was told by Ventura that before he began healing, he had dreamed one night of a dwarf that appeared with a skeleton. He handed Ventura a whip, telling him to strike it down. Ventura complied, and the skeleton fell into a pile of bones which he was then ordered to reassemble, or he would get whipped himself. When Ventura claimed that he could not, the dwarf asked where the bone was that he had given to him. Ventura retrieved it, and was then able to complete his task. The dwarf then told him that with the bone he must cure their children (Paul 1976: 78). Some of the *wecol bak* with whom I spoke also had vivid dreams which instructed them on healing. Some of the forms are similar to those of Ventura’s dream. One *wecol bak* named Andrés had a dream in which a fat blond man with a beard, who carried a cane, met him in the road. The man held up his cane, which was crooked, and told him to fix it. But Andrés wondered how. The man assured him that he could do it. So Andrés spit on his hand, took out his handkerchief, and rubbed it on the cane until it straightened. The man, who Andrés said is God, then told him that he would have to work like that all of his life. Another *wecol bak* named Benancio was taught about his work in a series of revelatory dreams. Additionally, he was told that if he did not perform the work that he would be punished with a whip. In one dream, a big man in pure white, whose identity he was not sure of, but that might have been Jesus
Christ, presented him with a man who had every bone in his body broken. Benancio was told to heal him, which he did in the two hours that he was allowed. His patient stood up when he had finished, and said: "Let's go. You have finished your work... Now start it!".

The above are examples of how candidates to the practice possibly interpret their mystic experiences according to the patterns found in the legends that have evolved from Ventura's memorates. As the candidates pass through liminality, they attain the ability to communicate in their dreams with entities from the supernatural realm. These figures are authorities that press the candidates to answer to their calling; if the candidates falter, punishment may follow. This is the essence of ritual initiation. It is the revelation to people that in one instance allows them to understand their relationship to the spiritual world, and their position in life on the corporeal world. For wecol bak, the initiation most commonly culminates during periods of sickness or other duress. The spirits that wecol bak see in their dreams are perhaps comprehended in terms of legends told about Ventura. I have no primary data to support or detract from this view of their memorates; it only exists as a possibility.¹

In his cross-cultural study of shamanism, Mircea Eliade marks the mystical encounters of candidates with spirits during the physically and psychologically grueling initiation as an ecstatic journeys (1964). As I said above, for wecol bak, it is the culmination of their recruitment process,
and it occurs while the candidates are in passage through the limen. This pattern closely links the recruitment experiences of wecol bak with those of midwives and shamans. Ben and Lois Paul have established the following sequence as the classic pattern by which a person becomes a midwife or shaman in San Pedro: "birth signs, premonitory dreams, delicate health, a long illness leading to revelation by a shaman of [one's] true destiny, show of reluctance, discovery of magic objects, dream instruction, and opportune case that demonstrates [one's] competence, the growth of a clientele (1975: 711). There are, however, some parts of this pattern that do not fit the initiation of wecol bak as their experiences were told to me. The most notable difference is the absence of birth signs for wecol bak. None of the healers with whom I spoke mentioned having a birth sign (except for Rosalía, who is also a midwife, and did have a birth sign indicative of her future work in midwifery, but not for bonesetting); even Ventura, in Rosario's narrative (see Chapter II), was told by his mother that he had no extraordinary signs at birth. Also absent in most narratives told to me by wecol bak about their recruitment is revelation by a shaman of their destiny. The only instance in which this happened (that I am aware of) is in the case of the wecol bak that I mentioned above named Juana. Her husband Pedro told me that when Juana became very ill, after having found the hueso, that a shaman had told her, upon seeing the object that she had found, that it was her suerte, and that the only way
she could get better was if she went about town to heal broken bones.

Similar to the pattern expressed by the Pauls, the wecol bak with whom I spoke each had a story to tell about the first patient that they had cured. Often the first person that a wecol bak had cured was himself, but the situation varied by healer. The curing of the first patient by wecol bak represents their first miracle performed with the hueso. It is the confirmation of their sacred calling, and their aggregation into society as legitimate healers: the final rite of their rites of passage.

NARRATIVES OF BEING A WECOL BAK

The recruitment stories told by wecol bak can be classified as memorates since they are personal accounts of supernatural experiences. These stories are not collectively known in San Pedro, except for those that were originally told by Ventura, and also some by Rosario, which, with the main characters being deceased, can now be considered as legends. People in San Pedro seem to know more about the initiation of the "original" wecol bak than they do about the stories of how current healers began their work. This fact does lessen the importance of the memorates told by wecol bak today. What it indicates is that such narrative is told only in rare circumstances, such as when a healer is specifically asked to do so. Word of mouth among others takes care of the story's transmission. Wecol bak speak much more freely in another form; that in which they tell of the works that they have done. This type
of account can be classified as an oral personal narrative: a story about a real event in a person's life, in which the teller is the main character of the story.

The following is an example of such a narrative. It was recorded one morning during the third visit of an eleven-year-old boy named Miguel and his mother Lidia to get the boy's broken left forearm healed by Juana. I accompanied them on each of the six visits that they made to see Juana, which extended over a period of three days. They had come from San Pedro Cutzán, which is in the costa, about half a day's travel away. The conversation was spoken while Juana worked on Miguel's arm. We were in a small room adjacent to the large kitchen and living area of her house. Juana's husband Pedro was present, watching the work that was being done along with Lidia and me. The language used in this interaction was Tzutuhil-Mayan, which Lidia and Miguel could speak, even though Lidia herself said that they use Spanish more, because they are Ladinos (c.f. de la Fuente 1968). I later had the audio tape translated and transcribed into Spanish with the help of another native Mayan speaker. The following is my English translation.

[As Juana worked on Miguel's arm, massaging it above the break and on the joints with her hueso, there was alternating silence and amiable chatter as those present would speak at once. Juana had joked about how Miguel had complained that his arm hurt, but that it
was not her fault, because we were the ones who left him with her.

She, Pedro, and Lidia laughed at this]

Juana: If I had only done it like this [she rubs her arm very lightly],
then why come? Then the trip would not have served a purpose.

He would go home the same, without any alleviation. But today he is going to return cured.

Lidia: With the cures that they did there [in the hospitals where she previously had taken Miguel] the bone maybe never would have returned to its place.

Juana: But this time it did because I took hold of it like so [motioning with her right hand on her left forearm]. And his arm was destroyed. Now it is well. The bone went into place, and now he can move his arm.

[Everyone begins talking at once (making transcription of the audio tape impossible); this lasts only a moment].

Lidia: Do many people arrive here to see you?

Juana: Yes, and from there, where you live, many people come.

Pedro: I believe that you know Martin [last name?]. When he came, he was on crutches, and he could not walk. He had been treated for three months, but he had not been cured. He came here, and he was cured. And when he went, he was carrying the crutches. Later, he came another time and then he could walk well. It was
not long ago that a man from Sololá had an accident. He had a fractured foot... and it was destroyed. He came in a stretcher and I put him in the room [where Juana works on patients at her home] because Juana was not here. She had gone out to cure in another house. And I was afraid, thinking that maybe the man was going to die here. And since she does not have a license like doctors, she is only doing a favor. Yes, because it happened once to a woman. Once a woman came here. She could not dress herself, and she could not touch anything. She could not wash dishes and she could not make tortillas.

Juana: But I put her together.

Pedro: [spoken simultaneously with Juana (above)] She went to the hospital in Antigua. And the doctor was going to fix her arm, but she had to pay 1000 quetzals. They told her to go to San Pedro, that she could get put together there. And she did.

Juana: With only two times I put her together. She came to get cured only two times. She came to get cured and she healed, and left happy. Because maybe she asked for much from God. Because her hand was destroyed. Because the bone was like so [motioning that her wrist was badly contorted] and I did this to it [motioning that it was straightened]. The bone was out of its place. I went to bring it from where it was, and I put it in its place; but with force,
because now I am not afraid. And she was screaming when I cured her, because the bone was not in its place. It looked as if it was going to break the skin. She said that I should put it in its place.

Pedro: It is her work.

Miguel: Why, when I make a movement, do I feel like the bone is breaking again? Maybe from the weight of the arm.

Juana: Do not worry, because the bone will not break since now it is in its place. 

Juana made dry joke about Miguel's complaints to lighten up the curing session. She then justified her painful curing methods by contrasting her results (the arm was healed) with what would have happened if she had been easy on Miguel (he would have gone back the same). Lidia's question to Juana about her clientele is a way to check Juana's credentials. Juana answered with the statement that even many people from Lidia's whereabouts come to see her. This was a good way to put Lidia at ease with her decision to take Miguel to get cured by Juana. Pedro begins adding to Juana's credentials by offering stories of different patients that she has treated. Juana soon joins him by giving her first-hand account of how she put the woman back together who could not use her arm. As she did when referring to Miguel's arm, she said that the arm of the woman was "destroyed", thus making the cure seem more miraculous - especially
since it only took two curing sessions to heal the woman. Yet Juana does not claim the successful cure entirely to her credit, for she suggests that perhaps the woman had asked God for help.

Miguel had suffered a compound fracture. By the time he arrived to be cured by Juana, the lesion had already healed, and his broken bone had fused together in an overlapped position (according to Lidia’s description of the x-ray images she had seen). To cure him, Juana rebroke his damaged bone in the first curing session. Miguel had screamed from the intense pain. Juana drew a rough comparison between her treatment of the woman and that of Miguel by saying that her bone seemed close to breaking out of the skin, and that she had screamed when she was cured. As with Miguel, it had taken force to set the bone, but it was done correctly. To validate her healing ability, and to contextualize Miguel’s reaction to the cure within the framework of those of other patients, Juana had told a personal narrative.

Sandra Stahl has heuristically distinguished personal narratives as having secular content, as opposed to the supernatural content found in memorates. However, the terms secular and supernatural are, in the final analysis, academic; the real differences between the two are often for the tellers of the narratives to decide (Stahl 1989: 19; Hufford 1977). The accounts told by wecol bak concerning their works possibly involve some manipulation of reality, as Stahl writes that personal narratives always do,
"for the sake of rhetoric - to persuade the listener toward an appreciation of the cultural truths represented by the story" (1989: 18). I believe that in the example above, Juana told a personal narrative about a case that she treated in order to strengthen her clients' belief in her ability to heal. The "cultural truth" in question? She is a wecol bak; it is "her work" to heal victims of broken bones as a "favor" to the people. If any manipulation of the reality of her treatment of the woman occurred in her narrative, it was to make it more understandable in terms of the experience of the clients to whom she told it.

Personal narratives about their healing of patients were told by wecol bak in each curing session which I attended. Often it seems that the details of the patient's injury are exaggerated for effect - such as Juana saying that her patient's bone was "destroyed". I believe that the desired effect is twofold: 1) to take the client's mind off of his own injury as much as possible, and 2) to emphasize that the cures that they perform are only possible because of their suerte (which is represented by the hueso). Wecol bak will frequently claim to cure cases that were not properly treated in hospitals, suggesting that their ability to heal injured bones is more legitimate than that of doctors. They are often quite outspoken about how a person cannot get properly healed in hospitals. Additionally, wecol bak will claim to have cured cases that were not properly treated by other wecol bak. Despite the divine origin of the healer's capabilities, it is
a practice that is becoming competitive in the same way as midwifery, which the wecol bak Rosálfa, who is also a midwife, said that she now does very little because of the increased competition.

SUMMARY AND FOLLOW UP

Wecol bak are initiated into their practice through a process that follows van Gennep's tripartite scheme for rites of passage. The first phase - separation - occurs when the candidates find their hueso, and then come to realize its power and potential for changing their lives. It represents their fate, or suerte, which for the wecol bak signifies their difference from ordinary Pedranos. The second phase - liminality - begins when the candidates are stricken with illness and/or the loss of children. Their suffering results from a reluctance on their part to acknowledge the power of the hueso by using it to heal the injured in their community. While in liminal status, the seriousness of their calling, as well as how they are to carry out their work, is revealed to the distressed candidates in dream encounters with spirits. This is the peak of their ritual initiation, for it is when, in a life-changing fashion, they are instructed on the sacred nature of their work. As the emerging wecol bak perform their first cures, they are aggregated on personal, social, and spiritual levels as legitimate healers. Thus they have completed their rites of passage.

The rites of passage that were experienced by the wecol bak are described in their memorates. These memorates are unique for each
healer, but they share the common pattern described above, and they also have certain aspects which parallel some of the events recounted in legends about Ventura, the "original" wecol bak. If, in fact, the memorates of current wecol bak are accounts of experiences that they interpreted or understood based on their knowledge of Ventura's initiation, then they represent a body of folk belief concerning the supernatural recruitment of healers. A wecol bak's initiation experience validates them. But they frequently tell personal narratives concerning their cures of various patients in order to build their credentials, on the one hand, and to put the patient at ease and illustrate the miraculous nature of their cures, on the other.

The initiation of wecol bak is similar in pattern with those of midwives and shamans, as described for these other traditional healers in San Pedro, except for some details such as the absence of birth signs on the future wecol bak, and absence of consistent verification (for all healers with whom I spoke) of their destinies by shamans. It is apparent that these healers who treat illness and pain, be it universally or culturally defined, must have sufficient proof that they are ready to meet the task by having been subjected to conditions similar to those of their patients. That these conditions should be manifested by supernatural entities makes their validity more powerful, for their initiation was controlled by the sacred world, and they thus were transformed by it into sacred healers.
Shamanism is now virtually gone in San Pedro, but midwifery and bonesetting are growing practices. The tangible results produced by midwifery and bonesetting are very likely to be major factors in the persistence of these two traditional specialties; whereas shamanism, which provided its clients with more subjectively determined outcomes in their cures, possibly lost its following in part due to their treating physical symptoms of illness with the most effective Western pharmaceuticals available to them. With the loss of this very ritualistic practice in San Pedro, it is significant that the remaining two traditional specialties are still enriched by the ritual traditions (found in narratives) that are associated with them. These traditions are not exclusive to the initiation of the practitioners. They are also found in the way that they perform their work. These have been examined in depth for midwifery in San Pedro. In the next chapter, I will explore the ritual and symbolic importance of the *hueso* used by the *wecol bak*.

ENDNOTES

1. Another possibility, if one views the similarity of their dream visions, messages, and the way *wecol bak* respond to these, from the perspective of analytical psychology, is that during their periods of suffering, the candidates are encountering images of a common motif, or *mythologems* (in the examples above: mythical strangers issuing challenges), from their archetypal cores (see Whitmont 1991: 73). These images may sometimes appear spontaneously when a person's inner or outer circumstances become stark (Whitmont 1991: 74), but they disclose a "boundary situation", in which a person becomes "conscious of his place in the universe" (1991: 33, after Eliade, English edition, 1965). Along this line of thought, an archetypal image seen by a Central Thai woman in initiatory
dreams to her work as a masseuse was very similar to a composite of the images seen by Ventura and Andrés. In her dream, she was met on a trail by an old man with a peculiar white hat. He carried a crooked cane and a bag that contained a disassembled skeleton and veins. She was ordered to fit the bones together to make the skeleton whole (Kaufman 1960: 178). I mention this item from another place - on the other side of the world from Guatemala - because its similarity is suggestive of a mythologem that is common for initiates to traditional medical specialties involving the manipulation of bones and joints. I do not offer it as proof of such a psychic phenomenon. Nonetheless, it fits the principal scheme by which traditional healers are given their particular knowledge: an encounter with the spirit world.
CHAPTER IV

BONES AND THE SPIRITS

In the last two chapters, I have shown how the narratives told about bonesetting in San Pedro portray the huesos used by wecol bak as important to the revelation of the norms of the practice, and to the transformation of a person into a healer. Now, I will start an inquiry into the spiritual and ritual symbolism of the huesos. In so doing, I wish to place Pedrano bonesetting into a wider Mesoamerican context of sacred healing practices both in terms of geography and time. One of the sources to be used for comparison is Barbara Tedlock's study of the Quiché Maya divination traditions (1978), which concerns another traditional healing specialty that is found in the Guatemalan highlands. Diviners use a dialectically interpreted form of sortilege to identify the actions needed for their clients' transformation to a culturally determined state of wholeness. I will illustrate how beliefs regarding a spirit that is important to Quiché divination may also inform the morals of San Pedro's wecol bak.

Another source is a group of Nahua incantations for curing fractures that were recorded by Hernando Ruíz de Alarcón in the seventeenth century (López Austin 1975). These writings suggest possible geographic and mythical roots for some of the beliefs that characterize Pedrano bonesetting, and will be included in my discussion of the seeming preeminence of the wecol bak as providers of orthopedic care throughout a large area of southwestern Guatemala.
Huesos come to wecol bak as an uninvited guest comes into one's home. When their requests are not fulfilled by their chosen keepers, the huesos send them through transforming rites of passage. In the middle phase, liminality, the candidates are shown, in their dreams, the nature and methods of their work, and they learn about the constructive and destructive forces that emanate from their huesos. This knowledge, which becomes theirs in the course of passing the limen, is the sacra of bonesetting, according to Turner's use of the term (1967: 102). Sacra must be kept secret by those who have received them (Turner 1967: 103). I believe that the hueso represents a symbolic condensation of this sacred knowledge, for like the knowledge it is hidden, wrapped in cloth so that no one other than the wecol bak will ever see it.\(^2\) With their huesos, wecol bak perform the ritual healing practice of curing fractured, broken, or dislocated bones. During the ritual use of a hueso, it demonstrates its power not through any graphic manifestations, such as the wecol bak candidates experienced in their dreams and illnesses, but through small signs (Honko 1964: 18) that are reported in the memorates of both patients and healers. Such signs include the sensation of electricity, or that of a magnet, as a hueso finds and fixes the disrupted bone of the patient. With the influence and transformative power of the hueso, an ordinary person becomes a healer - broken bones become whole.

Wecol bak explicitly attribute their huesos with supernatural
qualities. Every wecol bak with whom I spoke said that it is the hueso that tells them if a bone is only bruised or if it is fractured; and if it is fractured, where the fracture is located. Another quality of the hueso, according to three different healers, is that it gives a sign, if a patient is soon to come, by knocking on the inside of the box where it is kept. One of them, Rosalía, told me that the hueso "thunders" inside of its box when a patient will be arriving. Rosalía also explained that there is a hueso that is an old man, and there is one that is an old woman (Appendix II). Hers is an old woman, and she keeps it in a bright red handkerchief, as she was told by it to do, because it is a "very secret virtue". Vicente described how not long after finding the hueso in his field, he dreamed of having a crippled young child with a cane, accompanied by an "hermano" (spiritual brother), come calling at his house, looking for a place to stay. Rosario's narrative about how Ventura began bonesetting (Chapter II) provides a clear image about how the hueso has the power to take away life, by the death of his son and his long illness, and the power to give it, by promising a long life on Earth. These stories about the huesos indicate that, as a symbol, it includes among its referents the liminal process of initiation, and the liminal process of being healed. It seems that, to wecol bak, both of these transformations are influenced by power from the spiritual world. Evidently, the huesos perform the role of synthesis in a double dialectic involving, on the one hand, the transformation from lay
-person to healer, and on the other, the transformation of broken bones to whole ones. In this chapter, I will provide a tentative argument for how the *huesos* are central to the sacred nature of Tzutuhil Maya bonesetting in two ways which are mutually dependent: 1) their dialectical role in transformations for both healers and patients, and 2) they may serve as an interface between prose narratives - a category of verbal art which includes myths, legends, and folktales (Bascom 1984: 7) - of a supernatural entity often referred to as C’oxol and the norms that govern the practice of Pedrano *wecol bak*.

I feel that the symbology of the *huesos* used by Pedrano *wecol bak* is key to their evident preeminence as bone healers in the Guatemalan highlands, but another factor involved in their appeal to potential clients may be their historical association with Lake Atitlán. Pedrano *wecol bak* have a wide range of activity in Guatemala. Patients travel great distances seeking their help. And with each successful cure, the fame of the *wecol bak* increases, as word of their effectiveness passes from person to person in the towns from which their patients come or to which they travel to heal. It is not the inaccessibility of traditional or Western-style practitioners that urges patients from towns that are distant from the lake to go to San Pedro for treatment. In the introductory chapter to this thesis, I reviewed ethnographic data from throughout the Maya area showing that healers who know how to treat bone injuries are not uncommon.
And anyone who travels for a few hours by bus to get to Lake Atitlán for embarkation to San Pedro could, with the same effort, reach a hospital. Yet many of the patients who seek Pedrano wecol bak, including myself, had been previously treated at a hospital. While good results and "word of mouth" communication are certainly factors for making San Pedro a town that is known for its bone healing specialty, I will submit possible reasons for how Pedrano wecol bak have become preeminent bone healers in the Guatemalan highlands due to their historical and symbolic association with Lake Atitlán. The lake is mythically important to the highland Maya, as are bones. I will show elements of Mesoamerican mythical belief that may contribute to the sacred aspect of Tzutuhil Maya bonesetting, and give to the wecol bak the moral authority to heal bones.

THE HUESO AS A SYMBOL

 Benjamin Paul has stated that the hueso used by wecol bak is a sacred object, surrounded by taboos and credited with miraculous abilities. It is a repository of supernatural power, a potent cultural symbol binding patient and practitioner in a bond of faith and assurance. It partakes of the same mystique that draws pilgrims to the site of an enshrined relic. As a sign of the bonesetter's accreditation, it is the equivalent of the doctor's diploma (1976: 80). As a "potent cultural symbol", the hueso could perhaps symbolize myriad things, but wecol bak do not readily engage in discussion of the hueso as
an emblem or token that signifies anything beyond being an object that is *secreto* (secret; or magical, sacred [Sexton 1993: 265]), and that is a gift from God. Undoubtedly, the *hueso* serves as a physical tool, but in agreement with Paul, I also find that the *hueso* is a symbol. It symbolizes the liminal initiation experience of the healer - their closest brush with the supernatural forces that can transform an ordinary person into a practitioner of a sacred medical specialty. This includes both the agony and the *hierophanies* - or manifestations of the sacred - (Eliade 1959) that one had to reckon with in the course of accepting his or her calling to their special role. As such, it establishes a "bond of faith and assurance", since, as a condensation (Turner 1967: 28-30) of the healer's passage through liminality, it is a fitting instrument to physically and spiritually get patients through their own liminal status.

That a *hueso* retains its mystery and remains the focal point of the curing ritual may be due to a process that fits a model recalled by Turner named the "law of dissociation by varying concomitants." This works as follows: "when *a* and *b* occurred together as parts of the same total object, without being discriminated, the occurrence of one of these, *a*, in a new combination *ax*, favors the discrimination of *a*, *b*, and *x* from one another." So that an item, being "associated now with one thing and now with another, tends to become dissociated from either, and to grow into an object of abstract contemplation by the mind" (1967: 105, after James
1918). This can be seen in terms of a hueso: when, in the experiences of a wecol bak, it occurs together with the distress of initiation, and then it occurs in combination with the "miracles" of curing, it may be seen to be unique unto itself (apart from these, yet capable of renewing its association with either under the proper circumstances - following or deviating from the norms of bonesetting). It becomes a "gift from God". It appears to be defined in bonesetting narratives by its destructive and constructive influences over the people with whom it comes in contact. As an agent of transformation, the hueso demonstrates its participation in the dialectic of initiation and that of the healing process.

Dialectic in Bonesetting

Interpreting the narratives about the characteristics of huesos and how they are used by wecol bak in terms of a "dialectic" is admittedly an attempt to order my field data according to a Western point of view. At no time did I engage in discussion with wecol bak about the dialectical properties of their huesos. I have chosen this approach, as Barbara Tedlock did in her analysis of Quiché Maya divination (1978), so that I can demonstrate how Tzutuhil Maya bonesetting is not a static series of dualistic oppositions, but instead is a dynamic process.

Barbara Tedlock illustrated this process in her study of divination. She meticulously showed how diviners, through the practice of sortilege that is based on the 260 day Mayan calendar, predict outcomes for any
manner of question or problem that clients bring to them. The sortilege involves the use of beans and crystals that make up a diviner's bundle. In a divining ceremony performed to answer a question for a client, a handful of beans are arranged in rows, each containing several groups of four beans. Each group represents a day. The diviner counts the days, and the mnemonically associated meaning of the last day counted determines, in part, what the answer will be. Diviners also are attentive to signs or "talking of the blood" that they receive in their bodies while counting the days (Tedlock 1978: 198-232). It is this characteristic of divination which Tedlock finds to be dialectical. The meaning of a body sign, also called "lightning", stems from the part of the body in which it moves (eg. right versus left, or front versus back), and the direction in which the lightning moves. These are among the dialectically paired aspects of the body (which is representative of the four directions of the sacred world) that inform the divination process, and the meaning they provide is context dependent (Tedlock 1978: 167-197). There are some aspects of the body which are in dualistic opposition, such as flesh/bone, which indicates good/evil, or life/death (Tedlock 1978: 187-188). Tedlock writes that "The front-back and left-right pairs map the entire body and enclose all the other pairs (including the positive/negative oppositions) within a larger system that is ultimately cosmological in its reference" (1978: 188) and that they are in a dialectical relationship because "they contain elements of
each other" and cannot be mediated in the middle (1978: 189).

The dialectic that Tedlock found in Quiché divination can also be found at work in Tzutuhil bonesetting, but with a difference. Tedlock's use of the term involves the dialectical tension between a pair of interacting forces, such as opposite directions in the sacred world as they are referenced by the diviner's body. My use of the term is an application of Hegel's process of change in which a thesis and its antithesis are fused by synthesis, which is an essential step in the process, being the act of becoming (Bronowski and Mazlish 1975: 482). This sense of the term invokes the idea of liminality - the phase of a transformation (for initiation candidate or for patient) in which synthesis takes place. These slightly different meanings of dialectic are, I believe, in keeping with the different objectives of the two sacred specialties.

Barbara Tedlock has shown that one of the principal activities of diviners is to answer questions for their clients. They do this using sortilege combined with the "talking of the blood", and their clients bring questions to them covering the gamut from the cause of an illness, to the proper course of action in land disputes, to the predicted compatibility of a person desired for a spouse, to name a few. The "talking of the blood", argues Tedlock, emerges from a structure of paired terms that are in a dialectical relationship and has the following effect:

In Turner's terms, the "talking of the blood" brings the patient or
client back into wholeness by combining his or her "private unmasking" with the "authoritative images or root metaphors" of the world directional system. This is accomplished through the microcosm of the diviner's body, which in effect places the client's case before the world's mountains and lakes, through the medium of sheet lightning" (1978: 195).

The dialectical relationships in divining, when combined with the mnemonic associations of the 260 days of the divinatory calendar, and being dependent upon the context of the client's case, make possible a vast number of communications that diviners can provide for their clients. The dialectic entails finding the correct solution. As we can see from Tedlock's study, it fosters the restoration of "wholeness" for a client. This objective of Quiché diviners compares with other techniques for establishing equilibrium that have been reported elsewhere for shamans who mediate the union of opposites at physical, social, and cosmic levels as skillful dialecticians (Calderón, Cowan, Sharon and Sharon 1982; Myerhoff 1973). When one considers the role of the hueso in Pedrano bonesetting, this practice too reveals itself as one with considerable depth of meaning for practitioners and patients that may approximate that found in shamanism.

The objective of wecol bak specifically is to reduce fractured, broken, and dislocated bones to wholeness for their clients. They do this by using
their *hueso* to find the exact location of the injury, diagnose its severity, and then to massage the bone back together - in the case of a break - or back into position - for dislocations. *Wecol bak* have named these as the functions of their *huesos*, and I have also observed them in my own treatment, and in the treatments of three other patients by two different *wecol bak*. As I have mentioned above in this chapter, *wecol bak* state that their huesos are gifts from God. Furthermore, three different *wecol bak* have explained to me that one must have faith in God to be healed. The implicit meaning of this advice is that healing is supernatural; and the representative article of supernatural power in bonesetting is the *hueso*. It is the synthetic force of the dialectic in orthopedics. In this dialectic, synthesis is the fusion of the thesis (broken bones) and the antithesis (whole bones). It is the healing process, a process of becoming whole.

In addition to their role in the dialectic of healing broken bones in bonesetting practice, *huesos* also are dialectical in the initiation of healers. The oral traditions about bonesetting that are told by *wecol bak* or by people who know about the sacred nature of their medical specialty show that the *huesos* perform the part of synthesis in the dialectic between the sick and troubled candidate -who is experiencing liminality - and the adept - that is, the *wecol bak* who has learned the norms of service as a sacred healer. As I illustrated in the previous chapter, the general pattern of initiation to bonesetting has it that when candidates fail to act upon their
calling, they experience illness, or the death of their children. After revelatory dreams - in which they are instructed that it is the hueso that is responsible for their troubles, and that their circumstances will improve if they will meet their obligation to use it - they accept their role as healers and begin working. In initiation, the sick or distressed candidate, at the beginning, and the healer, at the endpoint, have an antithetical relationship. Synthesis is mediated by the hueso: it both fosters and enables the transformation to the healer role.

The double dialectic in which huesos fuse the theses and antitheses is characterized as having, in both cases, a higher synthesis in sight: supernaturally transformed bones and people. When compared to the dialectic of the "talking of the blood" in Quiché divination - which often serves to predict an outcome or to provide a solution to a problem from a vast array of possibilities - the dialectic of bonesetting can be understood as having directionality: an anticipated outcome. Huesos provide a cultural mechanism to restore wholeness for patients in the practice of bonesetting as the "talking of the blood" does in divination. And they do so through transformations on the level of healing for the client and on the level of initiation for the candidate to be a wecol bak. The hueso-mediated double dialectic is a cycle that is repeated with each new patient. Having originally functioned as the force of synthesis in the initiation of a wecol bak, they continue to exist as a symbol of this process, the liminality
experienced by the candidate. Hence they are "a sign of the bonesetter's accreditation" (Paul 1976: 80), giving assurance to patients as they fuse injured bones back into wholeness.

**Huesos as a Possible Interface Between Bonesetting Norms and the Prose Narratives and Mythical Texts Regarding C'oxol**

The liminality experienced by *wecol bak* in the course of their initiations is, I have submitted, represented by the *hueso* that they use for curing. As a symbol for the liminal passage (the self-transformation) its referents include the folk belief elements used by *wecol bak* to make sense of the supernatural events in which they perceive themselves to have taken part. Narratives that I have collected from Pedranos about *huesos* - how they cure, how they cause suffering, their spirit-familiars seen in dreams, and the signs that they give to the healers when patients are to arrive - are suggestive of an important figure in the folk belief systems of the Tzutuhil, Quiché, and Cakchiquel Mayas, and presumably may be based upon the knowledge held by *wecol bak* concerning this character. Dennis Tedlock translates its Mayan name, C'oxol, into English as "White Sparkstriker" (*Popol Vuh* 1985: 182, 305; 1993: 37-44), since it refers to the stones used to strike fire (1993: 42).

C'oxol is perhaps the figure from Mayan prose narratives and mythical texts whose logos informs the norms of bonesetting *vis-a-vis* the symbology of the *huesos* used by *wecol bak*. C'oxol makes appearances in
folktales, the legend portrayed in the Conquest Dance, and in the mythic passages of the Popol Vuh and The Annals of the Cakchichels.\(^5\) The liminoid nature of C'oxol, who is depicted as both marginal to society and a source of morality, is evidently reflected in the initiation memorates told by wecol bak. I make this inference on the basis of a correlation between the characteristics of C'oxol, and those of the huesos as they were revealed to me in interviews with wecol bak.

In the Popol Vuh, C'oxol escaped being turned into stone along with the gods and animals when the sun first rose in the last phase of creation. She/he took the petrified animals into the trees with her/him and became their gamekeeper (1985: 305).\(^6\) The sexual duality of C'oxol - neither one nor the other, but both - places her/him in liminal status, by Turner's definition (1967: 97); indeed when she/he is encountered by people in narratives, they too are always in liminal status: in the process of transformation. It also brings to mind the statement made by the wecol bak Rosália that there is a hueso that is an old man, and one that is an old woman. Rosálía keeps her hueso, by its request, wrapped in a red handkerchief (see Appendix II). The Annals of the Cakchiquels contain the account of how C'oxol - in the Annals, named Zaquicoxol - was encountered by the Cakchiquel ancestors on the road between two volcanoes. It appeared as a small boy that guarded the road, who claimed that he was the spirit of the volcano. Being naked, he begged for clothes,
so they dressed him in a wig, breast plate, and shoes of red like the color of blood (The Annals of the Cakchiquels 1953: 61-62). Barbara Tedlock cites a Quiché narrative on the origins of calendric rituals that tells of a red dwarf, C’oxol, that is the gamekeeper of the jaguar and mountain lion that had been devouring the women and children from a town. When the townsmen sought the victims in the mountains, C’oxol confronted them with their lack of laws or proper religious customs, and literally whipped the knowledge of the calendar and of keeping shrines into them (1978: 189-191). This gamekeeper, known in Tzutuhil narrative as the dueño (lord) of the hill, appears in a Tzutuhil narrative still told today, and uses snakes as whips on his animals when they act disrespectfully (Sexton 1993: 3-8). Ventura met a dwarf in one of his initiatory dreams (see Chapter III). This dwarf threatened to whip him if he did not assemble a disarticulated skeleton correctly. Similarly, the wecol bak Benancio, whom I interviewed in Spanish, also had a dream in which he was to be whipped unless he successfully cured a man with every bone in his body broken. Only Benancio did not encounter a dwarf; he encountered a "big man in white" (one of the colors of C’oxol) who he thought might have been Jesus Christ.

C’oxol appears as a red, masked figure accompanied by a small child, or with a doll attached to her/his belt, in the dance of the Conquest that is traditionally performed in dozens of highland Guatemalan towns during
their titular festivals. She/he is a shaman that warns the Quiché hero, general Tecum Umán, of the impending doom for the Indians. After the Spanish victory portrayed in the dance, C'oxol is the only character to escape conversion to Catholicism (Tedlock 1993: 37-44). The wecol bak Vicente, during my first interview with him, told my interpreter, Cecilia, and me of two spirits that arrived at his door in a dream that he had shortly after first encountering his hueso. The following English translation is Vicente's description, which approximates that of C'oxol in the Conquest dance. He and Cecilia spoke in Tzutuhil; I spoke with Cecilia in Spanish (see Appendix I for complete transcription).

Clancy (to Cecilia): Did his suerte (fate - but in reference to the hueso) find him, or did he find it? Was it in the country, or in the street?

Did it make noise?

Cecilia (to Vicente): What were you doing when you found your suerte? Were you on the road, or were you already working in the country when you found it?

Vicente: I was working in the field when I found the suerte in a place called chugud bel quiley. I did not bring it the first time that I saw it. I saw it the first time, the second time, for the third time, and until I had a dream in which I saw a niño [child] with a cane arrive at my house, and it seemed that he could not walk well.

The child asked me please to give him a place to stay: "You
should give me a place to stay." In the dream, the child and I talked. They arrived. The child was with another hermano [spiritual brother], and they arrived like you [Cecilia and I] have arrived. The man that went with the child then said to me that, "We'll see if I can work at something." When I thought, I did not give him much importance, but I felt very bothered. Then I could not sleep. Sometimes, I would go through a night without sleeping at all. I would be awake all night long. And when I began to work [at bonesetting], then everything changed. I felt well.

Vicente then continues to tell Cecilia and me of three of his first four patients. However, as it turned out, he cured himself with the hueso before he cured anyone else. He alludes to this shortly after telling us about the man and child that he met in his dream.

Vicente: [after telling of three of his first patients] And like so, I put myself together. Then I felt tranquil because I began to work. But I confess to you that I picked it up [the hueso], I picked it up. Because of this, I do a favor for the people, for the people, if they come to look for me. If they pay me un centavo [figuratively, money], "that is fine, thank you." And if they do not, well, "thank you, that too is fine." It is the place or God that gave me the suerte. When I think that, yes, in truth God gave me the suerte,
then I ask for his help so that there should be no problems and that everything should come out well. It is the decision that I have made in my life.

Highland Maya folk belief is echoed in Vicente's statement that it was "the place or God" that gave him his hueso, for the traditional religion is in part concerned with spirits, or gods, that are associated with various natural phenomena, including land (Sexton 1993: xix). The hermano and niño (which are suggestive of C’oxol) that came to his door in his dream, he later said, may have been a diosil (spirit).

Rosalía, who is Evangelical, and with whom I conversed in Spanish, states that the old woman of her dreams is the rudiosil abak (literally, "its spirit,..." [Douglas 1969: 69] "the bone") of her hueso (Appendix II). In addition to transforming into an old woman in her dreams, her hueso also "truena" (thunders) within its box when a patient is due to arrive. One cannot discount the possibility that truena is the only Spanish word for "knock" or "make noise" that Rosalía, whose first language is Tzutuhil, could think of to express the action of the hueso. Yet she is articulate, and my impression of her during the interviews is that she chooses her words carefully. If she did intend to say "thunders", then this characteristic of the hueso may also represent a fiber from the thread of folk belief concerning C’oxol, who is thought to carry a stone axe with which she/he strikes lightning (Tedlock 1993: 42-43) and which, according
to Barbara Tedlock, is to awaken the blood of novice diviners (1978: 194). This lightning may be cognate to the "electricity" that Rosalía told me that one feels when the hueso is working.

The pieces of evidence that I have presented above for the hueso's association with C'oxol, coming from the memorates of past and present wecol bak, are enough to posit only a tentative relationship between the two. Although nothing spoken in the narratives of the seven wecol bak whom I interviewed gives any definite indication of when, how or why huesos were first used by Tzutuhil Maya healers, the proposed connection between huesos and C'oxol serves as a plausible explanation regarding the portion of traditional Maya folk belief that has the greatest influence on the practice of bonesetting. The influence is seen in the spiritual aspects of wecol bak initiation and in the ritual readiness of healers for performing treatments.

Wecol bak use their gift for healing whenever patients come to them in need. I have experienced and observed that the bonesetting service they provide is analogous to emergency care in Western medicine: no appointment is needed. As healers with a sacred calling, it is interesting but perhaps not surprising that they perform their work without first allowing time for ritual purification. This contrasts with Mayan midwives who practice this rite by abstaining from sexual intercourse for four days before and after delivering children (Paul and Paul 1975: 712),
and shamans, who, without "keeping the day" - observing sexual
abstinence on the day they are to work - must not perform ritual duties
(Tedlock 1993: 65). Both types of specialists, like the wecol bak, are
recruited by divine callings. Pedrano midwives, having treated an
expectant mother over a period of time prior to parturition, know when
to ritually prepare themselves for the delivery. Shamans may refrain
from performing services for a client until they keep the day. But wecol
bak, in practice, do not delay in treating patients who seek them. Being
healers with a pattern of initiation similar to those of midwives and
shamans, the importance of ritual purity for performing their sacred duty
would seemingly be no less than that for the other classes of healers. And
it may be for this reason that they claim that the hueso performs the work,
and that they are instruments for it (Paul 1976: 80). Some Quiché diviners
say the same about their work: that it is done by their bundles (Earle 1993:
personal communication). Yet I feel that a distinction can be made
between the two on the basis of where the influence of C'oxol is most
strongly seen in the two practices. Barbara Tedlock holds that the blood of
a diviner's body is the receptor for the lightning that is representative of
C'oxol (1978: 194); I have proposed that it is the hueso of a wecol bak in
which C'oxol's lightning is symbolized. And for this reason, above all
others, it is probable that the element of folk belief most influential upon
the narratives concerning the hueso is that of C'oxol, for she/he, as
Dennis Tedlock has pointed out, being complete to her/himself - without spouse or lover - is the "perfect daykeeper" (1993: 65), ready to perform ritual services on any day.

The readiness of *wecol bak* to cure injured bones on any day may be essential to the success of bonesetting in San Pedro. That, and the affirmation by all of the *wecol bak* whom I interviewed that they cure people without regard to their religious affiliation. When this question was asked of Vicente, he gave Cecilia and me the following response (see Appendix I for complete transcription of the interview):

Yes, the same. Why make a distinction if we are all the same? For God, we are one. There is no need to make a distinction, such as, for example, the boy who had fallen from the top of the house is Evangelist [a patient whose treatment he had earlier described]. But there is no need to give importance to religion. One must do a favor for them when they need it. Then one must help, because I cannot direct the *material* ["material", in reference to the *hueso*], it is the *material* that works, not I. The *material* does not give importance to religion. Because the fracture is not equal to the illnesses. Illnesses are variable, but the fracture is the same work.

The implicit meaning here may be that the *hueso* is not concerned with Western religions. C'oxol, in the examples that I have given above from traditional Mayan beliefs, fled from the scenes of two significant religious
changes in the Mayan versions of their history: the first, when she/he escaped being turned to stone along with the gods; the second, when she/he escaped being converted to Catholicism in order to preserve Mayan shamanism. For this, C'oxol is concerned with ritual, and whips the knowledge of such into those who need it. Although the association of C'oxol with bonesetting is my interpretation of scattered bits of evidence from my interviews with wecol bak, it offers a tentative explanation for the mode of practice that they follow. The association suggests that the wecol bak successfully perform their roles as sacred healers in a town marked by intense religious factionalism (Paul 1987, 1989) because 1) they observe not religious doctrine, but ritual (the norms of the craft and the use of the hueso) in their work, and 2) they provide their services at the time that they are needed without concern for ritual purification prior to giving treatments.

THE MORAL AUTHORITY TO HEAL BONES

The Pedrano wecol bak with whom I spoke claim to travel considerably in their work, in addition to receiving patients in their own homes. Some healers make frequent trips to towns throughout the highlands surrounding Lake Atitlán, even going as far as Guatemala City (about five hours' travel from San Pedro) to see patients. They make these trips at the requests of patients' family members who travel to San Pedro to seek their help. It could be said that the growth of their fame is
owing to an informal system of reference by which patients who have been successfully cured recommend them to their neighbors when the need arises. And it is probable that bonesetting has become, for San Pedro, a specialty of the town, like so many other specialties that individually characterize towns in the Guatemalan highlands. If indeed this is a reason why people come to San Pedro for orthopedic care, then the extensive travel of wecol bak in their work would be an economic strategy for building a clientele. Yet outwardly, with the exception of José (see Chapter II), they insist that they cannot charge a fee for their work; hence, such a strategy would be based upon confidence in the charity of their patients. Since Tzutuhil wecol bak have a sacred calling to their practice, however, and since they are the only healers of this sort that are known to use huesos, they appear to offer something in their cures that patients from outside the lake area cannot find among their own traditional healers or hospitals. For many who know of them, the wecol bak have authority over other healers in the treatment of bone injuries. This authority may be related, as I will show below, to the historical relations of the Tzutuhil with other linguistic and ethnic groups near the lake that have given their society as a whole a type of liminal status - that of a "subjugated autochthon" (see Turner 1959: 109), or conquered firstcomer. Bonesetting, in turn, can be understood to have a symbolic association with the lake, or water in general, in terms of the sacred part that bone has played in two
Mesoamerican creation myths that I will refer to as examples, as well as in other aspects of folk belief regarding the bones of the dead. I will first point out the aspects of bones from folk belief and myth that make them sacred, as these are vital to my argument for why the Tzutuhil wecol bak have the moral authority to heal bones.

The earliest written record of bonesetting techniques that I have found for Mesoamerica come from a Spanish priest, Hernando Ruiz de Alarcón, who in the seventeenth century documented the medical beliefs and methods of Nahua healers in Mexico. Below I will translate three incantations recorded by de Alarcón that were used by Nahua healers in the treatment of bone injuries. These incantations reflect myths concerning Quetzalcoatl, showing the liminal role of bones in the creation of man. The position of bones in Nahua cosmology suggests a historic background for the sacred nature of the bonesetting practice that is found in San Pedro today. Although this early record pertains to another culture, it provides the best example that we have for the origins of the beliefs concerning bonesetting in the Guatemalan highlands, since the Mexican influence in this area is seen in other ways, examples of which are the prevalence of I-shaped ballcourts in Postclassic (A.D. 1000-1524) ruins (Guillemin 1977: 258) - one of which was found at Chiyá (Orellana 1984: 24), a site near the Tzutuhil town of Santiago Atitlán - and the use of Nahua words (Orellana 1984: 3-4) by the highland Mayas. The Mexican
influence in the Guatemalan highlands was expressed as early as the Early
Classic Period (A.D. 300-700) in the important center, Kaminaljuyú (the
present site of Guatemala City), which resembles Teotihuacán, the large
site in central Mexico (Orellana 1984: 22).

Having at least eight centuries of influence from Mexican
civilizations by the time of the beginning of the Conquest, the population
on the southern shore of Lake Atitlán that emerged as the Tzutuhil nation
is likely to have assimilated - along with architectural forms and language-
knowledge of the medical theory and methods that originated with the
Nahuatl-speaking people of Mexico. Some of the earliest written
descriptions of these medical practices are the comprehensive documents
on Nahua medicine that were compiled by priests sent to the New World
from Spain to convert the Indians to Catholicism. Although there was no
such work undertaken among Tzutuhil healers, the records of Hernando
Ruíz de Alarcón regarding the incantations used by indigenous Nahua
medical practitioners for curing bones suggest a long tradition for the
sacred nature of bonesetting that is evident at Lake Atitlán today. Three
conjuros used for bonesetting, that have been translated to Spanish by
Alfredo López Austin (1975), I provide here in English.

XXXI. For broken bones

Condescend to come, white priest.

Condescend to embrace my magic thigh.
It is harmed by the green stiffness.

You will condescend to assist in the venerable service of God.

He is needed.

Priest whose appointment is Uno Agua [One Water],
you must help my enchanted thigh.

López Austin suggests that the "white priest", poztecpatlì, is a medicine used to cure fractures and dislocations, the "green stiffness" is the fracture, and the "priest whose appointment is Uno Agua" is the splint that is used on the patient (1975: 165).

XXXII. Another for the same effect

That's that! Oh, lordly quail!

Oh, native from the place of turmoil!

What are you doing to the bone from the world of the dead?

You broke it, you smashed it.

Now I come to set correctly

the bone from our body.

I come to make it bind strongly

the bone that is inside the flesh.

In this, and in the following incantation, López Austin sees a reference to the Nahua myth about Quetzalcoatl, lord of the dawn, who made a voyage to Mictlan to get the bones for future men of the Earth. The quail is a metaphor for the fracture that the Nahua healer asked to stop harming
the bone (1975: 165).

XXXIII. Another for the same effect

What did you do, my older sister,
woman Ocho Pedernal [Eight Flint], woman that runs?
They have seized, they have held tight
the venerable son of the gods.
I, I am the priest, I am Quetzalcoatl,
I am the traveller of the world of the dead,
I am the traveller [of the floors that are] above us,
I am the traveller of the ninth world of the dead.
There I will take the bones from the world of the dead.
They have done harm, the priests,
the birds of the dust.
They smashed, they broke.
And now we will put them together, we will cure them.
Come on! My venerable cord, serpent-deer,
condescend now to go give care.
Do not do your work badly.
Tomorrow I will reach you.

In this incantation, according to López Austin, the healer first addresses
the cause of the broken bone, the woman Eight Flint. He then names
Quetzalcoatl, in keeping with the myth of his voyage to Mictlan, and
speaks of rescuing the bones from the world of the dead - that were smashed by the quail spirits - to which he will give life with the blood of the gods. Quetzalcoatl invokes the cord (the serpent-deer), with which he will tie the splints, to do its work (1975: 166). The first of these incantations (XXXI) establishes the idea that God is needed to heal broken bones. The next two (XXXII, XXXIII) place bone injuries in the context of myth: that of Quetzalcoatl's journey to the underworld to get bones that, together with the blood of gods, will become men. In another work, López Austin describes a version of this creation myth about the journey to Mictlan, the underworld (1988, vol. 1). As Quetzalcoatl travelled out of Mictlan, he was pursued by the lord who had given him a bone - for it was the lord's favorite possession, and he repented having lost it. During the flight, the bone was dropped, and it broke into pieces. From some of these pieces, men were created.

In the second Nahua incantation (XXXII), the fracture is named as the quail - the natives from the place of turmoil. With the damage done to the bone, chaos had entered into the order of the cosmos: mankind's very creation began in liminal status, with aggregation dependent on the bone getting bound back together by Quetzalcoatl with the help of Uno Agua and the serpent-deer. In the third incantation (XXXIII), the woman Ocho Pedernal brings to mind a liminal process of another level that is found in the Quiché practice of divination. Ocho Pedernal translates to 8 Tijax in
Quiché (Earle 1993: personal communication), which is one of the permission days for the initiation of novice diviners in which they are reminded of the slander that they must endure from some members of their community as a result of their undertaking shamanic training (Tedlock 1978: 152).

The words of the Nahua healers made the physical remedies used to cure their patients seem mystical, and they also revealed the mythical parallels to bone injuries. By reciting a portion of their creation myth in curing the bones of their patients, the healers gave life to the myth, showing how it is cyclical, and demonstrated how the human body fit into the Nahua cosmos, or conversely, how the Nahua cosmos fit into the human body. Mesoamerican gods are characterized by multiplicity. Their fields of action were often delineated by their names (López Austin 1988, vol. 1: 241). López Austin gives two versions of the creation myth involving the journey to Mictlan. In one, it is Quetzalcoatl who goes there (1988, vol. 1: 241); in another, it is Ehecatl (1988, vol. 1: 188), the wind god, whose name was sometimes used for Quetzalcoatl (1988, vol. 1: 241). A drawing from the *Codice Laud* shows four serpents emerging from a dead body. López Austin suggests that one of these - seen as bones and a skull - may be the cadaver without the three animistic entities recognized by the Nahua. The other three could be interpreted as representing the three animistic entities of the body. The one emerging
from the breast - the center for *teyolia*, the spirit - is Ehecatl (1988, vol. 1: 317). It seems that Nahua myth speaks of events that occur at two levels, the universe and the human body. This is reflected in incantation number XXXII: "I come to make it bind strongly, the bone that is in the flesh."

Quetzalcoatl, with whom the ancestors of the Quiché-Maya of Lake Atitlán identified their god (Sexton 1993: xviii), is the Sovereign Plumed Serpent of the *Popol Vuh*, who took part in bringing about the dawn of life (1985: 72-75). Sovereign Plumed Serpent was of the gods who resided in the primordial sea of the narrative, when there was "nothing but an empty sky above and a calm sea below" (1985: 33). As in the Nahua myth, this god played an important role in the creation myth of the Maya. In the *Annals of the Cakchiquels*, there is a passage about the manifestation of Gucumatz (Quetzalcoatl) in Lake Atitlán (1953: 76). The mythology of Quetzalcoatl - of his journey to Mictlán to retrieve bones for future men, of how when the bone was shattered in his flight, he had to repair it, and of his dwelling in the primordial waters - may be among the roots of Mesoamerican beliefs that has fostered the preeminence of Tzutuhil-Maya *wecol bak* as orthopedic specialists in the Guatemalan highlands.12

To begin the foundation for this speculative inquiry into the background of belief that is associated with bonesetting, and that may be related to the moral authority of the Tzutuhil *wecol bak*, I have drawn
upon a colonial period source about Nahua medical practices that illustrates the relationship of treating fractures with mythology of Quetzalcoatl. Quetzalcoatl, in turn, is also mythically linked to water and to Lake Atitlán by the Popol Vuh and The Annals of the Cakchiquels. The latter, one of the oldest texts in the written history of Guatemala, acknowledges the Tzutuhil as the first people to inhabit the shores of the lake. The Tzutuhil share much of their history with the Quiché - against whom they have warred and for whom they served as a tributary unit\textsuperscript{13} in Pre-Columbian times - and appear in the Popol Vuh, the Quiché account of the creation and of the lineages of kings. A major episode in the Popol Vuh clearly depicts the role of bones in a cycle of death and demise followed by rebirth and renewal. Below I will address these aspects of bones in a discussion of their sacredness to the Maya.

So important is the skeleton in Mayan thought that ghosts are believed to be the Earth-wandering spirits of accident victims (such as those who are drowned) whose corpses are not interred: the bones of humans must be properly buried in the ground to ensure the passage of their spirits into the underworld. This can be considered as a planting metaphor (Earle 1993: personal communication). In San Pedro's recent past, it was the seven cofradías, the civil-religious leadership organizations of the town, that conducted burials. The three women members (texeles) of the cofradía responsible for a given burial would be
present, holding water jars on the tops of their heads, to dampen the soil put on the grave (Paul 1989: 4). The meanings associated with the term *bak* in Cakchiquel (a Quichean language that is intelligible to Tzutuhil speakers) are "bone", "skeleton", "fin", and "fish spines." Regarding the multiple meanings of *bak*, when one considers an important event in Dennis Tedlock’s translation of the *Popol Vuh* (1985) that led to the dawning of the Quiché nation, another planting metaphor is found in reference to bones. When the hero twins of the Quiché myth were summoned to Xibalba, the underworld, by its lords, they left two ears of corn planted in the center of their grandmother’s house as a sign for her. When the corn dried up, she would know that they had died, but when it sprouted again, she would know that they lived. The twins defeated the lords in a ballgame, and thus had to be destroyed, but before they met their death in Xibalba, they instructed two diviners to have the bones from their remains ground up and poured into the river. This was done, and five days later, the twins germinated anew as they were before, only their faces looked like channel catfish to those of Xibalba. When they came back to life in this way, the corn in their grandmother’s house sprouted, signalling to her that they were alive. Shortly thereafter, the twins tricked the lords into letting themselves be sacrificed, and thus defeated Xibalba, allowing for the dawning to occur (*Popol Vuh* 1985) when the twins rose as the sun and the moon. In his commentary regarding the twins’ plan
for having their bones cast into the water, Tedlock suggests that this episode may have established a fishing ritual akin to that of many fishing cultures - such as on the northwest coast of North America - in which the reincarnation of fish results from the casting of their bones back into the water (Popol Vuh 1985: 290).

The hero twins themselves make a fitting metaphor for healers of various practices. Among the rulers of Xibalba that they defeated are those with names such as One Death, Pus Master, Jaundice Master, Bone Scepter, Skull Scepter, and Bloody Teeth (Popol Vuh 1985: 136) - names that grant their bearers the aspect of being the masters of mortality, mobidity, and disarticulation. Regarding the defeat of the rulers of Xibalba, the Popol Vuh states that "The boys accomplished it only through wonders, only through self-transformation" (Popol Vuh 1985: 155). They suffered the trials put to them in Xibalba, had their bones ground and put in water where they reaggregated, and then returning, defeated its rulers in order to "clear the road of the torments and troubles of our fathers" (Popol Vuh 1985: 157). The hero twins were born of Blood Woman, who was impregnated by the spittle from the skull of their father. Assuring her that "The father does not disappear, but goes on being fulfilled," (Popol Vuh 1985: 114) he impregnated her, putting her on the road to child. The grinding of the twins' bones and their renewal from the powder ultimately allowed for the dawning to occur, putting the sun and the
moon on their road. Like the hero twins, wecol bak, as well as midwives and shamans, must suffer trials and undergo a self-transformation in order to become healers so that they can clear adversities from the allegorical road that that is travelled by their patients.

The present preeminence of Tzutuhil Maya wecol bak over bone healers of the Quiché or the Cakchiquel, who also inhabit territories adjacent to the lake, undoubtably has been augmented as a result of the spread of their reputation on the heels of the earthquake of 1976 that devastated many towns in the mid-western Guatemalan highlands. According to the woman who rented a room to me, dozens of injured people from towns hit hard by the earthquake came to San Pedro seeking the help of Rosario. She had temporary shelters made of cane built to house her patients, who were both Indian and Ladino. But even before this earthquake, the Pedrano wecol bak served patients from many distant towns (Paul 1976). Perhaps the association of the Tzutuhil Maya with the lake (The Annals of the Cakchiquels states that they were there before the ancestors of the Cakchiquels arrived to challenge them for territory [1953: 77]), and their relations with the Cakchiquels and Quichés, ultimately conferred to them a set of characteristics similar to those described by Victor Turner for conquered people. Turner writes

that mystical and moral powers are wielded by subjugated autochthones over the total welfare of societies whose political frame
is constituted by the lineage or territorial organization of incoming conquerors. In other societies...we can point to the cult associations whose members have gained entry through common misfortune and debilitating circumstances to therapeutic powers with regard to such common goods of mankind as health, fertility, and climate. These associations transect such important components of the secular political system as lineages, villages, subchiefdoms, and chiefdoms (1959: 109).

Sandra Orellana has written that for much of their pre-Hispanic history, the Tzutuhils were a tributary unit in the powerful Quiché state. It was only for the last few decades before the Conquest that they succeeded in breaking away from the Quiché state to form a kingdom of their own (1984: 67). At the onset of the Spanish invasion of Guatemala, the Quiché sent messengers to the Cakchiquel and the Tzutuhils requesting that they hold a conference to decide upon a strategy. The hostility between these three groups induced the Cakchiquel to refuse the Quiché request; the Tzutuhils answered by informing the Quichés that they could defend themselves. Eventually, they were defeated by the combined forces of the Spanish and the Cakchiquel (Orellana 1984: 112-113). Apparently, the Tzutuhil have been subjugated throughout most of their history: first by the Quiché state, then by the Cakchiquel and Spanish. In this sense, the Tzutuhil fit Turner's description of "subjugated autochthones". They are
suggestive of this liminoid figure who appears in Mayan legends, dances, and myth at times when the mortals portrayed in the performances are in need of spiritual guidance. The influence of C'oxol in the realm of legend is paralleled by the synthesis fostered by huesos in a double dialectic: becoming a healer, and curing an injured bone. In both cases, from a thesis (suffering candidate, or an injured bone) and an antithesis (healer, or a cured bone), a higher level of synthesis is generated by huesos in their moments of healing. In essence, this synthesis in the dialectic of healing is an act of becoming, or, a liminal passage. It is not unique to Pedrano bonesetting. Instead, it is a quality that is found in many forms within the larger context of Mesoamerican healing practices. The earliest of these to which I drew reference are the incantations that were recited by seventeenth-century Nahua healers when curing fractures. Yet these, when considered with the sacred importance of bones in Mayan belief, and the historical association of the Tzutuhil Maya with Lake Atitlán, provide an argument for the present moral authority of the Tzutuhil Maya wecol bak to heal bones for patients in the medical system in which they provide their service.

In Chapter V, I have focused on bonesetting from the perspective of patients, using my own experience as the principal example to illustrate how this study has, of necessity, been largely subjective. Although not aware of it at the time, my therapy (and that of other patients that I later
about their recruitment can be classified as memorates, since they relate supernatural experiences. The telling of memorates by the healers has importance for demonstrating a spiritual validation of their healing "gift". Their content suggests that wecol bak draw motifs by which to frame their supernatural experiences from the legends which exist about Don Ventura, the earliest wecol bak remembered by Pedranos. In Chapter III, I also examined the oral personal narratives told by wecol bak. These appear to be told both to demonstrate the secular validity (i.e., empirical efficacy) of the wecol bak as healers, and to contextualize the suffering of their patients within the framework of other patients that they have cured.

As shown in the oral traditions of Pedrano bonesetting, the huesos used by the wecol bak are a focal point in their sacred medical practice. According to wecol bak, they communicate the ways in which bonesetting work must be done in the healers' dreams, they initiate candidates who are called to heal, and they are involved in the treatment of patients by diagnosing the severity of bone injuries and then by effecting cures. I made a speculative inquiry into the origins of the traditional beliefs pertaining to huesos in Chapter IV, and submitted that they may be informed by prose narratives with centuries of antiquity (that are still performed today) of a Mayan spirit named C'oxol. The memorates told by wecol bak about their huesos imbue them with characteristics that are
limited" box (1975: 720-721). Thus it has been recognized that wecol bak are healers that work within both spiritual and physical conceptual frameworks, giving Pedrano bonesetting its ritual components. The part that the ritual process takes in the persistence of Pedrano bonesetting remains to be considered, and will be addressed after a review of the topics that have been covered in this study.

In Chapter II, I compared Pedranos' opinions regarding three healers who are known by many villagers to have used the same hueso in their practice in different ways. The early wecol bak are favored over the currently practicing one. Comparison of stories about them show some of the norms of Tzutuhil Maya bonesetting that the latter has failed to follow: supernaturally sanctioned recruitment to the specialty, and the practice ethic of not charging money for treatments.

The recruitment of wecol bak was explored in Chapter III, emphasizing the importance of the liminal phase in the rite of passage characteristic of becoming a bone healer. In liminality, the secret knowledge, or gnostis, of bonesetting is obtained from supernatural entities encountered in the dreams of the candidates. I found that the pattern of initiation - as told to me by wecol bak - is similar to those reported by other ethnographers to be experienced by midwives and shamans. One difference, however, is that wecol bak do not have signs at birth that designate their sacred calling. The stories told by wecol bak
CHAPTER VI
SUMMARY AND CONCLUDING REMARKS

My experience as a bonesetting patient was the impetus for this study, in which I have explored some of the aspects of this medical practice that make it a sacred specialty in the Guatemalan highlands. Although it has been my intent in this report to present my field observations with objectivity whenever possible, this study is primarily a subjective account of the impressions that I had in my experience as a patient, and in the subsequent interviews that I held with wecol bak. My aim in this study has been to provide a description of traditional beliefs associated with Tzutuhil Maya bonesetting. I have shown, through analysis, how the ways in which the Mayans themselves describe bonesetting suggest that the oral traditions about it give a form resembling a rite of passage to its patterns of initiation of the practitioners and patterns of treatment of the patients. The wecol bak are ritual specialists. Bonesetting, however, is a medical practice directed towards the treatment of a limited scope of physical problems. Thus wecol bak are also medical specialists in orthopedics. Paul and Paul developed a fourfold classification scheme for healers in which "general" - in terms of the scope of maladies attended - is contrasted with "limited", and both of these are divided by a distinction between "sacred" and "secular". In this scheme, shamans are classified as "sacred-general", and Pedrano midwives and wecol bak are in the "sacred-
Western or indigenous) in a society that make a career of working within the regulatory structure and philosophical paradigm of a given health care organization. "Professionalized" would perhaps seem less ambiguous than "professional".

2. Figures 5, 6, 7 and 8 are images retrieved by computer from a videotape.

3. In the cases of children, I would not feel as certain about the symbolic nature of the hueso for illness-oriented treatment, except for its effect on their parents. In the case of an eleven-year-old boy, Miguel, it seemed that his injury (broken arm) had a far greater emotional effect on his mother, Lidia, than it did on him. In this sense, and, I assume, for most cases where the injured are children, the hueso's symbolic importance would possibly be directed at the parents.

4. This effect fits with what has been defined by Medical Anthropologist Daniel Moerman as "general medical therapy", a class of treatment in which "conceptual, meaningful, cultural, categorical events influence physiological processes" (1991: 131).

5. I knew Juana from my first fieldwork in Guatemala as a student in the Texas A&M Ethnographic Field School during the summer of 1991. I had hoped to employ her as an interpreter during my field study, but found her in bed with an injured tailbone when I arrived in San Pedro. The responsibility for helping Juana with her children was given to her mother-in-law perhaps because Juana's mother is from San Juan, and was not available to help.
Figure 9. X-ray photograph of the right fibula taken at the Texas A&M University Health Center five weeks after the occurrence of the injury, two weeks after the bonesetting treatment.
part of both the healers and the patients, for as such the specialty as a whole remains the viable option that it appears to be for orthopedic care in the highlands of Guatemala. The empirical results of the treatments given to patients, in the majority of the cases that I observed or was told about (and even in my own case [see Figure 9]), demonstrate that most of the cures given in bonesetting are highly effective. These cures are carried out with the ritual use of the hueso, which has, according to wecol bak, the sacred virtue of being able to heal bone injuries. An important result of the cures can be illustrated in a statement made to me by a man from Tzununá, who commented on the successful treatment by a Pedrano wecol bak of a friend of his who had broken several bones in a fall from a high precipice above which he had been cleaning his field: "Now he is working, walking, hauling...". Bonesetting allows people to return from the liminal status of being a patient to their accustomed way of life.

ENDNOTES

1. Kleinman defines these terms in the following ways. The popular sector "is the lay, non-professionalized, non-specialist, popular culture arena in which illness is first defined and health care activities initiated"(1980: 50). The professional sector comprises the organized healing professions. This is Western scientific medicine in most societies. But in some societies, there are also professionalized indigenous medical systems, such as Ayurvedic medicine in India (1980: 53-54). The folk sector has non-professionalized, non-bureaucratic specialists. Most components of folk medicine are related to the popular sector, although some are closely related to the professional sector (1980: 59). "Professional" seems to be a biased term that implies that the folk sector is made up of amateurs. This is certainly not the sense in which Kleinman uses it, however. It is meant as a label for those practitioners (whether
social and behavioral changes were also required of either patients or their relatives in order to put a cure into effect. Regarding the adherence of patients to the therapeutic requirements placed upon patients and their families, the cases that I have observed show that it is not strict. Juana’s mother-in-law did not help her with her children. Her neighbors came to her aid. Nor did Juana remain in bed refraining from work during the five days that she was treated by Inés, as had been expected of her. She said that she suffered from cold, so she got up to light a fire; she suffered from boredom, so she got up to mend clothing. Miguel and his mother, while in San Pedro, did adhere to Juana’s advice that he keep his arm in a sling and avoid reinjury. However, it is quite possible that they would have done the same without her orders. Yet they did closely follow her schedule of treatments, meeting her at the times that she set for them.

In each case that I followed, termination was decided by the wecol bak who gave the treatment. My evaluation of the outcome of my treatment matched Juana’s: it was effective. Juana shared with Inés the same evaluation of satisfaction with the cure given to her tailbone. In the penultimate treatment given to Miguel, however, he told Juana that his arm felt like it would break each time he moved it. She attempted to assure him that such a feeling was in his mind - that the bone had been put back into place. He then agreed that his arm was straight.

I contend that most treatments end with favorable evaluations on the
involved six visits to Juana in which she treated the break with the *hueso* to cure it. In these visits, she followed each treatment with an application of GMS and with the wrapping of an Ace bandage around his arm, and its placement in a sling. These repeated visits, and use of the *hueso* to treat his arm, were both the physical treatment for his arm and the ritual manipulation of the cultural label that had been given to it previously, that of "destroyed". There were two visits per day for three days. In the last visit, she assured Miguel and his mother that his arm had been cured well, and that they could return to their home. Thus a new label had been applied to Miguel's arm, releasing him from the treatment phase, but not from his requirement to wear the sling for at least two more weeks and to avoid bumping his arm during this time period. Since the use of the *hueso* was integral to each of the curing sessions and as such to Miguel's transformation from a state of injury to that of wellness, the therapeutic stages are found to be of the cultural level. No special behavioral or social transformations were made in his case, so for him the level of cultural change operated independently, and was determined through the *hueso* used by Juana.

The mechanism of change in Miguel's treatment was the cultural symbolism - that of healing power - of the *hueso*. In general, the same mechanism is used for patients by all *wecol bak* whom I interviewed in San Pedro, although I have mentioned above certain instances in which
well) is applied and sanctioned as a meaningful symbolic form that may be independent of behavioral or social change (1980: 372).

Kleinman states that although healing may involve the interrelationships of behavioral, social, and cultural levels (i.e., transformations of patients at all of these levels), it can occur independently at any of these levels (1980: 372). My findings in San Pedro show that bonesetting (insofar as it treats illness, above and beyond the mere physical aspect of a bone injury) heals principally at the cultural level. I have recorded what appear to be exceptions to this, as I illustrated above in the cases in which the estranged mother-in-law of Juana was required by the *wecol bak* to help her with her children, and in which a man's drinking habits were pinpointed as the cause for his injuries. The first of these examples falls within the level of social transformation in the healing process, the second within the behavioral level. These are interrelated with the cultural level, for the *hueso* was used in both cases to treat the injury, and also served as a symbol of validity for the healer.

The three stages of healing on a cultural level can be demonstrated in the treatment of Miguel, the boy who had broken his left forearm and who was treated by Juana. In the first stage, his injury was diagnosed by the *hueso*, and given the label of a "destroyed" arm by Juana. What makes this a "cultural category" is that it was arrived at through the use of the *hueso* as a diagnostic tool. The second stage in Miguel's treatment
apron, she rubbed GMS onto my ankle, then rewrapped it. Since Rolando had not come with us on this morning, we could not speak with Juana directly. One of her daughters told me that I did not need to return the next day unless my ankle was bothering me. At Juana’s request, they told me to stop relying upon the crutches, and to walk with my right foot. I did so gently, using my foot as though walking, but carrying the greater part of my weight on the crutches. Five days later, I stopped using my crutches altogether. I returned to see Juana one week after my first curing session with her (two weeks after our first meeting). Rolando came with me so that we could interview her about her work. She was interested in the state of my ankle, and I removed the Ace bandage so that she could examine it. I told her (through Rolando) that it felt much better. She was pleased with the results.

The fifth category in Kleinman’s list for practitioner-patient interactions is that of "Therapeutic Stages and Mechanisms", which evaluates "triptpartite organization", "mechanisms of change", and "adherence, termination, and evaluations of outcome" (1980: 208). Kleinman describes tripartite organization of therapy by explaining that rituals of healing move through three separate stages: The sickness is labeled with an appropriate and sanctioned cultural category. The label is ritually manipulated (culturally transformed). Finally a new label (cured,
relationship (healer, patient, and observers of the curing session [of those that I observed]) shared a recognition of the therapeutic objectives: the reduction of a broken or dislocated bone and restoration of normal life to the patient. Patients are not expected to reach these objectives on their own. When Inés cured Juana’s tailbone, she insisted that Juana’s mother-in-law, who had estranged her, assist Juana with the care of her young children. In the therapeutic relationship, the locus of responsibility for care - the fifth issue in Kleinman’s clinical reality category (1980: 208) - includes the family of the patient. Patients are responsible for avoiding reinjury to themselves. The responsibility of Wecol bak for patients involves the curing sessions only.

The following day I returned with George to Juana’s for my second treatment. He accompanied me to videotape the curing session. I removed the Ace bandage, and Juana knelt on the floor as she held my ankle in her lap with her left hand and worked on it with the hueso in her right hand. Her daughters were present to watch the cure, which consisted in a massage to the inside of my ankle, opposite the broken bone. Juana worked on this part of my ankle without any conscious cue from me. In fact, it was the stiffest area of my ankle that caused the most resistance to free pivotal movement with my foot. Her work lasted only a minute, and was painful, but had the effect of relieving the ache that had bothered this part of my ankle. When she put her hueso back into her
that is part of being a patient - by signifying the enlistment of divine power in the cure. Thus in respect to the use of the hueso, therapeutic intervention, the third issue in the clinical reality category (Kleinman 1980: 208), is instrumental and symbolic. The spiritual characteristics of the huesos are central to narratives about them perhaps so that, at the time of curing, huesos are integrated into the symbolic reality of the patients. Symbolic reality is a bridging mechanism between clinical reality and the psychobiological reality underpinning the symptoms and therapeutic effects (Kleinman 1980: 42).

The hueso of a wecol bak, when applied in curing, taps directly into the psychobiological state of patients. It causes intense pain which the patient must cope with, and which is endured because of a belief that the work done with the hueso is therapeutically beneficial. Coupled with the pain is the sacred symbolism of the hueso, which may, (in a mode that still belongs to areas of speculation) induce a healing frame of mind in the patient. The power of the hueso's symbolism (a condensation of the liminality experienced in the initiation of the wecol bak) is put into effect by the dyadic relationship between the practitioner and the patient, which gains meaning from their having undergone parallel liminal experiences. Being part of the symbolic reality of a patient, the hueso links therapeutic expectations - the fourth issue in Kleinman's clinical reality category (1980: 208) - with therapeutic effects. All participants in the therapeutic
wecol bak, Inés, when curing the jammed index finger of her adult nephew, also used disease- and illness-oriented treatment approaches. While I was there with Cecilia to interview her, he came in for his second treatment. She told him to return again on the following day for the third treatment (similar to Juana's schedule for me). In the disease-oriented aspect of her treatment, she used her hueso to apply pressure on his finger, making him contort with pain. Yet during the cure, she and her nephew and Cecilia discussed how excessive drinking had caused him to injure his finger, and how it had frequently been the cause for other breaks that he had had treated by Inés. In this conversation, the illness response to past and present bone injuries was to explain them in terms of a drinking problem. Thus the injuries were given a contextual meaning. Since Inés and Cecilia told him that he should stop drinking, a means for controlling the illness was also offered. Both aspects of the treatment were provided together. As Inés' nephew groaned in pain from her use of the hueso, Cecilia stated that the blows he had taken must serve as a lesson for him.

From the indigenous perspective, there is no clear distinction between disease-and illness-oriented bonesetting, since the hueso is key to both. The hueso, as an instrument in the hand of the healer, physically reduces the bone injury. At the same time, it symbolically begins the healing process of the culturally contextualized illness - the liminal status
and categorized bonesetting on the basis of my first treatment alone, I would classify it as secular. The cure I received seemed, from the context of my culture, to involve only the physical manipulation of my broken ankle. Yet at the closing of the first curing session, I asked (with Rolando interpreting) how Juana learned her skills. She said that nobody had trained her; that she had learned to cure in her dreams. In my second field season, I learned that wecol bak consider their huesos and their skills to be gifts from God. Pedrano bonesetting is, within the context of their culture, a sacred practice. Its sacred nature is spoken of in narratives about the huesos, and confirmed by the empirical efficacy of the cures given by wecol bak.

The second issue to be considered in Kleinman's clinical reality category is whether the therapeutic relationship is disease-oriented or illness-oriented (1980: 208). Bonesetting is oriented towards both. From my perspective, the "disease" that it treats is the physiological disorder: broken, fractured, or dislocated bones. It does this in a way that could be objectively evaluated in terms of biomedicine. My "illness" can be defined as the liminality that I experienced as a result of separation from my accustomed daily life and anticipated activities. Juana cared for this illness by putting a cure into effect (with no shortage of pain), and by delineating the time coordinates involved in regaining full use of my ankle. She gave me a goal to work for: a way out of liminality. Another
Figure 7. Juana massaging the fractured ankle with her hands.

Figure 8. Juana wrapping the fractured ankle after the massage therapy.
Figure 5. Juana treating a fractured ankle with the *hueso* held in her right hand.

Figure 6. Juana applying mentholated salve to the area of the fracture.
jerking back in the chair, stiffening my leg against the pain, nor my
groaning broke the steady rhythm of the pressure she applied to my ankle
with the hueso. George helped Rolando hold me in the chair, and in one
draught I drank the four ounces of Chamula distillate that I had brought
as an anesthetic. It had no noticable effect.

After one and a half minutes of using the hueso, Juana stopped, and
put it back in her apron. She produced a small container of GMS, a
mentholated salve, then rubbed some of it on my ankle. She followed
this with thirty seconds of massage around the break. She then wrapped
my ankle with the Ace bandage. The pain subsided. Rolando said that she
wanted me to gently begin using it. She wanted to see me walk. I stood up
and took a few careful steps.

In this first treatment by Juana (see Figures 5, 6, 7 and 8), I was
exposed to a "clinical reality" unlike any that I had previously
experienced. Clinical reality is "the social structural and cultural context
of sickness and care" consisting of the "beliefs, expectations, norms,
behaviors, and communicative transactions associated with sickness,
health care seeking, practitioner-patient relationships, therapeutic
activities, and evaluation of outcomes" (Kleinman 1980: 42). As a
therapeutic relationship category, one of the first issues of health care that
it addresses is whether it is sacred or secular (Kleinman 1980: 208). Had I
never asked Juana, or any other wecol bak, questions about their work,
from San Juan Bautista, a town in the piedmont ["la costa"] south of Lake Atitlán. There, she said, Pedrano bonesetting is well known.

Juana was in the kitchen with some of her family (daughters and presumably grandchildren) when we arrived. One of her daughters motioned us into the room where Juana works. They brought in chairs for us. The room was also used for other household activities, since firewood, a burlap bag of corn, and a reel for thread were kept there. The room was dimly lit by a small window and a lightbulb hanging by its wire from a beam. I sat down to take off the bandage. Lisa set up the video-camera. Juana came in and sat on the floor with her legs folded beneath her, then placed my foot on her knees. Her daughters and two young children watched the treatment from just inside the doorway. She retrieved the small hueso wrapped in cloth from a pocket on her apron. Then began probing my ankle with it. When I pointed to the part that was broken, she slid the hueso above it and forcefully applied pressure. Pain jumped through my body. She continued pressing, searching, pushing, and massaging with the hueso in her left hand, using her right to hold my ankle steady. As the pain intensified, I pleaded "¡Descanso! ¡Descanso!" [Rest!]. I was laughing in disbelief that this seemingly tortuous treatment could benefit my ankle. Rolando loosed his grip from my arm as he and everyone else, including Juana, chuckled at my reaction. We had a brief pause, and then Juana resumed her work with solid purpose. Neither my
Back in Santa Cruz, I sat in the sunlight and cut holes in the lower part of my cast with my pocketknife so that air could circulate through it and dry it out. Throughout the following week, I continued cutting holes in my cast to open access to my itching leg. In this way I gradually removed the cast and prepared myself for the bonesetting cure. Rolando, a Pedrano of my age who was hired by our field school to work as an interpreter, reinforced my decision to get treated by Juana by describing how he had been successfully cured by bonesetting in San Pedro. He had broken his left scapula in a fall from the roof of a house. A man named Andrés (whom we later interviewed) healed him.

One week after my first meeting with Juana (exactly three weeks after breaking my ankle; two weeks after getting the cast), I returned to her house, accompanied by Rolando, who was to translate between Tzutuhil and Spanish, and two of my colleagues, Lisa and George, who were to videotape and photograph the cure. Earlier that morning, I had completely removed my cast and wrapped my ankle in an Ace bandage. As we approached Juana’s house, we encountered a small group of people coming from that direction. Among them was a woman who carried her arm in a sling. I asked her if she had come from Juana’s. She said that they had just seen her. She had “broken” (or perhaps dislocated) her shoulder, and by “the grace of God”, Juana had fixed it. The woman then took her arm out of the sling and raised it above her head. They were
ones habitually taken as a given (Zaner 1970 [cited in Karp and Kendall 1982: 261]). I contend that my status as a patient increased the likelihood of experiencing shock, and support this by recalling Grimes' claim that illness involves a "heightened state of receptivity" (1990: 152). Through the negotiation (at times emotionally-charged) of my treatment, I was caused to realize that I had no reason to doubt Juana's ability to cure broken bones. I reminded myself that, in her society, Juana is recognized as a bone healer. Reorganizing my conceptual field in respect to orthopedic care, I recognized it as well.

The fiberglass cast, as I expected, was not soluble in water. I had put it in the tub to make a pact with Juana, showing her that I intended to accept her treatment. I knew that by getting the bandaging wet, I would have to cut the cast off. I wanted to do this by myself with caution, so I told them that I would return on another day. Andrés and Juana's daughters were irritated that the cast could not be removed at the time. Andrés told me that he is a busy man, and did not have time to waste a day. He said that I should go to the hospital in Sololá to get the cast removed, then return here for treatment. On our way out of Juana's house, her daughters told me not to carry my foot in the air - to use it, so that the veins would not get stiff. Walking back through San Pedro towards the dock, Andrés made sure that I remembered the way to Juana's house, so that I could return later on my own.
put my foot into the plastic tub and felt water saturating the cotton bandage beneath the fiberglass wrap.

That Juana and her daughters gave me the time coordinates for the cure - three treatments in three successive days, and within fifteen days my broken ankle would be well - was influential in my decision to be cured by bonesetting. I had been given time coordinates by the doctor at the Herrera Llerandi hospital too: the cast had to be worn for four weeks to allow the bone to mend itself. I had broken this same bone four years before in its midsection, and had been in a cast for four weeks. With this experience, I took the doctor's prognosis for granted. When I first heard "fifteen days", bonesetting seemed an impractical alternative to me, since I imagined that not having a cast for that period would increase my risk of having my ankle heal improperly. But when it was explained that I would come for a curing on each of three successive days, this structured treatment regimen gave bonesetting a measure of legitimacy in my view. I had no idea what the treatment would entail, but saw it as an opportunity for a unique learning experience, and, of course, a possible way to regain the use of my ankle in a shorter amount of time.

The above factored into my decision, but the actual moment of the decision was (if I may indulge a bit more) what Zaner describes as "shock", which breaks a participant's engrossment in a particular situation and forces him or her to consider that there are possibilities other than the
was most important for my final decision to let her cure my ankle. When I had asked how long I would be in bed, Juana said, "From the second day use effort and walk - but not much, very little - and begin practicing to walk normally". From Andrés I had learned that an "apparatus" was used to find the break. It would then be fixed, and tightly wrapped. Fifteen days, it turned out, was the projected amount of time before I would walk normally. This explanatory model requires greater participation of the patient in the healing process (gradually practicing to walk) than that based upon biomedicine (virtual isolation of the injured area from the patient through the medium of the cast). It is the difference between temporarily learning to live with the injured limb and temporarily learning to live without it. They are different approaches, but in their successes they achieve the same end: curing the patient.

I had almost decided that I would probably be able to move around with greater ease of mind if I kept the cast when the same daughter of Juana's that warned me about impairment began to schedule my treatment, telling me that it would take "today, tomorrow, and the day after tomorrow" for me to be healed. Andrés supported her proposal. They continued making this point, each repeating that with three days of coming for cures, in fifteen I would be well. I still needed to think it over.

After making a comment to her daughters, Juana asked me in Spanish where the break was. I pointed to it. Another moment later I voluntarily
(Kleinman 1980: 105). The aspects that were expressed primarily concerned the proper course of treatment. My explanatory model was based on the biomedical approach of allowing the break to fuse together through the division (growth) of bone cells. In this view, proper alignment of the bone and more rapid fusion results when the injured area is immobilized for a sufficient amount of time.

I pulled my leg away from the water, away from Juana. I stressed to Andrés that I had agreed with the doctor to leave it on for a while, perhaps for another week. I thought to myself that I might be ready for this in a week. Andrés repeated his assurance that she would fix it well. One of Juana's daughters then told me that I would be impaired if I did not take off the cast. In a raised voice, she insisted, "Take it off, man, so she can cure you!"

I wanted to know the amount of time that I would have to be in bed. I did not understand Juana's first reply, but her daughter said it would be a week. Juana then corrected her in Spanish: "Quince días" (fifteen days). I did not understand what was meant by fifteen days. If Juana's prognosis was to have me on crutches that long then I would rather keep my cast so that it could brace my fragile ankle whenever I stumbled; in other words, I would not want her to work on me.

Because I could not speak Tzutuhil, I missed the one aspect of Juana's explanatory model regarding treatment that later, when translated for me,
sessions involving different patients and a different practitioner were also formal.

Our idiom of communication (Kleinman 1980: 207-208) during this negotiation had more than one mode. My mode was mechanistic, influenced by my experience with Western medicine. And in part, the mode of Juana and Andrés was also mechanistic. For example, Juana told Andrés that the cast covered more than just the broken part of the bone. In her view, a tight wrap around the break only was needed to keep the bone from moving. Andrés agreed with this. In addition, the fact that he used the term "bone" for the hueso when addressing Juana, and the term "apparatus" with me, suggests that he may have thought that technical ring of "apparatus" would appeal to me more than if he had said "bone", and thus gain my confidence. All of the "gringos" that he knew from our field school had various "apparatos", from tape recorders to video-cameras. It may or may not have been a carefully chosen word, but his use of "apparatus" invoked mechanistic (i.e., non-supernatural) thinking. Yet between themselves, I would later learn, discussion concerning the use of the hueso had an implicit spiritual mode.

The negotiation also invoked (in terms of the idiom of communication) the openly expressed aspects of our explanatory models. "Explanatory models are the notions about an episode of sickness and its treatment that are employed by all those engaged in the clinical process"
interaction, but these will be given further below. In my first visit to Juana, there were six participants - Juana, Andrés, myself, and Juana's daughters. They were there in part to give her the materials she would need, but also, I believe, out of curiosity: I was, after all, an unusual patient. They also became engaged in the effort to convince me to accept the treatment. The attitudes of the participants in this stage of the interaction were to change at a later stage. My attitude towards the practitioners (Andrés is also a practitioner - though strictly spiritual - of healing, and considered me his client) was one of skepticism, and it influenced their attitudes towards me, which were of concern for the condition of my broken bone, but of impatience with my stubborn refusal of the treatment and my adherence to the "doctor's orders". One of Juana's comments (translated afterward) was, "You cannot walk like that! Your foot will never be fixed! You could walk, jump, run... in a week, just like new." The daughters also shared the same attitudes. In Spanish, one had told me to take the cast off - advice that she thought useful. At one point, among themselves, they commented in Tzutuhil about how I was being "ugly" for not cooperating.

The relationship between the participants, in respect to etiquette, was formal. An example of this was Andrés' deference to the expertise of Juana (hence giving her the final word in determining the best healing strategy). The relationships between the participants in other healing
tightly with a cloth that they would buy. I had only begun to ask about her buying a cloth when Andrés began to show impatience with me and told me that it did not matter, that fixing my leg was the important part. I asked what kind of cloth she would use. Andrés did not hear my question, and told me that she would use an "apparatus" that would tell her how the bone is. Still uncertain about getting treated here, I explained that I had to leave the cast on for four weeks, and that it seemed that Juana would not be able to work with the cast in place. She made a couple of comments to him in Tzutuhil. He then tried to assure me that she would fix it well. I tried to back out by claiming that the doctor had told me not to remove it, but then Juana's daughters all began making remarks in raised voices. One woman told me to take the cast off because it would not cure anything. I agreed that it would not cure my leg, but said that it keeps it from moving. I was still holding the cast above the water, but Juana was splashing water over it anyway. Everyone quietly watched her work. I was breaking one of the cardinal rules for wearing a cast - not to get it wet - and trying to think of a tactful way out of the situation.

The "characteristics of the interpersonal interaction" category pertains to the number of participants, and their attitudes (how practitioners and patients view each other), and the quality of the relationship (such as, whether the relationship is formal or informal with respect to etiquette) (Kleinman 1980: 207). It also includes the time coordinates of the
subsectors (1980: 207). In most cultures, according to Kleinman, there are "personal", "professional", and "folk" sectors (1980: 50). Bonesetting is a subsector in the folk sector of highland Guatemala’s health system. My choice of beginning treatment in the professional sector (i.e., a Western medical hospital), is, Kleinman would say, "anchored in the cognitive and value orientations" of my own popular culture (1980: 50). It is a safe assumption that most North Americans of Anglo-Saxon Protestant upbringing would seek care for a broken ankle from a licensed physician at a hospital - when such is available. When I went with Andrés to see Juana, I had not yet committed to the idea of leaving the professional sector and continuing treatment in the folk sector of the health care system. Presuming it to be a spiritual type of healing (such as in Zinacantan, Mexico, where the practitioners are held in highest esteem if they can heal patients through purely spiritual means (Fabrega and Silver 1973: 41), my motivations for going with him were mostly academic: I had hoped to observe bonesetting practiced on other patients, or to have it performed on me at a safe distance - through the cast. When it became clear that I had to participate in order to observe, my resistance to the treatment fostered a negotiation in which I would have to choose either to continue with Western medicine, or to try the traditional bone therapy of the Tzutuhil Mayas.

Andrés told me that she would put the bone together and then tie it
she tried to place it in the water. I told Andrés that I should leave the cast on, as the doctor had ordered. He expressed my concern to Juana, but the answer was no: the cast had to be removed so that she could see the condition of the bone.

By resisting the treatment I had put Andrés in a difficult position, since he had ostensibly brought me to her to get healed. He understood that I did not want to remove the cast. But he also knew that I had to give it up for her to treat me, and told Juana that he would try and convince me to do so. Yet for my benefit, he enquired about leaving the cast on during the cure. Before doing so, Andrés had told me that he would ask Juana about the "apparatus" (see Appendix III). In his communication with her, he asked if she could pass the "bone" (hueso) over the cast. When she said that the cast had to be removed, by his own initiative he asked her if she could replace it after treating me. Her reply was that the cast would be thrown in the trash, and my ankle would be tightly wrapped in a bandage. Andrés then had to convince me that my broken bone would get healed only by letting her find out how it was. In a real sense, my illness had become "an act of negotiation" (Grimes 1990: 149).

At this juncture it is appropriate to begin an analysis of the developing therapeutic relationship by using the first of Kleinman’s categories (1980) that I introduced above. The "institutional setting" is the specific location of the interaction in a health care system’s sectors and
University Medical School. He determined that an operation was unnecessary, but that my ankle should be immobilized in a cast for four weeks. The cast that he applied over a gauze sleeve and cotton bandage was a lightweight fiberglass wrap bonded by a powerful glue. It extended from below my knee to behind my toes, holding my foot perpendicular to my leg.

One week after getting my cast I went to San Pedro with the last practicing shaman, Andrés, in Santa Cruz. A few days earlier, he noticed my cast and had commented that casts do not heal broken bones. I accepted his offer to take me to San Pedro to get cured, naïvely hoping that the treatment could be performed without removing the cast. I decided that if it could not, I would refuse it. In San Pedro, we were led to Juana’s house by two young girls. We entered the room where she works, and waited for her daughters - three adult women with children - to find her down the street. When she entered the room, she kneeled down on the floor next to my injured leg. Juana wanted to get to work immediately. She needed to remove the cast so that she could find and then determine the severity of the break.

One of her daughters brought in a plastic tub that she uses to soften plaster casts before cutting them off with a razor. Juana asked for hot water, but there was only cold available, which her daughter poured into the tub. I resisted her attempts to begin working by holding my leg up as
Figure 4. X-ray photograph of the broken right fibula taken at the Herrera Llerandi hospital one week after the occurrence of the injury.
in Antigua resulted in a strategy of allowing four days for the swelling to decrease before getting a full cast placed on my leg. I was to remain in bed with my leg propped above my body.

During these four days in Santa Cruz, I began to learn about Pedrano bonesetting. The gardener of the hotel took an interest in my broken ankle and offered to take me to San Pedro to have it fixed by a "sobador" [Sp. for wecol bak]. He mentioned a couple of people that he knew had been successfully cured there when I asked him about their efficacy. I had plans to visit a hospital in Guatemala City for treatment, but asked for a day to consider his offer instead. Later, I spoke with a Pedrana Tzutuhil woman employed in Santa Cruz as a home education promotor for a national development agency. She told me about the first person - a woman - to practice bonesetting in San Pedro [her narrative was identical in pattern to those that I described in Chapter III]. Shortly afterward, a young doctor from Guatemala City who was completing her obligatory resident year of public health service in Santa Cruz convinced me, at the time, that I should seek care at a hospital. She believed that bonesetting was effective for minor fractures and bruises, but not for breaks like my own. I declined the gardener's offer.

It had been a week since my accident when, at the Herrera Llerandi hospital in Guatemala City, my ankle was x-rayed [see Figure 4] and then examined by a doctor - fluent in English - who had trained at Duke
carried by ordinary items that are used in a new context when one suffers a bone injury. In this new context, for example, handkerchiefs, which serve as bandages, sashes, which serve as slings, and chairs, which serve as litters to carry people with disabled legs become symbols in the healing process. In liminality, elements of the familiar are defamiliarized (Turner 1982: 27). Their new permutations are symbolic of the threshold, or limen, through which a patient must pass to reenter the familiar structure.

I considered returning home to convalesce. However, I had previously agreed to work for my major professor as an assistant in an ethnographic field school at Lake Atitlán, so I chose to stay so that I could perform this job in any capacity possible, since I would still be able to help the students organize their projects from the hotel in Santa Cruz where we stayed. I would not readily be able to climb the hill to our host village, but I thought that I could do a certain measure of work towards my project - which included a study of medicinal plants - by interviewing villagers who would come to see me at the hotel. While making this choice, I had no knowledge of the wecolbak in San Pedro.

My ankle had been broken for three days when we arrived at Santa Cruz. It was put into a half-cast in the Antigua hospital, but the swelling continued, and I had removed it as the size and discoloration of my toes increased. The morning that we left for the lake, a visit to a private clinic
same applies to patients in this society. In the spatial arrangement of
Mayan society, the kitchen is a woman’s domain, whereas the field is that
of men (Earle 1986: 164). When the wecol bak Juana described the case of
a woman who had a broken wrist, one of the points that she stressed to
show the anguish felt by the woman was that she could not make tortillas,
a staple food made of corn. Another woman from San Pedro, whom I
have known for three years, had suffered a temporarily debilitating injury
to her tailbone. Among her list of concerns was that she could not make
tortillas, bathe her small children, clean the clothes or her house. Said
another way, a great portion of her daily sphere of activity was at risk of
falling into disarray. Fortunately, her neighbors came to her assistance.
Two men with whom I spoke at different times about getting cured by
wecol bak in the past had each suffered a leg injury while carrying a heavy
load down steep trails. Concerning their illness experiences, both men
emphasized that they were bed-bound, and could not go to their land to
work.

Being orthopedic patients made it necessary for the four people
mentioned above to put aside their customary roles and duties for a
certain length of time. This is the decrease in formal structural
requirements that leads into liminality for patients, and it has a
concomitant increase in the symbolic component of events (Gutknecht
1982: 53). Breaks, fractures, or dislocations are bound, supported, or
status was that of being a patient. The new direction of my energies was towards self-repair.

Kleinman sees illness as the personal and social responses to the malfunctioning of the body and/or mind (disease) that "involves processes of attention, perception, affective response, cognition, and valuation directed at the disease and its manifestations (i.e., symptoms, role impairment, etc.) (1980: 72). With my ankle being temporarily in a state of disease, I had an acute illness which, according to Grimes, "is a tacit ritual,...a ritualization process" (1990: 150): an action that potentially might be interpreted as ritual, though not culturally framed as ritual (1990: 10). Regarded as ritual, Grimes sees illness as "a heightened state of receptivity in which a patient calls not only for medical procedures...but for another style of knowing, one that leads to embodiment and receptivity in a context not segregated from a person's community and ultimate values" (1990: 152). This "other style of knowing" is an openness to manifestations of the sacred. Later I will discuss how in the course of my treatment by a wecol bak, I became aware of how the communicative mode of the healer is associated with this ritual aspect of illness that is rooted in liminality.

Victor Turner writes that in liminality, novices are "temporarily undefined, beyond the normative social structure" (1982: 27). I will briefly mention the cases of two Maya women and two men to illustrate how the
cursed my luck, for in a moment of carelessness I had brought an abrupt end to a semester's worth of planning for my Masters thesis field research at Lake Atitlán.

In retrospect, I see that I had embarked on a rite of passage. By breaking my ankle, thus seriously impairing my research plans, I had at that point lost my previous status and direction (being a graduate student with a defined project to do, and having been hired to work as a graduate assistant in a field school) and had become a patient. I successfully passed through the first stage - separation - and had assumed a type of liminal status. According to folklorist Langdon Elsbree, liminality initiates change by severing the participants from whatever has been the merely customary or the enforced routine, and it thereby suggests these familiar realities are merely customary, time-bound, or routinized.... [It] becomes this process of change by liberating participants to be other than they have been, and it thereby directs their energies toward this otherness, often a new social identity or status (1991: 20).

The injury increased my awareness of physical limitations. It was clear that I would not attain my original summer research goals, so I had to consider new approaches. The difficulty of doing this made sense when I realized that the painful and impaired condition of my ankle focused my attention on the real present instead of an imagined future. My new
(Kleinman 1980: 207-208).

These categories will structure the following presentation and analysis of my experience, and of those that I recorded for other patients of San Pedro's wecol bak. I use this approach, in part, to portray the therapeutic relationships of Pedrano bonesetting in a format amenable to cross-cultural comparison, in the event that a future exercise of the sort were to include this healing specialty. However, more than expecting to contribute to the search for universal norms in healing transactions, I believe that the use of these categories assists in revealing how these transactions are embedded in the individual contexts in which they occur. They become pertinent in this chapter about the liminal status of patients, and patient-practitioner interactions, for they expose the elements of the healing process that make it a rite of passage.

FROM THE LIMINAL STATUS OF PATIENTS TO RITUAL HEALING

When I woke up in pain early one morning in July, 1992, in Antigua, Guatemala, my greatly swollen right ankle testified that the previous night's accident had caused more than a mere sprain. The expressed concern of the Ladino woman mopping the hotel's hallway convinced me that I should have my ankle examined by a doctor. My companions rented a set of crutches for me at the orphanage, and I then found my way to the public hospital. The x-ray photographs gave a clear diagnosis: my fibula was broken on a diagonal through the distal end. At the time I
bonesetting:

1. Institutional Setting (i.e., specific location in a given health care system's sectors...)

2. Characteristics of the Interpersonal Interaction
   a. Number of Participants
   b. Time Coordinates ....
   c. Quality of the Relationship....
   d. Attitudes of the Participants ....

3. Idiom of Communication
   a. Mode (i.e., ... mechanistic, ... spiritual,... etc.)
   b. Explanatory Models (i.e., shared, openly expressed, tacit, or conflicting;...)

4. Clinical Reality
   a. Sacred or Secular....
   b. Disease-Oriented or Illness-Oriented
   c. Symbolic or Instrumental Interventions
   d. Therapeutic Expectations....
   e. Perceived Locus of Responsibility for Care....

5. Therapeutic Stages and Mechanisms
   a. Tripartite Organization or Other Structure
   b. Mechanisms of Change (i.e., ...physiological, social, etc.)
   c. Adherence, Termination, Evaluations of Outcome
continuing process. To the extent that field work is reflective, it is ambiguous (Karp and Kendall 1982: 250).

I hope to expose the way in which my field techniques influence the meanings that I interpret for my relations with the people that I have studied, and their relations with each other. My narration will span the chapter, and is to be segmented for the analysis of various parts of the overall experience. In my analysis, I will compare my experience with those of Mayan patients. This second context for considering practitioner-patient interactions is less idiosyncratic yet more specific to Maya culture. The organizing framework for this chapter, which is to place patient-practitioner interactions of Pedrano bonesetting within a third and more general context, enlists the categories set forth by medical anthropologist Arthur Kleinman (1980). These categories represent what Kleinman held to be the most adequate criteria for framing cross-cultural comparisons of therapeutic relationships and for systematically collecting ethnographic data (1980: 207). By using these three contexts, my aim is to subjectively and objectively demonstrate how the ritual and symbolic elements of the therapeutic approach in bonesetting support the empirical efficacy of the treatments offered by wecol bak, and provide the process of healing with meaning.

The following are Kleinman’s "categories for comparing therapeutic relationships" that I will enlist as a framework for reporting Pedrano
the culture (see Fabrega and Silver 1973: 4). However, bonesetting in San Pedro does provide a glimpse into these ethnomedical concerns. They are most clearly demonstrated in the therapeutic relationships that are obtained between patients and wecol bak.

In this chapter, I will show the ritual aspects of therapeutic relationships in Pedrano bonesetting. Their benefit to therapy derives from their articulation with the rite of passage - characterized by a distinct liminal phase - that is experienced by patients. To illustrate this, I will contextualize therapeutic relationships in three ways. The most idiosyncratic of these will be to narrate (printed in *italics*) my experience as a patient of a wecol bak. This narration has been adapted from the fieldnotes that I kept during the July/August 1992 period of fieldwork. Thus this chapter will entail a reflexive approach to the study of bonesetting. Reflexivity in anthropology is a way to contextualize the researcher's participation in and analysis of the society under study. It is concerned with the context in which learning occurs, by addressing the way in which field work does not just enlarge the field worker's conceptual field, but reorganizes it. It poses challenges to the field worker's most fundamental beliefs about truth and objectivity. It generates understandings and at the same time casts doubt on the validity of those understandings as it makes clear that self-awareness is a
CHAPTER V

ON BEING A PATIENT: LIFE AT THE LIMEN

Ways in which Pedrano bonesetting is a sacred specialty have been suggested in the previous chapter's speculative inquiry. I have attempted to identify points of connection for the beliefs alluded to in the narratives of wesol bak with other Mesoamerican traditions. The consideration of these connections can aid in our understanding of Pedrano bonesetting in at least two ways. It allows the approximation of Pedrano bonesetting's position within a broader Mesoamerican context of sacred healing and associated beliefs. It also allows us to see that liminality - albeit a concept that is applied analytically by the ethnographer - is an experiential pattern for personal transformation with antiquity and ubiquity in Mesoamerica. Liminality, as I have illustrated throughout the previous chapters, is a phase in the recruitment of wesol bak. I will describe below how it also is important to the ritual process of healing in bonesetting.

In the introductory chapter, I reviewed the literature about bonesetting in Mesoamerica and found that, with the exception of Benjamin Paul's work (1976), the ritual aspects of the practice have received little attention. Perhaps because of bonesetting's apparent focus on a limited range of physical problems - in contrast to shamanic healing - it has escaped close study in terms of what it can reveal to ethnomedical researchers about the relations of illness and medical care to other cultural activities of a group, or about the ultimate values that are held sacred by
narratives of two Pedrano wecol bak. One, Francisco, told my interpreter and me that he uses bone from a snake as part of his cures. Another, Andrés, who found his hueso when he was a child, said that it was in a small pouch with a tiny silver statuette of a deer.


12. A possibility that merits further inquiry concerns a geologic feature of Lake Atitlán. Being in a volcanic region, one of the abundant minerals in the area is pumice. Small weathered pieces of pumice often aggregate into large floating mats that drift across the surface of the lake. It seems probable that to Atitlán inhabitants who were influenced by Nahua culture, the appearance of pumice on the lake may have been a graphic representation of the shattered bone event in the Quetzalcoatl myth. This aspect of the physical environment, in its resemblance to the myth referred to by Nahua healers, may have kept the conception of bone injuries as having mythical connotations a viable element of Tzutuhil Maya culture. There is limited ethnographic data to support this inferred connection between the *wecol bak* and Nahua healers, and this concerns the use of, or reference to pumice in a sacred context. I have observed, at two secluded shrines in the mountains near the lake, pumice that was carved into shapes suggestive of bowls, with a small hole at the top of each piece to accommodate a candle. Candles, along with incense, sugar, flowers, and liquor are burned at shrines as offerings to "feed" the spirits (Earle 1993: personal communication). At these shrines, the pumice would serve as vessels for part of the meal. The only other evidence I have found that places pumice within a sacred context comes from a prayer spoken by a Quiché Maya diviner, in which he invoked the help of the ancestors in answering a question concerning a dream for anthropologist Dennis Tedlock, "All grandmothers, all mothers, powdered clay, powdered pumice, powdered bone" - which Tedlock interprets as a reference to the dead who are remembered and those who are forgotten (1993: 50). The pumice connection to ancient myth may, to a latent degree, even help to explain why the Tzutuhil Maya *wecol bak* are sought by patients from many towns across western Guatemala.

13. An intriguing idea for future study would be to explore the possibility that bonesetting for injured Quiché warriors may have been among the services rendered by the Tzutuhil in their tribute.
cream of a brand called "GMS". This was used on my broken ankle by Juana. She says that it is hot, and must be used with care. The hot/cold dualism in Mesoamerican theory of health includes all foods, materials and environments with which the body comes into contact (Logan 1973). It has been thought to be a degeneration of the humoral theory brought to the Americas by the Spanish (Foster 1953). However, López Austin maintains that it is of native origin, for it is universal to indigenous people in Mesoamerica; his argument is that if indeed it was degeneration and diffusion that presumably planted this Spanish health theory into the native world view, then the wet/dry aspect of humoral theory should also be expected to appear in some areas (1975: 27-28). In general, a healthy body is thought to be one in which hotness and coldness are kept in balance (Orellana 1987: 168).

5. William Bascom's definitions for myth, legend, and folktale show that the latter is regarded as fiction by tellers and listeners alike, whereas the other two are considered as truth, with myths concerning the remote past, and legends involving a time when the world was much like it is today (1984 edition). C'oxol makes appearances in all three types of prose narrative; however, in the legend to which I will refer in this chapter, he is a boy known as the dueño (owner) of the mountain. This folktale about a poor man who is assisted by the dueño ends in disaster when the man forgets to honor the pact upon which the assistance was contingent (Sexton 1993: 3-8). Although generally told as fiction, the truth in the story comes indirectly in the form of a parable.

6. Dennis Tedlock, who translated the Popol Vuh from Quiché to English with the aid of a Quiché diviner, found that C'oxol has sexual duality (1985: 305). C'oxol, according to Barbara Tedlock's interpretation of narratives that she collected in her fieldwork in Momostenango, exists in the belief system of the highland Maya as the one who teaches the proper way to keep the divinatory calendar and shrines (1978: 189-196). The sexual duality of C'oxol is paralleled in shrines that are kept by Quiché diviners. In Chinique, Duncan Earle found that shrines of the Mundo, or spiritual essence of the earth, which dwell in significant topographical features, are said to be both male and female (1986: 169).

7. Although "Venancio" is perhaps the correct spelling, "Benancio" is how he wrote his name for me.

8. José, of whom I wrote in Chapter II, has travelled enough in his work to be able to claim that he has been on busses stopped by the military over thirty times. He informed Cecilia and me that the mayor's office created an official document for him to carry that states that he is a San Pedro wecol bak, and that he travels to perform his work.

9. Even the name "Atitlán" is Nahuatl, meaning "near to lake" (Orellana 1984: 4).

10. The serpent-deer of the Nahua incantation is reflected in the
Vu.h. I have submitted the above as a speculative inquiry into where the rituals of Mayan bonesetting find their roots. The mythical entities that created mankind, or that concern themselves with his ritual education, are teachers. They exist as metaphorical examples of how healers must cross the limen in the process of becoming who they are, and how the healers must "clear the road" for their patients, who also experience liminality.

ENDNOTES

1. In this and all chapters, I use the orthography of the works that I cite for Mayan terminology.
2. Wecol bak do not allow anyone to see what is hidden beneath the cloth that hides their huesos. On one occasion, however, one did allow me to hold her hueso in my hand. She had already placed it in the vinyl coin bag in which it is kept. Its size, weight and geometric shape made it feel as if it is a crystal. The hueso used by Juana (who cured my ankle) looked and felt as if it might be a small stone. It is of interest that, even though these objects are most commonly referred to as huesos [bones], they may not be bone at all. Crystals and stones are important parts of diviners' bundles. That these may also constitute the huesos used by wecol bak suggests that bonesetting is closely tied to Maya shamanic traditions.
3. Vicente spoke with my translator, Cecelia, in Tzutuhil, my audio-recording of this conversation was later translated for me to Spanish by another assistant, Isabel, who helped me transcribe all of the interviews that were conducted in Tzutuhil. Protestants and Catholics alike refer to fellow members of their church congregations as hermanos. My interpreter's mother, who is Evangelist, explained to me, as I met two elderly men who are her "hermanos", that they are siblings before God.
4. Wecol bak do, however, have a dualistic system of classification for some aspects of the diagnosis and treatment of bone injuries. In curing rituals, the hueso serves as a diagnostic tool by indicating the nature of the injury: the bone is broken/the bone is not broken. Hot/cold categories are also found in bonesetting. In my second interview with Rosalía, she told me that bone injuries are "fría" (cold), thus tobacco leaves heated over coals are applied over the affected area because they are "caliente" (hot). Another medicine applied to bone injuries is a commercial menthol
She/he - who escapes being turned to stone along with the gods and animals when the sun first rose; who escapes conversion to Catholicism in the dance of the Conquest thus establishing her/his peripheral position in the syncretized Mayan cosmological hierarchy of God, the Virgin, Jesus Christ, and the saints; who whips knowledge of keeping the calendar and shrines into those who lack it - is possibly the liminoid figure from traditional belief that informs the initiation pattern for bonesetting of the proper spiritual norms to meet in the process of becoming a healer. In the absence of interview material on the special instructions that the *wecol bak* received from the figures that were met in their dreams, I can only propose - on the basis of the initiation pattern - that one spiritual norm involves compliance with the will of the source of their "gift".

In summary, the memorates told by *wecol bak* regarding the supernatural characteristics of *huesos* that they use are evidently based upon traditions that reflect the Mexican influence on the Tzutuhil Mayas, and traditions relating to the highland Maya spirit C'oxol. The history of the Tzutuhil Mayas, and the placement of their towns at the waterside of Lake Atitlán, with its association with Quetzalcoatl in the Nahua and Quiché creation myths, may latently imbue their healers, over those of the Cakchiquel and the Quiché, with the moral authority to heal bones - which are spiritually vital to the life/death cycle in Mayan thought as depicted in the liminal journey of the hero twins to Xibalba in the *Popol*
an autochthon of the lake region in relation to the Cakchiquel, the Quiché, and the Spanish - each of which has participated in the role of "conqueror" over the Tzutuhil. Here I suggest that the "mystical and moral powers" that they wield over the society of their conquerors is their association with the lake, which graphically connects them with the ancient creation myth episodes involving the liminal transformation of bones from a state of chaos to that of wholeness. Thus Tzutuhil healers are imbued with the moral authority to restore order to the frame on which life is built - the skeleton - when a part of it has been put in turmoil.

SUMMARY

Many of the wecol bak with whom I spoke claimed that their hueso, and their ability to heal, or their suerte (fate), is a gift from God. The liminal period experienced by wecol bak candidates, that I described in the previous chapter, results from their failure to act on the mandate to heal given to them by the hueso. It is liminality of a spiritual nature, being a part of the candidate’s rites of passage to the role of sacred specialist. The pain that the candidates endure leads into the revelation of the sacra, or special knowledge, associated with bonesetting. I have submitted that the huesos used by wecol bak are symbols of this process. Additionally, I find that the characteristics of the huesos, as told in memorates by the healers, are suggestive of the prose narratives and mythical texts regarding C'oxol.
observed) involved commitment to the ritual process of healing that is mediated by the wecol bak. Ritual acts obviously come in a variety of forms. A form taken in bonesetting is that of being a patient, which begins with the liminal experience of removal from one's customary responsibilities, pleasures, and goals of normal daily life - that is, the perception of a new state (illness) that accompanies disease (physical limitations). With receptivity heightened by illness, patients are open to symbolic cues that stimulate the healing process in the same way that candidates to be wecol bak are open to the revelation of the sacra of bonesetting during the liminal phase of their initiation. In Pedrano bonesetting, this symbolic reality depends upon the hueso used by the healer. Not only is it used to physically reduce bone injuries in treatments that are evidently empirically effective, it also provides meaning to the cure by symbolizing the involvement of spiritual power in the therapeutic interaction. The ritualized use of the hueso in treating bone injuries guides patients through a rite that has been undergone by many before them: one that ends with reaggregation into a state of balance and wholeness. The balance that is the desired outcome of bonesetting therapy is not achieved by focusing exclusively on the physical problems of patients. It may also call for adjusting a patient's behavior, such as in the case of the man who drinks alcohol excessively. It may also include influencing the relationships between patients and their family members,
such as in the case of Juana's estranged mother-in-law being required to help her with her children.

The psychological and social influence of *wecol bak* in the therapeutic setting is similar to that of Pedrana midwives whose work is, in part, characterized by a socio-ritual role (Paul and Paul 1975: 720). As with midwifery and shamanism, the socio-ritual aspect of bonesetting is derived from the power that comes with being a sacred specialist: a divine gift. This gift for healing is recognized in *wecol bak*, just as it is recognized in Pedrano midwives, and the now disappearing shamans. Although recruited to their work in largely the same way, the *wecol bak* differ from these by their lack of a sign at birth that designates their special calling. The *wecol bak* with whom I spoke had each found their huesos at different times in their lives. Some had found them as children, and some had found them as adults. Their gift is still acknowledged to be *suerte* (fate), yet it is not, as far as I can tell, related to the Mayan calendar date on which the healer was born, as it is, for example, in the selection of Quiché diviners (Tedlock 1978).

Yet the apparently random way in which some Pedranos are recruited to be *wecol bak* may offer a view of how traditional values and beliefs have been maintained in light of the many religious changes that have come to San Pedro in the past five decades. It may be that with the gradual disappearance of shamanism, the keeping of the Mayan calendar has been
mostly lost. Shamans were often responsible for verifying a person’s
divine election to the healer role (e.g., Paul and Paul 1975: 711), and they
did so through divinations based on the calendar.¹ In the absence of
shamans, some of the practicing wecol bak may have found evidence for
spiritual recruitment by themselves in their dreams and illness
symptoms. Yet even though recruitment to the role of sacred specialist
may begin to show certain changes in the case of wecol bak, the
importance of these sacred specialists to their community persists because
of a traditional value that has not disappeared: the value of liminal
experiences in personal transformations. Liminality as a ritual process is
obtained in the random recruitment of wecol bak. With the same
apparent randomness, it is obtained by people when they become patients
as a result of breaking a bone. For healers and for patients, liminality is a
common experience.

Now the religious mood in San Pedro is moving in the direction of a
transcendental religion, Protestantism, and away from an imminent one,
the syncretism of Traditional Catholicism and the Mayan hierarchy of God
and spirits.² In the new belief climate, many Pedranos convert with the
religious experience of a sudden personal transformation. They may thus
be more willing to accept the possibility that someone received a divine
calling at a time after birth. Hence birth signs may at present be
unnecessary to validate wecol bak. They offer memorates as evidence of
their God-given gift for healing people.

It is important to mention that these memorates provide evidence that bonesetting partakes of the same cultural elements that inform Maya shamanism. In San Pedro, shamanism has been contradicted by the new religious climate of Protestantism and has thus virtually disappeared. In the town of Santa Cruz La Laguna, across the lake from San Pedro, it has been found that the pastors of the new religious sects have assumed parts of the shamans' former roles - including faith healing, and the laying on of hands - and have, in this respect, replaced them (Earle 1991). Yet bonesetting in San Pedro has not gone the way of shamanism because of its cognitive empirical aspect: the wecol bak give tangible proof of their therapeutic abilities with each successful cure. The fact that bonesetting is practiced by Protestant wecol bak in addition to Traditional Catholics suggests that its empirical aspects have fortified it for a successful syncretism with Protestantism. But why has Pedrano bonesetting not succumbed to Western medicine? Evidently being as effective as the Western orthopedics provided in highland Guatemala, bonesetting has not been replaced by the externally imported medical system because Western medicine is far behind indigenous medicine in regards to its spiritual dimension. In its growth as a town, San Pedro has experienced many changes, but seemingly the need for divine assistance in healing has not lessened, and bonesetting answers this need in a unique way:
through the symbolism of the *hueso*.

ENDNOTES

1. Midwives in San Pedro have also had the responsibility of recognizing, if present, a sign of an infant’s future calling (Paul and Paul 1975). I have found no evidence that any birth signs are given for future *wecol bak*. However, I have spoken with two *wecol bak*, Juana and Rosalía, who had their callings verified by shamans.

2. Linda Schele, an authority in Mayan hieroglyphics who is on the faculty of the University of Texas, citing a personal communication from Johannes Wilbert to her (Puerto Rico, 1992) in an oral presentation given at Texas A&M University in the Spring Semester of 1993, contrasted these religions, stating that the transcendental nature of Christianity - in simplified terms - keeps God at a distance, whereas the imminent nature of traditional Mayan spirituality finds manifestations of God to be ever at hand, and thus ready to reward or punish immediately, not only in the afterlife (Schele 1994: personal communication).

3. In a publication produced 18 years ago, Benjamin Paul (1976) first examined the supernatural beliefs that pertain to the bonesetting practice. His article is the foundation upon which I have built this study. The points that he made then still apply today. In the closing paragraph, he submits that from the emic point of view, the manifest message of bonesetting is that religion empowers medicine. But, he continues, the latent message is that medicine empowers religion. He concludes by stating that “If setting bones is seen in progressive San Pedro La Laguna as a sacred office, this may be because the very nature of the art - making broken parts whole - so graphically symbolizes and satisfies a profound human yearning to transform disorder into order, to convert chaos into cosmos” (1976: 81). This is, in the final analysis, the *raison d’être* of liminal processes.
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APPENDIX I

INTERVIEW WITH VICENTE CRUZ AT HIS HOME -

18 MAY 1993

This interview was conducted with Vicente Cruz in the evening after he had returned from working. Vicente speaks very little Spanish, thus it was necessary for my interpreter, Cecilia, to translate my questions for him, then translate his answers for me. In the following transcription of the interview, all of the dialog that was in Spanish is indicated by an asterisk (*) that appears next to the name of the speaker. Names without an asterisk indicate that the language used was Tzutuhil Mayan. The first translation and transcription (from Tzutuhil to Spanish) was accomplished with the help of another interpreter, Isabel, three days after the recording was made. The second translation and transcription (from Spanish to English) was accomplished in March 1994.

[...]: indicates a word or words which were not clear in the audio-recording, and thus were not transcribed. Words written in italics are either Spanish or Tzutuhil Mayan. When a word or phrase appears in [brackets], it provides an English translation for the preceding word in the text, it describes the implicit meaning of the preceding word, or it describes a situation. Words that appear in bold were stressed in the dialog.

Cecilia:    He wants to ask you some things. He will give me the questions for you.
Clancy*:   How, how did he begin his work as a wecol bak? When did he begin his work and how?
Cecilia:   How old were you when you began to work?
Vicente:   When I began to work, I was 42 years old. I was 42 years old when I began to work.
Cecilia*:  He was 42 years old when he began to work. He says he was 42 years old.
Cecilia:   How did you begin your work?
Vicente:   I didn't much want to begin. I didn't want to, I didn't want to. I have a daughter that is named Maria, and she has a husband that is named Pedro. And they sent for the healer. They doubt that the material [hueso] is the same as the others that they have seen. The material was big. Big, big, big, big. And they didn't know if it was the real thing - if it was for massaging bones or not, because it is like the [...] of a bull. I don't believe if it is for massaging the bones or not. The man told me that the hueso is [...]. I never wanted to go. My father said, "What you are going to do is a great work." It has been 15 years since my father died. When I began to work, my father had already died. Then, when I began to work for Pedro, who had broken the ankle, they saw that he never got better from Don Pedro Cumatz' treatments. He didn't heal. He didn't heal, because it was the ankle, and they saw that the boy's foot swelled more. And the fractured boy didn't get up from bed. Maria arrived at my house. She told me, "Papa, what are we going to do with Pedro, because his foot is swollen and he doesn't get out of bed." And I told her, "I don't
know, daughter, what they are going to do now, because they have called a healer." And María said to me, "Papa, why don't you do the favor of going to see Pedro for yourself." My daughter told me like that because she knew that I have the material. But I didn't dare to go. "If it is all right, I'll go to see Pedro, but they should call his mother so that she can see it. Because I cannot touch Pedro, unless someone is with me. It is better that his mother is present." Yes, Pedro's mother arrived. When I massaged him, Pedro screamed until he felt like dying. When I massaged him, it made a noise. I myself felt the noise that it made where it was broken. Because I massaged him well [Vicente rubbed his ankle as he talked], I joined the bones where they were broken - because the fracture was big.

Cecilia: You knew it because of the material?
Vicente: Yes, it is the material that says. He was fractured when a companion of his landed on top of him when they were playing ball in the field. With the point of the shoe he broke the ankle, and Pedro could not get up. When I massaged it, after having massaged, and heated, I left it tied. And not until then did Pedro calm down and sleep. The other healer didn't do anything, and there wasn't any relief.
Cecilia*: He says that when he first began, he was 42 years old. The first time, when he began, he had a son-in-law. A son-in-law that played futbol [soccer], played futbol, and there in the field he got hit. And there is a man named Pedro Cumatz, Pedro Cumatz, and he was also a bone healer. And he had a hueso - he doesn't know if it was invented, or if it was suerte [obtained by fate]. Who knows what hueso he has for curing, he says. Then, he cured the man, his son-in-law. But it didn't relieve him. He had a very big hueso, the man, the healer. Who knows what hueso it was? A big hueso, he says. And from there, he cured the man, and it didn't give him any relief. Here is where it was broken [indicating her ankle]. And he didn't have any relief. Then, he [Vicente], since he had his suerte [hueso]... he had his suerte stored. He had never worked anywhere. Then, he, he... since his daughter knew that he had his suerte, that he was a bone healer, but that he had never gone anywhere... He was afraid to go. He was afraid to work, he says. Then his daughter said, "Papa, why don't you do me the favor of fixing my husband? Because you have the suerte." He worried about using his suerte. Then, he took heart to try to use it, to help his son-in-law. And he cured him.
Clancy*: He cured his foot.
Cecilia*: He cured him well.
Clancy*: Uhum.
Cecilia*: And from there is the first time when he began to work.
Clancy: How did the suerte [hueso] come to him? How did he find the suerte?
Cecilia: How old were you when you found the suerte?
Vicente: I was 35 years old when I found the suerte. Like I told you, that I didn't much want to go, that it was stored there a while. Like I told you, that I didn't want to go, except for Pedro, who didn't heal. Not until I cured him did he get better, and after three days, he began to walk in the porch of the house.
Cecilia*: He says that when he found it, found it... he was 35 years old when he found the suerte.
Clancy*: Uhum.
Cecilia*: He stored it a few years... a little time. And his father was still alive when he picked it up.
Clancy*: Uhum.
Cecilia*: Now it has been 15 years since his father has died. He said, "Please, you must work, you must use it, because it is yours, the thing you have picked up."
Clancy*: Who said that?
Cecilia*: His father. But he didn't use it until he was 42 years old. And when his son-in-law got a break is when he began to use it.

Clancy*: And the suerte, the suerte... he found it, or it found him? Did he find the suerte while working in the field, or on the street? And when he put it away, did it make noise... or, or... for example, if he put it in a chest, did it talk, or make noise?

Cecilia: What were you doing when you found the suerte? Were you walking on the road, or were you working in the field when you found it?

Vicente: I was working in the field when I found it, in a place named chugud bel quiley. I did not bring it the first time that I saw it. I saw it the first time, the second time, for the third time, and until I had a dream in which I saw a niño [child] with a cane arrive at my house, and it seemed that he could not walk well. The child asked me to give him a place to stay: "You should give me a place to stay." In the dream, the child and I talked. They arrived. The child was with another hermano [spiritual brother], and they arrived like you have arrived. The man that went with the child then said to me that, "We'll see if I can work at something." When I thought, I did not give him much importance, but I felt very bothered. Then I could not sleep. Sometimes, I would go through a night without sleeping at all. I would be awake all night long. And when I began to work, then everything changed. I felt well. My second patient was a nephew that is named Regino, son of my sister Irene.

Cecilia: How did your nephew get fractured?

Vicente: The cousin went to work. He went mounted on a horse, and on the road the boy fell from the horse and got fractured. My third patient was the wife of Julian, my neighbor. And, like that, little by little I began to start. The fourth patient is Don Salvador, that lives right up there [gives hand motion], and the fifth was the son of Don Juan. And, like that, little by little the people were knowing that I had already begun to work. And, like that, I put myself together. I felt at ease because I began to work. But I confess to you that I picked it up. I picked it up. Because of this, I do a favor for the people, for the people, if they come to look for me. If they pay me un centavo [a little money], "that is fine, thank you." And if they do not, well, "thank you, that too is fine." It is the place or God that gave me the suerte. When I think that, yes, in truth God gave me the suerte, then I ask for his help so that there should be no problems and that everything should come out well. It is the decision that I have made in my life. And come who may, whoever, I am ready here to help them. At times they call me to the towns, but the problem that I have is that I can hardly speak Spanish, and it is the problem for which at times I don't want to go. Because at times it is superior people that speak a lot of Spanish. And it is for this that I don't go. But if they come here to my house, accompanied by another person - like you two right now - yes, I attend to them. Then I can attend if there is someone to translate what they say. I have done my work like that.

Cecilia*: He says that when he picked up the suerte, it was on a piece of land...

Cecilia: What is the land called?

Vicente: Chugud bel quiley. Chugud bel quiley.


Clancy*: Chugud bel quiley.

Cecilia*: Yes, the land. Then, he - the first time that he found the suerte [hueso], he didn't bring it. He was worried about bringing it. He was afraid. He didn't bring it the first time.

Clancy*: Uuhh.

Cecilia*: Then, the second time - he went again to work there - he didn't bring it either. Even the third time he saw it again, he didn't bring it. And from there, when he returned from the third time at work, he slept. Then he dreamed. He had a
dream.

Clancy*: Yes?
Cecilia*: He had a dream that he saw that a child entered, a child with a cane...
Clancy*: Uuhh?
Cecilia*: ...that said, "Please, will you permit me, will you permit me to enter? Will you give me a place to stay?"
Clancy*: Uuhh.
Cecilia*: "...Will you give me a place to stay? I want to stay here with you," he said to him. "I want to stay with you, if you will do me the favor," he said to him in a dream. Then he was left thinking...
Clancy*: Yes...
Cecilia*: ...he was left thinking, in his dream. Then, when he woke, he began to think:
"Why did I have that dream? Then, then... eh... then, it was my suerte that I saw three times on my land."
Clancy*: The suerte was the child?
Cecilia*: Yes. Then, he says that the suerte was the child. Then, the next day, he dreamed again. He had another dream...
Clancy*: Ah, yes?
Cecilia*: ...that the child came again with a nun...
Clancy*: Uuhh...
Cecilia*: Yes, with a mother.
Clancy*: Yes?
Cecilia*: And he came with a mother - the child... and said, "This man, I want to be with him, but he doesn't want me."
Clancy*: The child said...
Cecilia*: The child said to the mother. Then... that's how the dream was that he had. Then, when he got up, he was thinking: "It is better, I have to go get my suerte. Because it is a gift from God, that God is going to give me." Then, he went, he says, another time to his land, and he found it again. And he brought it here.
Clancy*: Uuhh...
Cecilia*: Then when he brought it... when he still hadn't brought it, he didn't sleep, he says. He didn't sleep. He wasn't sleepy.
Clancy*: Uuhh.
Cecilia*: And when he brought it, he brought it here... he stored it. And from there he was at ease. That is how it happened.
Clancy*: And has he had a break any time?
Cecilia*: Have you had a break at any time, sir?
Vicente: When I had not taken [the hueso], there in the same piece of land I got a fracture. My son-in-law came to carry me since I couldn't walk, because the fracture was big. My knee was twisted. It is the blow that it gave me when I hadn't taken it, and in the same piece of land, I built a little cane house. When I was building it, I made a ladder. When I was standing on the ladder, the ladder came down. And when it fell, it spun around, because it wasn't a real ladder that built there by myself. And what I did, whether you believe it or not, I massaged [treated] myself. Because I have been fractured two times, and I have massaged myself two times, and this time, because I was drunk.
Cecilia: Did you already have the material when you got the fracture?
Vicente: Yes, I already had it, because I have massaged myself two times. I am the first that tried the material. The second was my son-in-law.
Cecilia*: Since he had the suerte stored... he always worked the land, since it is his... he always worked there... but he had the suerte stored here in the house... since he
always worked in his land, he built a little house. A little house to store the hoes, bags...

Clancy*: Uhuh...
Cecilia*: Right? He was building the little house, he says, when he slipped on a rock. And he broke this here [the knee]. He broke this.
Clancy*: Here, at the knee?
Cecilia*: At the knee. And he cured himself alone, with his suerte.
Clancy*: Uhuh.
Cecilia*: Yes, the first time, he says.
Clancy*: Uhuh.
Cecilia*: He cured it by himself.
Clancy*: He healed it. Was it a break or a dislocation?
Cecilia*: A break [she checks this quickly with Vicente, who answers affirmatively].

A break.

Clancy*: And what is the name of the land?
Cecilia*: [asks Vicente, and they both answer] Chugud bel quiley.
Clancy*: What is that in Castillian [Spanish]?
Cecilia*: I don't know.
Clancy*: Ahuh.
Cecilia*: Chugud bel quiley...
Clancy*: Chugud bel quiley. Ah... did he suffer before using the suerte? Did he suffer anything in his life?
Cecilia*: Yes. Yes, he suffered a lot, he says. He couldn't sleep. Yes, he suffered a lot because of sleep. He couldn't sleep.
Clancy*: But, did he suffer in other ways?
Cecilia*: No, no. Only that.
Cecilia: What problems did you have before beginning the work? Was it dreams, or another problem?
Vicente: Yes, one was the dream, and the second was the blows that I suffered before beginning the work. And it was like that, when they told me that that was happening to me because I didn't go to work.
Cecilia*: Yes. He was always getting blows. He fell in the streets, he says. And because of this the people said - his children told him, "It is best if you work. You need to use your suerte."

Clancy*: Yes.
Cecilia*: "Because, if you don't use it, you are always going to get blows in the streets or in the fields..."

Clancy*: Ah, yes?
Cecilia*: Yes, because one day, when he got hit as he was alone, his son went to the field to carry him.

Clancy*: Ahah...
Cecilia*: And yes, when he began to work, from then he has never been hit.
Clancy*: Now it is better?
Cecilia*: Yes, now it is better, yes.
Clancy*: Does he know... does he know the story of the first, of the deceased Ventura?
Cecilia: Do you know the story about Don Ventura?

Vicente: Yes, I know the story. I know it because he is the first wecol bak, and very old. When I met him, he was already very old. But he is the first wecol bak here. When someone would get a fracture, they would always go to him, to him, to him... because of his suerte [in this sense, fate, or calling], here on Earth. In addition to people from here, they would come from other places. Because there was only him.
And when he died - he died because he was very old - the material remained with his sister Rosario. The work remained with her. And when Doña Rosario died, the work remained with her grandson José. And he is working now. I knew - I don't know if it is true or not, only God knows - that he takes his work like a business. Because they have told me that if people come from other places, and he sees that they have money, then he will ask for a lot. He does not wait for them to give to him, instead he asks for a lot from the people. Sometimes he asks for 100 quetzals, 100 quetzals, but Don Ventura was not like that. When he used to work - Don Ventura - for him it was big if people paid 10 cents, or 25 cents. But he was the old wecol bak, and the second was his daughter, and the third is his grandson. But he goes out a lot to the towns. And if he takes it like a business, I do not know - that is just how I knew it. I am telling you, because at times people come here that have already been to see him. And the people tell me, "We went to see José, and he wanted to charge us such and such." But I think in another way. Because a person with a fracture gives me pity since they cannot work. I cannot charge them much, because you know that today things are very expensive: because at times they come from very far away; because they have to pay for where they sleep, and where they eat. And at times they have to come for a few days. I think that he is not doing a favor for the people anymore. And I never imagined that I was going to work in this, because at times I think that instead of giving relief to the patient, that I break the patient more. Because I didn't feel certain about the work. But now I see that, yes, I work well, and there are many people that, yes, I have healed. Many times I have gone to the costa [piedmont to the west of the lake], and up on the mountain. One time a man fell from a big tree because he was looking for something, and he fractured four places. And he came to be here about 15 days - 15 days. But it was by his will that he paid me. I didn't ask for anything from him. I saw that he left healthy, and he left at ease. And another man fractured the shoulder by falling on the bumper of a truck as he put in a sack of avocados. This man was brought to me by Don Francisco, who is called "gordéz" [hefty]. And he brought him to me, but the man was healed and he left. And it is they who tell me about José. It is they who tell me that he charges a lot. Fine, but each person... But I have done like so with the brothers, and thanks be to God if they come to find me, because at times there are some that don't come to find me. If they don't come to find me, it is not my fault. And if they come to find me, then I do them the favor if I am here. But now there are many people that I have cured in the town. Down there, in Chuasinah [a canton of San Pedro], there is a boy that fell from up on the house he was building. And when he fell, his arm was below him and he fractured it. And it is him that José was curing, but then he didn't come because maybe he [the boy] was not getting better, or he didn't pay him well. The family of the fractured boy says that if José wanted money, he should have told them, and they would have paid. But he didn't say anything. Instead he didn't come, without saying anything, and they came to get me. But José, when he used his material - it went up. But when I used the material I got it down. It is not the wecol bak who says how the fracture is, but the the very material that says it. And, well, I have worked like that, because God gave me the work, and I can't refuse, or ask for much money, because that is not good. Like I told you, that I didn't bring it the first time that time that I saw it. It wasn't until the third time, since I didn't know and never imagined that I was going to work at this. Since it wasn't my work. My work is to work in the field: planting corn, beans - that was my work, and it is all that I have done.

Cecilia*: He knows a little of the story of Ventura, he knows a little, but not much. Because he was a child, and Don Ventura was already old. Because of this he only saw a little, not much.
Clancy*: Hmm. Yes...
Cecilia*: Don Ventura worked very well, he says. He was number one... for the bones.

Clancy*: Yes.
Cecilia*: He worked very well, and served the people a lot. Right? He worked well, and he says, Don Ventura didn't charge people.

Clancy*: No... nothing.

Cecilia*: He didn't charge people... only what people would volunteer...

Clancy*: Yes...
Cecilia*: "I don't want to charge. God gave me the suerte, and I am going to help the people."

Clancy*: That is what he said...?
Cecilia*: ...says Don Ventura. And from there, when Don Ventura died, he left his work for his daughter Rosario. And Rosario worked very well...

Clancy*: ...very good...

Cecilia*: Very good, and served the people, he says. Only what is left voluntarily...

Clancy*: Yes...

Cecilia*: And from there, Rosario died, and left the work for José, he says. José.

Clancy*: José...
Cecilia*: José Quiacain. Then... José is now working. But people say..."I have heard," he says... he has heard, that if José sees a Ladino that has money, he charges a lot.

Clancy*: Ah, yes...

Cecilia*: He charges a lot. But if poor people, people like us, go to get him, if they do not pay him much, then he doesn't arrive to cure.

Clancy*: No?

Cecilia*: It happened once to a man from here in San Pedro. He went to cure him... then maybe they gave him too little, he says. They gave him too little money.

Clancy*: And what happened?

Cecilia*: He then didn't show up to cure.

Clancy*: He wanted the pay first?

Cecilia*: Yes, maybe he wanted a lot of money... and maybe for this he didn't show up. And he didn't give any relief to the man. Maybe it is because of the money that he didn't cure the man...?

Clancy*: But isn't it the suerte that does the curing?

Cecilia*: It is the suerte, but maybe he doesn't use it. If they pay him a lot, maybe he uses it. Then... the man got no relief. Then they came to call on him [Vicente]. Then: "I cured him well. And he got well."

Clancy*: Ah, yes? Nice... Ah, and he... for example, what was the most difficult cure for him to do?

Cecilia: From where is the man who fractured four places?

Vicente: Visitación [Santa María Visitación].

Cecilia*: Yes, there is a man in Visitación, in Santa María Visitación, that was broken in four places.

Clancy*: In four? How...?

Cecilia: Where did he get fractured?

Vicente: He fractured a rib, a shoulder, a knee, and this [pointing to a foot].

Clancy*: How did the accident happen?

Cecilia: How did the accident happen?

Vicente: He fell on top of a log.

Cecilia*: He fell through the trees... and he broke here...

Clancy*: The shoulder.
Cecilia*: The shoulder...
Clancy*: The ribs.
Cecilia*: ...and the ribs, and here...
Clancy*: The knee...
Cecilia*: ...and here...
Clancy*: The foot.
Cecilia*: In four parts. He cured him, and he was left well, well, well.
Clancy*: In how many days did he heal?
Cecilia*: In how many days did he heal?
Vicente: In 15 days.
Cecilia*: In 15 days, and the man was well.
Clancy*: And many people come here to get cured by him?
Cecilia*: Yes, a lot of people come, because they see that his work is good.
Clancy*: Yes... How many years have you been working now?
Cecilia*: How many years have you been working?
Vicente: I was 42 years old when I began to work.
Cecilia*: And how old are you now?
Vicente: I am 64 years old.
Cecilia*: He was 42 years old when he began, he says. Now he is 64.
Clancy*: 64. The same as my Dad.
Cecilia*: Now he is 64.
Clancy*: That is 22 years that you've worked.
Cecilia*: Ah! 22 years.
Clancy*: And when he began to work, is it that he saw the need for working... were people getting breaks... was there, was there... peace, or was there sadness in the nation? Was there peace in San Pedro, in the nation, or was there sadness?
Cecilia*: When he began to work?
Clancy*: Yes.
Cecilia: When you began to work, what were the times like - if there was war, or thievery... or was it calm.
Vicente: Yes, when I began to work, it was the time of a president named Jorge Ubico. Everything was fine, calm, there was no war, thievery... [audiotape ends, I start the next side]... when the president changed, then war and thievery appeared. But then it wasn't the time of Ubico, but of the man Arevalo.
Cecilia*: Yes, when it was the time of President Ubico, he says, there was peace.
Clancy*: Uuhh.
Cecilia*: And when Arevalo came in, that, he, they made a lot of war, he says.
Clancy*: And he was young, he was young in the time...?
Cecilia: Did you see President Ubico?
Vicente: Yes, we saw him.
Cecilia: How many years has it been?
Vicente: There has been many, but I don't remember.
Cecilia: How old were you in those times?
Vicente: Maybe I was 32 years old, because when the voluntario [armed reserves?] existed here, I was 17 years old, and Ubico governed.
Cecilia*: He was 17 when Ubico was governing.
Clancy*: Ah, yes? And later, what happened? You were explaining about another president...
Cecilia*: Yes, Arevalo. When Arevalo came in there was a little bit of war.
Clancy*: Oh, yes?
Cecilia*: There was a little bit of war, and the people were not calm, because Arevalo
didn’t give peace.
Clancy*: He didn’t give peace.
Cecilia*: No.
Clancy*: And was it at that time that he began to work? That Vicente began to work?
Cecilia*: Really?
Clancy*: Yes...
Cecilia*: No, no, not yet...
Cecilia: Had you started working in the time of President Arevalo?
Vicente: Not yet.
Cecilia*: No, he only says that in the time of Ubico, there was peace.
Clancy*: Yes.
Cecilia*: Then, when Arevalo was in, they... they were not tranquil in the towns...
Clancy*: Uuhh...
Cecilia*: Because Arevalo, did some bad things.
Clancy*: A bad man.
Cecilia*: Bad man. He, he was up in years when he began to work.
Clancy*: And when he works, what is necessary for the patient to do? What does the patient have to do to help in his own curing?
Cecilia: What do you say to people when you cure them? What advice do you give them?
Vicente: When I cure them, if they are recuperating, the only thing that I say is that they take care, and that they heat their foot, because the bone is in its place. And, let’s say that if it hurts them, that they heat it with coals and that they buy mentholated salve.
Cecilia: How many times do you treat them?
Vicente: If I see that the patient is very fractured, it is necessary to pass the hueso over them six times. But, according to how the fracture is. At times, four, three, two times, it depends on the fracture. One can’t pass it only to pass it [the hueso], that is, unless it is necessary to pass it. Because if the patient is recuperating, there is no reason to fracture it more. And like that, one should do it.
Cecilia*: He says that when someone is badly broken, he passes it four, five, or six times...
Clancy*: He passes...
Cecilia*: Four, five or six times. And when it is a dislocation, only two times.
Clancy*: Two times.
Cecilia*: Yes, two times, and enough. And he says to the people, "Please, you must take good care of your foot, or hand..." and also, "You must buy a mentholated salve..."
Clancy*: Yes...?
Cecilia*: ...and heat it in the fire, and...
Clancy*: Apply it.
Cecilia*: Yes, apply it. "The menthol is heated in the fire, and apply it well," that is what he says...
Clancy*: And what other materials do you use?
Cecilia: One should only use menthol, or is there another plant?
Vicente: If the fracture is very grave, one should apply tobacco leaves, and leaves from the poj tree.
Cecilia*: There are...he says that he uses some leaves... of tobacco.
Clancy*: Tobacco...
Cecilia*: And another... there is another leaf but who knows what it is called?
Clancy*: Yerba, yerba espin...?
Cecilia*: No... it's not yerba espina. It's another leaf.
Clancy*: Palomata?
Cecilia*: Palomata? I don't know. I only know tobacco. I know the herb, but what is its
name? I know the two herbs that he uses, but who knows about its name? I only know
the one... tobacco.
Cecilia: Do you put some kind of medicine on the leaves?
Vicente: I put medicine on the leaves after I have heated the leaves.
Cecilia*: He puts salve on the tobacco leaves, and heats them, then puts them like this
[wrapping motion].
Clancy*: Ah, yes? And is it necessary to use sticks [splints]?
Cecilia: Do you use splints? Do you use splints on patient's feet?
Vicente: Yes, they need to be used if it is grave. There are grave fractures, and it is
necessary to use them.
Cecilia*: Yes, he uses them. But only when someone is very grave. When the bone will
hardly join back together, then he uses a splint.
Clancy*: So it doesn't move...
Cecilia*: To cure it well.
Clancy*: Uhm... and he... it isn't important what belief a patient has - whether
Evangelist, or Catholic, or... of whatever town they come from - is the cure the same?
Cecilia: Are the cures that you do the same for people that are Evangelist or
Catholic?
Vicente: Yes, the same. Why make a distinction if we are all the same? For God, we
are one. There is no need to make a distinction, such as, for example, the boy who had
fallen from the top of the house is Evangelist. But there is no need to give importance
to religion. One must do a favor for them when they need it. Then one must help,
because I cannot direct the material, it is the material that works, not I. The
material does not give importance to religion. Because the fracture is not equal to the
illnesses. Illnesses are variable, but the fracture is the same work.
Cecilia: Thank you very much, sir.
Cecilia*: Yes, he says, it is the same cure that he does. He says, "why would I do bad
to one or bad to the other? My work is my work. I have to help the people although
they are Catholic, or any other religion... my work is the same. It is for helping, that
God gave it to me.
Clancy*: To help the people...
Cecilia*: Help the people. My work is the same.
Clancy*: Yes... And how... how... the patients that you have treated, even you
yourself, how did the cuento [hueso] feel on the body?
Cecilia: How did you feel when it healed you the first time? Did you feel cured at
once, or what?
Vicente: [Touching his knee] This is like a bolt. It needs to be massaged from one side
to another. And if this moves, it is dangerous. When I passed the material, I sensed
as if hearing a material entering into place. Well, that is what I do to patients when
they arrive here.
Cecilia*: Yes, he says, when he was broken... when he cured himself for the first
time... when he used his hueso, his suerte...
Clancy*: Uuhh...
Cecilia*: ...he says that this is like a bolt that we have here [the knee], and when he
cured it, he felt that the suerte that he had grabbed it firmly - pure crab - the suerte
did that.
Clancy*: Like a crab...
Cecilia*: It grabbed firmly, he says. He felt it grab firmly, and from there, he wrapped
it, he wrapped it well. It wasn't his hand that he felt - it was the suerte.

Clancy*: How wonderful... the suerte has a lot of energy. Ah... when you talked about
the dream that you had had before getting the suerte, there was a child that carried
a cane... what was the cane like?

Vicente: [begins answer without having the question translated] Maybe because
people arrive very grave, at times carrying crutches or canes. Maybe it was this.
Because a grave patient always, always carries a cane or crutches. And maybe it was
a diosil [spirit] that arrived here with me. Always, always when there are grave
people they come with a cane.

Cecilia*: When people here get a break, they always come with a cane.
Clancy*: Ah, yes?
Cecilia*: So he dreamed like that. People with broken feet come with a cane to
support the foot, so perhaps for that he dreamed of the child.
Clancy*: It indicated...
Cecilia*: It indicated that it was the work that he was going to do.

[We then ended the interview with the agreement that we would return
on another day to talk more with him, and to have him name the bones
in a drawing of a skeleton that I would make (see Figure 1). We thanked
Vicente, and after arranging for our next visit, we left.]
APPENDIX II

INTERVIEW WITH ROSALIA NAVICHOC GONZALEZ AND HER
HUSBAND PEDRO AT THEIR HOME - 23 MAY 1993

(Juana Chololto Ramos introduced us and was present during the
interview, which was conducted in Spanish. The interview was first
transcribed in June 1993. It was translated from Spanish to English in
March 1994).

[...]: indicates a part of the conversation that was missed in transcription
because high background noise in the recording, or a slip of the tape due to
technical error.
Text within brackets [ ] describes an action, situation, translation, or
implied meaning. Words that are printed in bold show that they were
stressed in speech. Pauses are indicated with an ellipsis symbol: .... Words
given in Spanish or Tzutuhil Mayan are italicized.

[I began the interview by reminding Rosalia that we had met the previous
year when Rolando brought me to her house to talk with her. However,
she had not had time to talk then. I told her how I was cured by Juana
Ixmatá, and how I was in San Pedro to learn more about the practice and
history of bonesetting. I informed her that I was interested in how long
she had been practicing, and how she got started. Her husband Pedro
came in and she and he spoke with Juana in Tzutuhil Mayan. Rosalia
explained to her husband what I wanted to do, and that I wanted to record
the conversation with an audio tape. They wondered if I had the recorder
on. I told them yes, and that it was the same as if I was writing notes, only
I could not write fast enough, so I preferred taping. Pedro explained this to
Rosalia. Then they asked me to slerup up how my experience with getting
my ankled cured in San Pedro was. I went over the story with them,
explaining what they had done in the hospital too - the part that interested
them the most. I told that Juana had used a cuento, or hueso, to cure me.]

Clancy: Do you use a cuento [hueso]?
Rosalia: Yes, I have one.
Clancy: How, how did you find...
Rosalia: Well...
Pedro: Is it recording? Is it recording?
Clancy: Yes. Yes.
Rosalia: I was seven years old when, as I was playing in the street over there...
    [motioning to the main street in town]
Clancy: Yes. Here where the market is?
Rosalia: Yes, here.
Clancy: Uhuh.

Rosalia: Then, at twelve noon I was playing there in the street...

Clancy: Yes...

Rosalia: And at noon is when I found the huesito. I found that material there while playing. Piling up dirt, when I found it there in the dirt.

Clancy: It came out of the dirt?

Rosalia: Yes, it came out. That cuentecito. Then I, I brought it from there to my mama.

Clancy: Uhuh.

Rosalia: I came to give it to my mama. Then my mama put it away. But then later, it disappeared.

Clancy: Oh...it disappeared.

Rosalia: Then, later, I found it among my toys. Since my mama had bought me many toys, and, and, I found the huesito again among my toys. After that, I put it away. I put it in a little box.

Clancy: Uhuh.

Rosalia: Then I put it where I keep my clothes.

Clancy: Ah, yes.

Rosalia: Seven years. And at eight years, then I began to dream.

Clancy: Then you were sixteen? Fifteen?

Rosalia: Seven.

Clancy: Seven when you found it...

Rosalia: At eight years old, I began to dream.

Clancy: Uhuh.

Rosalia: I was dreaming of a little old woman.

Clancy: Uhuh.

Rosalia: Because there is a bone that is a little old man, and there is a bone that is a little old woman. There is a woman...

Clancy: There is a little old man bone and a little old woman bone?

Rosalia: Yes. Now then, the little bone that I have is a little old woman.

Clancy: Ok, and what is the difference between a little old woman bone and a little old man bone?

Rosalia: For that, the bone that I have is woman. Did you understand?

Clancy: Yes. Yes.

Rosalia: It is woman. Now then, I was dreaming of a woman, and, and she was explaining what I should do to massage bones.

Clancy: Uhuh.

Rosalia: She began to teach me in the dream.

Clancy: Yes.

Rosalia: And at times I would get up and go to play in the street at midnight.

Clancy: Yes...

Rosalia: Then my mama, she goes with me. Such that, that I get up like so...and I feel like in a nightmare.

Clancy: Ah, yes.

Rosalia: Then at night I go to the street, and my mama goes with me right behind, and she would bring me. But I am dreaming, and they are teaching me that work.

Clancy: Yes.

Rosalia: Then, when I passed eight years, and I was nine, I dreamed of many things. I feel like I am going into the mountains and all over the place.

Clancy: Yes.

Rosalia: And this...to cure people. To cure people. Then, after nine years. Then, at ten years old I began to work at other things. Yes, I...at times they would ask me things
and the little bone tells me everything that, that, that was in...in the, in the...how, how do you say it?...that in the questions.

Clancy: Uhh, and...and who was asking you questions?
Rosalia: That asked me questions? Well, people.
Clancy: In the dreams?
Rosalia: In the dreams there are people that come here. Like this...we would meet like this [as we were seated for our interview]. There are people that ask things that, that...how one can cure a, a sickness.

Clancy: Uhh.
Rosalia: As soon as it increased, now not only...now not only curing bones but also more, more...
Clancy: More...
Rosalia: They taught me more. Yes, more things.
Clancy: Mo...okay.
Rosalia: Yes. Then, they taught me herbs.
Clancy: To use.
Rosalia: Yes, to use...
Clancy: Uhh...
Rosalia: Yes, I began like so, so that not only...
Clancy: In the dreams?
Rosalia: But, the same one, the little bone, the same one that becomes a little old woman, and begins to, to...to teach me, to explain to me how...how I do...what I would do to heal in the cures.

Clancy: Ahuh.
Rosalia: It was like that.
Clancy: Wow.
Pedro: That is, she says that the bone,...
Clancy: Yes.
Pedro: ...which was female, would transform...
Clancy: In the dreams.
Pedro: ...into a little old woman in the dream.
Clancy: In the dream.
Rosalia: Yes.
Clancy: How did you see her? What did the little old woman look like?
Rosalia: The little old woman is...with her white huipil, and with her corte like one from long ago, and with her white, white hair...

Clancy: Uhh.
Rosalia: ...like so, with two braids. That is how it is...
Clancy: Yes?
Rosalia: ...with the little old woman.
Clancy: Ahuh.
Rosalia: Yes, that is how the little old woman is.
Clancy: What, what were the herbs that she taught to you? The herbs?
Rosalia: The herbs. All kinds of herbs. All kinds of herbs.
Clancy: That serve to cure bones?
Rosalia: Yes, herbs like that.
Clancy: Can you, can you name some of the herbs that... [Pedro says something to Rosalia in Tzutuhil]
Rosalia: Yes, herbs for, for cures too, like...[she asks Pedro a question in Tzutuhil]
Pedro: Ceiba.
Clancy: Ceiba.
Rosalia: Yes, ceiba... [again she speaks to Pedro in Tzutuhil]
Pedro: Tobacco, tobacco leaves.
Clancy: Uhhuh.
[Rosalia speaks again to Pedro in Tzutuhil - one word I understand is "calentura" (fever);
he answers her back]
Rosalia: This...those five kinds of herbs that she taught to me...
Clancy: Tobacco, ceiba...
Rosalia: And, and...
Clancy: Is there one that is yerba espina? Yerba espina, maybe? Or, ah...poj?
Rosalia: For that, poj is the same as ceiba.
Clancy: It is ceiba.
Rosalia: Yes, poj.
Clancy: Oh, okay.
Rosalia: It is called poj.
Clancy: Oh, ok. Yes.
Rosalia: It is good for, for putting on when, when, after curing with massage, you put it on...
Clancy: Okay.
Rosalia: And later, you tie it.
Clancy: Uhhuh. Do you heat it?
Rosalia: You heat it, and you tie it...
Clancy: Uhhuh.
Rosalia: To join the bone. So that it sticks.
Clancy: You began [...] ...midwife also?
Rosalia: Also as midwife, but I did not want to take...part, because there are many,
many midwives here in this town.
Clancy: Uhhuh.
Rosalia: And at times they fight over...work. That's all.
Clancy: Oh.
Rosalia: Yes, but, many come here, but, con postura.
Clancy: Con postura? What is con postura?
Rosalia: Con postura was that which, those that are not well when, when they are born.
Clancy: Uhhuh.
Rosalia: At times, when giving birth, they remain...like so [...]...
Clancy: How was that?
Rosalia: Not normal.
Clancy: No...
Rosalia: Then, I...
Clancy: Like, feet first?
Rosalia: I fix it.
Clancy: Do you equally... the work of a midwife as of a...bone healer?
Rosalia: As of a bone healer, yes.
Clancy: You began the work of a bone healer when you were ten? Or...
Rosalia: No,...
Clancy: Then...
Rosalia: ...at, at eighteen years old.
Clancy: Oh. There were eight years that you were dreaming, and learning?
Rosalia: Yes, learning.
Clancy: Uhhuh.
Rosalia: Well, [...] years learning. And when my first daughter was born, from there I
began to do cures.

Clancy: And why...
Rosalia: I was about thirty one years old when I began. Now I am going on forty...forty eight. I am going on forty eight.
Clancy: Okay. Now...
Rosalia: Thirty, thirty one years when I began...
Clancy: To massage [sobar: in reference to bonesetting, it implies kneading or rubbing the bone into place].
Rosalia: ...to massage. When I began the work.
Clancy: What was the motive for...for wanting to begin? What, and what happened...why did you, once and for all, then knowing those things...why, at thirty one years, did you decide to...
Rosalia: I decided because I got sick.
Clancy: Ah, yes?
Rosalia: Yes, I got sick. For that. I did not want to do that work. But I, when I got sick... Then I was given a sickness. Incurable.
Clancy: What was the sickness like?
Rosalia: The sickness...a stomach pain such that my legs failed me. There I was...in bed.
Clancy: Uuhh. Without...without being able to move?
Rosalia: Without being able to move.
Clancy: Ah...
Rosalia: Then, I began many dreams there in...in, they say in the dreams that, that I should be doing that work, that I should be using the material that God has given to me.
Clancy: Yes...
Rosalia: "Because it is a virtue from God, curing must be done. Indeed you must begin to do the work," they told me in the dream.
Clancy: Uhuh.
Rosalia: They taught me in the dream. Such that there in the dream I practiced all of those things.
Clancy: The same little old woman?
Rosalia: The same. It is the same...a little bone, and it forms into a little old woman. It...it is my same little bone that forms like...
Clancy: Is she like a diosil? [diosil is a non-human spirit that pertains to an object] The little old woman is like a diosil? It is like...ah...do you understand...ah, diosil? [I did not think that she could understand my pronunciation. Then Juana says something to Rosalia in Tzutujil] En lengua, diosil? [they all speak together]
Rosalia: Yes, yes, that is it. That is it. Yes, that is it: diosil abak. [spirit of the bone]
Clancy: Ahah, abak.
Rosalia: Diosil abak.
Clancy: It is the little old woman?
Rosalia: Yes.
Clancy: She is...?
Rosalia: And in the dream she told me that I should use a little cloth to cover her.
Clancy: Yes.
Rosalia: Uhuh.
Clancy: Yes, in the dream she told me that I need to, to... [she speaks to Pedro]
Pedro: That the huesito should be covered.
Rosalia: Yes, yes, that...
Pedro: Not, not, not like so - visible. It has to be like it is, like a...secreto.[secret]
Clancy: Yes.
Pedro: It has to be wrapped in something.
Clancy: Is there a reason that she said that she wanted...that she must be covered?
Rosalia: Because it is a, it is a, it is a very secret virtue, she told me: "Yes, you must put me, me in my cloth, so that, so that..."
Clancy: So that people will not see?
Rosalia: Not even my husband. Only me.
Clancy: Uuhh.
Rosalia: Yes, only me. I have it and...
Clancy: And she, ah...the little old...
Rosalia: I have it in a little red piece of cloth.
Rosalia: A little red piece of cloth.
Clancy: And, ah...must you change the cloth? Must you wash it?
Rosalia: Yes, yes, I must wash it. Every three days.
Clancy: Yes.
Rosalia: Because it gets dirty quickly from massaging, from massaging. And since I put on salve and everything, and also herbs...from all of this the little cloth gets dirty and each three days I...
Clancy: Uuhh.
Rosalia: But without looking, without...I do not hang the little cloth in the sun.
Clancy: Oh. In a place...
Rosalia: In a place that is...private.
Clancy: [simultaneously I also say:] Private. Ah...yeah.
Rosalia: Yes, yes, yes, I...the things that I am telling now not even my husband knew.
Clancy: Oh, yes?
Rosalia: No. He did not know.
Clancy: No...
Rosalia: No.
Clancy: Uhm...this is, ah...Well, then you worked...you began to work when you were thirty one years old?
Rosalia: Thirty one years old.
Clancy: Did you have...had your children been born?
Rosalia: Yes, my, my [...]
Clancy: Uuhh.
Rosalia: [...]...woman....
Clancy: Uuhh. And, ah... well now, when...the diosil, or the...
Rosalia: Diosil abak.
Clancy: Abak. Diosil abak. Does it still talk? Does it communicate with you in the...
Rosalia: Yes, in the dreams.
Clancy: ...dreams.
Rosalia: In the dreams. In the dreams. And when there is one that [...]...to cure, one day before, it sounds out. It thunders. It thunders.
Clancy: It thunders? And you keep it in a chest?
Rosalia: Yes, in a chest. In my chest. And I have my wardrobe [...] [Pedro breaks in]
Pedro: This is certain. And we know that another person is coming to get healed; it does this [he knocks once on the table with his knuckles] at once. Then we know that a person has to come.
Clancy: Ah, wow!
Pedro: Yes, I have heard it.
Rosalia: Yes.
Clancy: Uhuh.
Rosalia: Yes, one time even my daughter heard it and was afraid of, of the noise.
Clancy: Of course.
Rosalia: When it thunders one day before, then the following day another one comes...
Clancy: A person with a fracture comes.
Rosalia: Yes.
Clancy: Uhuh.
Rosalia: I wait that day, because one is coming, because [ ...]
Clancy: Do people come here a lot?
Rosalia: More from far away. More from far away.
Clancy: They come more from far away than from the town? [San Pedro]
Rosalia: Often, they come from Zacapa, they come from Chiquimula...
Clancy: Chiquimula.
Rosalia: Yes, they come often.
Clancy: Why from Chiquimula? Are there a lot of fractures there - but, you cured a person there once?
Rosalia: [she said this as I was asking my question:] Yes, in Zacapa. Yes, in Zacapa.
Clancy: In Zacapa, and later, well, your fame...
Rosalia: Yes.
Clancy: You came to be known...
Rosalia: Yes.
Clancy: ...there?
Rosalia: Yes.
Clancy: Uhuh. The, uhm...and do you also cure many Pedranos?
Rosalia: I cure Pedranos. I cure Pedranos, and...people from different towns.
Clancy: Yes,...yes, yes.
Rosalia: Yes.
Clancy: Do you also travel to cure, or...
Rosalia: Every so often I travel. Yes, because...it is very tiring. [she laughs]
Clancy: Yes...yes.
Rosalia: Yes.
Clancy: Uhm...let's see...are there, ah...are there,...You know, for example, the other bone healers in San Pedro, right? That you know them? You know the other...[my question did not seem to make sense to her]
Rosalia: The other bone healers?
Clancy: ...bone healers?
Rosalia: Ah, yes, I do. I know José Quiacain, and Jesús Morales, I believe...
Clancy: Or...Quiacain? [we were both uncertain of Jesús' last name]
Rosalia: And, and...and the Señora Inés. It is said that she started not long ago.

[Juana, who was present, had recently been treated by Inés for an injured tail bone]
Clancy: Are you and Inés relatives, or...
Pedro: They are cousins.
Clancy: Cousins? It has not been long since she began?
Rosalia: Yes.
Clancy: Uhuh.
Rosalia: Not long.
Clancy: How interesting that within one family, ah...there are two that have...
Rosalia: Yes.
Clancy: ...the gift. Uhm...and, ah...well, when you cure - patients come to you - what advice do you give them? What kinds of things must you tell them...to, to help them
Rosalia: Two days of rest. Two days of rest...the first massage.
Clancy: Uhuh.
Rosalia: Then, when, when it is a fracture, such as...breas, or breaks, then indeed it takes a long time. It takes one month of rest. But, but, like so...nothing more than a fracture, then two days of rest. And thus at three days one begins...begins to, to walk, or to, to begin doing exercise for...for movement. Because of a sudden, the veins contract, and get stiff.
Clancy: Yes.
Rosalia: And one remains like so, once and for all, without moving.
Clancy: Without moving.
Rosalia: Then, that is not good, either. Because, because the veins get stiff.
Clancy: And the cuento that you use, the bone, how does it work? How does it do its work? [she moves her hand slowly up her arm, as if using the bone] Like so.
Rosalia: Yes.
Clancy: But...
Rosalia: It is like electricity.
Clancy: Yes?
Rosalia: Where, where the bone had broken, then there...
Clancy: Uhuh.
Pedro: It sticks. It sticks.
Rosalia: It sticks...
Clancy: It sticks.
Rosalia: ...like, like a magnet.
Clancy: Magnet.
Rosalia: It sticks.
Clancy: Does it have...
Rosalia: Then, when it sticks, I apply force...
Clancy: Uhuh.
Rosalia: ...so that the bone goes back into its place.
Clancy: Yes, yes.
Rosalia: With three massages, if one, if one rests, with three massages, all in good time.
Clancy: In three days, one after the other? Three...massages...
Rosalia: Yes, one day...because the first day, the following day,...then each three days.
Clancy: Uhuh.
Rosalia: Yes.
Clancy: Uhm...the...
Rosalia: Now, the pain is removed little by little. But already the bone, with three massages...
Clancy: Uhuh. Do people have to have faith...to get healed?
Rosalia: One with faith. Yes, one with faith.
Clancy: Uhuh.
Rosalia: Faith helping the...the healer, then they cure quickly.
Clancy: Yes.
Rosalia: There are some that don't, don't, don't, don't have faith.
Clancy: And can they get healed?
Rosalia: No, no, no, no, no they cannot.
Clancy: They do not heal?
Rosalia: They do not heal.
Clancy: Well...
Rosalia: They do not heal. One without faith does not heal.
Clancy: Yes, of course. To get healed of almost any sickness one needs to have faith in themselves too.
Rosalia: Yes, yes. A person with faith will heal soon.
Pedro: And another thing. There are times that although the person that heals knows their work and all - but there are people that after they are treated, and they have been wrapped in a bandage and all - at times, because of the pain, they cannot endure the bandaging.
Clancy: Uuh.
Pedro: So they loosen it some. Then, this loosens, ah...the...
Clancy: The bone.
Pedro: And they do not wait for the indications of the person. Then, this tends not to heal...
Clancy: Ah, yes?
Pedro: ...because they do not accept...
Clancy: The...
Pedro: ...the indications.
Clancy: Uhum.
Pedro: In this consists that there are people that say, "Ah...they don't know."
Clancy: Because they do not...
Pedro: But, but it is the person that has the blame because they do not observe the indications. They do not stay rested. For example, there are some that get cured,...leaving here maybe they drink. And as such, it, it, it does not appear to be anything.
Clancy: They, they...hit it again?
Pedro: Bah!
Clancy: Yeah...yeah.
Pedro: That is how it is.
Clancy: Um...well ah...Okay, when, when, when you cure, for example...if it is a fracture or break here in this bone [indicating my tibia] that supports a lot of weight...ah...do you use boards [splints], or...?
Rosalia: Yes, palitos [splints] like so.
Clancy: Palitos?
Pedro: [to Rosalia, letting her know the Spanish word for "splint"] Paletas.
Rosalia: Paleta.
Clancy: Paleta?
Rosalia: Not very thick - thin. They go here [demonstrating where they would go on a broken tibia]. When it is broken here, then the splints go here [distributed around the break].
Clancy: Okay, and...
Rosalia: Yes, to support it.
Clancy: ...tied? Do you use...? You dreamed of herbs a lot. Do you also use them much to cure bones?
Rosalia: According to the fracture.
Clancy: Ah, yes?
Rosalia: In the dream, the first sobado [massage; cure] I do with salve. But, dreaming about my...ah...diosil abak....
Clancy: Uuh.
Rosalia: ...then it teaches me, it tells me which, which herbs to put on that fracture.
Clancy: Oh, yes? If a patient arrives...let's say that I...Okay, suppose that I had
broken my hand, and we arrived. You then massage...?
Rosalía: Yes, massage with...
Clancy: ...salve.
Rosalía: Yes, with salve.
Clancy: That night, maybe you will dream?
Rosalía: Then, I am going to dream. I dream.
Clancy: Uuh. Okay, and the...the...
Rosalía: Because there are fractures that are very difficult. There are fractures that...that, at times, one gets [...]...it’s malahora [bad hour].
Clancy: For example...
Rosalía: Yes, malahora. Bad time.
Clancy: What class of fracture...or, what, what is a fracture that is very difficult?
Rosalía: Very difficult when there is mal horas - that is said, mal horas.
Clancy: Mal horas [it was an unfamiliar term to me]?
Rosalía: Mala horas.
Clancy: Mala hora?
Pedro: Mala hora is a... a time that is unexpected.
Clancy: Uhum.
Pedro: Perhaps someone is walking well but, all of a sudden!, a slip. That is what is called mala hora.
Clancy: Ah, yes.
Pedro: It is a bad moment.
Clancy: Uhum. That, yes. Bad moment. [At this time Rosalía left the room to get her hueso from another room of their house. I turned off the tape recorder while she was gone. When she returned, I turned it on, and we began with another topic.]
Rosalía: ... one sister is a midwife.
Clancy: Yes?
Rosalía: Inés Navichoc. That is what I do... that is what I do with a fracture [demonstrating the use of the hueso on my arm]. Like this, it does not grab [because my arm was not broken].
Clancy: It does not grab.
Rosalía: It does not grab.
Clancy: Okay, I am going to...
Rosalía: And when... where it is broken, then it is like a magnet... it pulls.
Clancy: Electricity?
Rosalía: Electricity. Then, I apply my strength.
Clancy: Uhum.
Rosalía: But, if, if it is mala hora... then, it hurts me here [her elbow].
Clancy: Uhum.
Rosalía: Yes, there is pain.
Clancy: Yes...
Rosalía: Later, the pain enters here [her shoulder]. Then, in the dream, they tell me, then, that I must bathe with agua de ruda [rue water].
Clancy: Rue? Ahuh. This... this is where I had a break [showing her my ankle].
Rosalía: It is a secret [nodding to her hueso].
Clancy: Yes. That is the secret?
Rosalía: Yes. I am not going to show the hueso.
Clancy: No, no, no, no, no. I am not even going to ask you to. [Rosalía laughs]. But this is where I broke my ankle last year.
Rosalía: Ah...
Clancy: Can you see... if it is well?
Rosalía: Ah...
Clancy: It happens to not hurt much. But, do you know what...?
Rosalía: When, when the moon is born [comes up; begins to wax].
Clancy: It could be...
Rosalía: Yes.
Clancy: Also, if the weather changes - if it is going to rain.
Rosalía: Yes.
Clancy: But, arriving... it is as if my ankle remembered San Pedro, because, it has been a year that I have not been here. I was cured here. I came three times. I went to the United States. And now... it has been three weeks since I arrived here to, to make my study. Uh... just at the moment that I left the dock, I stepped like so, and my ankle went "Bing!" It hurt all of a sudden, just like that. Because I had stepped on a rock. But, it has been months that it has not bothered me. But, arriving here it is as if it remembered... [Pedro laughs] ... San Pedro. But you can put the thing...
Rosalía: On the ankle?
Clancy: Yes, to... Well, it, it is cured. But, ah... I don't know...
Pedro: It bothers you sometimes?
Clancy: Sometimes it bothers me. But not much, I should say. Sometimes.
Pedro: That is an effect of the moon.
Rosalía: Yes, it is an effect... it is like my husband said, it is an effect of the moon.
Clancy: It is an effect of the moon?
Rosalía: Effect of the moon. [She stands up and takes my ankle into her grip to probe it with the hueso]. It is the ankle?
Clancy: Like that. There. There...
Pedro: It has been a while?
Clancy: It has been almost a year. Yes.
Pedro: Now it is fleshed up.
Clancy: Uhum. Uhum! [it was beginning to hurt where she was applying pressure with the hueso].
Pedro: That will heal. It will heal, but you have to rest it.
Clancy: [laughing as the pain increased] That's fine! Okay, okay! That's fine! That's fine! I didn't want anything more [than that].
Pedro: Heal!
Rosalía: [red in the face from exertion] It grabbed a little! Uhum!
Clancy: [laughing] Yes, I know!
Rosalía: That will help it.
Clancy: I felt it! It felt as if it grabbed! It felt as if it grabbed well, eh?
Juana: [indicating my arm by pointing to hers] But here it did not grab?
Clancy: No. No.
Rosalía: Just like the [...]... is how they do it... [Pedro asks her a question in Tzutuhil]... by a pull [Rosalía was winded from her work on my ankle. I could not understand her statement].
Clancy: Pull... pull. Uhmm...
Rosalía: Like I told you, when there are fractures... it is because of mala hora. Then, there, there are... the blow is very strong.
Clancy: Uuhh.
Rosalía: I massage it with salve only. And... on the next day, as I dreamed at night... this is, the diosíl abak... then, it shows me, me the... how I should cure on the following day, and what class herbs I should put on it.
Clancy: Yes, yes, yes.
Rosalía: And it told me with what class of herbs I should bathe myself. With rue
water.

Clancy: With rue water...  
Rosalía: Yes, that is a secret so that it does not harm me.  
Clancy: Hmm. Oh! So that the patients do not harm you?  
Rosalía: Yes.  
Clancy: How would they harm... that is, how could they harm you?  
Rosalía: Since it is the mala hora.  
Clancy: Oh!  
Rosalía: Yes.  
Clancy: Rue bath... rue water gives protection against mala hora?  
Rosalía: Against [it]... and it heals too.  
Pedro: The person.  
Clancy: The patient comes with negative energy from mala hora?  
Rosalía: Yes, yes, yes [spoken while I phrased my question]...  
Clancy: Uhuh.  
Rosalía: That's how it is.  
Clancy: Yeah.  
Rosalía: But not everybody. The people are rare...  
Clancy: That have mala hora?... Uhuh.  
Rosalía: The people are rare.  
Clancy: Can anybody be effected by mala hora, or, or only a, a class of people? That is,... or a person can go for the greater part of their life, and one day, all of a sudden, mala hora arrives?  
Rosalía: It is that there are people that, it is as if they are afflicted doing their work, or going to work, or running an errand.  
Clancy: Uhuh.  
Rosalía: Or... there, in the place too. Because there are fractures only in the [...].  
Clancy: [interrupting her, thus missing what she said] Yes, yes, of course.  
Rosalía: Then, if someone is very mad... for this.  
Clancy: Mala hora falls.  
Rosalía: Yes, but they are not many. They are [...].  
Clancy: Uhm. Uhm. Why... all right, by, by my understanding... ah... San Pedro is famous for the people that know how to cure bones. That it is, it is here where... All right, Juana has told me that in San Juan there are some bone healers. But, it is San Pedro that is famous in all of Guatemala, and even in El Salvador, Nicaragua, Mexico... there are people that know of San Pedro La Laguna.  
Rosalía: Yes, because in San Juan it has been only a short while since they began to give cures.  
Clancy: Uhuh.  
Rosalía: Such, such they have told me.  
Clancy: Why San Pedro? Why is San Pedro famous for that? Why wasn't it in Santa Cruz La Laguna where... [they all laugh]... where...  
Rosalía: And in Atitlán, in Santiago Atitlán, I, I go there various times.  
Clancy: Yeah.  
Rosalía: Because in Santiago Atitlán, there are no healers.  
Clancy: Uhuh. There are none?  
Rosalía: Here is famous because there are many midwives, and there are bone healers.  
Clancy: But this is what I am asking: Why is it San Pedro... that... why can't ah... another... for example, Panajachel, be famous? Why wasn't the first healer there?  
Rosalía: Because San Pedro is number one! [We all laugh].  
Clancy: Yes, of course. Who... ah... was the first? Ah... Don Ventura?
Rosalía: Yes. Ventura Quiacain.
Clancy: Quiacain.
Rosalía: Later, he left the sister Rosario Quiacain.
Clancy: Uhum.
Rosalía: Yes. The huesito that he used, he then left it, he gave it to [...] his sister.
Clancy: Do you know how Don Ventura found his suerte [hueso]? What is the story of how he found his suerte and began to work? Or... that is a thing that many people from here know? For example, you are...
Rosalía: Yes. Ventura has his, has his story.
Clancy: Uhum.
Rosalía: Yes, but [...] [Rosalía and Pedro speak between themselves briefly] ...no, I did not know it. Because now... [...].
Clancy: It has been years?
Rosalía: I was small when I heard.
Pedro: When Don Ventura died we were very small.
Clancy: Children? [First side of tape ends; I start the second side a moment later]
...the people from here, when a person gets a fracture... ah, they go to a bone healer. Are there people that ask, like me right now, that ask you, "How did you begin? How is it that you know how to do your work?" Are there people that ask those questions?
Rosalía: No.
Clancy: No?
Rosalía: They do not ask. [...] no. Like you are doing now, no. No one [...].
Clancy: Really?
Pedro: Maybe they have asked others, but like so... in a common way, in passing, like one who would say, "How did you learn, then?"
Clancy: Uhum.
Pedro: But not an interview.
Clancy: No. Not an interview. But this is what I am saying... [Pedro says something to Rosalía in Tzutuhil] ...if there are people that... if, when you are curing, should ask, "How [...]..."
Rosalía: Ah! [spoken during my question] At times, at times one asks, "where did you get your material [hueso]?
Clancy: Uhum.
Rosalía: And I say it is... a virtue.
Clancy: Yeah.
Rosalía: It comes from God.
Pedro: A don [gift].
Rosalía: It is a secret gift.
Clancy: Uhum.
Rosalía: Yes, a secret gift. Now that... as this is the first time that I have told this...
Clancy: About the story...
Rosalía: Yes, the story.
Clancy: ...of how you began?
Rosalía: Yes.
Clancy: Uhum. Well, thank you for telling it. Ah... it is San Pedro, then? San Pedro is famous for bone healers?
Pedro: When she was very [...], and [...] with her to Santiago Atitlán. They came to take her in a pickup [truck]. A man arrived at about 10:00 or 11:00 at night.
Clancy: Uhum.
Pedro: He said to Rosalía, "Can you cure him?" Because the person was saying...
[Pedro says something to Rosalía] ...because they came to say that they did not want to take him to the hospital. But he said that this was in pieces [indicating a leg]... all at once...

Clancy: A person from Santiago?
Rosalía and Pedro: [together] Yes.
Pedro: He was the owner of a gas station. Antonio Ramirez, I believe he is named.
Clancy: How did he get broken?
Pedro: It seems that he was on a motorcycle...
Rosalía: [together with Pedro] On a motorcycle.
Clancy: Uhuh.
Pedro: It happened at once, but... [flicks his hand] ...when we arrived with her, I was a little...
Clancy: How?
Pedro: ...frightened. [Rosalía and Juana speak with each other].
Clancy: Yes.
Pedro: I said, "Will he heal?" Buummm all in pieces! She began... and another [...] I said, "The man is not going to the hospital?" "No", he told me, "We wish for aperson from San Pedro to cure him. And we know that Rosalía can do it."
Clancy: Uhuh.
Pedro: And I said to God, "I hope that she might cure him, because the person [...].
Clancy: Yes, yes.
Pedro: At once [...], and she began to cure him... and he was healed.
Clancy: Uhuh.
Pedro: He returned to normal again.
Clancy: How wonderful, eh?
Pedro: Yes. But that is the most serious fracture that I have seen her cure.
Clancy: Ay, yai, yai!
Pedro: It has not been long since she cured someone from Panajachel in which this bone here [I did not note which bone]...
Clancy: Yes?
Pedro: ...was emerging.
Clancy: It came out of... of the skin?
Pedro: Yes, just like that.
Clancy: Ay, yai, yai...
Pedro: But, it seems that the boy drinks.
Clancy: Uhuh.
Pedro: But, now, now she says that he is cured. She was travelling [across the lake to Panajachel]. He wanted to come here, but with the movement in the launch...
Clancy: Difficult.
Pedro: Then, it was better that she was... going there. She was going there about eight days. She says that now he has healed.
Clancy: Nice. How nice. This happened recently?
Pedro: It has been about... I believe about 15 days.
Clancy: Uhuh.
Pedro: Very little.
Clancy: Uhuh... Well, what, what... what other questions was I going to ask? Uhmm... In curing bones, from the skeleton... uhmm... Here in San Pedro there are people, including you [to Rosalía], that have a gift, that have a virtue. And because of this, you are capable of doing it, curing problems with bones. However, problems of the flesh, of... lungs, of the, the stomach... of the head... people can cure by themselves, or, or do they go to the health post, or go to the pharmacy? Uhmm... Why is it a
virt...why is it necessary to have a virtue from God to cure bones? What, what do you think of this? Why is... are bones, the bones are very... that it should be necessary to have a virtue to cure them well? Do you understand what, what I am asking?

Rosália: Yes, but how...
Pedro: How is it that... what she says, of why other people heal...?
Clancy: The problems of the flesh... of the stomach...
Pedro: Other sicknesses...
Clancy: Other sicknesses can be cured by the people themselves, or, or in the pharmacy, or with herbs. But there are, there are special people for curing bones, and...

Rosália: Yes.
Clancy: Can you explain why... it is so? It is so that, that, that there are special people for bones, while for other things, ah... there is no, no curing specialty?
Rosália: Fine. Fine. There, there are herbs for the flesh, for the stomach, for many things if one has faith in herbs. But if one does not have faith in herbs, they do not cure either.

Clancy: But, for bones...
Rosália: Because there are, because there are herbs... because there are sicknesses that are cured only with herbs.
Clancy: Uuhh. Yes, you’re right...
Rosália: Yes.
Clancy: ...and, but bones are cured with, with the magnet [hueso], with the...
Rosália: Yes.
Clancy: ...with the, ah... the suerte[hueso]. And, ah... what I am asking perhaps is, ah... perhaps, perhaps this question does not have, does not have an answer... but...
Rosália: No, because...
Clancy: ...the question: why do you think that, that the magnet [hueso] to, to be able to heal bones well?
Rosália: I believe that there is no answer for that because this comes from God. Because it is not a material that is bought. Instead it is pure suerte [in this sense, fate] when one finds a... a... [...].

Pedro: That is that the material she uses - she did not go to look for it... she did not pay...
Clancy: It was found by accident?
Pedro: Yes.
Rosália: Because one... I did not, did not think... I always play there. I always play in the soil... piling up soil [in childhood].
Clancy: Uuhh.
Rosália: Never... have I seen, since my childhood. I play alone there in [...], like here we [...]. Because before, all the... there were not houses like there are now.
Clancy: Uuhh.
Rosália: No. Instead, one time, all of it was open to go in the street.
Pedro: It is that everyone was family.
Rosália: Yes. Then I played alone there. I always gathered soil.
Clancy: Uuhh.
Rosália: But, but... there are many, there are many things that I have gathered. It is by my... my, by my midwife [her meaning here is unclear to me].

Clancy: Yes...
Rosália: Yes, many [...].
Pedro: But as such, like the question that you said, there are also other people here in the town that have specialties. There are other people that cure children's
illnesses.

Clancy: Hmmm.
Pedro: There are other people that cure...like...people with fright, that, all of a sudden are afraid, maybe because they have an accident out there. There are people here too, that go to that directly to bring, according to them, the spirit of the person where the accident happened, and they bring it back of new to the house. Then the person returns to normal.

Clancy: Yes.
Pedro: Here, there are those...
Clancy: And... is it gone in patients that you have had, that... their spirit remained in the place where they had an accident?
Pedro: No. Not here [...]. It is that the [...].
Rosalía: No. Here, no.
Pedro: No, but there are other people that have specialties in San Pedro. Right?

There is one named Juan Cox. He arises at midnight, and goes where the accident occurred. For example, you had an accident, and remained a little bad there...

Clancy: ...Uhum.
Pedro: Then he goes... they say, with a whip [he motions swinging the whip to drive the spirit).
Rosalía: He [...] it.
Clancy: To bring...?
Pedro: [at the same time that I spoke] This is also a gift. My father did this.
Clancy: Really?
Pedro: Yes. My father did this. Here there are people that have other, other...

gifts.

Clancy: Any accident? These people get up at midnight, they go, and bring the...?
Pedro: Yes, yes. According to the spirit, they say that they bring it by whipping.
Clancy: Uuhuh. Whipping...
Pedro: And they scold it. And they scold it: "Let's go! Let's go! Why do you stay here?"

Clancy: Hmm. Uhum. And they bring it to the house...
Pedro: They bring it to the house.
Clancy: ...to the patient?
Pedro: And it is said that when, when they arrive, it is said that he goes: "Whew..." [sighs].

It is said that the person does this. And it is said that then the person is normal. He regains health.

Clancy: Hmmm. Wow.
Pedro: Yes. That is, that... there , there, there are more gifts... here in the town.

There are other people, but with other specialties.

Clancy: Yes, yes. It seems so to me.
Pedro: Yes. Yes.
Clancy: Those that cure children, those that bring spirits from places where there was an accident...

Pedro: Yes, yes, yes...
Clancy: ...midwives.
Pedro: Uhum.
Clancy: Ah... bone healers.
Pedro: With that, yes.
Clancy: Are there other classes of healers?
Rosalía: [says something to Pedro in Tzutuhil]
Pedro: For example...
Rosalía: ...one gets aire [air].
Clancy: One gets aire?
Rosalía: When one gets like this [shows a distorted mouth].
Clancy: Uhuh.
Pedro: There are also special people to cure this here in San Pedro.
Clancy: This... someone gets like this as a baby?
Rosalía: This can be cured only with herbs. But it, it is found in the woods, on the volcano.
Clancy: Uhuh.
Pedro: Up on, up on that hill.
Clancy: Up on the hill of...
Rosalía: ...it is found. It is found [...].
Clancy: For, for... what is that illness called? "To get..."
Pedro: It is aire.
Clancy: Aire.
Pedro: But there are people that...
Clancy: The lips are twisted?
Pedro: Yes.
Juana: Because there are some that, for example, someone is making tortillas...
Clancy: Uhuh.
Juana: with the, with the fire. The face heats up.
Clancy: Uhuh.
Juana: And at once, one gets hot, and goes outside.
Clancy: Uhuh.
Juana: And the air that comes...
Clancy: Ah, yes?
Juana: ...to one's skin... they get aire.
[Rosalía, Pedro, and Juana are speaking to me at once and are difficult to understand].
Pedro: The mouth gets twisted.
Clancy: And is the twisted mouth permanent, ah... if one does not use herbs?
Rosalía: Yes, if one does not use herbs it remains twisted once and for all.
Pedro: [together with Rosalía] One remains like so once and for all. One remains like so.
Clancy: The herbs are found only on the top of the volcano?
Rosalía: Yes.
Pedro: But there are people especially to cure [aire].
Clancy: There are people especially for that...
Pedro: And the one who cures that is named Nicolás [...]. Near the Catholic church.
Rosalía: And, and...
Clancy: Wow, uhuh...
Pedro: That is that all people have, have... there are various people that have it.
For example, my father that I told you of - he has died - he went to bring this too.
Clancy: Uhuh. To bring it by whipping...
Pedro: Yes.
Rosalía: I, I, I cannot say the name of the herb... of the herb in Spanish, because it is very, a little difficult.
Clancy: What is it in lingua [Tzutuhil]?
Rosalía: Inlingua, kispar juyu.
Clancy: Kispar?
Rosalfa: juyu.
Clancy: Kispar juyu.
Rosalfa: juyu. Kispar...
Clancy: It smells very strong, right?
Rosalfa: Kispar juyu.
Clancy: Oh, I've seen that herb.
Rosalfa: Kispar juyu.
Clancy: Uuhh. Kispar juyu. It has its, its root...
Rosalfa: But its name in Spanish...
Clancy: Its root has very... ah... a very strong smell, right?
Rosalfa: Some leaves like this [using her thumbs and fingers to show a lanceolate leaf shape]...
Clancy: Uuhh.
Rosalfa: ...like this.
Clancy: Yes, like this.
Rosalfa: Yes.
Clancy: This is how the leaves are [also showing their shape with my hands].
Rosalfa: Be careful that it doesn't fall [in reference to my placing the tape recorder on the arm of the chair].
Clancy: Uuhh.
Rosalfa: Yes, with leaves like this.
Clancy: And... the root, a very strong smell.
Rosalfa: Yes, yes.
Clancy: It is found in...
Rosalfa: But it is very good. It is a good remedy.
Clancy: Uhum. Uhum.
Pedro: Kispar.
Rosalfa: Kispar juyu.
Clancy: Yes, I know it.
Rosalfa: But in Spanish, who knows?
Clancy: It doesn't have a name in Spanish?
Rosalfa: Many herbs that I know for, for, for cures but I... for illnesses... but I don't know their names.
Clancy: Uuhh. That's fine. That's fine. Ah... this is interesting. I did not know that there are other specialists for...
Pedro: There are. There are.
Clancy: ...curing, in addition to bone healers. And...
Pedro: About that of going to bring spirits, it is said that it is only at midnight.
Clancy: Uuhh.
Pedro: Only at midnight...
Clancy: Only at midnight...
Pedro: It is a secret, too. And it is said that one should not look behind.
Clancy: Uhum.
Pedro: And the person that [...] said that no other people should go with him to make noise, to chat, or anything. If other people go, it is in secret, until arriving at the bed.
Clancy: Uuhh. If other people go, they go quietly?
Pedro: Yes, quietly.
Clancy: Except for the man that is whipping: "Let's go!"
Pedro: Yes, yes, yes.
Clancy: Uuhh.
Pedro: You didn’t know this?
Clancy: Ah... only yesterday. Yesterday, a friend told me.
Pedro: And the person that does that, that goes to bring the spirits, is Don Juan [...]...
the first church. [He and Rosalía exchange comments]. He is famous. He is famous.
Clancy: Because of that?
Pedro: Hmm.
Clancy: The specialists, ah... the, the specialists that do different works... do they
work together sometimes? For example, does... For example, I came here for the first
time to get cured by Juana [another wecol bak], because a brujo, a zanjorín [shaman],
from Santa Cruz...
Rosalía and Pedro: Uuhh.
Clancy: ...brought me here, since he knew...
Pedro: ...Juana.
Clancy: ...Juana.
Pedro: Hmm.
Clancy: And, ah... for example, is there much, much communication between the, the
specialists of different works... here?
Pedro: Uhuh [quietly].
Rosalía: Yes...
Clancy: They communicate a little? [slight nods from Rosalía and Pedro] Uuhh.
Pedro: Yes.
Clancy: For example, do you know some zanjorines [shamans] in other towns that
perhaps send patients to you if they get a break, or... is there an...?
Rosalía: Yes, a man, from when I began my work.... Yes, yes, I, I relied on a... on a
Pedrano man... Domingo Chavajay.
Clancy: Chava... Travajay?
Rosalía: He worked in brujería [shamanism].
Clancy: Uhuh.
Rosalía: Yes, but much, much earlier.
Clancy: And him?
Rosalía: Much earlier. Because, mark my words, one time... perhaps, let’s see if my
husband remembers, or if he doesn’t remember, one time he, he did not like that I
did... then, at one time, I... like, like I am telling you, I did my work in secret.
Clancy: Uhuh.
Rosalía: In secret. I alone... I...
Clancy: Healed.
Rosalía: I, I, I alone can do as I did by my secrets. All... that which I am taught.
Clancy: Uhuh.
Rosalía: Because the huesito teaches me.
Clancy: Yes?
Rosalía: One time my husband found my rue there, with a prayer [perhaps printed on
paper]...
Clancy: Uhuh.
Rosalía: ...and he got angry. He went to get it, and I don’t know if he threw it in the
fire... or if once and for all he...
Clancy: Uhuh.
Rosalía: [...] it. Then, three days later, we went to wash, and he, and [...] he fell in
the street, all at once like so. The next day, this is what happened to...
Clancy: To...
Rosalía: ...his head [bent towards his shoulder on a twisted neck].
Clancy: His head?
Rosalía: Yes [giggling].
Clancy: Uhuh.
Rosalía: As such, he remained, he didn't...
Clancy: Uhuh.
Rosalía: ...scold me. Then he didn't...
Clancy: He didn't scold?
Rosalía: Not anymore. [I laugh]. No lie.
Clancy: Uhuh... and... when...
Rosalía: Then he allowed me... to continue my work.
Clancy: Nice.
Rosalía: Yes!
Clancy: Well...
Rosalía: And when I began - it's that I forgot - when I began to, to use this huesito... my first, my... since I had my first daughter - she has died - [...] ...on one San Miguel's day. My, my sister is a midwife too, like I told you, she is a midwife... now going on 32 years that she began to be a midwife. Then, she always celebrated San Miguel. The holiday of San Miguel.
Clancy: Uhuh.
Rosalía: She has her saint, San Miguel. Then, she makes tamales, that...
Clancy: Uhuh.
Rosalía: ...that day. The same day she makes, makes and... and... she has many guests.
Clancy: Ahuh.
Rosalía: Then, she told me that I should help her make the tamales. And my... and my daughter was then one and a half years old. I put her to sleep in the bed. And when she woke then, my, my daughter, I brought her the huesito, and I gave it to her so that she could play. Then she began to put it in her mouth, and... after three hours she began having diarrhea, and the next day she died.
Clancy: Your daughter?
Rosalía: Yes, because of the huesito.
Clancy: The first daughter?
Rosalía: My first daughter. My first daughter. She died because of the huesito.
Clancy: Ay yai yai...
Rosalía: Yes, when a woman told me, me, me - like I was telling you - there is a brujo [shaman] in Santa Cruz. Then he told me - the man told me: "It is because of the huesito that she died." "Is it certain?" I asked. And, after nine days, when nine days were over, my daughter, that I had buried... then, when I dreamed, when I dreamed of the old woman, the diosil of my hueso, then she told me that it is "be-, be-, because of the... because of me that she died. Why did she touch me? Why did she put me in her mouth?"
Clancy: Ah, yes? Didn't...?
Rosalía: And she died. Then... and there I began. It is like [...] that I began to...
Clancy: Uhuh.
Rosalía: ...to work.
Clancy: To work?
Rosalía: Yes.
Clancy: Immediately?
Rosalía: To explain it well [Rosalía gives an embarrassed laugh].
Clancy: Yes, that explains it well. [Rosalía speaks with Juana in Tzutuhil]. That, that explains it well. Ah... have you had a break [broken bone] at any time? Have you broken a bone any time? [Rosalía answered "no". The recording stops as the
interview is momentarily suspended. When the recording starts again, Pedro is speaking.

Pedro: None of us go to the hospital, even if it is a serious fracture.
Clancy: Can you cure... can cure an- cla- all- [stuttering] ...any class of illness, here? Do you know how to cure?
Rosalia: Yes.
Clancy: With the herbs... with...
Rosalia: Yes.
Clancy: Yeah.
Pedro: She knows how to cure other illnesses. For example, when I feel something, I tell her... "I am like this." And that's it. She cures me. For example, it has been a month, or a month and a half, that [...] began, see [indicating his back]?
Clancy: Uhuh.
Pedro: But, heavy, heavy. It was hard for me to walk. It was hard for me to walk. Then I told her that I wanted to go to Lics [a hospital]. Lics...
Clancy: To Lics?
Pedro: ...is a hospital.
Clancy: Okay, okay.
Pedro: And, since I am paying there, I am going to go to Lics. "Why?" she asked, "Why?" "I don't feel... [the audiotape slips, cutting off the statement] "Let's see," she told me. "Take off your clothes," she told me, "it is probably there." She began...[...]. and began to work on me.
Clancy: To massage. Uhuh.
Pedro: And now, I am well.
Clancy: Uhuh. Nice. And what happened? Why did it hurt you? What was it?
Pedro: I believe that it was for... maybe because of not caring for myself the last time... It is that I don't, don't, don't do much physical work. Then I went one time to chop some wood below, with an axe.
Clancy: Uhuh.
Pedro: And since I didn't wear a brace or anything, perhaps I hurt myself.
Clancy: Oh... in the... yes, yes.
Pedro: It turned out that it wasn't necessary to go to the hospital. She cured me.
Clancy: Surely. Yeah.
Pedro: Yes? And, and, and there have been other cures too. Women's matters. These too.
Clancy: Uhuh. Midwifery. Midwives' work. And ah... do you have... pardon [I had yawned into my hand]... do you have a separate gift... for being a midwife? Or is it the same gift? For example, are there the same...
Rosalia: No. It is another gift... of a midwife.
Clancy: Is there another, is there another diosil...
Rosalia: Yes.
Clancy: ...of midwives?
Rosalia: Yes, yes.
Clancy: Another person...
Rosalia: Yes...
Clancy: ...that talks?
Rosalia: ...it is another. It is a... they call it... I found it, it too... like so, one finds a, a "ixoq bac" [translation unknown to me], they call it.
Clancy: "Ixoq bac".
Rosalia: Yes, that is a [...] [the "stop" switch on the recorder was accidentally tapped, cutting off this comment].
Clancy: Uhuh.
Rosalía: Yes.
Clancy: "Ixop bac"? And this...?
Rosalía: It can be scraped when the [...] of the people, when the birth pains begin.
Clancy: Ah, yes?
Rosalía: Yes.
Clancy: Uhm... and...?
Rosalía: It is scraped.
Clancy: And, one finds more than one... you must... because if it is scraped, as if...

removing dust...
Rosalía: It is scraped. Yes, removing dust.
Clancy: Pieces?
Rosalía: But, no, no, no... it is not noticed.
Pedro: It is not much.
Clancy: It is not noticed?
Rosalía: No.
Clancy: Oh. It is like rock?
Rosalía: Yes, it is pure bone.
Clancy: Oh, xicol bak is its name?
Rosalía: Xi... xipo' bak.
Clancy: Ixop?
Rosalía: "Woman - bone." "Woman - bone."
Clancy: Oh, "woman - bone", ixop bak.
Juana: Ixop bak.
Clancy: Uuhh. Each midwife uses an ixop bak, or only you?
Pedro: Who knows?
Rosalía: Ah... who knows if they have one? But yes, I have. There is another, too, named Andrea, Andrea... Gonzalez. Yes, she has an ixop bak.
Clancy: Yes?
Rosalía: She is a midwife.
Clancy: And she is also...
Rosalía: You don't want to...
Clancy: ... a bone healer?
Rosalía: But you don't want to know of her work. But you don't want to know of her work.
Clancy: Oh...
Rosalía: She is a midwife.
Clancy: She doesn't, she doesn't cure bones, too?
Pedro: No.
Rosalía: No.
Clancy: Uuhh.
Rosalía: Only this.
Clancy: She also...?
Rosalía: For example, my sister Inés Navichoc - only a midwife.
Clancy: Uuhh.
Rosalía: Yes. When she... if...[yawns] ...she, yes, she always gets fractures.
Clancy: Yeah?
Rosalía: Yes. I cure it.
Clancy: Her?
Rosalía: Yes.
Clancy: Uuhh.
Rosalía: Only I have two gifts. Midwife... and...
Clancy: And...
Rosalía: Healer.
Clancy: Healer.
Rosalía: Then... [Rosalía speaks with Juana in Tzutuhil].
Juana: It is separate, midwifery.
Clancy: Have you also had dreams that pertain to...
Rosalía: I was 18 years old when I found the bone of ixop bak.
Clancy: Ah, yes? And you had...
Rosalía: Ixop bak. For midwifery. Now, the huesito... I was seven years old when I found it.
Clancy: Which work did you begin first? Midwifery...
Rosalía: No.
Clancy: ...or that of healing?
Rosalía: It is for a healer, the huesito.
Clancy: Uuhuh. It was later that you began to, to work...
Rosalía: Yes, but it is with... Yes, as a midwife, but it with [...] and, and... curing women when something hurts them...[...].
Clancy: Uuhuh.
Rosalía: Yes.
Clancy: Yes.
Rosalía: When I cure people, I give them herbs.
Clancy: Uuhum.
Rosalía: I only give them herbs.
Clancy: Here in San Pedro are there people that use a sweatbath?
Rosalía: No. Not here.
Clancy: Not, not, not even people, for example, ah... the elderly, the elderly people here... they don't have...?
Rosalía: No.
Pedro: Maybe before, maybe.
Rosalía: Maybe before.
Pedro: Not after we grew up.
Rosalía: Not now.
Clancy: Uuhum.
Rosalía: No sweatbaths.
Clancy: Yeah. [Juana, Rosalía, and Pedro talk briefly amongst themselves, trying to remember if anyone in San Pedro still has a sweatbath].
Rosalía: It seems that no, not here... [...].
Clancy: They are not used until San Pablo [a town across the lake].
Rosalía: But not here.
Pedro: Not here.
Pedro: Here there are none [almost to himself].

[The interview was finished at this point. I thanked them for their time, and thanked Rosalía for checking my ankle. We had a few minutes of]
informal conversation before going outside, exchanging pleasantries, then saying goodbye].
APPENDIX III

FIRST VISIT WITH A WEKOL BAK

I recorded my first meeting with the wekol bak Juana on audiocassette. Andrés, the last practicing shaman from Santa Cruz, had taken me to get treated by her on July 21, 1992. The following is an English translation of the interaction between Andrés, Juana, her daughters, and myself. I spoke in Spanish with Andrés and Juana’s daughters. All of the dialog that included Juana was in Tzutuhil Mayan, which was translated into Spanish for me by Rolando, a Pedrano interpreter who was employed by our field school, the day after the recording was made. The first translation and transcription were translated into English on July 24, 1993. Words that appear in bold were stressed in the dialog. A phrase that is broken by an ellipsis (...) indicates that the speaker paused.

Juana: I want to take the cast off, but there is no hot water and I need a new Gillette [razor].
But I can take it off and heal the leg.
Andrés: She’s going to take off your cast.
Clancy: I should probably leave the cast on for at least a week, as the doctor ordered.
Andrés: [to Clancy] The doctor? [to Juana] He told me that he is going to follow the doctor’s orders, but I am going to convince him that we should take off the cast quickly, so you can cure his leg, and he can walk.
[A moment passes in which Juana tries putting my cast into a plastic tub of water, and I keep lifting it to keep from getting it wet. Andrés sees my reticence.]
[to Clancy] Fine. To advise the lady about the apparatus [the hueso]?...the leg... Good, I’ll advise the lady.
[to Juana] He wants you to try using the hueso above the cast.
Juana: No. The cast is useless. I cannot cure the leg with the cast on because it is too thick.
Andrés: Then you can take the cast off?
Juana: Of course. But I need hot water and a Gillette. That way I can work - but I cannot with the cast on.
Andrés: [to Clancy] She wants to take off the cast so she can see how the bone is.
[He sees that I am not committed to doing it.]
[to Juana] If you take off the cast, after passing the hueso over the leg, could you not put the cast back on again?
Juana: Of course not! Instead of a cast we are going to put on a cloth as a bandage to tie it with. We are going to throw the cast into the garbage.
Andrés: [to Clancy] Look. They are going to buy some cloth to wrap it up. They need to see the leg to decide how the bone is. They put it together...they will put the bone together well. For that reason she uses the apparatus [hueso]. It is put together, so it gets fixed well. Then the cloth is wrapped around it.
Clancy: Then...she is going to buy a...
Andrés: A cloth... to wrap...Alright? It doesn’t matter! It doesn’t matter! The problem is that we need to fix your leg. That is the important part. Don’t worry! Don’t worry!
[to Juana’s daughters] Has she taken casts off of people before?
Juana’s daughters: [talking at once to Andrés] Of course! With many people. - But with hot
water and a Gillette. The hot water loosens up the cast, and the Gillette cuts it off little by little. The people are grateful. She does not charge money. People give to her voluntarily. [Among themselves they ask if there is hot water yet. One says no, that they have not put together water yet.]

Clancy: What type of cloth will the lady use?
Andrés: [apparently not hearing my question] No? She, she has an apparatus.
Clancy: She has an apparatus? What kind?
Andrés: She has a stone. She has an apparatus. Don’t worry. She is going to find...she is going to find out how the bone is. That is what she looks for with the apparatus.
Clancy: There is this small problem. In the hospital, they told me that I have to use this cast and leave it for four weeks, without using my foot. Now, it seems that the lady will not be able to work with the cast in place.
Juana: This is the problem. The cast covers more of the body than just the affected part.
Andrés: She’s going to fix it well, she said.
Clancy: But the doctor said I could not...
Andrés: Remove it!
Clancy: ...remove it. Perhaps I should... [All begin talking at once in raised voices. Juana begins splashing water into and over my cast.] Andrés, wait. Wait! [All continue in raised voices about how doctors tell one “how much time”, how a cast does not heal, etc.]
Andrés: How many weeks are you put in this cast?
Clancy: I have carried it for five days, and... [Comments are made in Tzutuhil in raised voices about how I was being ugly for not cooperating.]
Juana: How am I to know where it is broken if this cast is harder than a rock?
Andrés: She will fix your leg. Don’t worry.
Daughter: Take off the cast. Why wait? Casts don’t cure anything.
Andrés: [to me] Right?
Clancy: Right. The cast does not heal my leg. But it does serve so that my leg does not move. [The room is quiet as Juana begins splashing water over my cast, which I am supporting above the tub. Everyone is watching her work, including myself. I am searching for a way out of the situation.]
Clancy: Andrés, maybe it would be better if I waited for a while. I have agreed with the doctor to leave the cast on a while. I have to leave it on. Perhaps in a week... [Juana says something to Andrés]
Andrés: She is going to see how the bone is, she said. She will fix it... put it in its place.
Connect the bone. She is going to fix it well, well. That is what she is saying. So that the bone heals. There is no worry. Right? She will buy cloth to wrap it with.
Daughter: If you do not take off the cast you will become impaired.
Clancy: Impaired?
Daughter: Yes, if you don’t want to take of the cast. [Raising her voice] Take it off, man! So she can cure you! Don’t be worried. With the cast you won’t heal.
Andrés: Won’t heal. With her you get healed.
[The daughter comments to Andrés that wearing a cast gives a person a limp.]
Many sick people come to the lady with a cast. the lady takes it off and she fixes
them.

Clancy: Will I have to be in bed a number of days?
Juana: [In Tzutuhil, but for my information] From the second day one can begin to put force on it and walk. But not much - very little. And as such one can begin practicing to walk normally.

Daughter: One week.
Clancy: One week.

Juana: [In Spanish] Fifteen days.

Clancy: Fifteen days. It is difficult because I need to be able to walk, and the cast is here so that I won’t move my foot. But, in fifteen days I will be leaving Guatemala, and there are places where I would like to walk, instead of being in bed. After all, with the cast, I can move around.

[Juana and Andrés speak to each other quickly.]

Andrés: Within fifteen days it will be allright, she said. Within fifteen days.

Daughter: Today, tomorrow, and the day after tomorrow you will need to come. Then it will be healed.

Clancy: Every day I need to be in San Pedro?

Daughter: Today, tomorrow, and the day after.

Juana: Let me see how big the break is so I can know if it will heal more quickly. There are people who take express launches each day, especially him [Clancy], since he lives in Santa Cruz.

Daughter: Each day you will come.

Andrés: They will heal you. Do not worry. Within fifteen days your leg will be well.

Daughter: Just come tomorrow and the day after.

Andrés: Three days. Three days you come to get healed, and that is all.

Clancy: Good. I need...I really need to think on it. As I have said, I agreed with the doctor to leave it, yet I know it cannot be cured with the cast on. So I need to think about it.

Daughter: You will see. It will never get better [in the cast].

Juana: Let him go and think on it, so later he can come back. I do not want him to regret it.

[Andrés and Juana’s daughters repeat that I would be healed in fifteen days.]

Where is the break?

Clancy: It is broken here.

Andrés: [To the women, after trying to convince me that people often come from the United States to get healed by Juana] He went to the capitol. They took an x-ray then put on the cast.

Juana: I do not use x-rays. None of that. I use a bone and the bone tells me if it is a bruise or a fracture - and where the fracture is. The bone is a magnet. It grabs where it is fractured. If it is just a bruise, the bone does not indicate anything.

Andrés: She cures by hand as she cures with the hueso.

Clancy: Let’s do it.

[I decide to let Juana work on my ankle. However, the cast is not water soluble, and we are unable to carry out the cure at the time. Juana says that I must go and think on it, and to return when I am ready - simply that I must go to Sololá to have a doctor remove the cast for me. Her daughters are disappointed in the failed session. Andrés is visibly annoyed with me, and comments before we leave the room that he is a busy man, and does not have time to waste. He apologizes to Juana that we could not heal my leg. He instructs me to get the cast removed in Sololá, then return when I am ready - that they are here every day. As we]
leave, Juana's daughters comment that I should stand on my leg instead of carrying it so that the veins do not shrink.]
VITA

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