Curanderismo: Teresa Urrea and the Legacy of Dissent

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Curanderismo:
Teresa Urrea and the Legacy of Dissent

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Abstract

The thesis offers an introduction to curanderismo and a critical analysis of the legacy of nineteenth century curandera and folk saint Teresita Urrea. The daughter of an indigenous servant in rural Mexico, Teresita ultimately became an icon of powerful social influence, a political threat to the Mexican dictatorship, a harsh critic of formalized medicine, and an enemy of the Catholic Church. Her legacy, however, is nuanced by her complex and, at times, contradictory life.
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Table of Contents

Introduction: Key Themes of *Curanderismo*

I. Chapter 1: The Free Spirit: Healing in a Marginalized Society

II. Chapter 2: The Power of the *Curandero*: Teresita and Political Influence

III. Chapter 3: The Folk Saint and the Established Church

IV. Chapter 4: Healing Through God: The *Curandero* Challenge to Established Medicine

V. Epilogue: *Curanderismo*’s Move North

Works Cited
Images

Figure 1: The altar of a *curandero*.

Figure 2: A sign for a modern *curandera*.

Figure 3: A *curandera* performing a *limpia*.

Figure 4: Teresita’s homeland region.

Figure 5: The spread of Teresita’s influence during her time.

Figure 6: Teresita healing in Cabora.

Figure 7: Teresita posing for a stylish picture in the United States.

Figure 8: Teresita and her father.

Figure 9: A newspaper image of Teresita as “La Santa de Cabora.”

Figure 10: A newspaper print of the indigenous uprising at Tomochic.
Introduction:

Key Themes of Curanderismo

From the brutal barber-surgeons of the Middle Ages, to nineteenth-century grave-robbing researchers, to the ubiquitous Dr. Brown, the image of the healer takes a variety of forms. The curandero, a traditional Hispanic folk healer, is a particular and unique form of healer present in South and North America since the arrival of the Spanish to the New World. Today, curanderos live and work in cities and towns across the United States and Latin America. Unlike any real or fictional Dr. Brown, however, the legends of powerful curanderos continue to endure after hundreds of years of social and scientific change. The curandero myth grows from a compelling historical legacy, and continues today as an important force in the world of health and healing.

Curanderismo, from the Spanish curar, “to heal”, is both a religious practice and a formal system of medicine. Curanderismo combines the spiritual and physical elements of health by utilizing a mixture of prayer, pláticas (conversations), rituals, and herbal remedies. Although with modernizing healthcare some elements of curanderismo have been transformed or modified, the fundamental tenant of curanderismo remains the same: "Religion is the central focus of the curandero" (Kiev 33). According to this system of beliefs, both illness and health result from the divine will, and the power to cure emanates only from God. As a formal system of medicine, curanderismo relies on a traditionally dictated usage of ritual cures and cleansings passed on through apprenticeships. These cures employ herbs, eggs, lemons, garlic, water, oils, incense, candles, and a variety of other household items. In their groundbreaking anthropological study on curanderismo, Robert T.
Trotter and Juan Antonio Chavira explain that “the religious and spiritual aspects of the healing process capitalize on the patients’ faith and belief systems. The use of herbs, fruits, eggs, and oils allows healing to occur though the use of everyday resources, products the patient can easily obtain” (2). The character of the curanderos is influential and commanding because God is considered to provide them with the power to heal: they also obtain power from the community they serve.

Figure 1: The altar of a curandero demonstrates the strong presence of Catholic imagery. (Trotter 151)
The practitioners of *curanderismo* are called *curanderos* (masculine) or *curanderas* (feminine), and traditionally function exclusively in their local community. Although some dictionaries include “quack” in the definition of *curandero*, the proper definition describes a legitimate traditional healer. Part of the efficacy of the *curanderos* comes from their connection to the individual, as well as to the culture of the patients they treat. *Curanderos* typically fall into one of four common types. The *sobrador* is a type of masseuse who treats muscle pain and sprains, as well as abdominal troubles, through healing with hands. The *yerbero* is an herbalist who supplies herbs and tinctures (alcohol infused with herbs), and may have suggestions for treatments, but does not necessarily practice as an active healer. The *partera*, a midwife, provides pre- and post-natal care (this may include massage, prayer, and herbal remedies), and delivers the child. The *curandero total* is a holistic healer, who, through invoking supernatural and physical treatments addresses problems of both the body and the soul. He or she equates to a general practitioner, and is the most versatile and skilled of the *curanderos*. God endows all *curanderos*, regardless of specialty, with the gift of healing, known as the *don* (Edgarton 175). Whereas modern healthcare providers define themselves through scientific expertise, the *curandero* represents “a healer who is part of a historically and culturally important system of health care” (Trotter and Chavira 1).

**Illnesses and Cures in Curanderismo**

It is from the Hispanic community that *curanderismo* derives its cultural importance and healing authority. One important example of this relationship to the community is a group of “folk illnesses” within the Hispanic population. They most popularly include *bilis* (excessive anger or rage), *empacho* (blockage of the digestive tract), *mal aire* (literally “bad
air,” as manifested in respiratory symptoms), envidia (envy), mal puesto (a hex or a curse), mal ojo or mal de ojo (the evil eye), and susto (in which the soul leaves the body due to a shock or scare) (Avila and Parker 43-68). Curanderos also treat common illnesses recognized by popular medicine, from diabetes, to arthritis, to anemia, to cardiac and respiratory problems. Treatments for common illnesses, as well as for folk illnesses, are unique in curanderismo, as they utilize touch, prayer, herbs, and rituals. An exploration of susto in particular, and the associated cures, demonstrates the remarkable capability of the curandero.

Figure 2: A advertisement for a modern curandera (Trotter 47).

Susto is a folk illness caused by a severe shock, trauma, or scare. Benign events, such as falling out of the bed while asleep, or horrifying events, such as rape or physical abuse, can precipitate the onset of susto. The result of such events is the loss of the soul from the body. Bernardo Ortíz de Motellano describes the symptoms as “restlessness in sleep, listlessness, loss of appetite, weight loss, loss of energy and strength, depression,
introversion, paleness, lethargy, and sometimes fever, diarrhea, and vomiting” (220). In order to cure susto and return the soul to the body of the patient, the curandero must cleanse the body by brushing it with herbs, a crucifix, an egg or lemon, and then entreat the soul to return. The curandero helps their patients mediate the relationship between the soul and the body by reinforcing the patient’s connection to God and the universe. In an interview, one curandera explained the healing process for susto to Trotter and Chavira;

> The cure may be done with an old broom. The sick person lies down and is completely covered with a sheet. The healer [el que cura] sweeps the patient with the broom, saying the Apostles’ Creed three times. At the end of each Creed, the healer whispers in the patient’s ear, “Come, don’t stay there” [Vente, no te quedes allí]. The patient responds, “I am coming” [Aquí vengo]. The sick person must perspire and is then given some tea of yerba anis to drink. The healer then places a cross of holy palm on the patient’s head and asks Almighty God, in the name of the Holy Trinity, to restore the patient’s spiritual strength (Trotter and Chavira 90-91).

Each curandero heals in his or her unique way, using slightly different herbs, prayers, and rituals, depending on the case. For example, Elena Avila, a modern curandera treats rape victims by burying them in the ground in order to reconnect them with the Earth (Avila and Parker 126).
Figure 3: A *curandera* cleanses a child with an egg (Trotter 93).
Curanderos have a strong connection to the herbs they use, “there is always an exchange of energy between plants and the people who use them because plants are as alive as we are” (Avila and Parker 71). For most curanderos, the pharmacy consists of common and locally available medicinal plants. Herbs are prescribed in the form of teas, baths, tinctures, and poultices. The curandero makes use of a variety of herbs, many of which are familiar sights in the grocery story. For example, albahaca (sweet basil) “is supposed to have sedative and antispasmodic properties and therefore is often administered to those suffering from susto or shock”. It is also used as a gargle for sores in the mouth or externally for insect stings (Torres, 26). The ingestion of around a hundred pumpkin seeds, peeled and raw, is widely known as a cure for tape worm. There are hundreds more herbal cures that curanderos prescribe. Beyond their spiritual training, a rigorous education in the usage of herbs also ensures that the curandero is knowledgeable in mediating the usage and interactions of these prescriptions.

The Birth of Curanderismo

The evolution of curanderismo and the history of the conquista of the New World are inextricably linked. The major roots of curanderismo stem from the meeting of the Spanish and indigenous systems of healing during the early colonial period. The fifteenth- and sixteenth-century European medicine of the Spanish explorers and conquerors bequeathed a variety of beliefs and practices to the New World. The first and most visible within the context of curanderismo is the Christian spiritual element. Healers and those being healed regularly incorporate Catholic prayers, such as “novenas” and “Our Fathers,” into the healing process. Also commonly used are crosses, statues and images of saints. According
to Trotter and Chavira, several *curanderos* referenced the following biblical passage as an explanation of and justification for their profession (26-27).

Now to each one the manifestation of the Spirit is given for the common good. To one there is given through the Spirit the message of wisdom, to another the message of knowledge by means of the same Spirit, to another faith by the same Spirit, to another gifts of healing by that one Spirit, to another miraculous powers, to another prophecy, to another distinguishing between spirits, to another speaking in different kinds of tongues, and to still another the interpretation of tongues. All these are the work of one and the same Spirit, and he gives them to each one, just as he determines. (I Corinthians 12:7-11)

Other spiritual elements of *curanderismo* also developed from the pervasive belief in witchcraft and wizardry among European conquerors. For example, the idea of a malevolent force causing illness continues in the form of ailments, such as the *mal ojo*. Knowledge derived from Greek and Arabic texts served as a foundation for the European conquerers. "Books on medicinal plants (herbals), which were used in the instruction of monks, were often printed for the laity. Many were brought to the new world by the conquerors. Anatomy texts based on the humoral theories of Galen, Hippocrates, Avicenna, Averroes, and Rhazes were also common" (Keiv 23).
Two fundamental characteristics of curanderismo developed from indigenous thought: the idea of universal connectedness, and the cultivation and application of herbal remedies. The indigenous influence on curanderismo is as important as is the Judeo-Christian. Although the incorporation of indigenous practices varies from region to region (in Peru a live guinea pig is used for cleansing, whereas in Mexico herbs are often used), the New World provided strong spiritual foundations, as well as a new array of herbal cures. Ari Kiev describes the spiritual congruency of the Aztec’s beliefs in relation to the Catholicism that influenced curanderismo. Both cultures believed in a supreme, omnipresent deity, as well as oral confession as a means of doing penance for sin. The Aztecs, however, avoided the moral goals of Christianity. Instead, “like the curanderos, the Aztecs did not think in terms of the perfectibility of man, but felt that the powers of the universe would determine everything” (Kiev 28). In regards to the physical aspects of healing, the Aztec civilization established a highly developed public health care system, including veteran care and research in herbal healing. In his book Healing with Herbs and Rituals, Eliseo Torres catalogs these achievements. “The Huaxtepec garden, for example, devoted entirely to this purpose [botanical research], had a seven mile circumference! Montezuma’s gardens are described by Cervantes de Salazar in his 1554 book titled Dialogues, and here we learn that there were some two thousand species of trees, shrubs, and herbs for healing” (86). Today, the herbal remedies reflect this heritage.

From the Spanish and indigenous legacies sprang a powerful and influential system of holistic healing. The curandero has a divine gift, connection to the Earth, medical knowledge of the Spanish empire, and mystic wisdom of indigenous cultures.
Curanderismo spread across Latin America, and the legends and renown of powerful curanderos developed locally and internationally. Medicinal knowledge combined with traditional ritual gave curanderos the authority of both doctor and religious leader. By the beginning of the nineteenth century, the curandero no longer simply represented the healer, but increasingly assumed the roles of a social, political, and spiritual leader and dissenter.

The Heyday of Curanderismo

At the turn of the twentieth century, the heyday of curanderismo began on the U.S.-Mexico border. Starting in the late 1800s, curanderos became a new popular icon in the political and social arenas of towns and cities across Mexico and the southern United States. Their miraculous healing attracted the initial attention, and then media, the newspapers, and photographs assisted the curandero’s rise to fame and iconization. James F. Hopgood, in his essay “Saints and Stars: Sainthood for the 21st Century,” indicates that the development of photography played a special role in developing and preserving the idea of the curandera as a “living saint” (134-135). It allowed accessibility to the personalities of these curanderos and made their icons portable, at the same time that it produced a mystical idealization of them. Also, as political tensions during the government of Porfirio Díaz (president from 1867 until 1911) increased in Mexico and alongside the border, curanderos gained visibility and authority due to their leadership roles within their communities. Mexico remained peaceful under Díaz, but the poor and indigenous populations suffered extreme social inequality, which manifested itself in the discontent of the lower class. The end of Díaz’s presidency coincided with the growing fervor of the
Mexican Revolution and the increased activism by the indigenous populations he repressed. After the war, Mexico’s new leaders reversed Díaz’s unabashed support of the Catholic Church. Throughout these political changes, the curandero remained the spokesperson and advocate for the common people. For example, during the dictatorship of Díaz, the curandera Teresa Urrea supported the disenfranchised indigenous populations he oppressed. This alliance eventually led to her exile and attempted assassination by the government. Finally, the curandero played a growing role as healthcare provider in rural, poor, and isolated communities. Among the famous curanderos during the heyday at the turn of the century there are three with particularly lasting legacies: Don Pedrito Jaramillo, Niño Fidencio, and Teresita Urrea. All three healed on the U.S.-Mexico border at the end of the twentieth century, and today their legacies as healers and societal dissenters live on in modern curanderismo.

Don Pedrito Jaramillo

Born in 1829 near Guadalajara, Mexico, Don Pedrito Jaramillo practiced curanderismo on the Texas-Mexico border. During his time many considered him “one of the most powerful men in South Texas” because of his judicious character and healing powers (Torres 36). Don Pedrito’s journey towards curanderismo began with his own self healing. After injuring his nose, and unable to bear the pain, he sought self treatment in the mud at the edge of a pool of water. After three days of treatment, he returned to his home and had a dream that God had granted him the gift of healing. At the time, doctors were few and far between, and much of the rural population sought the help of Don Pedrito. Most of his cures utilized simple methods and tools, “Mud – earth and water – did not cost
his patients a cent. Other cures involved a simple ritual: drinking a glass of water, for instance, for a prescribed number of days – usually three or nine, the so called mystical numbers” (Torres 39). He charged nothing for his services, although he often received donations by mail, which paid for the cost of housing and feeding the thousands of visitors who would come to see him. After his death, in 1907, over $5,000 in fifty-cent donations was found at his home (Grimm 1).

Don Pedrito’s influence extended through his powerful healing as well as his mass social appeal. What garnered Don Pedrito such renown were the simple, clever, and effective cures he prescribed. For example, a man had swallowed a grass burr and the doctor told him that only an operation could remove it. Don Pedrito advised the man to drink as much salt water as possible. The man followed this strange advice, and “became nauseated and vomited up the burr, which – the story says – had by this time sprouted two little leaves” (Torres 40). As this story indicates, Don Pedrito’s curative abilities reached levels the miraculous. These stories attracted many to his healing, but they also brought about the attention of the government. The state authorities questioned the phenomenon of one uneducated peasant attracting thousands of guests and letters to the small border town of Los Olmos. In one instance, postal authorities suspected Don Pedrito of fraud due to the massive number of outgoing letters he was sending, and the lack of stamps purchased at the local store. Upon further investigation they realized that many individuals, desperate for a response from Don Pedrito, had enclosed their own stamps in their requests. Although still in disbelief, the postal authority dropped its investigation (Torres 38). Aside from these small suspicions, the government had great respect for him. They
trusted the judiciousness of Don Pedrito to the extent that during a drought, the state of Texas sent food to Don Pedrito and gave him the authority to distribute it as he saw fit (Torres 40). The legend of Don Pedrito lives on in oral traditions, books, websites, and pilgrimages to his shrine in Los Olmos. In South Texas, although the Church did not canonize Don Pedrito, some still consider him a saint thanks to his healing leadership.

Niño Fidencio

Fidencio Sintora Constantino, also known as Niño Fidencio, was born in Guanajuato in 1898, the thirteenth of fourteen children. After the early death of his parents, Fidencio, then five or six, and a younger brother, took to living together in a shack. While caring for his sick brother, Fidencio had a vision in which “the door opened and a man appeared. This man gave him a book, saying that it included many cures and recipes to be made from plants and herbs. Fidencio was told to use the book in order to cure his brother, and not to worry” (Macklin 532). Then, during his twenties, Fidencio had another vision. This time a tall, bearded man informed Fidencio that he would be granted divine power to alleviate the suffering of those in pain for the good of humanity (Macklin and Crumrine 91). Niño Fidencio indeed did alleviate the suffering of those in pain, and lived his life in Espinazo, providing free cures to those who came to him. His prescriptions included laughter, food, and merriment (Torres 44). Due to this sense of humor in his healing, as well as the success of his treatments, Niño Fidencio gained national renown. He died at the age of 40 in 1938.

Despite being only one man in a small town, who healed without asking for
payment, Niño Fidencio became a complex symbol of the strife during the Revolution. Niño Fidencio’s influence reached from the humble Mexican peasant to the President of the country. As the Mexican revolution raged, Fidencio treated thousands of Mexicans during their flight north away from the violence. In 1928 he also treated General Plutarco Calles, the then-president of Mexico. He successfully prescribed a honey-based treatment for the President’s skin disorder, and subsequently received support from the government (Murray 109). However, Fidencio’s political involvement put him at odds with the Catholic Church. At this point in the Revolution, organized religion suffered open persecution, and many felt Niño Fidencio had turned away from the Church (Murray 109).

The modern myth of Niño Fidencio continues to be controversial. Like Don Pedrito Jaramillo, many consider Niño Fidencio to be a saint. There is even a sect of followers called the *fidencistas* who “dress in white shirts and red kerchiefs – [and] are said to assume his very spirit. They are called *cajones* (male) and *materias* (female) and act as *cajitas* (little boxes)” (Torres 44). Throughout Mexico and the United States, individuals channel the spirit of Niño Fidencio. Interestingly, the majority of these adherents are women. “Gender is renegotiated in the *Fidencista* tradition, particularly in trance and spirit possession” (León 536). The women themselves channel the spirit, and thereby obtain a higher level of individual power. The ability of the *materias* to partially take on this powerful identity provides them with a type of rebellion against a male-dominated society. Gender deference is cast aside with the spirit of a powerful *curandero*. Believers in Niño Fidencio still flock to Espinazo for biannual pilgrimages to honor this folk saint, and perhaps receive his blessing. More than 30,000 people come to see the
fidencista shrines, walk *El Camino de penitencia* (The Road of Penance), and bathe in the pond Niño Fidencio used in his healings (Torres 45). His influence is readily felt even into the late twentieth century, as one account from 1968 recalled. “An informant in Ohio related that after scoffing at the accounts of Fidencio’s miraculous abilities, he himself came down with a terrible skin rash. This intractable condition lasted until he went to a *curandera* in Indiana whom the spirit of Fidencio assists” (Macklin and Crumline 99).

Teresita Urrea

The most influential, iconic, and controversial *curandera* is Teresa Urrea. Born on October 15, 1873, she healed as a *curandera* from 1890 until her death in 1906 (Torres 47). Teresita hailed from the small northern Mexican town of Cabora in the state of Sonora, and died in political exile in Clifton, Arizona. Also known as Teresita or La Santa de Cabora, Teresa Urrea’s legacy resonated with populations from Oaxaca to New York City. Her story, sensational in her own time, continues to intrigue everyone from historians and sociologists to modern *curanderos* and book clubs. Yes, book clubs. Modern *curandero* and University of New Mexico professor Eliseo Torres first introduced me to Teresita as a possible focus for thesis research. Surprisingly, the next advocate for Teresita as an interesting thesis topic came from my 55-year-old aunt, and architect from Albuquerque, New Mexico. When I mentioned my interest in *curanderismo*, my aunt responded, “You should read this great book we read in my book club about this woman named Teresa.” As evidenced by my introduction to Teresita, the breadth of her influence extends well
beyond the poor, rural communities she served. The question is: Who is this woman curanderos and architects alike recognize and admire? The popular legacy, that is, the one most widely recognized by scholars and book clubbers all tell a similar story.

The Popular Legacy of Teresita Urrea

Teresita started life in a marginalized society, living on the physical edge of the populated world. Descriptions of her hometown of Cabora place it far from a comfortable or hospitable terrain.

Cabora was often hot and buggy. In Mexico’s hottest zone record summer temperatures can reach more than 130°. In the early 1890s, the region was suffering though prolonged drought and blistering heat. Most trees had long lost their leaves to the dryness… A welcome rain squall might bestow temporary relief from the flies but only encouraged hordes of mosquitoes and chiggers. Plenty of snakes and thorny scrub made it even less inviting. (Vanderwood 160-161)

The ranch where Teresita grew up neighbored the Tehueco Indian village of Ocoroni in Sinaloa. Suffering a similar fate as much of colonial Mexico, the native population in the region lived a subjugated and impoverished life under the ruling elite of governors, generals, hacendados, and mine owners (Vanderwood 163). The Techueco, of which the Mayo and Yaqui are most well known, lived not only in the legacy of Spanish colonialism but also suffered discrimination under the dictatorial government of Porfirio Díaz. In an effort to consolidate power in the country, the president allied himself with the Catholic Church.
Instead of taxing the Church for funds, Díaz shifted the burden to the indigenous populations, such as the Techueco. In this system, these indigenous populations suffered doubly. Not only were they the poorest strata of society, but Díaz also forced them to assume a disproportionately high percentage of the tax burden. Teresita, as a neighbor and healer of many disenfranchised indigenous peoples, related to them and spoke against the injustices the government placed upon them. As a result of her concern and care for the native populations of the time, the community of Cabora still views Teresita as a protector of the people.

Figure 4: Teresita’s homeland region (Vanderwood 22).

Teresita not only bonded with the marginalized native populations through her physical proximity to them, but also though her own heritage. Her mother, Cayetana Chávez, who as a fourteen-year-old Indian servant, likely conceived Teresita as a result of rape by Don Tomás Urrea (Newell 91). Tomás Urrea, one of the ruling elite and a known
philanderer, maintained a strained relationship with an absent wife while making advances on a bevy of women at and around his ranch in Cabora. Being a child of rape, like Teresita, was not uncommon. In fact, “The Urrea-Chávez relationship is representative of the sexual relationship between employers and employees that were common in rural western Mexico during this period (Perales 98). Tomás Urrea helped to support several illegitimate children while he denied the existence of others. As the *mestiza* child of an unmarried woman, Teresita fell at the bottom of the social strata. In a typically male-dominated culture, as a seemingly powerless woman, her future seemed bleak at best. As an indigenous woman from an isolated rural society Teresita represented the underrepresented and exploited populations in Mexico at the turn of the twentieth century.

Teresita’s fate changed course at age sixteen when her father invited her to live with him at his hacienda. The legendary stories paint the picture of a bold young woman, saying she demanded her rightful place in the hacienda of her father. The reality is not as dramatic. Her father, in fact, found his daughter to be charming and sent for her to live with him. Soon after moving to the ranch, she came under the tutelage of Huila, a *curandera* and servant of Don Tomás. Huila instructed her in the wisdom of *curanderismo*, including the use of herbs and other healing rituals (Torres 47-49). This shift in Teresita’s life marks an assertion of personal power in society. She not only claimed more social influence by moving from the role as a domestic servant to an elite, but she also gained a recognized skill to heal. In a society greatly lacking in social mobility, Teresita began to climb.

The solidification of Teresita’s authority ultimately came from her seemingly
supernatural healing abilities and experiences. There are varying accounts of a pivotal moment of change in Teresita’s life. In essence, she entered into a strange trance-like state, and when she awoke she claimed to be a messenger of God. The description typically follows this form:

Urrea heard a strange voice that instructed her to go outside, and she followed the voice to the opposite side of the house, where she reportedly saw a bright light that enveloped her body. Subsequently, Urrea lapsed into the first of a series of trance-like states she experienced during the rest of her life. This initial trance, likely the most deleterious, lasted two weeks. Certain that his daughter would never regain consciousness, Tomás Urrea instructed the household to begin preparing for Teresa’s funeral…

According to the Mexican pre-burial rituals, the women prepared the body for the velorio, bathing her and clothing her in white garments… After carefully positioning the body, the Cabora women began a twenty-four-hour prayer vigil. However, the velorio was dispanded when Teresa regained consciousness. Although the lapse of consciousness frightened Urrea’s family, it was only the beginning of a three-month bout of seizures and catatonic states. (Perales 101)

Following this near-death event, Teresita asserted herself as a powerful preacher for God as well as a miraculously skilled healer. Many of her curative events parallel the biblical miracles of Jesus, as she treated and healed the paralyzed, deaf, and insane. Even those who came as skeptics left the ranch in agreement that she was “a remarkable young
woman with highly unusual and difficult to explain powers” (Vanderwood 163). Teresita became not only a *curandera*, but also a saint.

From this respected position, Teresita preached to her followers, identifying three major evils of the times. Among the causes of strife in the world were the harmful influences of money, priests, and doctors. For Teresita, the overarching troubles of her time emanated from the corrupt governmental practices of Porfirio Díaz. She based her allegation on the Porfiriato’s heavily exploitation of the lower class and indigenous peoples, in particular agricultural and mining workers. Teresita claimed that the government and its manipulation of money “seemed to be siphoning from their lives” and taking “the precious feelings of community, security and self respect” (Vanderwood 191). For Teresita, the government’s greed was not necessarily an evil in itself; rather the injustice came in the form of the repression of the Mexican people due to this vice. As a champion of the indigenous populations and a woman aware of social inequality in Mexico, Teresita challenged the government.

Díaz’s support of the Catholic Church, an often oppressive and corrupt institution in the region, received a great part of Teresita’s rancor. Her revolutionary ideas on religion mirrored those of the Reformation, and she wielded them deftly with her influence over her community. Teresita believed that priests were an unnecessary relic, and therefore mass too could be left behind. A close friend, Lauro Aguirre, described how she felt about prayer in the Catholic Church: “Prayers should be offered with profound feeling, should be soul-stirring and heartfelt. She objected to the prayers of priests - empty, external, impersonal, without feeling; simply memorized passages, alike for all persons and all
occasions. A parrot could perform as well” (Vanderwood 187). Teresita felt that power, social and religious, should be in the hands of the people themselves. She preached that people should baptize, confirm, and perform marriage ceremonies themselves, insisting that God actually performed the religious acts. Beyond her own views of religious authority, the claim made by others and by herself that she was a saint scandalized the established Church. Such a staunch and radical stance against one of the most powerful entities in the country made Teresita a legitimate enemy to their authority.

Teresita, as a curandera, considered doctors money-driven and unprincipled. She refused payments from those she healed among the masses who visited the ranch at Cabora. The few doctors Teresita knew of were “well-paid foreigners employed in mining complexes” or “people with political connections who could buy their certification” (Vanderwood 191-192). Not only did these people lack a sound connection with the community, but many of them were not medically competent. In contrast to the curanderas, these men seemed like quacks intending to exploit the middle-class Mexican people. Teresita directly admonished “their scarcity, ignorance, and greediness.” Further, the fact that doctors broke the fundamental curanderismo tenant that the power to heal is given by God, and not by science, put Teresita in disagreement with doctors on a very basic level (Vanderwood 192). Teresita found herself fundamentally at odds with formalized medicine.

At this point the popular legacy of Teresita disintegrates into varying levels of detail and sophistication; many authors simply gloss over these last four years of her life in the United States. At the age of 29, Teresita and her father left the ranch at Cabora as the
Mexican army marched to apprehend them. As a social rogue, an enemy of the State, the Church, and established medicine, Teresita fled to the United States. The Porfirian government feared her influence even from afar, and attempted to kidnap and assassinate her. The Church continued to try to quell her legend as a saint, and her followers doubted her when she married and had children. She continued to cross social boundaries as she healed in the United States and eventually went on a nation-wide tour with a pharmaceutical company. She returned to Clifton, Arizona at the age of 33 where she died of tuberculosis.

Figure 5: Teresita’s influence during her time (Vanderwood 170).

This study examines both the threads of Teresita’s life – her social, political,
religious, and medical influence – as well the varying perspectives on her story. To identify the sources of these biases, I investigate why certain authors attempt to produce popularizations of Teresita that conform to a particular historical idealism. Ultimately my goal is to provide a multifaceted portrait of Teresita by underscoring the pertinent academic and personal biases of those writing about her legacy. By taking into account the possible motivating principles behind the various versions of her legacy, we can better understand her legacy as a whole. The aim of this study is to explore a broad perspective in order to bring out the biases, lapses, and shortcomings of some accounts of Teresita’s legacy. We will look at Teresita as the rich character she was, as a woman, a saint, a daughter, a wife, a lover, an entrepreneur, and a healer.
Chapter 1:
The Free Spirit: Healing in a Marginalized Society

Curanderos today often serve in what society considers marginalized populations. The areas that most frequently utilize the skills of curanderos are generally rural, low-income, or otherwise isolated from mainstream society. Trotter and Chavira underscore this phenomenon: “The fact that access to modern medical services is still limited by poverty, isolation, and discrimination has encouraged the use of this knowledge up to the present” (38). The individuals themselves also tend towards some level of social isolation.

Traditionally curanderos lived alone and were unmarried; they often were very poor, and their ability to heal gave way to suspicions of witchcraft or other ill intent. Even today, curanderos fall beyond the boundaries of societal norms by virtue of their extraordinary powers and spiritual strength. However beyond religiosity and spirituality, curanderas in particular challenge the social norm through their transcendence of the traditional gender roles in Hispanic society.

Las curanderas have challenged the normal female roles within their culture and have assumed the authority and leadership traditionally reserved for men. Even as youngsters, the healers never accepted the submissiveness and passivity that is the fate of nearly all traditional females in their societies. As a matter of fact, even in their earliest years, most curanderas knew they were different. They broke the rules in their own way. The curanderas utilize their strength, confidence, and courage to break out of traditional cultural roles reserved for women in Hispanic
Although the *curandera* appears to be the exception to the documented patterns for women within their culture, they do not really reject their heritage. Instead, they use its positive attributes, its structure – family and religion – as foundations on which they stand to call attention to themselves and their power to heal. In many ways Teresita Urrea typifies this characterization.

Teresita’s life of alterity in the social realm begins with her birth. As the illegitimate daughter of an indigenous servant woman, without any property ownership or initial opportunity for education or marriage, Teresita began her life on one of the lowest social rungs in nineteenth century Mexico. Tensions among social and racial groups always simmered just under the surface of day-to-day interactions.

Although centuries of intermarriage led to considerable cultural intermingling and interchange of social attitudes, status in Mexican society remained closely associated with color… “Order and Progress,” the motto of the Díaz dictatorship, specifically excluded Mexico’s large Indian population from participation in national life (Wasserman 12). During the *Porfiriato*, Díaz pursued, and in some ways achieved, his goal of implementing “order and progress”, but at the expense of the poor. The lower classes, especially the rural poor like Teresita’s maternal family, attempted to survive in an unfair system that robbed them of an equitable share of the benefits of the new economic development yet deprived them of a political voice. “Whites, however, continued to fear and distain people of color, Indians (*indos*) and mixed bloods, known as mestizos or castas, whom they saw as dangerous rabble” (Wasserman 12). As a product of this marginalized society, Teresita
identified with the plight of the poor indigenous population of Northern Mexico. Throughout her life, the Mexican government and media associated Teresita with advocacy for the local indigenous and *mestizo* populations near Cabora. She spoke with compassion for the Yaqui, taught the ideal of love and equality for all, and provided free care to all those who came to see her – the majority of whom were indigenous and mestizo peasants. “Her homilies, which stressed equality, justice, and love of humanity, seemed dangerous to the federal government, especially when her followers were largely indigenous and mestizo… It seems that folk religion may have suggested cultural revitalization” (Perales 105). In a direct parallel with *curanderas* today, Teresita lived with and healed the marginalized of Mexican society, independent of cultural and societal norms.

Teresita made her way into the margins of society in terms of her role as a woman. Mark Wasserman, in *Everyday Life and Politics in Nineteenth-Century Mexico*, indicates some reasonable probabilities regarding the state of women in Mexico. “First, Mexican women remained without political rights. (Suffrage came only in 1952.) Second, they continued to endure a sexual double standard. And finally, their economic status certainly did not improve and may have, in fact, deteriorated in comparison to men” (14). The male dominance in society produced a strong undercurrent in all social and political interactions that inherently lessened the power and prestige of female half of society. Beyond the basic state of a *machista* culture, women, particularly of the working class, suffered direct exploitation. Like Teresita’s mother, many Mexican women commonly experienced sexual exploitation from the more powerful men in their life. Also, as laborers, women were “the cheapest rural wage labor available,” and without the ability to strongly voice dissent they too often were heavily exploited (Fowler and Vaughan 29). Although some, mostly widows,
could assure themselves financial security through the law, the majority of women in rural Mexico had limited access to legal protection of their finances. Teresita, as a woman, once again fell into the disadvantaged portion of the population. Yet, as a curandera she personifies the characterization Perrone provides of a woman who broke the rules in her own way. “Urrea seemed more content riding horseback with nearby vaqueros (cowboys) than cultivating her feminine talents. Even during her adolescence, she remained unrestrained by expectations of womanhood appropriate for a patron’s daughter” (Perales 98). Perales indicates that even from early age Teresita exhibited independence atypical of the surrounding culture. Even more shocking is Teresita’s initial dismissal of her role as a mother. Arguments with Teresita and her father focused on her refusal to marry and the decision of curanderismo as a vocation. Indeed, “as noted in popular Mexican literature of the era, motherhood was the heart of womanhood… Teresa Urrea became a curandera, or a folk healer, which gave her a legitimate way to defy rigid gender expectations. She drew on characteristically “womanly” qualities, but she used them to serve her purpose as a healer” (Perales 100).

Some aspects of the relationship that Teresita had with her father present an image of unique independence. After her first trance experience she announced to her father that she would devote her life to curing. A magazine reported her father’s reaction:

Her father, notwithstanding all he had seen, as soon as he observed that his daughter was dedicated to a career of curing by occult order, judged her to be crazy and strongly reprimanded her. She said she was sorry but that she had been so ordered and that this and other things were her mission to fulfill. Don Tomas angrily replied that he would kill her with a shot before allowing her
to appear ridiculous in this manner. But Teresa said only, ‘You can do what
you like, Papa, but in the end you will have to believe in me’ (La Ilustración
Espírita 257).

Teresita’s departure from her father’s wishes not only breaks the pattern of a machista
society, but it also placed her in a precarious situation. During Teresita’s lifetime, fathers
exercised a great deal of influence over their offspring, particularly over their daughters.
Clearly, Don Tomas’s threat to shoot Teresita indicates the extent of control he perceived to
have over his daughter. In terms of any legal proceedings “wives and daughters needed their
husband’s or father’s consent to act” (Fowler and Vaughan 29). Teresita’s denial of her
father’s wishes, especially a public denial, challenged his established authority as her father.
Eventually her Don Tomas did indeed come to believe in her miraculous abilities and his
threat remained unfulfilled. However, Teresita’s decision to become a healer was not her
only affront to paternal authority. The second instance resulted in estrangement from her
father.

In June of 1900, Teresita wed a Yaqui miner named Lupe Rodríguez (Perales 111).
Although accounts of Teresita’s decision to marry differ slightly, all concur that her father
disagreed with her choice, but she nonetheless proceeded with the ill-fated marriage. The
event highlights her affront to paternal power in that she not only chose her husband, but she
also severed ties with her father. Unfortunately the marriage was not to last, and Teresita
separated from Rodríguez after he attempted to assassinated her on their wedding night.

Soon after, Teresita formally left the protection of her father’s home and departed to work in
California. Teresita’s actions are a major departure from the normal father-daughter
relationship in Mexico at the time. By virtue of her belief in her own powers, Teresita
asserted her independence from her father, an independence that ultimately culminated in her personal decision to marry and leave behind her paternal figure. As Perrone indicated in regards to the personality of the curandera, Teresita not only broke rules, but broke them in her own way.

These attributes of stepping outside the norms of male dominated relationships unite Teresita with the modern curandera and are the most well known aspects of her legacy; however some details of her life indicate that in reality she did not truly embody this independent figure of alterity. There are many strikingly conformist aspects of Teresita’s life that mitigate her legacy of dissent. Some events and actions in her life that may in one way appear to be unique or marginalized are compromised by either Teresita’s own actions or by her surroundings. First, Teresita did not fully embody the non-conformist. Although she denied particular aspects of Mexican society, she embraced others. Second, Teresita’s independence was not entirely unheard of at the time. Although her independence made her part of a minority, facing the challenges of a patriarchal society was not totally unique.

The first challenge to Teresita’s character is her identification with the poor indigenous class in Northern Mexico. Teresita’s mother was an indigenous servant, but her father was a wealthy member of the ruling elite. At the age of sixteen he brought her in to his house and fully accepted her as a daughter, with all the rights and privileges this acceptance entailed. Although a mestiza, Teresita enjoyed all of the luxuries of being the daughter of a wealthy landowner. Unlike the indigenous populations who worshiped her, Teresita did not experience the same back-breaking labor and systematic starvation. The popular legend of Teresita imagines her as overcoming extreme social barriers to become a leader and healer. In reality, much of Teresita’s social assent is the result of her father’s
decision to bring her into his social caste, which in turn provided her with more freedom than she would have had had she stayed in her indigenous mother’s home. Further complicating Teresita’s social identification with the indigenous poor is her own self image during her life in the United States. During her time in Cabora she worked from sunrise to the late evening healing the rich and the poor, modestly dressed in the traditional clothing of a Mexican peasant woman. Paul Vanderwood introduces Teresita as a “comely mestiza teenager” who typically wore “a long black dress with a home-made reboso draped loosely across her shoulders” (161). Photos from her later life are a great departure from this indigenous image. Her hair is coiffed, and she is “groomed and dressed in a high style far from her origins at Cabora” (Vanderwood 304). Teresita’s identification with her indigenous roots are perhaps exaggerated during her time at Cabora, and once she reached the United States, she no longer cared even to appear to identify with the indigenous background of her mother.
Although Teresita ultimately achieved autonomy from her father, most sources indicate that he played an extremely important and controlling role in her life before marriage. Teresita, like other women in Mexico could not escape the paternalistic social structure, specifically in relation to her familial ties. Her relationship with her father became very strong, and his role in her life – as her primary administrator and confidant – demonstrates that ultimately she respected his authority. Paul Vanderwood asserts that her father undoubtedly played an influential role in her life and that “some insist [he] exploited her” (104). Perhaps Teresita was not the perfectly independent woman her popular legacy implies. While her father initially disagreed with her choice to pursue healing rather than
follow his wishes that she marry and have a family, he did not cease to be an influential part of her life. Until Teresita married, her father seemingly never left her side. Although she demonstrated independence by not always heeding the advice of the men in her life, they always figured strongly in her day-to-day activities and decisions. Teresita allowed herself independence from one masculine figure, only to replace him with another masculine authority.
Figure 8: Teresita and her father (Vanderwood.)

The final challenge to the popular image of Teresita as a beacon of feminine
independence is the hundreds of other fantastic female characters of the time. Among them were other folk saints who drew Catholics away from the Church and performed miraculous healing, soldaderas who served and fought alongside the men, and the women who maintained order at home without a patriarch to lead them. For example, at the same time as Teresita gathered crowds at Cabora, less illustrious folk saints like Santa Camilia’s following grew in the forests of Ilibaqui, and a similar but smaller following sprouted for Santa Isabel at Macochi, and Santa Agustina at Baburo. However, these folk saints suffered incarceration and slave labor at the hands of the government, while Teresita escaped this fate through her exile in the United States (Vanderwood 195). Other strong feminine figures appeared as the war for independence began to gain momentum. While the men of the community fulfilled their commitment to fight in the war, they left hundreds of women in positions of power and independence at home. Some women, known popularly as soldaderas, joined the war effort and helped feed and supply the troops during battle. “Soldiers described in an idealized fashion how the soldaderas combined their traditional roles as mother, war goddess, warrior, tribal defender, sexual companion, and domestic servant within the context of army life” (Salas 44). In the same way that the indigenous populations venerated Teresita, the soldaderas received attention for their outstanding character. Teresita did indeed show extraordinary influence and independence; however, many others also demonstrated that women in Mexico could assert independence and become leaders.

After an overall view of Teresita’s popular social legacy and contrasting it to the reality of her life, the question arises as to why they differ in the way they do. What is the motivating principal behind characterizing Teresita as a figure of extreme social dissent?
The particular academic biases of academic critics result in unique depictions of Teresita. Author Marian Perales is the most vocal in depicting Teresita as a strong social figure of dissent. In her article “Teresa Urrea: Curandera and Folk Saint,” Perales paints a rosy picture of Teresita as a “much sought after, glorified, and admired” figure of her time (Perales 97). The agenda for her focused portrayal of Teresita may be the result of her bias towards creating an image of an empowered Latin-American woman. The collection from which this essay comes, “Latina Legacies” asserts on its back cover that it “re-envisions Latina history, taking into consideration the power women have wielded in community activism, culture, and business,” and that the collection focuses on women who have “defined, defied, and chronicled the forces that shaped their lives.” Through imagining Teresita as a figure of social dissent, Perales’s reinforces her agenda of furthering the image of a socially active Latina woman. The author chooses not to include Teresita’s dependence on the men in her life, for example, in order to support an academic view that Teresita defied the rigid gender expectations of her times. Teresita indeed lived an extraordinary life, and at times challenged social norms, but at the same time she often conformed to the expectations placed upon her.
Chapter 2:
The Power of the *Curandero*: Teresita and Political Influence

*Curanderos* not only maintain a particular social status of individuality and influence, but they also sustain political power within their communities. Because *curanderos* are in constant interface with their population, they are integrated closely into daily life and thereby become resources for guidance and knowledge. Trotter and Chavira state that “*curanderos* feel that they have a moral obligation to help those in need, to relieve the misery of those who are suffering, and to counsel those in distress” (23). The realm of influence of the *curandero* necessarily extends beyond the physical healing of an individual to an assessment and treatment of the greater ills. In treating both the physical and spiritual ailments, *curanderos* find themselves providing more than prescriptions, but also including guidance on life and living. By crossing between the physical and the spiritual, the *curandero* wields a great power to enact changes in society. For example, *curanderismo* places restrictions on excessive drinking and infidelity by associating these practices with illnesses such as *susto*. The *curandero* has power to create impetus for social and even political change. Such influence has the potential for controversy. For Teresita, within the political atmosphere of late nineteenth century Mexico, her healing and preaching developed subversive political undertones.

Teresita lived and healed within the political atmosphere of Porfirio Díaz’s staunchly conservative government. The governance that Díaz envisioned and attempted to
produce consisted of a civil bureaucracy held up by a strong military and a powerful Church. “They sought to preserve the colonial economic and social order with themselves, of course, at the top of the hierarchy” (Wasserman 7). In order to maintain this system of power, Díaz systematically marginalized the indigenous populations. In effect this meant economic exploitation, religious censure, and political repression. Among those persecuted by the Porfirian government were two indigenous populations with whom Teresita closely associated. The Tomochitecos, with the “rapid modernization at the end of the nineteenth century, including the advent of the railroad, the increase in foreign investments, and the shift from agrarianism to capitalism,” endured physical relocation of their community along with the associated emotional and spiritual repercussions of displacement (Perales 105). Similarly, for economic reasons, Díaz transported the Yaqui south to the Yucatan against their will. Such forced migrations and exploitations, along with a preponderance of violent oppression, produced a strong sense of unrest among the indigenous populations. In this time of upheaval, the Yaquis “sought solace from her at Cabora, and some time later fought and died with messages from La Santa tucked into their pockets and protective scapularies with her image around their necks” (Vanderwood 199). Such fervor clearly indicates that Teresita provided a message that resonated with her followers. For Teresita, the social situation greatly influenced political action within her community. “Díaz’s governmental policies displaced indigenous peoples, pushed small farmers out of business, and created a disaffected, politically minded middle class. As the daughter of a middle class farmer and an indigenous mother, Urrea identified with the social plights that surrounded her.” (Perales 97) By the end of the nineteenth century, the peak of Teresita’s popularity coincided with the political and economic turmoil of rural Mexico. Almost by chance, Teresita’s preaching
of social and economic equality found a captive and active audience.

Teresita’s role as a healer inadvertently positioned her to be an icon of resistance to a political threat. She appeared to be the champion of the disenfranchised population of Cabora and beyond. “With Teresa the growing authority and power that she possessed to heal the bodies and spirits of others, especially the powerless and poor, became a dangerous gift that exposed the glaring faults and corruptions of Mexican society, economics, and culture under the Porfiriato” (Nava 499). Just as with the modern curandero, Teresita’s ability to heal conferred upon her a sense of greater influence and power. She chose to heal the disenfranchised populations rather than those with power, and thereby provided a sense of worth to these communities. The curandero functions within the specific cultural paradigm of those they heal, and by so doing reaffirms the individual’s identity. Similarly, Teresita healed the poor without asking for recompense and using traditional medications and rituals that were comforting to those she treated. In essence, Teresita’s healing enriched the sense of worth of the indigenous populations, and this sense of worth produced a feeling of power that threatened Díaz’s dictatorial government.

After years of flirting with political influence through healing and preaching, Teresita elicited a response from the government. In 1892 the tensions between Teresita and the Porfirian leadership erupted. Following uprisings in the towns of Tomochic and Navojoa, authorities identified Teresita as a driver of this unrest. Indeed, the rebels invoked Teresita during both incidents (Vanderwood 226). Díaz did not waste time in taking action against Teresita. “On May 19, four days after the Navojoa affair, General [Abraham] Bandala resolutely set out toward Cabora with 100 infantrymen from the Twenty-eighth Regiment” (Vanderwood 226). At the compound in Cabora, the Urreas offered little to
resistance to the government. The General arrested both Teresita and her father for the Navojoa attack, and exiled them to the United States. The government allowed “no good-byes, no public promises to return, but this hardly dampened the expectations of the faithful” (Vanderwood 227). The public veneration of Teresita only grew as she continued to face what many perceived to be continued threats from the Mexican government.

One of the most publicized threats to Teresita was the possibility of assassination. Although there are differing popular accounts of her marriage, the most popular version insists that on her wedding night her husband attempted to kidnap or assassinate her. One story claims that her new husband “brandished a rifle and tried to coerce Urrea onto a southbound train headed for Mexico” (Perales 111). Eliseo Torres explains that Teresita’s husband “was jailed and judged insane, though later it was suspected that he was in the employ of Díaz, hired either to lure Teresita back to Mexico or prove that she was dead” (55). The news that the government continued to persecute Teresita caused outrage back in Mexico, and incited Teresita’s followers anew. Teresita’s exile, attempted assassination and kidnapping resulted in her establishment as a figure of political dissent in Mexico.

Whether or not the stories were based on reality, the popular image of Teresita gained its own independent power. While Teresita lived in Arizona, a pro-revolution newspaper editor who had also been exiled by Díaz used Teresita’s image on his revolutionary newspaper. He printed news stories under a photograph of Teresita as a way to publicize his cause (Torres 54). Parishioners in Guaymas requested that the bishop bless images of Teresita, perhaps of the kind made by “an entrepreneur named Fermín Tapico who has sold for 50 centavos each thousands of such images in Sonora” (Vanderwood 176). Teresita’s image not only became widespread thanks to technological advances, but it also
became associated with political movement and unrest. Teresita became a hero, through her political image as seen by the Mexican people. She did not acquiesce to authority and thereby became an image for the revolution.

Figure 9: A newspaper print showing the iconization of Teresa Urrea as a saint and participant in political upheaval (Vanderwood). It reads, “Teresita Urrea (the Saint of Cabora), who the governmental newspapers claim participated directly in the events at Temóchic.”

However, the legacy of Teresita differs from her true history. Contrary to embracing her position of leadership and guidance, Teresita attempted to avoid the conflict. Rather than
serving as a vocal supporter of revolution, Teresita resolutely distanced herself from the indigenous uprisings in her name. She demonstrated reluctance to take public stances on important issues in Mexico in order to avoid political scrutiny. When asked about involvement with the struggle between the Yaqui Indians and the federal troops, she responded: “I never led the Yaquis to battle, but I did sympathize with them. My father employed them on his hacienda and I knew and loved them” (Nava 507). This statement tellingly distances Teresita from the Yaqui. Teresita claims that she cares for these people in an ideological way, but that she does not condone their actions. This unwillingness to commit to her people problematizes her character as a political revolutionary. Her political role as a curandera was to support her community through her healing and guidance, but she did not fulfill this charge. Again in the El Paso Herald, Teresita distanced herself from the brewing political unrest:

I have noticed with much pain that the persons who have taken up arms in Mexican territory have invoked my name in aid of the schemes they are carrying through. But I repeat I am not one who authorizes or at same time interferes with these proceedings. Decidedly I am a victim since in the most unjust way have I been expatriated from my country since May 19, 1892 (Perales 109).

In this description Teresita goes even further to distance herself from the political turmoil by chastising her followers and focusing on her own misfortunes. Teresita’s selfish disregard and harsh characterization (“persons who have taken up arms”) of her followers is almost painful to consider. The Yaqui were thrown out of their homes and slaughtered; yet Teresita refused to associate with them for fear of damaging her own reputation. When Teresita
should have been advocating for the Yaqui, she disregarded them and focused on her own comparatively slight misfortunes. The fact that Teresita knew she wielded great political power, but refused to use it for the benefit of her people is even more frustrating. While Teresita lived a comfortable and successful life in the United States, her followers remained in Cabora under Díaz’s exploitative rule. Men went to battle with images of her to protect them, but Teresita refused to lead them.

Paul Vanderwood indicates Teresita’s unwillingness to commit in his analysis of the religious and political movement surrounding Teresita: “Teresa denied fomenting revolution against the Mexican State, although her followers certainly rebelled in her name” (104). Even after the assassination and kidnapping attempts, she never denounced the Mexican government. To a certain extent, Teresita abandoned those who follower her political leadership. She preached equality in society; yet, when the Mexican army massacred her indigenous neighbors, Teresita fled. Some stragglers who had survived the battle sought her assistance; “When they arrived at Cabora, however, their Santa was absent… the faithful laid down there weapons and entered the small chapel at Cabora, where it is said that they wept like children at their disappointment” (Vanderwood 106). By leaving behind those who looked to her for spiritual and political support, in essence Teresita deceived her followers. She fell short of being a leader because she did not accept any accountability for the actions of those she preached to. Teresita wished for equality, but was unable to support her warriors. By the end of her life Teresita lived in the United States with an American man, and appeared to have betrayed her followers in Mexico.
The overarching evaluation of Teresita’s popular political legacy, compared to the reality of her involvement, indicates an over-emphasis on her political leadership and dissent. Generally, writers frame Teresita as a revolutionary, but she neither wished to be one nor did she fulfill that role. Instead of leading the indigenous populations around Cabora, she distanced herself from them. One example of the idealization of Teresita’s political prowess appears in Alex Nava’s article from the *Journal of the Academy of Religion*: “Teresa Urrea: Mexican Mystic, Healer, and Apocalyptic Revolutionary.” Nava concludes his article saying, “While Teresa Urrea tasted much ecstasy, her involvement in society is unwavering. Her communications with the divine never tempted her to flee from the particularities of the history and society around her” (515). This depiction completely contradicts Teresita’s self proclaimed lack of involvement with politics in Mexico after her
move to the United States. Following her exile, Teresita never returned to Cabora, or even Mexico. She did, in fact, flee from her society. In place of healing and leading the poor or Cabora, Teresita integrated herself into a middle class North American lifestyle. How, then can Nava be so shortsighted? Upon closer investigation, Nava’s mistake lies in that he fails to include any historical account of Teresita’s life past the age of 19. Although he briefly mentions that she moved to the U.S. - Mexico border, he does not describe her lifestyle or involvement with politics. His account refers to her as an incredible revolutionary, but she forfeited that role after she left Mexico. Nava truncates Teresita’s life in order to reinforce Teresita’s image as a committed political leader. The motivating principal behind the characterization of Teresita as driver of the Revolution may be part of a larger trend to imagine new heroes of the Revolution (like the soldaderas). In sum, Teresita was a healer with political undertones, who, although people believed in and followed her, did not incite Revolution.
Chapter 3:
The Folk Saint and the Established Church

In order to explore the relationship between either *curanderismo* or Teresita and the Catholic Church, one must first understand the concept of the “folk saint” versus the “true saint.” The Catholic Church maintains control over the naming of true saints through the process of canonization. Historically, the Church venerated a particular group of followers, including martyrs, holy bishops, virgins, missionaries, and Doctors of the Church (McBrien and Attridge 442). During the first Christian millennium, the Vatican began to control the list of saints and so enumerated particular “saintly” characteristics, among them bodily preservation (the absence of decay and disintegration of a corpse) and living saints giving off the “sweet odor of sanctity” added to the popular image of sainthood. Although by the mid-fifteenth century the Church had dismissed these qualifications as necessary for sainthood, many reports of these characteristics in saints continue until today (Newell 4). For women saints, historically the path to sainthood meant discomfort - illness, self inflicted pain, and severe penances patterned after the suffering of Jesus. In total, regardless of saintly traits or popularity, the Church made the final decision on sainthood.

Saints [are] in a strict sense, those officially recognized (canonized) by the Church as persons who have lived a holy life, who now share in the Beatific Vision (i.e., face-to-face experience of the presence of God), and who may be publicly venerated by the faithful… Saints do not witness to one model of sanctity. The list of canonized saints provides a wide variety of models of holiness. Saints come from all walks of life and provide creative instances of
living a Christian life in different times and in response to different challenges. The faithful are encouraged to follow the example of the virtuous lives of the saints according to the lights of their own day (McBrien and Attridge 1155).

As McBrien indicates, there is a great variety of saints, and the uniting factor is the inspiration they provide to their followers. Some saints, like Teresa of Avila had the opportunity for reinterpretation in the New World, and became deeply integrated into the newly developing cultures. For curanderas, especially, Teresa of Avila provided spiritual inspiration. In the mid-sixteenth century, after entering a cloister without her parents’ consent, Teresa of Avila fell extremely ill, and in her delirium experienced spiritual ecstasy and union with God. Although Teresa of Avila originated in Spain, women in the New World identified with her life experience. Perrone explains,

One popular Spanish saint, whose intercession is frequently requested by curanderas, is Teresa of Avila, the leader of the reforms within the Carmelite Order of nuns. Usually portrayed holding a crucifix and wearing a habit, this frail-looking, diminutive woman had the courage and stamina to establish sixteen convents despite censure, ridicule, and slander heaped against her by those within the church who were threatened by her piety and fearful of the impact the reforms would have on their comfortable ways of conducting affairs (95). Teresa of Avila, also a patron saint of the ill, fulfilled a need for women in the New World to find representation in their religion. However, not all saints transferred so easily to the New World, thus moving people to create their own saints. Most notable of the canonized
saints is the Lady of Guadalupe, a figure in which a Nahuatl goddess and the Virgin Mary are united as the “Virgen morena (Dark Virgin)” (Lockhart 1). Mexico as the most visible and well documented of the New World colonies provides a clear study of how the people attempted to negotiate a religious identity between Catholicism and the indigenous religions. As Mexico gained more independence from Spanish colonial influence, the appearance of non-Church sanctioned saints demonstrated the localized tensions between a traditional view of a canonized saint and one that allows for spontaneity. “The qualities of a folk saint, such as the Mexican El Niño Fidencio, do not differ from those of a formally sanctioned, canonized saint except in certain culturally specific ways and in issues of official morality that are subject to change over time” (Hopgood xii). In essence, a folk saint is all that a canonized saint represents in inspiration and leadership to the people, but they do not receive the official sanction of the Catholic Church. They are indeed saints by and for the people.

The adherence to religion in curanderismo, from before Teresita’s time to the present, remains fundamental. Curanderos maintain a strong connection to Catholic beliefs and spirituality. Most notably, curanderos believe that their powers are a gift from God (the don). In healing rituals, curanderos often invoke “our Lord,” as well as a variety of saints. Because they have been chosen by God and have proven themselves worthy, the saints are considered holy by the Catholic Church – worthy of veneration and able, though God’s grace, to intercede on behalf of mortals seeking blessings from above… The saints are friends, and by way of their friendship, they help curanderas and other folk healers cure the ailments of their patients. Curanderas also believe they have a special task, a mission sanctioned from above: to do God’s healing on
According to June Macklin, women saints (both true and folk saints) tended to refer to themselves as “vessels” who lend their bodies to the possessing saint or deity (Newell 6). Similarly, curanderas are an extension of a divine power. In an interview from July, 2008, the New Mexican curandera known as Mrs. Angel explained her healing powers very simply: “I got very sick when I was a little girl, and a curandera healed me. When I got better I asked God for the gift to heal, and ever since I have been a healer.” She attributes her power to Jesus, and incorporates novenas and other prayer into all of her healings. Teresita herself found inspiration in the Virgin Mary, and reportedly said, “I should like to heal all humanity… I wish I might gather it in my arms and heal it so” (Nava 504).

Teresita’s status as folk saint grew from her influential experiences as a healer and leader in northern Mexico and the southwestern United States. Teresita emerged as a folk saint at a young age, and “by 1890 she was known as ‘Santa’ Teresa and ‘The Prophet’ at least as far south as Mexico City” (Macklin and Crumrine 94). Her initiation into saintly tasks parallels directly the experience of Santa Teresa of Avila. Teresita and Santa Teresa both experienced a near death experience and an extended coma-like state in which God communicated with them. After recovering from this illness, Teresita’s demeanor changed and her preaching began in earnest. Like Teresa of Avila, Teresita found her pious vocation after experiencing an extremely traumatic health-related experience. As a curandera however, Teresita’s miracles focused primarily around her healing, from treating minor illnesses to enacting biblical-like cures:

A deaf man entered to see her as she concluded an exhortation… ‘They have eyes and do not see; ears and do not hear’. The man heard these last words,
after having been as deaf as a mud fence for the last fourteen years. He ran out and said to his friends, ‘Speak to me, I believe that I can hear’. They spoke and he could half hear… Teresa then put some of the earth on cotton in his ears and he emerged able to hear perfectly (La Ilustración Espírita 258).

Teresita not only performed astonishing cures, but also seemed to be interacting with supernatural beings during her trances. The episodes attracted a great deal of attention: “When these [trances] occurred, an immense multitude of people approached her, kneeling, praying, and weeping. When she returned to herself, she announced that she had been with God and his angels who gave her advice on morality” (Macklin and Crumrine 94). During her life, Teresita exhibited two major characteristics of a Catholic saint: she performed miracles and she communed directly with God. Some patients she attended also noticed a strange perfume-like odor emanating from her body (Perales 102). This “smell of sanctity” hark back to the traditional characteristics of true saints in the Catholic Church. During her time, the Yaqui and the Tomocheitecos believed that Teresita would protect them in their battles against the Mexican military, and even today some followers still invoke the ‘Santa’. Evidently many people believed in Teresita’s saintliness. Teresita defined herself as a saint thanks to her ability to heal, that is, through her vocation as curandera. The characterization of curanderos as saints is hyperbolic, but the divine inspiration that drove Teresita also drives curanderos, like Mrs. Angel, today.

Teresita gained fame both for performing miraculous cures, as well as for her inflammatory preaching against the established Church. Once again, as a curandera she challenged the authority of the establishment by reinforcing the fundamentals of spirituality
and connection to God. However, for Teresita her discussions of faith extended beyond God’s intersession in her healings. Teresita advocated change within her community in terms of the structure of religion in Mexico.

The fruit of Urrea’s special revelations led to consequences most feared by church orthodoxy, namely, the bestowing of sacramental authority upon lay people. Teresa seems to have contended that all have a calling and thus have the power to baptize, confirm, and perform marriage ceremonies (Nava 503).

Teresita wished for a return to Christianity at its most simple form, without the hierarchy of the organized Church, and without the distraction of excessive ritual. Teresita criticized the evils that the Church represented to the people more than condemning the Church leaders themselves. Paul Vanderwood summarized the sentiment of the time: “Mankind had surrendered to pride in human reason and material greed, thereby separating itself from dependence on God” (187). Indeed, the abuses committed by the Church flourished under the protection of Porfirio Díaz’s conservative government, and instead of devoting themselves to the salvation of the people the Church turned to more capitalistic ventures. During this time of unrest, Teresita found ample audience for her discussion of religion. Her sermons criticized clerical abuses, and she replaced the standard Church dogma with her own themes of equality and love. Teresita not only challenged the Church with her purported sainthood, but also defied it though her attempt to empower the people in their own religious practice.

Specifically, Teresita’s condemnation of priests as one of the three greatest evils in the world did not sit well with the ecclesiastical authorities. She denied the need at all for priests, and suggested that prayer directly connected the individual with God. In a country
where Church and State shared power, Teresita’s dismissal of priests equated to claiming there was no need for the military. She denied the Church the method by which it controlled the people. Without priests, who had been fundamental in the rural governance of Mexico since the conquest, the Church had no standing in these smaller communities. The main reason Teresita did not receive canonization is because of her at-odds stance with the Catholic Church, and therefore remained a saint only in the eyes of the people who praised her. By Catholic standards, her life appears saintly, yet the Church refused to accept her. In what Kenneth L. Woodward refers to as the “local politics of sainthood,” the Church denied Teresita sainthood for its own political reasons. Teresita, as many other folk saints, may have been “a martyr for the people but not necessarily a martyr for the church” (Woodward 45). This characterizes Teresita’s situation as well, where although she served the people her politics prohibited canonization.

Another more recent example Woodward suggests is Archbishop Oscar Romero of El Salvador. Romero likewise did not achieve canonization due to the political undertones associated with his service to the poor of El Salvador (Woodward 36-49). It is worth noting that although neither Oscar Romero or Teresita are true saints, this does not diminish the importance of their lives for the people who believe in them. To this extent, the message and the myth are more important than the official Church sanction. In a deeper historical parallel, Teresita’s call for change in the Catholic Church aligns closely with the Protestant reformers who similarly sought to rid the Church of corruption and inequality. Martin Luther, in his treatise *Christian Liberty*, decried the excessive power and lack of morality rampant in European clergy. “That stewardship, however, has now been developed into so great a display of power and so terrible a tyranny that no heathen empire or other earthly
power can be compared with it” (19). The Protestant reformist attitudes of sixteenth century Europe resurfaced at the end of the nineteenth century in Mexico, with figures of alterity like Teresita to provide voice to the feelings of dissent. Teresita, like Luther, led a challenge to the greed and authority of the Church.

Teresita’s denial of the Church’s authority in daily life, however, is problematic. She publicly condemned the Church, yet her condemnation cannot be taken at face value. Like the Protestant reformers, Teresita absorbed the sentiment of the community around her. According to Paul Vanderwood, anticlericalism in Mexico had long been evident. The rural populations complained of the immorality of their religious leaders:

They said Mass and gave the sacraments only to receive excessive fees, got drunk and violated their chastity vows, engaged in commercial ventures, did not pay their debts, and meddled in politics… Many felt that priests got something for nothing, that they were parasites on society who confiscated donations meant for others (188).

Furthermore, the rural view of religion clashed with the traditions of the Church. For ordinary people, spirituality was rooted in daily challenges and experiences, as well as in their own personal and local histories. They needed a religion that served their reality. Teresita simply provided a voice for what the people around Cabora sought. After the populations around her named her a saint, she accepted the concept expanded on it by attempting to enact religious reform. The fact that she did not accept popular religion is not at all surprising. Many of them already lacked strong Catholic leadership because of their rural isolation, and her preaching offered an alternative to the corrupt and often absent Church. As Perales notes, “The northern state of Sonora, was especially vulnerable to
popular proselytizers like Urrea” (103). Her performing of miracles suddenly appears to be less of a divinely inspired act, and more of a socially influenced one. She used her healing as a way to attract interest in herself and her vision of religion in the area. As a reformer, she began to see herself as beyond the authority of the Church. Despite her distancing from the institution, she insisted on the incorporation of Catholic saints and founded her practice on the power of God. This dichotomy produced a confusing image of a folk saint. Teresita accepted what she wanted from the Church, but still imagined herself as beyond the confines of organized religion.

Teresita’s followers invested a great deal of faith in her, yet she often failed deeply to fulfill her saintly role. She engaged in self-aggrandizement, but ultimately did not provide the spiritual guidance and protection she promised. In her mission to be viewed as a saint, she permitted the iconization of her image by allowing her photograph to be taken and disseminated. Just the faithful collected images of “true” Catholic saints, Teresita marketed herself similarly by letting images of herself be distributed in the same form. After establishing her image as a saint, Teresita accepted droves of followers, and promised them guidance and protection. Many of her followers, indigenous for the most part, went into battle and lost their lives believing she could save them. Among the Yaqui and the Mayo, the Tomocheitecos found inspiration in Teresita’s divinity, and in their final stand against the federal troops, they died believing in her. As the Mexican army slaughtered Teresita’s followers, they shouted, “‘Viva Dios’ and ‘Viva la Santa de Cabora’, and wearing scapularies containing small samples of the earth of Cabora with which they hoped to heal their wounds” (Macklin and Crumrine 102). Teresita led her followers to believe in her sanctity, yet provided no substantive protection for them. In extending her assumption of
power well beyond the confines of a healer, Teresita jeopardized her own legitimacy and perhaps the lives of those she claimed to protect.

The final uncertainty in the characterization of Teresita as a folk saint is the question of her marriage and children. The great majority of Teresita’s popular history comes from before her marriage. Many historians simply choose to ignore her life in the United States; i.e., her life as a married woman. During her youth, Teresita proclaimed herself in saintly terms, and up until her marriage lived what seems to be a saintly life of providing care to the poor and abstaining from “earthly pleasures.” After her troubled marriage to Lupe Rodríguez, Teresita lost the virginal aspect of her sainthood. “The mythologized version of Urrea as “la Santa” – wholly pure, maternal, and altruistic – is reviled” (Perales 111).

Also, after her failed marriage, Teresita found another partner and completed her transformation from a virginal girl to a taken woman. John Van Order, ten years her minor, the son of a friend and her interpreter, became Teresita’s lover in 1901. In 1902 she gave birth to a daughter, Laura Urrea Van Order (Perales 113). By having a child, any saintly illusions her followers held of Teresita disappeared, because she irreversibly lost the classic saintly characteristic of virginity. Although abstinence may not be an explicit requisite for canonization within the Church, in the public view it was. Her marriage excluded her from being a truly saintly figure. Further, having children provided proof of Teresita’s humanity. It seemed that instead of her focus being on the divine and on healing the poor, she dedicated her time and energy to her children.

Teresita’s characterization as a folk saint is problematic due to both her apathy towards her followers and her denial of the saintly role by marrying and having children. However, despite these clearly non-divine indicators, most authors continue to emphasize
her as Santa Teresa. Some authors simply leave out the details of her later life because it
tarnishes and complicates her holy image. Instead of living her entire life in a saintly
manner, like Niño Fidencio or Don Pedrito, Teresita lost her focus and turned away from her
life of innocence. Still, the majority of the authors insist on maintaining her image as a saint
for two reasons. The first and more historically sound, is the continued faith of Teresita’s
followers. Despite the non-saintly path Teresita may have taken in the later part of her life,
many still believed in her powers as a miraculous healer. In this case the authors simply
represent Teresita as the spiritual leader her followers saw her as; not necessarily as the
spiritual leader she truly was. The second reason authors maintain the image of Teresita as a
saint is to serve a particular academic perspective of Teresita as a religious rogue. Gillian E.
Newell’s essay, “Teresa Urrea, Santa de Cabora and Early Chicana?” from the collection
The Making of Saints edited by James F. Hopgood illustrates Teresita in the manner of a
religious dissenter. As a whole, Hopgood aims to give form to a variety of folk saints, from
Elvis Presley to King Chulalongkorn of Thailand, and demonstrate their modern forms,
global influence, and at times, secularizations. Newell, in particular, investigates the
interpretation of Teresita as an icon of Chicana feminist power. For him, Teresita is a
“counterpart of the Virgin of Guadalupe… a highly significant, historical, diverse symbolic
figure” (90). If the author did not accept and reinforce Teresita’s saintliness, this would
undermine her image as a leader and dissenter. Teresita, as a wife and mother in the United
States, simply does not elicit the same inspiration as does a curandera performing miracles
and leading the natives of Cabora. For many, including Newell, in order for Teresita’s
legacy to be as powerful as it is, they chose to diminish her humanity and amplify her
sanctity.
Chapter 4:
Healing Through God: The Curandero Challenge to Established Medicine

Curanderismo today actively attempts to bridge the divide between folk healing and modern medicine. Although at times there is an underlying sense of mistrust between the two systems of care, curanderos generally are able to communicate with and utilize the modern health care system to the patient’s advantage.

Today curanderos in urbanized areas like south Texas recognize and accept the diagnosis of many, if not most, diseases defined by Western medicine. Some even use modern drugs, anatomical charts, and clinical facilities that closely resemble a doctor’s office… More commonly they simply recognize conventional categories of disease and refer patients to doctors for those diseases which modern medicine has proven highly successful in healing (Trotter and Chavira 39).

This integration strengthens each practice because it addresses the patient in a holistic way. The cultural consideration allows for better accessibility to the needs of the patient, and the advances and technology in modern healthcare help to address other serious problems. For example, although curanderismo provides herbal methods to control diabetes, modern medicine allows for refinement of treatment and better tracking of the illness through blood sugar monitors and A1C tests. The utilization of integrated treatment provides patients with a more active role in their healthcare and the best overall treatment possible. More of healthcare in which curanderismo is integrated are discussed in the Epilogue.
Although modern healthcare professionals and curanderos generally share a sense of mutual understanding, there is a fundamental divide in the foundations of these practices. One curandera voiced her criticism of the modern system saying, “These American doctors who waste so many years in school studying would do better to spend their time learning traditional medicine… they could cure so many people. What fools!” (Holland 101). The tenuous nature of this mutual acceptance is the division regarding the source of the power to heal. For curanderismo, God is the ultimate authority in healing. From the initial don (gift) of healing power to the prayers and rituals enacted during the healing process, spirituality and faith are inseparable from healing in curanderismo.

On the other hand, modern medicine founds its practices on scientific principles and empirical evidence. The training for a medical doctor, for example, beings with six years of science coursework before ethical and culturally considerate care is even considered during the later years of medical school. For curanderos, a diagnosis begins with a plática to assess the spiritual and physical state of the patient, and for a physician it begins with a medical history and laboratory tests. This difference in ideological foundation expresses itself in the complaints each group has of the other. For curanderos, disease and healing are unique and personal experiences. Each individual’s illness is associated with differing spiritual and social qualifications. From the view of traditional healing, modern healthcare seems to offer insincere diagnoses and blanket treatments. Gregorita Rodríguez, a curandera and sobardora, expressed her distrust of the healing methods utilized in modern healthcare during a 1984 interview.

A curandera is more than a doctor. Doctors don’t know the system of the stomach and they cure with pills. The curanderas cure with their minds, with
their experience, and with herbs… The first time I touched a person, I said, ‘I’m gonna touch this person in the name of the Father and the Son and the Holy Spirit.’ I don’t separate my healing from my faith (Perrone, Stockel and Krueger 109).

Many physicians and other healthcare professionals also perceive curanderismo as a lesser or incomplete method of providing healthcare. They consider curanderos quacks and the healing methods they use to be placebos or even harmful. The lack of scientific evidence to support curanderismo frightens and threatens the standard provider. Some critics of curanderismo suggest that “the sick lose time, money, and sometimes their lives by going to someone who really cannot help them. They are also concerned that people may be taking medication prescribed by the curanderos, which may be ineffective in relieving pain or may have harmful effects when used with drugs prescribed by a physician” (Trotter and Chavira 19). The initial tendency of modern healthcare is to label all curanderos has frauds because they do not have the same certifiable education as a doctor or a nurse. The concerns on both sides of care are legitimate, and generally have the good of the patient in mind. Despite this divide, through education and interaction, curanderos and modern healthcare providers have begun to understand the importance and utility of each other.

Within the past thirty years, initiatives towards education have provided a friendlier and more understanding relationship between established medicine and curanderismo, but during Teresita’s time the groups were harshly polarized. Currently, the modern healthcare system considers curanderismo complimentary or alternative medicine, and many curanderos view modern medicine in a similar way. In contrast, Teresita, as a curandera, viewed established medicine of the time as unnecessary, dangerous, and simply
evil. Doctors, after all, made her list of the three greatest evils in the world. Teresita’s frustration with doctors reflected a wider sentiment expressed by those in the rural communities around her. The demographics of the Northern Mexico and the Southwestern United States contributed greatly to the reputation of doctors.

Until the development of extensive irrigation works in the early 1900s, most of the Southwestern United States was best suited for ranching and very small scale farming. People lived on scattered homesteads, isolated from the medical resources of the cities. Very few health-care professionals were attracted to the area because of the lack of facilities, small population, and the immense distances (Trotter and Chavira 38).

The physicians who did frequent the rural communities often practiced less than moral medicine, either asking exorbitant prices, or by causing more harm then help.

Teresita challenged established medicine by directly targeting doctors as one of the three greatest evils in the world. Teresita’s frustrations with doctors developed from witnessing the interactions between doctors like Dr. Robert Nichol and the Tomochitecos who she loved and ministered. After a battle in Tomochic in December 1891, Dr. Nichol made his first visit to the town to offer his services. He provided minimal assistance in the exhumation of those killed in battle, and then treated the few wounded, and finally presented an exorbitant bill of 510 pesos (approximately $400) to the governor (Vanderwood 58). The Tomochitecos felt cheated. Following this exposure to licensed medical care, the Tomochitecos generally declined the services of physicians and instead relied on curanderos for the majority of their care. Many doctors actually lacked true medical training and obtained licensure through political connections that allowed them to purchase certification.
During Teresita’s time, doctors “promised more than they delivered but still collected their fee” (Vanderwood 192). Given that doctors generally lacked skills to provide good care and then proceeded to charge outrageous fees, there is little question as to why Teresita, as a curandera, despised them.

Teresita challenged the ineffective healing of established medicine through her own miraculous healing. The exploited mine workers she treated considered her “a saint capable of curing the sick and restoring sight to the blind” (Newell 98). The lack of explanation for the miraculous cures she enacted simply did not compute with rational science. A woman without any education at all, illiterate in fact, attended to and treated ailments and conditions for which established medicine could not find a cure. On one of her first trips in the United States after her exile from Mexico, Teresita’s challenge to established medicine reached headline news. The San Francisco Examiner recounted Teresita’s powerful display when she “ministered to the three-year-old son of a family acquaintance who was afflicted with spinal meningitis. Five doctors had pronounced the boy incurable but in Teresa’s hands the lad greatly improved” (Vanderwood 304). This example of Teresita’s healing is particularly poignant because, unlike some of her other fantastic cures at Cabora, this event took place in the middle of a scientifically rich community. Instead of competing with badly educated and absent doctors of the countryside, Teresita confronted established medicine in one of its centers, and even here she confirmed her reputation as a great healer. Like curanderas today, Teresita challenged the scientific world of medicine with her own spiritually based cures, and succeeded in her assertion of having a legitimate healing power.

One of the more revolutionary aspects of Teresita’s cures was her reluctance or refusal to charge for her services. After developing her healing powers in Cabora she treated
the communities around her free of charge. Marian Perales describes the atmosphere of Teresita’s healings: “Several paralyzed individuals who sought her healing reportedly walked easily after receiving treatment. Skeptics became believers as their lifelong ailments disappeared. Many recipients tried to compensate Urrea, who refused most monetary compensation and gave away what money she did accept” (108). Like curanderas today, she relied on the community to care for her if she ever had a particular need. When she arrived in the United States, for example, the Mexican residents of Clifton, Arizona pooled their resources to provide Teresita and her father with a home. Teresita’s totally altruistic relationship with her patients represented an affront to established medicine. As a career, mainstream medicine necessitated payment, and Teresita denied this fundamental step. In this stage of her life Teresita refused to compromise her values and her commitment to serving the poor. As a curandera, her charge remained to serve those who needed care, and not to make a profit.

Interestingly, despite Teresita’s dismissal of established medicine in general, she maintained relationships and communicated with the established medical community. Although she preached were “in league with Satan,” she maintained dialogue with at least one doctor during her time in Cabora, and even worked with them in the United States. In 1891, an American doctor named E.P. Schellhous visited Teresita. From his visit we can glean some illuminating details of Teresita’s life. She revealed to Dr. Schellhous that previously other physicians had diagnosed her as “suffering from an ailment that numbed her brain” (Vanderwood 192). In his report, Dr. Schellhous disagreed and compared Teresita’s healing abilities to those of Jesus and the Apostles (Vanderwood 192).

These two details are significant in regards to the interactions Teresita experienced
with physicians. First, she had been previously diagnosed by a doctor, and she did not agree with the diagnosis. Understandably, to have a doctor doubt her healing capabilities, saying it was “numbing of the brain,” would at least elicit some doubt on her part regarding their medical skills. Secondly, although Teresita maintained her distance from Dr. Schellhous, they interacted on a personal level. For someone she considered in allegiance with the devil, her association with a doctor is troubling. Further, during her life in the Untied States Teresita contracted with a medical company to tour the United States. Without question, this too integrated her into the modern medical community of the time. This partial reception of modern medicine correlates to the current relationship of curanderismo and medicine today, but it contradicts Teresita’s seemingly strict hatred of doctors. Despite all of her venomous feelings towards the medical community, she both gave and received some acceptance.

Perhaps the most perplexing event in the life of Teresita, and the one most at odds with her legacy as a curandera, is what seems to be economic exploitation of her followers. Although Teresita refused direct payment from those she cured, she and her close supporters profited. For example, one Mexican magazine described that “in her house they were selling as a remedy for everything, a mixture of earth and oil” (El Monitor Republicano 3), and that her father “developed a profitable business in providing the thousands of pilgrims with meat, milk, and other products of his ranch” (Macklin and Crumrine 96). These charges disrupt both Teresita’s self-made image of a saintly healer and the traditional character of the curandera. Rather, her story sounds more like a subtle capitalistic venture. Without doubt, Teresita and her father did not have ill intent; however, the idea that they sought profit from the people they claimed to serve without compensation brings about a sense of mistrust. Historical accounts of Teresita’s life in Cabora are not as well documented as is her later life
in the United States, so perhaps the charges of economic exploit were exaggerated. Her economic dealings in the United States, though, are well documented. Even more problematic than making money from the room or board of those she healed is the evidence that suggests Teresita signed a $10,000 contract to tour the United States demonstrating her healing (Perales 111). Paul Vanderwood puts it succinctly: “Before, she had accepted no payment for her cures and reviled money as one of the world’s greatest evils. She has preached the gospel of the poor, and now she paraded with the rich.” This is a strange decision on the part of Teresita, particularly in light of her previous commitment to minimal charges for her earlier healing. Instead of practicing the more modest and religious healing, the nationwide tour advertised a theatrical and eccentric healer. Although Teresita did continue to heal, capitalistic undertones tarnished her work.

This seemingly incomprehensible action of Teresita illustrates an important point. Teresita displayed very human weakness. After only a month with the tour she sued for breach of contract after her employer failed to pay her the negotiated wage, but then later continued with the tour from New York to Los Angeles. Although Teresita may have railed against the greed and trickery of physicians, she herself ended up among those with unscrupulous business and healthcare practices. Teresita, the fiery but humble curandera who was once an icon of dissent against corrupt modern medicine, somehow herself ended up performing healing exhibitions to thousands of paying spectators.

Although Teresita spent the last years of her life healing as a spectacle, the strongest aspect of her popular legacy is as a curandera. She commercialized, however this has not affected the way in which academic depict her, that is, she remains first and foremost a traditional healer. Clearly, one reason is that despite undertaking some questionable business
practices, she continued to perform miraculous cures until the end of her life. Her tour in the United States made a spectacle of her abilities, yet she continued to demonstrate her identity as a curandera, and ultimately never acquiesced to fully accepting modern medicine. Fundamentally, what makes Teresita a unique historical character and what differentiates her from other extraordinary personages is her ability to heal. Teresita’s power as a social, political and religious dissenter emanates from her healing. What makes Teresita a compelling historical figure is her expansion on the theme of the curandera and her extraordinary and influential life though the extension of her healing.
Teresita, as representative of the *curandero*, presented defiance to society in a variety of aspects. She lived on the margin of what Mexican society considered acceptable, she challenged the political authority of Porfirio Díaz, she confronted the Catholic Church as a saint beyond their control, and refused the encroaching authority of established scientific medicine. What in essence, though, makes her a true heroine of *curanderismo* is not her saintliness, but her humanity. The importance of the history of Teresita Urrea is that she provided a legacy of a strong – yet human – woman. She is both a miracle worker and a mother, a capitalist and a *curandera*. A reporter who travel to Cabora to see her miraculous healings described her:

Loveliness rather than beauty. What she has transcends beauty. It is something that projects. Projects and disarms…a warmth, a glow, eagerness and sincerity, a magnetism. Eyes that inspire confidence and faith, that probe and hypnotize. An arresting and remarkable woman. With the unconscious talent of a great actress, she establishes a spellbinding rapport with her audience. It is clear why believers find her irresistible. She tells them to walk and they walk. But for all her saintliness and good works, she is still a woman… (Torres 50)

She is virgin and mother, sinner and saint.
Epilogue:

*Curanderismo’s Move North*

The legacy and legend of Teresita Urrea continued on past her death and today have incarnations in places she never would have imagined. A study of Teresita’s life offers more than a simple ethnographic study of a *curandera* and a folk saint; it also provides a framework from which to address current and important issues of today across the United States. Teresita’s is a hyperbolic figure of social and political dissent, of religious freedom and moral healthcare. As a *curandera*, her legacy reverberates in modern society from the Barnes and Noble Bookstore to cutting-edge hospitals from Boston to Los Angeles. After the Treaty of Guadalupe-Hidalgo, which ended the Mexican War in the late 1840’s, some 100,000 Mexicans became United States citizens. During the first years of the twentieth century, it was estimated that the Mexican population in Texas increased 76 per cent (Kiev 9). The influence of Hispanic culture continues to resonate in American culture, and *curanderismo* remains an important element of the Hispanic way of life.

*Curanderismo* and Culturally Considerate Healthcare

Historically, *curanderos*, like Teresita and Mrs. Angel, served as the primary healthcare providers in many isolated communities, but with the rise of an exclusive system of modern healthcare, the spiritual and herbal healing of the *curandero* is often dismissed by the strictly scientific and pharmaceutical medicine of the modern physician. As the role of the *curandero* inevitably diminishes, it is imperative that the healthcare community
understand and utilize the positive and widespread influence of these traditional healers within the Hispanic community. At the core of medicine, conventional or traditional, is the necessity of communication between the “healer” and the patient. The cultural healthcare alternative of curanderismo is the choice for millions of United States residents.

Trotter and Chavira state that “the socioeconomic position of many Mexican Americans has improved so that modern medical resources are increasingly available; widely utilized, and appreciated by both curanderos and patients, since modern medicine offers excellent care for a number of medical problems” (Trotter and Chavira 2-3). Even though the performance of modern physicians is improved though an ever-changing education system, there is still a great demand for culturally considerate healthcare. This suggests that a conventional physician’s communication with traditional Mexican Americans should include, at the least, an understanding of the value of curanderismo and acceptance of the help it gives to patients. Psychiatrist Ari Kiev’s belief that curanderismo “persists in the American Southwest because it works” still holds strong across the country in modern Hispanic communities (Kiev 148). The values and traditions of the Hispanic population are perpetuated not only by a large community, but also by their proximity to Mexico. Despite this strong connection to the culture, the desire to assimilate causes some reluctance to incorporate traditional practices and views in all aspects of life. Among Hispanic patients, there is the possibility of a hesitance to inform the physician of their cultural beliefs for fear of ridicule or misunderstanding. For example, many American doctors would likely misinterpret a patient presenting them with a case of a hex. However, the beliefs and practices associated with curanderismo have an evident effect on what a large part of the Hispanic population expects from healthcare. Unfortunately, the majority
of physicians and healthcare providers lack education on this traditional healing system.

There is a great deal of knowledge to be gleaned from the practice of curanderismo for the benefit of modern healthcare. The example of the partera (midwife) is particularly poignant, as within the past ten years she has practically disappeared. An interview published in 1989 illustrates the incredible skill of a New Mexican partera who had delivered more than twenty thousand babies, including twenty-five sets of twins and two sets of triplets (Perrone, Stockel, and Krueger 115). The parteras not only prayed for expectant mothers, but were the first to cater to the child by baptizing them, and in the case of death, counseled the mother in her grief. Modern curandera and psychiatric nurse, Elena Avila, R.N. MSN, describes the old practices of the partera who would bury the umbilical cord under a tree so that the child would feel connected both to the earth and to that particular tree. In her book, Avila states, “I feel it is important that we discover other rituals that make sense to us that can help children feel as if they belong to a community, and mothers feel comfortable and spiritually and emotionally cared for” (Avila and Parker 75-76). In the healthcare that the partera provided, this is the care for both the emotional and physical needs of the mother, and although it is no longer widely practiced, it remains an important idea within the Hispanic culture about how birth should be treated.

Curanderismo, even beyond birth, demonstrates the practice of a holistic bedside interaction. The curandero attempts to address the patient from within his or her social and personal context. Before any healing can begin, most curanderos devote time to a plática, a conversation, with the patient. This individual attention and interest provide more than the clinical family history because “Curanderos usually pass considerable time socializing with their patients as a regular part of the treatment session. Many of these relationships in which
sufferers receive solace and reassurance undoubtedly have considerable psychotherapeutic
value” (Holland 90). The plática allows for a personal connection; the healer may touch the
patient or pray for them. “The curandero is highly accessible, without the intervening
variables of excessive social and spatial distance that sometimes affects the delivery of
health care in the United States” (Trotter and Chavira 2). The curandero integrates the
patient’s system of belief into the healing process, and thus includes him or her in their own
curing.

The study of curanderismo continues to provide a particular utility within the
Hispanic population in consideration of the culturally specific and otherwise undiagnosed
illnesses. A study taken among 250 Mexican families in Tucson, Arizona illustrated that
18% of those interviewed reported having suffered from susto (soul loss), and 56% believed
strongly in the illness, clearly demonstrating the prevalence of these beliefs in the United
States (Holland 92). Many of the folk illnesses such as susto or mal ojo (evil eye) present
themselves with mental and physical symptoms. In an epidemiology of susto, Arthur J.
Rubel, Ph.D., describes the appearance of the syndrome as follows: “(1) during sleep the
patient evidences restlessness; (2) during waking hours patients are characterized by
listlessness, loss of appetite, disinterest in dress and personal hygiene, loss of strength,
depression and introversion” (Rubel 274). A modern physician would be inclined to treat
the symptoms based on physical evaluation, without regard to what the patient may perceive
as the base problem. Although the diagnosis of folk illnesses cannot be generalized for the
entire Hispanic population (as not all Hispanics believe in or know about some of these
illnesses), understanding susto, mal ojo, bilis, or empacho provides a physician with a
cultural framework in which they are able to utilize modern healthcare methods.
The most controversial, but perhaps the most important practice in *curanderismo*, is the prescription of herbal remedies. The use of herbal remedies in traditional medicine highlights an area conventional medicine to which healthcare providers must be attentive. In the treatment of many illnesses, “herbs are the treatment of choice because they are milder and have fewer side effects than prescription drugs” (Fontaine 121). Nature seems to provide an unimaginable ingenuity in healing. Gordon Gragg, chief of the National Cancer Institute’s natural-products branch states: “Nature produces chemicals that no chemist would ever dream of at the laboratory bench” (qtd. in Fontaine 122). Recently, research of the antibiotic properties of honey is being tested for its ability to fight resistant bacterial infections, particularly in diabetes patients. However, due to a focus on FDA researched and approved drugs, most physicians are not prone to incorporate herbal healing into their consultations.

Healthcare providers have an ethical obligation to respect the cultural differences and uniqueness of their patients and be able to discuss treatment specifically applicable to the variety of belief systems. For the Hispanic population in the United States, this means having a basic knowledge of *curanderismo* and a working understanding of herbal remedies. If we dismiss a patient’s interest in what is considered alternative care, the patient may still utilize it without informing the healthcare professional. If, instead, we discuss the efficacy of an alternative therapy in a balanced manner, we are more likely to gain the patient’s trust and respect. It is worthy to note that not all aspects of *curanderismo* should necessarily be considered for modern healthcare. “The spectrum of possible responses to alternative medicine is quite broad, ranging from an obligation to stifle harmful practices to mere acceptance of nonharmful modalities, to encouraging the use of beneficial
interventions” (Sugarman and Burk 1624). The spirituality and sense of community that curanderismo promotes, as well as the impetus it gives the patient to pursue their own health, make the practice worth emulating. Because patients utilize alternative healthcare methods (approximately 42% of the U.S. population in 1997 used alternative therapies), healthcare providers must educate themselves (Eisenberg et al. 1573). Physicians, nurses and pharmacists serve as sources of information, authority, and care, and have the obligation to obtain the knowledge to treat patients wholly. “In the best of all worlds, consumers would have an educated professional – a nurse, a pharmacist, or a doctor – to help guide them” (Fontaine 137). More ideally, professional health care providers would also have an understanding and consideration of the healing value or traditional medicine as provided through curanderismo.

One strong proponent and leading figure in modern curanderismo is Elena Avila, a practicing psychiatric nurse and curandera. Elena grew up in the barrio of El Paso, Texas, during the 1960s, a first generation American of Mexican parents. Her family’s healthcare included both modern hospital care, as well as the traditional remedios brought to the United States from Mexico. From a young age she demonstrated a keen sense of observation among her peers, and a marked gift to heal. Elena recalls her earliest lessons in curanderismo when she was prescribed yerba buena (peppermint leaves) for her stomach, and manzanilla (chamomile) to help her sleep, and sessions when her mother showed her how to massage her own stomach when she had empacho (Avila and Parker 90-91). At age sixteen Elena sought escape her home life though marriage and as well as leaving behind her family she also left behind the traditional healing methods she associated with them. She explains the trend of acculturation she followed: “During the 1940s through the 1970s, Chicanos were
feeling tremendous pressure to assimilate into mainstream American culture, and things such as *curanderismo* were considered passé and old-fashioned. I was swept along by those currents” (Avila and Parker 94-95). After a challenging six years apart from her family, Elena earned her GED and continued on to receive her B.A. in nursing in 1976 and her M.A. in 1981. During the first year of nursing school her childhood *remedios* resurfaced when a professor asked her to present to the class on *curanderismo*. The reintroduction to the traditional healing of her youth ignited a passion in Elena, and soon she exhausted the library’s resources and had begun to learn directly from *curanderos* in Mexico. This interest grew into a profession that rivaled her job as a nurse, and eventually she left mainstream healthcare to start her own practice as a *curandera*. Today, Elena travels and speaks on *curanderismo* and continues to practice as a *curandera*.

Like Teresita, Elena challenged established societal roles and questioned the efficacy of strictly scientific medicine. Elena exhibited different kind of social challenge than what Teresita offered, one specific to American culture of the late twentieth century. From the context of her father’s generation where the dominant white culture presided over their lives, “*curanderismo* was backward and primitive” (Avila and Parker 102). She recounts her father’s concern as she worked to embrace her culture through becoming a *curandera*: “he saw his daughter, his hope, the first person in his family to get a college education and achieve the dream of success that he’d always had, going back to her indigenous roots” (Avila and Parker 103). Like Teresita, she loved her father and respected him, but followed her calling to practice as a *curandera*. Similar to other *curanderas*, Elena dismissed the pressures of society to conform to a particular persona that mainstream American culture deemed acceptable. Her interest in her cultural heritage during a time of conformism placed
her in social alterity but she accepted a level of isolation in order to pursue healing.

In her affront to established medicine, Elena perhaps surpassed Teresita. The difference between the two healers lies in their relationship to the established medicine of the time. Teresita challenged doctors from the paradigm of folk healing, and did not have any insight (other than her personal observations of doctors) into the inner workings of the modern medicine of the time. She viewed doctors as an evil and rivaled their healing skills with her own miraculous cures, but had no basis for true comparison because she did not understand their attempts at healing. Elena, on the other hand, began her career in healing within established medicine. She obtained her masters in nursing, and held prestigious positions that made use of her refined skills as a modern healthcare provider.

From within the paradigm of a modern healthcare provider she began to challenge and critique the medicine she observed around her. The strict rule-guided practice of medicine stifled her intuition and diverse healing skills. On the whole experiences in the hospitals she worked in dissatisfied her. “I realized that the modern medical model that I had to follow as a nurse left out so much of what made up a human being – the soul, the client’s spiritual beliefs, the complexity of human experience, and the need for personalized treatment” (Avila and Parker 108). This commentary aligns with the overarching tenant of curanderismo to embrace both the physical and the spiritual, and that strictly science based medicine is not able to treat the whole person. Her critique goes further, “My experiences had taught me that the techniques of curanderismo often worked where Western medicine failed – and worked more thoroughly and deeply where Western medicine succeeded” (Avila and Parker 108). This critique of medicine is even more poignant that Teresita’s because Elena understood the complexity and the science of modern healthcare, and still
found it lacking. For a woman who once held the title of Head Nurse of Psychiatry, her critique has professional gravity. Further, her decision to leave the professional world of nursing for *curanderismo* makes a strong testament for the power and utility of this folk healing.

Elena left the comfort of a steady salary to begin her own practice as a *curandera*, a choice, she says, that was “the right thing” (Avila and Parker 128). She treats a great range of patients, from people from Mexico, to “*viejitas* (grandmothers) who were so happy that they could find someone to give them a *limpia*”, and even other healthcare professionals (Avila and Parker 128). Elena managed to challenge established medicine by accepting and integrating *curanderismo*. Teresita challenged the established medicine of her time by not accepting it, but Elena has taken this challenge to a new level in the twenty-first century. Through this next step of integration in to established medicine, Elena builds upon Teresita’s legacy of dissent.
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