

# *Imagining Authenticity in the Local Medicines of Chiapas, Mexico*

**Steffan Igor Ayora-Diaz**

*Universidad Autónoma de Yucatán, Mexico*

*Abstract* ■ This paper describes and discusses the existing gap between local medicines as practiced by healers in the Highlands of Chiapas and the way in which NGO personnel and other foreigners imagine them. It is argued that non-indigenous people in the region possess a tourist gaze that creates a distance (spatial and temporal) between cosmopolitan and local practices that lead them to view local medicines as exotic knowledge. The Museum of Maya Medicine described in this article demonstrates how, through this same tourist gaze, local medicines are confined into a secure space and tied to another time. I discuss how, while cosmopolitan medicine's practitioners and 'tourists' recreate local medicines in the museum as something culturally authentic, local medicines are, in contrast, characterized by their hybridity.

*Keywords* ■ authenticity ■ Chiapas ■ local medicines ■ Museum of Maya Medicine ■ nostalgia

In this article I describe some of the causes for and the consequences of the transformations that local medicines have undergone during the last decade in Highland Chiapas.<sup>1</sup> Partly as a result of the presence of outsiders (including tourists) in San Cristóbal de las Casas, local healers and bureaucratic agencies (governmental and NGOs) have produced new representations of local medicines. This article is partly about ways of looking at an image: that of 'indigenous', 'traditional' medicine, and, at the same time, it is partly about the (re)creation of images, their interplay, and the effects they have upon those whose images are produced, and those who produce and consume images of local medicines in Chiapas.

San Cristóbal de las Casas in particular, and the Highlands of Chiapas in general, have become a very important tourist destination along the Maya Route. This is true both for tourists looking for quaint villages, colourful costumes and exotic customs, as well as for the politically motivated pilgrims, such as those attracted by the 'Indian' rebellion under way in the region since 1994.<sup>2</sup> The latter are often seen wandering around in San Cristóbal de las Casas. They prefer to call themselves travelers (Van Den Berghe, 1994) and partake in trips to those indigenous communities where

Zapatista rebels are in majority. These trips are locally known as 'Zapa-tours'. Both types of tourist share a romantic approach to travel. Not yet post-tourists, they are travelers engaged in post-Fordist consumption of representations locally produced, often times (whether they are aware of it or not) for their own benefit.<sup>3</sup> They do not belong with the modern, collective form of mass tourist consumption, but, most often, find their kind with those engaged in the nostalgic search for the lost community, for solidarity with and from other people, and for harmony with nature. They are romantic travelers engaged in a quest for the authentic (Kaplan, 1996; Urry, 1990, 1995). And authenticity they may find in the highlands of Chiapas.

In global culture it is becoming rare to find an individual who does not possess what Urry (1990: 2) calls the tourist gaze: an experience partly defined by the notion of departure; by a separation from everyday experience. Thus, a bureaucrat who travels to the Highlands of Chiapas and visits a small hamlet (*paraje*) may also experience, in addition to a sense of removal from her own place of residence, a form of time-traveling. There they are: indigenous people dressed in 'traditional' costumes and engaged in age-old, pre-Colombian practices. Many visitors/tourists to these communities, anthropologists included, are all too willing to see in local practices ties to a pre-Hispanic past. The cargo system and so-called traditional medicines are often seen as having continuity with practices developed locally and uncontaminated by the different groups that have arrived in the region (Europeans, Africans and other indigenous groups).<sup>4</sup> The mere recognition of some mild form of hybridity in local practices is considered politically incorrect, a breach in the sense of what Herzfeld has defined as *cultural intimacy*.

Herzfeld (1995: 3) calls cultural intimacy:

... the recognition of those aspects of a cultural identity that are considered a source of external embarrassment but that nevertheless provide insiders with their assurance of common sociality, the familiarity with the bases of power that may at one moment assure the disenfranchised a degree of creative irreverence and at the next moment reinforce the effectiveness of intimidation.

Here, local medicines that privilege prayers and offerings to saints continue to hold value for the afflicted. However, in the institutionalized, bureaucratic local medicine which can be found in local organizations of indigenous healers, these practices are concealed behind less 'irrational' ones, or displayed as part of a heritage that we must not forget, but should be confined within museums.

In this article I describe two strategies that serve to secure the local sense of cultural intimacy: the establishment of the parameters which legitimize local 'indigenous' medicines, and the institutionalized confinement of religious medical practice to the museum. There is, among indigenous people affiliated with the local organizations of healers and their non-indigenous consultants, the need to identify some continuity between the

medicine practiced within the organization and the medicine of the ancestors. This continuity is recognized through the enactment, somewhat formalized, of a set of parameters that define who among the healers is truly ('authentically') indigenous, and who is not. Second, although religiously based forms of healing are considered 'traditional' regional practices, years of disqualification have led to the denial of their importance within bureaucratized medical regimes.<sup>5</sup> Today, 'traditional' practices are partially concealed as embarrassing customs that undermine the sense of local cultural intimacy. More recently, these shamanistic types of healing have achieved some recognition, but, as I discuss below, they are now confined within certain spaces and times.

In the following sections of this article I will provide a brief description of three different forms of local medicines that I have observed among Tojolabal-, Tzeltal- and Tzotzil-speaking groups in the Highland region of Chiapas.<sup>6</sup> Then I will describe the criteria used to include local healers within the organization. I discuss how these criteria are related to a nostalgic view of indigenous life that leads to the constitution of a simulacrum of the indigenous community. Then I describe the confinement of religiously based medicine in the museum and discuss the implications that this action has on the creation of hyper-real healers. I end the article with a discussion about how the (re)creation of those images of local medicines can potentially undermine the legitimacy and recognition that local healers seek.

## Local medicines in Chiapas

In the Highland region of Chiapas there is a great variety of medical practices in competition for consumers of medical attention. San Cristóbal de las Casas is the main town in the region and hosts federally funded and private cosmopolitan clinics. A number of cosmopolitan healers have private offices in town. Some hold degrees as general practitioners and others are medical specialists (allergists, orthopedists, ophthalmologists, gynecologists, cardiologists and dentists). There are alternative forms of healing which have gained some degree of recognition from cosmopolitan medicine: acupuncture, Yoga and meditation, massage, non-local herbalist treatments, naturopathic medicine, homeopathy, certified midwifery and chiropractic. There are also support groups such as Alcoholics Anonymous and Neurotics Anonymous.

To visit the outskirts of town is to find oneself in districts where the majority is either poor or migrants from indigenous communities. In *barrios*, where the poor move more freely, one can find other types of healers. Some of them are *mestizo* men and women who can cure the evil eye, who can feel the sick person's pulse, detect and undo witchcraft. Others are individuals who, although they are unlikely to acknowledge it themselves, are perceived by many as having the power to perform witchcraft. These are healers who

provide attention to both urban Ladinos and indigenous people from different ethnic groups. There are also some Tzeltal- and Tzotzil-speaking healers who, because of economic or political circumstances within their communities of origin, chose or were forced to abandon their hamlets and seek a living in San Cristóbal.<sup>7</sup>

There is also an Organization of Indigenous Healers in San Cristóbal. Its existence was only possible after the shift in policies regarding the indigenous people of Mexico. Since the beginning of the 1980s the *Instituto Nacional Indigenista* (INI, Indianist National Institute) accorded local medicines some degree of official recognition. The Mexican government moved toward the acknowledgment of both the existence of a multicultural society and, less openly, of its own inability to provide medical attention for all Mexicans. Different organizations of local healers were created in different villages in the Highlands of Chiapas. Some died out, and some survived with greater or lesser financial success.<sup>8</sup> This shift in policies granted legitimacy to non-cosmopolitan medical practices. In consequence, one does not need today to justify or to hide one's own medical preferences (Ayora-Díaz, 1998).

An effect of the current heterogeneity in medical choices is that outsiders feel compelled to classify local medicines according to their perceived degree of authenticity. When I was conducting research in San Cristóbal de las Casas, I once showed interest in visiting the Tojolabal region to see how local medicine was practiced and understood there. A general practitioner, who is a consultant for the town's organization of indigenous healers, sought to discourage me: 'It is not worth the trip. Those healers are not really traditional', he said. I asked why he thought so, and he replied that 'Tojolabal healers are mixing their traditional remedies with patent drugs.' Instead of discouraging me, this made me more interested. Some months later, I learned that one of the federally funded hospitals in the city of Comitán had three Tojolabal-speaking healers in residence and they were offering medical care to Tojolabal patients. I began traveling back and forth between San Cristóbal and Comitán.

These Tojolabal-speaking healers, when I arrived there, were located in a marginal part of the hospital. The room where they provided attention to their patients had cracks in the walls, the paint was falling off, and unusable furniture was stored in the corners. The room was divided in two by an incomplete wall of wood and the door was closed with a piece of cloth. The unpleasantness of the physical environment was further aggravated by the fact that cosmopolitan healers in the hospital openly derided the Tojolabal healers, openly calling them witches (*brujos*), and making unfavorable comments about their presence in the hospital. Seeking respect, the Tojolabal healers, in attempting to improve their image, began wearing white coats and requested, and obtained, from the director of the hospital stethoscopes that they wore around their necks. Their attempts, as they put it, 'to regain their dignity' within a hostile environment backfired and only increased the

level of ridicule and triggered demands to have them, if not expelled from the hospital, at least confined to a space where they could not be mistaken for 'real' doctors.

In practice, at the hospital a Tojolabal healer first conducts a diagnostic procedure that consists of taking the patient's pulse in the wrists, the elbows and both temporal parts of the skull. (Outside this setting, the healer places the tips of his or her fingers in those body parts and 'feels how the patient's blood speaks to the [healer's] heart'; in the hospital, a healer often takes the pulse by placing the stethoscope in the parts already mentioned.) After the diagnosis the healer goes on to perform *limpias* (cleansing ceremonies) which are meant to establish the cause of the disease and to transfer the disease from the afflicted body to an animal or to the leaves of plants. To do this the healer passes an egg over the head, the back and the torso, the arms and legs of the patient, placing more emphasis on the body part that the patient has identified as affected by a disease. Breaking the egg into a glass of water, the healer establishes whether it is a 'natural' disease, or is caused by witchcraft. Then the healer prays to God and the saints placed on his altar,<sup>9</sup> lights candles, burns *copal* (a local resin used as incense) and continues with the cleansing using sometimes a chicken, sometimes a cat, and if the disease is a 'powerful' one, a frog. At the end of the ceremony, the healer prescribes some herbal remedies, and pharmacy drugs. If the disease is bad enough, and the patient needs a longer (and stronger) treatment, the Tojolabal healer proceeds to prescribe 'very expensive drugs, such as monkey blood and donkey blood' and informs the patient and his or her relatives that someone has to be called to bring the medicine from Guatemala. Then it is announced that the cost of the treatment will be around 2500 pesos (about US\$300, that is, about 100 days of minimum wage in the region). Then the patient is asked to return for two more cleansing ceremonies.

The Tzeltal-speaking healers in Tenejapa, on their part, base their healing on prayers, the burning of candles and incense, and offerings to God and his saints. Not all Tzeltal healers know how to take the pulse. Some have a more limited knowledge and are less efficacious (i.e. in spite of their prayers and offerings the patients do not get well). In the eyes of some local people, this limitation may be an indication that the self-proclaimed healer is a quack. A Tzeltal man once told me that, because they have all listened to prayers and invocations since their childhood, anyone can learn them if an effort is put into it. However, a false healer will prove to be ineffective because he or she has not received the gift from God. Tzeltal healers in Tenejapa use very few herbal remedies, nor do they perform cleansing ceremonies on their patients as these are, I was told, used only in *mestizo* medicine. To my questions as to what herbal remedies they know, they replied that, although they know a few medicinal herbs, it is the *mestizos* who rely on herbal remedies. For their own healing ceremonies they rely on prayers and offerings which facilitate God's intervention in favor of the diseased.

The Organization of Indigenous Healers based in San Cristóbal de las

Casas has its headquarters near the *Barrio de la Hormiga*. This is a settlement on the outskirts of the city where the majority of residents are Tzotzil-speakers and have been expelled from their own communities under the charge of professing evangelical religions. The organization itself is dominated by Tzotzil healers and its executive committee is constituted by three Tzotzil men and two Tzotzil women, all of whom are *J'iloletik*, a shaman-type of healer (sing. *J'ilol*).<sup>10</sup> However, as soon as one enters the main building, where the healers and the cosmopolitan healers who act as their consultants have their offices, one can see the walls decorated with photographs of medicinal plants and, placed below, the names of the plants in Tzotzil, Spanish and Latin.

The site of the organization has an exhibition garden of medicinal plants and a garden where Tzotzil-speaking healers grow plants which are later transformed into pills, capsules, syrups and skin lotions for sale. In conversations with the current president of the board, he repeatedly told me that he knows a great deal about medicinal plants. He said that he learned about these plants from his grandparents, who had in turn learned about them as a result of 'their close contact with nature'. Several times, he and the consultants have proudly showed me a small book of local medicinal plants with abundant color photographs, a product of their collaboration with the Mexican Institute of Social Security (IMSS).

Everything in the site displays the prominence of herbal medicine. The exception is a small museum of traditional medicine that I will address below. During 1996 and 1997, when I asked about religiously influenced healing ceremonies, the director of the executive committee told me that there is a small building in the back of the place where they conduct, upon request, cures based on prayers, candle and incense-burning, and cleansing ceremonies. A general practitioner, who acts as a consultant to the organization, acknowledged this practice and suggested that he and the other consultants have to tolerate it. This relationship with shamanistic curing is slowly changing, but there is as yet no full recognition of its importance in the hierarchy of local medicines. Local healers are slowly gaining more control of the management of their own public image, but not as yet enough power to disclose publicly the importance of their own religiously based medical knowledge and practice.

In the next section I will describe the parameters established by this organization for recognizing 'indigenous' healers. I suggest an explanation for the uneasy response of this consultant to the practice of shaman-like healing. I show how this staged characterization of local medicines is based on, and helps to recreate, a simulacrum of the indigenous community.

### **Nostalgia and the parameters of local medicines**

Although cosmopolitan healers still hold some control over the public image that the Organization of Indigenous Healers projects, their power to

define the direction in which the organization must move is somewhat limited by the interests and actions of the local healers themselves. Cosmopolitan healers have the legitimacy to provide 'rational' justifications for the existence of the organization, and this is a good reason for local healers to accept their continuous presence within it. In spite of the imaginary that frames cosmopolitan healers' desires for the re-creation of an egalitarian indigenous community, the fact that the executive committee is made up of five *J'iloletik* has progressively gained recognition for shaman-like healing practices within the organization.<sup>11</sup> Recently, shortly after the inauguration of the Museum of Traditional Medicine in San Cristóbal, on 28 November 1997, one could find in local travel agencies a leaflet advertising the *Centro Regional de Desarrollo de la Medicina Maya* (Regional Center for the Development of Mayan Medicine) as it is now called. The leaflet announces the comprehensiveness of the organization: pulse-takers, herbalists, midwives, bonesetters and mountain priests.<sup>12</sup> Further, the leaflet states:

We, the indigenous [people], have always had our own ways to prevent and heal our people's diseases. Like our ancestors, we heal through prayers, using plants, candles, stones, incense and *trago*, [alcoholic] drinks. Our first grandfathers taught their children and they to their own, until we received this knowledge. . . . We are in charge of our communities' health care.

This self-representation speaks of what Herzfeld (1995) has called 'iconicity', a sense of continuity between present cultural forms and an ancestral past. I do not attempt to question here this sense of ties to the past. Neither do I wish to expose the elements of a structural nostalgia (Herzfeld, 1995) which seem to be present in the narrative printed in that leaflet. However, it is my contention that this self-representation, furthered by local healers, is linked to a set of representations which are re/produced by the consultants and which betray another form of nostalgia: the romantic nostalgia that characterizes the tourist gaze and longs for the 'traditional' indigenous community and the harmony between indigenous culture and nature. The same leaflet has, in a small box, the following statement: 'From the encounter of men [*sic*] with plants, animals and minerals emerged the knowledges that have given life to Mayan medicine.'

As Stewart (1988: 227) points out:

[N]ostalgia takes on the generalized function to provide some kind (any kind) of cultural form. In positing a 'once was' in relation to a 'now' it creates a frame for meaning, a means for dramatizing aspects of an increasingly fluid and unnamed social life. Nostalgia is an essential, narrative, function of language that orders events temporarily and dramatizes them . . . in the mode of 'things that happened,' that 'could happen,' that 'threaten to erupt at any moment.'

The *ladinos* or *mestizos* working for the organization have recreated an imaginary which is based on a romantic, nostalgic view of indigenous life.<sup>13</sup> They have appointed themselves as the guardians of the local sense of cultural intimacy and of the constructed iconicity of local medicines. Let me illustrate this point. One morning, during the year of 1996, I was at the



office of one of the consultants within the organization's headquarters. I was having a conversation on the development of the museum, then under construction. A man from a Tzeltal community entered the room and said that he was there to request some information. He asked how could he, a 'traditional' healer, join the organization and whether he would be paid, and how much, if he did. My friend replied that no healer can join the organization by him- (or her-) self. He needed to return to his community and file a request with the village authorities for *the community* to join the organization. In the request form it could be established that he had been selected as the traditional healer for the community. Then, the community had to designate a piece of communal land for the planting of a garden of medicinal plants. He, as their healer, and other community members would have to ensure the continuous production of medicinal plants. The organization would pay him nothing as it is not within its mandate to support the healers economically. His community would have to support him with payments in cash or kind.

The man left, apparently confused and disappointed. My friend then told me that many self-proclaimed healers come to the organization believing that they can obtain a salary from the government. He insisted that it was necessary that the community as a whole, not necessarily the whole village, but at least a *barrio*, or a hamlet, file the request. In this way they could make sure that the healer was acknowledged by the community, that there would be a garden of medicinal plants, and that the newcoming healer would not be profiting from the patients and the organization.

What community is this consultant imagining? The criteria for admission are the following: first, there must be a *community* of which the healer is a member; second, in this community, agreements are reached by consensus; third, the ownership of land is communal and once the community reaches a consensus, land can be allocated for the cultivation of medicinal plants without fear of conflicts among members of the community; fourth, in spite of the fact that the local economy has been monetized for several decades now, and that individuals may need an income, a true 'indigenous' healer, *in contrast* to cosmopolitan healers, should not be interested in the economic benefits of a specialized praxis but, rather, should be first and foremost interested in the welfare of his fellow villagers; fifth and finally, local medical specialists must give most importance to herbal treatments (hence the need for a garden of medicinal plants in order to be healer in a community member to the organization). These imagined relationships among healers, community and nature disregard many events and processes that have taken place in the region.

Cancian (1992) has described, for example, how changes brought on by the process of modernization and the local influence of national political parties and transnational churches have led to a 'decline of community' which, among other things, has resulted in decreased participation in the local cargo system. Churches themselves have been very influential in the



replacement of local by cosmopolitan medicine (Harman, 1974). Thus, evangelical churches have made self-nominated 'traditionalists' feel their traditions and local interests threatened by an alien world-view. As a result, many families have been expelled from Indian communities on the charge of having converted to Protestantism over the last two decades (Estrada Martínez, 1995; Perez Enríquez, 1989; Robledo Hernández, 1997). The fragmentation of global culture encompasses the 'explosion' of communities where diverse social movements emerge along religious, political, land tenure and gender lines (Collier, 1995; Hernández Castillo, 1995; Nash, 1995a, 1995b). Communities (*in the sense imagined* by those related to the organization) are now fractured and groups tend to cluster around specific interests, (re)producing simulacra of communities.<sup>14</sup>

One of the Tojolabal healers who was working at the Comitán Hospital once told me that he had been trained to become a better 'indigenous' healer (called *capacitación* in Mexico, a term that disqualifies the knowledge that the subject possessed previous to the training course). He was partly trained at a center for 'traditional medicine' in the state of Puebla and partly in San Cristóbal. When he was trained in San Cristóbal, he unsuccessfully tried to get 'his' community into the organization of local healers. He found that other healers objected to his attempts to practice 'traditional' medicine, as his community fellows accused him of trying to get rich at the expense of others. His request to get land for the garden of medicinal plants met resistance as other villagers accused him of attempting to use a common resource to grow plants that he would sell for a profit to the same people who had provided the land. Working at the hospital, he still longs for a garden for medicinal plants as the director of the hospital has warned him that the Tojolabal healers may have to take a test to find out whether they are effective healers. Part of what the cosmopolitan healers from the hospital expect from these local healers is that they will have an extensive knowledge of medicinal plants and will be able to transform herbs into capsules, gels and other formats common in pharmacy drugs.

What cosmopolitan healers expect from local healers is that they should conform to the standards of rationality which have validated herbal treatments developed and studied within the organization of indigenous healers in San Cristóbal. However, as I have described, Tzeltal-speaking healers resort in a limited way to herbal remedies, and when the Tojolabal healers use them, they subordinate their use to the cleansing ceremonies and prayers. The organization's insistence on their use is based on the imagined harmonic relationship between indigenous people and nature. This desire frames the discourse of the Tzotzil healer, president of the organization's executive committee, who stressed in each conversation we had that his grandparents had learned the use of medicinal plants from their close contact with nature and that he learned the use of these plants from them. In contrast, local healers outside the organization have insisted to me that they learn about effective herbs mainly through their dreams (i.e. through

revelation). In fact, the president of the organization also claims to have received most of his knowledge in his dreams. As indigenous healers gain this knowledge in their dreams, when someone comes to see them with an affliction they had not dealt with previously, they must dream of the treatment before prescribing it. When I have asked healers outside the organization whether one can learn local medicine, they have answered that if one wants to learn, one has to go to a medical school. Local medicines are a gift from God; not something one can learn from anyone.

For the cosmopolitan healers associated with the organization, as well as for the Tzotzil healers who lead it, it is the community – an egalitarian society, where the healer does not try to obtain financial gain, where all agree to provide land for medicinal gardens – which decides who is (or are) the best suited healers. I would suggest that the main reason why the organization has attempted to conceal the presence of *J'iloletik* is that these have been described in the literature as individuals who tend to accumulate power within their own society and who control the actions of other villagers (Fabrega and Silver, 1973; Harman, 1974; Hermitte, 1970; Holland, 1963; Vogt, 1966). *J'iloletik*'s accumulation of power questions the nostalgic longing that the organization's consultants have for an egalitarian community.<sup>15</sup>

It is this longing for the authentic natural community that is leading to the constitution of simulacra of the community (Baudrillard, 1994). That is, in a region where, for many reasons, communities have become increasingly fragmented or have disappeared, local medicine, institutionalized and bureaucratized, strives to re-create them from a model of a vanished past, authentic indigenous community. As the criteria for membership of the organization spring from this nostalgic notion of community, local healers have to devise strategies to make themselves eligible for membership. The Tojolabal-speaking healers at the Comitán hospital were clear that affiliation with the organization would provide great benefits. As this organization receives funding from both the Mexican government and international agencies, healers who are members have been legitimized as 'true' indigenous healers. In turn, they have set the standards for recognition of other healers and they legitimize or refuse recognition to other local healers when officially requested – as would be the case for the Tojolabal-speaking healers. These Tojolabal healers have abandoned their communities of origin for different reasons. In the hospital they provide attention to Tojolabal patients who may be living in the city of Comitán or in different hamlets, *ejidos* and ranches in the region.

The Tojolabal healers are aware that their standing in the eyes of the hospital's administration would improve if they could get recognition from and membership in the San Cristóbal organization. Furthermore, they could receive training to transform their herbal remedies into pharmaceutical formats, and further improve their position vis-a-vis the hospital. However, they no longer have an identifiable community from which to

receive backing for their application. Thus they are now trying to convince patients from many different places of residence to sign their petition so as to help them become members of the organization. If they prove successful the organization will have a community member which will have moved away, significantly, from that community desired and longed for by the creators of the organization.

### **The museum of the dying past and the temple of (modern) 'traditional' medicine**

In November 1997, with the help of funding from European organizations and the State of Chiapas government, the Organization of Indigenous Healers inaugurated the Regional Center for the Development of Maya Medicine. This was a rare display of the site to the public eye. Different officials of the State of Chiapas' government and the Health Ministry sent their representatives to the event. The officials were busy with other chores and thus unable to attend the ceremony in person. Some members of the executive board took turns at the microphone, some speaking in Tzotzil, some in Spanish. The bureaucrats sitting at the table seemed not to pay much attention. At one side of the podium an official spent most of the time during the speeches on his cellular phone. Besides the healers and a small number of indigenous people, most of the attendees were social researchers, NGO members and other curious people mainly from Mexico City and other metropolitan areas.<sup>16</sup>

At the site's entrance a building has now opened to the visitors. This is the new Museum of Maya Medicine. The building is divided into several rooms. A wall painted to depict the main church in Chamula, dedicated to Saint John, the patron of the village, frames the main entrance to the museum. On the inauguration day I, along with the other visitors, entered a dark room where *juncia* (pine needles) had been spread on the floor. Several rows of church seats give the room the appearance of a 'real' church. There is, in the room's front, a saint in a niche. The light of several candles burning at its feet illuminates this saint. Under the niche, there are mannequins representing in a highly realistic format a group of Tzotzil people praying for someone's health. A recording played through hidden speakers furthers the impression of witnessing a 'real' prayer. The impression is so strong that visitors immediately lower their voices showing respect for the 'traditional' practice of asking the saints for the health of a relative. The next room has a cross, regionally held to be typical of Chamula, in the middle. There is *juncia* on the floor. The recording reproduces the noises of the night: crickets and other nocturnal animals provide the ambient sound. In front of the cross, a mannequin kneels, portraying a man invoking an ancestor's favor. A painting on a wall depicts a rustic house on a hill and enhances the effect of being in the field, witnessing a man performing

a not fully, or not 'really', Christian ritual. In another room the mannequins in a corner represent a midwife attending childbirth with a woman kneeling supported by a man, surely her husband. In another room, one can see some mannequins representing the manufacture of candles of different color that are used in healing rituals. All of these representations are extremely realistic. There is a sense of hyper-reality in the rooms: 'Indians' in poses that they are supposed to adopt in order to be recognized as 'traditional' people; recreations of the authentic 'Indian' for the benefit of the tourist gaze; nostalgic invocations of a time already gone; dying culture that needs to be preserved in a museum to prevent people from forgetting that this used to be their culture.<sup>17</sup>

The passage that leads to the exit is the entrance into current, modern 'traditional' medicine. Hanging from the walls in the room there is a row of drawings that starts with the arrival of Europeans on the continent and ends with the Zapatista rebellion. A Ladino man who defines himself as a person sympathetic to the Indians drew these images. His paintings depict his (our?) guilt for being a member of a social group that several hundreds of years ago transformed local cultures and end in a glorification of the Zapatistas as the movement that will allow local cultures to re-emerge.

Connected to this room is another small room where one can find a number of herbal remedies in display cases. Outside the exit door is a demonstration garden of medicinal plants. The plants are classified and small wooden plaques announce their names. I was informed that the garden where the medicinal plants are cultivated for their commercial use is at the back of the site. As Castañeda (1996: 122) suggests, the museum can be seen as a helpful mechanism in the art of memory:

The rhetorical, occult, and rational arts of memory inhabit the museum as its inspiration and principles. . . . The art of memory describes the logic and practices of individual rhetors, orators, readers and visitors of an architecture of memory, whether predominantly mental or physical. . . . [M]emory is re-deposited in and recalled from loci that are themselves reinscribed and reread such that both the permanence (repetition) and novelty (alterity), the individual and collective, as well as the presupposed and contested facets of memory-knowledge, can be comprehended.

The visitor has left past culture and now faces authentic 'modern traditional' medicine. One sees local healers who now privilege the rational use of remedies which have a pharmacological effect that can be proven by lab tests.<sup>18</sup> Local herbal medicine is resignified within the scientific paradigm and understood as a local rational form of medicine close to some of the principles of cosmopolitan medicine far more advanced and 'modern' than shaman-like practices.

The effect of this museum is to fix religiously based healing practices in the past and confine them to a dark, closed space where they do not threaten the 'rational' world. The contrast with herbal medicine enhances the power of cosmopolitan medicine and its kin. The past lies behind our

backs and the present faces the future of local medicines: their progressive modernization and incorporation into the secular world. We gaze upon hyper-real healers within a simulacrum of community and tradition.

## Discussion

There are contrary efforts in the struggle for the recognition of local medicines. On the one hand, cosmopolitan healers and other non-indigenous people have developed this distanced gaze, the non-localized tourist gaze of the individual displaced from home who lives allochronically in relation to local cultures. The gaze is pervaded by a nostalgic, romantic construction of indigenous culture. Some, consultants for official organizations, help to construct and produce representations of local medicines that privilege herbal medicines because they are perceived as possessing a higher degree of rationality (Ayora-Diaz, 1998). The medicine of *J'iloletik* and its representations is admitted within the confining walls of the museum. If unconfined, it could threaten the rational world outside the museum. It is better to banish it to obscure rooms and to the past.

Others – outsiders, travelers, pilgrims, local *mestizos* – are there to consume the exotic, seeking utopian communities and others' authenticity to compensate for the loss of their own. Both contribute to the creation of the simulacra of indigenous communities and hyper-real healers. However, their gaze transforms and inverts the local hierarchy of medicine. By recognizing the 'rationality' of herbal medicines, they question what local cultures define as the main attribute of their own medical system, the gift that God bestows upon healers and the power they have to intercede between the diseased and God. Herbal medicine, as institutionalized and bureaucratized in the local organization, is marked by the commodification of medicinal products.

On the other hand, local healers seek to preserve their local hierarchies and, at the same time, to provide satisfaction to the 'tourists' who fund their projects and provide legitimacy to their existence in the modern Mexican nation-state. They produce representations and herbal medicines to be consumed by romantic travelers, and attempt to preserve their own medical tradition. However, this tradition involves change and continuous hybridization. Local healers are usually willing to accept new developments from other medicines. Even Tzeltal healers, who privilege spiritual practices, include a few herbal remedies and (why not?) pharmaceutical products. As one Tzeltal healer told me: 'When I am ill, I make offerings to God, I pray, and I go to the clinic. It is better for me to combine the medicines as together they heal me sooner than any of them by itself.'

Authenticity and purity in knowledge and practice is more of a quest for tourists/travelers than for local people (Handler and Saxton, 1988; Urry, 1990, 1995). Hybridity is the form of the local. However, in the interaction

between local and cosmopolitan cultures, in post-industrial, post-Fordist, postmodern societies, the authentic has become an object of consumption. Individuals who have lost their own communities long for communities where pure forms can be found. Local people find themselves compelled to objectify segments of their culture for the consumption of travelers in order to maintain their own mechanisms of hybridization.

## Notes

A first draft of this article was presented at the Society for Applied Anthropology Annual Meetings in San Juan, Puerto Rico, in April 1998. A revised version was presented at the internal research seminar in CIESAS Sureste, San Cristóbal de las Casas. The present version has profited from extensive comments made by John Haviland, Ronald Nigh and Gabriela Vargas-Cetina. Stephen Nugent has read and commented on this article too. I sincerely thank him for his encouragement to improve it. None of the above is, of course, responsible for the ideas expressed here. Fieldwork was made possible through a research grant from CONACyT from January 1997.

- 1 In my work I prefer to draw the contrast between local and cosmopolitan medicine. Robertson (1990, 1992, 1995) has suggested that cultural globalization must be understood as the simultaneous processes of homogenization and heterogenization which make cosmopolitan and local cultural forms sometimes converge and sometimes diverge. In this sense, I believe that all medicines are hybrid constructions, and that the issue of their degree of authenticity is a subject that deserves close attention (Ayora-Díaz, 1998). I prefer to avoid using, other than when I echo other discourses, allochronizing and orientaling distinctions (Fabian, 1983; Said, 1978) such as those between 'modern' and 'traditional', or 'Western' and 'non-Western' medicines, or other logically inconsistent oppositions with local currency such as that between 'allopathic' and 'traditional' medicines.
- 2 San Cristóbal de las Casas (San Cristóbal, for short) has been for some time now one of the places of choice for foreigners and Mexicans looking for exotic places to visit or to live in. San Cristóbal possesses a quaint colonial architecture and has a traditional market of handicrafts where visitors enjoy the colorful picture of exotic peoples involved in traditional market practices. My reference to these outsiders as tourists attempts to convey the experience of distance (in time and in place) that even long-term residents have regarding local culture. Thus, this is not an article about tourists but rather about the experience of foreignness that outsiders seek in San Cristóbal, and the (sometimes) instrumental use of these representations that local people do in order to obtain greater social, economic and political benefits.
- 3 According to Urry (1990), post-tourists are those individuals who adopt a reflexive and ironic stance toward their own performance as tourists. This does not seem to be the case for most politically oriented travelers in Chiapas, who share romantic notions about Indianness, nature, the rebellion, or all three.
- 4 Since I arrived in Chiapas, in July 1993, I have had conversations with local social researchers. Some have argued that the cargo system is indigenous to the region, that the cold-hot dichotomy present in some forms of local medicine is a Mesoamerican construction, and that the use of images of saints in healing

- ceremonies masks the fact that indigenous people are ‘really’ praying to pre-Hispanic deities. As cargo systems developed in the Mediterranean (Bazarte Martínez, 1989; Behar, 1986; Brown, 1981; Magliocco, 1993), hot–cold dichotomies have been found in much of Europe (Foster, 1994), and prayers are associated with religions of Middle Eastern origin (Judaic, Christian and Islamic) I find these arguments uninformed. See also Hervik’s (1998) critical appraisal of the discourse about cultural continuity among the Yucatec Maya.
- 5 The consolidation and universalizing of these parameters is one of the reasons why I refer to the medicine these healers project outside the organization as bureaucratized.
  - 6 My description aims at providing a simple picture of these medical systems. More complex accounts of the medicine practiced among Tzotzil- and Tzeltal-speaking groups can be found in the work by Fabrega and Silver (1973), Holland (1963) and Harman (1974). Michele Day is currently working on her PhD dissertation about present-day Tzeltal medicine. Campos (1983) and Ruz (1983) have also provided brief descriptions of Tojolabal medical practices.
  - 7 Since the study on the municipality of Chamula by Pozas (1959) who reported that Chamulas were expelling unorthodox members of their communities, many sources have recorded politically, religiously and economically motivated expulsions of indigenes from their own communities (Estrada Martínez, 1995; Perez-Enríquez, 1989; Robledo Hernández, 1997).
  - 8 Kohler (1975) provides an account of the efforts, from the 1950s to the 1970s, to eliminate local medicines during the attempt by the Mexican state and the Indianist National Institute (INI), to assimilate indigenous people into the modern nation state. Freyermuth Enciso (1993), in turn, provides an extensive account of the shift in policies by the Indianist National Institute as well as a description of the different organizations of local healers with which INI and the government experimented.
  - 9 These and other healers in the Highlands have explained to me that God is the only one who can heal the sick people. However, some saints have proven to be good mediators between the healer and God by rapidly communicating to Him the healer’s requests on behalf of his or her patient. The Archangel Gabriel and the Virgin of Guadalupe are among these healers’ preferred saints.
  - 10 Fabrega and Silver (1973) have examined and described in depth healing practices by Tzotzil *J’iloletik* from Zinacantan, in the Highlands of Chiapas. They have argued in favor of characterizing this type of healing as shamanistic. There are different spellings for the Tzotzil name of these healers. John Haviland (personal communication) suggests that *J’iloletik* is more respectful of Tzotzil current use than *Ilol*, *Hilol*, or *H<sup>2</sup>ilol*.
  - 11 Cosmopolitan healers privilege the more ‘rational’ practice of herbal healing over religiously influenced healing. This is so because in their eyes herbal medicine is based on trial and error experimentation conducted over the centuries by local herbalists. However, the power *J’iloletik* (shamanistic healers) have in the local hierarchy of healers is manifest in the fact that it is always *J’iloletik* who are elected by the other healers to the directive board at the end of each term.
  - 12 Pulse-takers (*pulsadores*) are healers whose specialization consists in the gift they have received to diagnose diseases by feeling the pulse beat of the diseased. They may also have the gift to heal, but some have been described in the literature as full specialists in diagnosing without healing power (Hermitte, 1970). Mountain priests may also be *J’iloletik*, but they are characterized by a specialized function: they can and must perform cyclical rituals at caves in the



- mountains seeking to secure rainfall, good agricultural production and freedom from epidemics for the whole village.
- 13 *Ladino* is a term that, in Chiapas and Guatemala, is locally used to describe individuals of European origin. In this region the ethnic contrast has been, historically, between *indios* and *ladinos* (Colby and Van Den Berghe, 1966; De la Fuente, 1967; Pitt-Rivers, 1989 [1970]). *Mestizo* is a term which in the Spanish-speaking part of the American continent is used to describe individuals of mixed origin (Indian and European).
  - 14 Simulacra emerge where the conditions for the existence of a community have ceased to exist (Ayora-Díaz, 1999; Baudrillard, 1994; Ramos, 1994). In the absence of conditions (economic, political) to support face-to-face and close affective social relations, communities are recreated on the basis of models which may satisfy the nostalgia for those lost social conditions.
  - 15 The mind behind the organization was a cosmopolitan healer who conceived the ideal structure of the organization and defined the criteria for membership. Of course the structure is not static. After excluding women from the executive committee for several years, the current board has two women out of five members. The most recent move has been to make public the presence of *J'iloletik* in the organization.
  - 16 In spite of the almost 20 years of existence of this organization, local people from San Cristóbal seem to be unaware of whatever may happen concerning local healers. In conversations with local cosmopolitan healers, herbalists and other citizens, I have found that most local people say that they ignore the existence of the organization.
  - 17 It is important to understand that this museum is not a self-representation of indigenous culture. The mannequins and the layout were conceived by consultants to the museum. Foreign investment in the museum suggests that faraway people must be pleased with the end result. In a conversation I had with one of the consultants to the organization, he told me that his role was important within the organization as a facilitator in the local people's attempt *to preserve a memory of their own culture*. This same person confessed to be skeptical of the efficacy of the healing practices performed by *J'iloletik*. See, in a parallel example, how Japanese museums are meant to preserve vanishing traditions and practices (Ivy, 1995).
  - 18 Under the supervision of cosmopolitan healers, indigenous technicians and local healers are conducting laboratory tests and some experiments that attempt to identify the pharmacologically active components present in 'traditional' medicinal plants.

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■ **Steffan Igor Ayora-Díaz** initially trained as a medical doctor in Yucatan, Mexico, and later received a PhD degree in anthropology at McGill University, Montreal with a thesis on Sardinian shepherds. He worked from 1993 to 1999 as a full-time anthropologist in Chiapas, first at ECOSUR and later at the Centro de Investigaciones y Estudios Superiores en Antropología Social del Sureste. Currently he is full-time Professor of Anthropology at the Universidad Autónoma de Yucatán. In 1995, he spent three months at Goldsmiths College in London on a British Council Fellowship. Address: Facultad de Ciencias Antropológicas, Universidad Autónoma de Yucatán, Calle 76 No. 455-LL x 41 y 43, Mérida, Yucatán CP 97000, Mexico. [email: siayora@prodigy.net.mx]