African Healing in Mexican Curanderismo

by

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ABSTRACT

The worldviews and associated healing traditions of West and West Central sub-Saharan Africans and their Afro-Mexican descendants influenced the development of curanderismo, the traditional healing system of Mexico and the Southwest United States. Previous research on curanderismo, e.g. Colson (1976), Foster (1987), Ortiz de Montellano (1990), and Treviño (2001), generally emphasizes the cultural contributions of Spanish and Mesoamerican peoples to curanderismo; however, little research focuses on the cultural contributions of blacks in colonial Mexico.

Mexico had the second-largest enslaved African population and the largest free black population in the Western Hemisphere until the early nineteenth century (Bennett 2003:1). Afro-Mexican curanderos were regularly consulted by members of every level of Spanish colonial society (ibid:150, 165, 254–55; Restall 2009:144–45, 275), often more commonly than indigenous healers (Bristol and Restall 2009:174), placing Afro-Mexican curanderos “squarely in the mainstream of colonial curing practices” (Bristol 2007:168). Through analysis of literature on African medicine, enslaved Africans in colonial Mexico, and Afro-Mexican healing practices, I suggest that the ideas and practices of colonial blacks played a more important role in the formation and practice of curanderismo than previously acknowledged. The black population plummeted after Mexico gained its independence from Spain in 1821 CE; however, through analysis of African-American, Afro-Caribbean, and Afro-Latino religious and healing traditions, La Santa Muerte, and yerberías and their products in twentieth and twenty first century Mexico, I suggest that black healing traditions continued to influence curanderismo throughout Mexico’s history.
Para mis bisabuelos, mis abuelos, mis padres, y Patricia Federico.

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1 INTRODUCTION

Curanderismo, meaning “the way of curing” or “the way of healing” in Spanish, describes a wide range of healing methods practiced among Latin American populations throughout the Americas. Curanderismo in North America is most identified with Mexican and Mexican-American cultures (Ortiz de Montellano 1987:381; Trotter and Chavira 1997:xv-xvi; Torres and Sawyer 2005:xv-xvi). My thesis focuses on Mexican curanderismo, referred to here as curanderismo. Curanderismo practitioners are known as curanderos, literally “curers” or “healers” in Spanish (Trotter and Chavira 1997:1). An individual practitioner is known as a curando (if male) or a curanda (if female), both meaning “one who cures/heals” (ibid). A curandero or curandera can be anyone with “some skill in the healing arts, from a brain surgeon to a grandmother giving medicinal teas,” though the title is generally reserved amongst Mexican and Mexican-American populations for healers who practice any of a wide range of culturally and historically important religious healing techniques (ibid). Healing techniques in curanderismo include herbal remedies, limpias (cleansing rituals), massage, bonesetting, midwifery, divination, counseling, and the breaking and prevention of witchcraft (ibid; Torres and Sawyer 2005:4).

There is not one Mexican curanderismo; there are many Mexican curanderismos. Mexican expressions of curanderismo have changed with their practitioners over time and can vary greatly between regions, villages, and individual practitioners. Mexican curanderismo can appear predominantly Roman Catholic in some areas (see Trotter and Chavira 1997), predominantly indigenous in others (see Treviño 2001), display a mix of indigenous and European elements (see Estrada, Munn, Wasson, and Rothenberg 1981),
or display a mixture of African, Mesoamerican, and European elements (see Aguirre Beltrán 1963; Bristol 2007; Argyriadis and de la Torre 2007; Argyriadis and Juárez Huet 2007). While acknowledging that Mexican curanderismo is non-static and diverse, I employ the general term curanderismo because of shared understandings found throughout Mexico of the use of herbal remedies, the causes and treatments of illness, and “of the body and soul within and in relation to a divinely created order… [relying] on prayers, rituals, saint veneration, and contractual agreements with the Christian God, Mary, saints, and sometimes Mexican indigenous deities” (Hendrickson 2014:3). When I state that a black healing practice is found in Mexican curanderismo, I do not mean that all curanderos accept or practice it; merely that where it is found, it has African influences. Afro-Mexican curanderismo here refers to the ethnomedical practices, that is, culturally-specific health practices and ideas (Erickson 2007:1), of blacks in Mexico. I use Mexican curanderismo or curanderismo to refer to the ethnomedical practices in Mexico that arose from the mixing of African, European, and Mesoamerican healing traditions.

Adapting Breault’s (2014:1) description of the La Santa Muerte icon, Mexican curanderismo is the product of “complex social processes involving conflictive and harmonious interactions over long periods of change” within the area now known as Mexico (see Trotter and Chavira 1997:25; Bristol 2007:149-90; Zavaleta and Salinas 2009:48). Mexican curanderismo evolved from at least three major cultural influences during Mexico’s colonial period (circa 1519 CE–1821 CE): Iberian, Mesoamerican, and African. Iberian refers to the peoples of the Iberian Peninsula, which today includes the
nations of Spain, Portugal, Andorra, southwestern France, and British Gibraltar. Spanish or Spaniards refers specifically to the white European peoples of Spain.

The first major contributing tradition to curanderismo came from Iberians, especially the Spanish, who contributed three major cultural elements to curanderismo in colonial Mexico. The first was Abrahamic religious ideas, customs, rituals, and symbols, mainly from medieval Castilian Roman Catholicism (Trotter and Chavira 1997:25). When referring to the predominant religious concepts of Western Europe I use the term Abrahamic, instead of Judeo-Christian, which excludes the numerous Islamic contributions to European, Iberian, and colonial Mexican history. Abrahamic is a term borrowed from Islamic discourses on the shared roots of Christianity, Judaism, and Islam (Smith 1998:276), in that all three traditions trace their religious and intellectual origins back to the Biblical figure of Abraham and share fundamental concepts about the universe, law, faith, and community (Swidler 1990:123; Derrida and Anidjar 2002:4–8; Hughes 2012:79–80). The second contribution made to curanderismo by Iberians was Arabic and Greek medicine and health practices, transported to Spain by the invading Moors between 711 CE and 1492 CE (Trotter and Chavira 1997:25). The third was Western European magic and witchcraft (ibid). Colonial Spanish ideas and practices of Catholicism, medicine, and magic formed the foundation of curanderismo (Foster 1987).

Native American and African healing traditions built upon curanderismo’s Spanish foundation (ibid). The second major contributing tradition to Mexican curanderismo was Native American herbal medicine, health practices, symbols, and concepts, most notably from Mesoamerican populations like the Nahua, Maya, and Mexica (Trotter and Chavira 1997:25). Here I use Native American when referring to any
person or persons indigenous to North America. I use *Mesoamerican* to refer to Native Americans indigenous to the geographical area corresponding to present-day Mexico, though *Mesoamerica* refers to the geographical and cultural area that includes the modern nations of Mexico, Belize, Guatemala, Honduras, El Salvador, Nicaragua, Costa Rica, and Panama (Kirchhoff 1960:4–5). The indigenous names of specific Native American peoples are used wherever possible in order to lessen the distortion of Native American histories. For example, I use Nahua and Mexica, the indigenous names for the dominant Nahuatl speaking native peoples of Central Mexico, rather than “Aztec,” a Western academic term invented by geographer Alexander von Humboldt in 1810 CE and popularized by historian William Prescott in 1843 CE (Carrasco 2001:xi).

The third major contributing tradition to curanderismo was African healing practices (Bristol 2007:149-90). I use *African* to refer to the peoples, worldviews, and associated healing traditions of the geographical and broad cultural area of West and West Central sub-Saharan Africa, since according to Palmer (1976:21–28), Mintz and Price (1992:9–10), and Bennett (2009:86–87) the vast majority of enslaved Africans came from this region. Following Covey (2007:15), the majority of the people I refer to as *enslaved* or *slaves* were of African descent; I refer to them as enslaved Africans, rather than slaves, to avoid defining them primarily by their slave status. *Slaver* refers to peoples of European, and primarily Iberian, descent who captured, transported, and sold enslaved Africans as part of the trans-Atlantic chattel slavery trade (ibid). *Slave owner* refers to any person in New Spain or colonial Mexico who bought and kept enslaved Africans (ibid).
Africans and Native Americans also practiced forms of slavery (ibid; Davies 2013:9). African slavery generally resembled indentured servitude wherein an enslaved person had limited property rights, the ability to earn their freedom and move up in the social ranks, and could work in farming, soldiering, skilled artisanry, tax collection, or other diverse positions (Davidson 1988:42–46; Stillwell 2014:1–5). Mesoamerican slavery also resembled indentured servitude, where peoples like the Mexica, for example, could enter into slavery to make up for personal debts, children did not inherit their parents’ enslaved status, enslaved people could own property (including their own slaves), and freedom could be purchased or gained through marriage, escape, or giving evidence of mistreatment by slave owners to legal authorities (Wolf 1999:186–87).

Only two of curanderismo’s contributing traditions, those of the Spanish Catholic invaders and the indigenous Mesoamerican peoples (especially the Mexica), receive much academic attention. Foster (1987), Trotter and Chavira (1997:28), and Hendrickson (2014:30), for example, describe curanderismo as being mostly European and Judeo-Christian in character with few, if any, distinctly Native American influences. Ortiz de Montellano (1976:22; 1990:203), Colson and de Armellada (1976), and Treviño (2001) describe curanderismo as being indigenous in origin and character, though they acknowledge Spanish cultural contributions. Proctor’s (2003b:288) description of curanderismo as “a mixture of appropriated ecclesiastical medicines, pre-Enlightenment medical theories, and borrowed indigenous herbal and medicinal knowledge” is fairly typical. The academic debate over whether curanderismo is primarily Spanish or Mesoamerican ignores the contributions of Africans and Afro-Mexicans to Mexican curanderismo.
The exclusion of African and Afro-Mexican influences in the academic debate over curanderismo’s origins is partly due to the debate’s reliance on colonial documents. Colonial authorities had little interest in describing African heritage or cultural practices (Palmer 1976:20), instead focusing on Mesoamerican languages and cultural practices in order to facilitate conversion efforts (Russell 2011:58). The omission of Africans and Afro-Mexicans from the academic debate on curanderismo is largely the result of the construction by nineteenth and early twentieth century Mexican politicians and social reformers of a mestizo, that is, mixed Spanish–Mesoamerican, national Mexican identity (Wade 1997:32). Mestizo identity was adopted and endorsed by the Mexican nation-state in an attempt to transcend ethnic differences and economic inequalities and build a unified Mexican identity following the Mexican War of Independence (ibid; Knight 1990:78–85). Afro-Mexicans were excluded from the mestizo identity due to racist attitudes of Mexican authorities and because Afro-Mexicans made up ten percent of Mexico’s population after Mexico gained its independence from Spain in 1821 CE (ibid; Knight 1990:78–85; Wade 1997:32).

Mestizo identity left no room in the historical narrative for the contributions of Afro-Mexicans to the Mexican population or curanderismo, despite the fact that colonial Mexico held the second-largest enslaved population and the largest free population of blacks in the Western hemisphere until the nineteenth century (Bennett 2003:1). According to Bristol (2007:150, 165, 254–55) and Restall (2009:144–45, 275), Afro-Mexican curanderos were consulted by Spanish colonial society, and per Bristol and Restall (2009:174) more often than non-black curanderos. The prevalence and popularity of Afro-Mexican curanderos was due to the dearth of licensed medical practitioners in
colonial Mexico, the limited range of occupations available to free blacks, and because many Spaniards considered non-whites to have special healing abilities not available to whites (Caro Baroja 1967:149; Alberro 1998:300; Bristol 2007:150, 165, 254–55; Restall 2009:144–45). The literature on the worldviews and associated healing practices of Africa, Mesoamerica, Iberia, and colonial Mexico is inconsistent and uses certain terms interchangeably. Due to the above, I hypothesize that African and Afro-Mexican healing practices were more important to the formation of curanderismo in colonial Mexico than has previously been suggested in the pertinent literature.

The influence of black healing traditions on curanderismo was not limited to the contributions of enslaved and free blacks during the Mexican colonial period. African-American, Afro-Caribbean, and Afro-Latino healing traditions interacted dialectically with curanderismo in twentieth and twenty first century Mexico and the United States, meaning that each influenced the other. I use the term *African-American* to refer to the English speaking black peoples of the United States. *Afro-Caribbean* refers to the black peoples of the Caribbean, whether English, French, Creole, or Spanish speaking. I use *Afro-Latino* to refer to the Spanish speaking and Portuguese speaking black peoples of Central and South America.

After Mexico gained its independence from Spain in 1821 CE, the Afro-Mexican population fell to approximately 1.2 percent of the total Mexican population by 2015 CE (INEGI 2015:77). Afro-Mexicans largely faded from Mexico’s national consciousness due mainly to demographic scarcity and the Mexican nation-state’s adoption of a national mestizo identity (Wade 1997:32; Knight 1990:78–85). African and Afro-Mexican contributions to curanderismo did not disappear, though increasing demographic scarcity
gradually removed Afro-Mexican healers from the mainstream of Mexican healing practices starting in the seventeenth century. Beginning in the mid twentieth century, however, African-American, Afro-Caribbean, and Afro-Latino healing traditions began to influence and enter the mainstream of Mexican curanderismo. Ideas and practices from Mexican curanderismo also influenced and entered the mainstream of African-American, Afro-Caribbean, and Afro-Latino healing traditions.

**Terminology**

The geographical area upon which my thesis focuses are the Estados Unidos de México (United States of Mexico), typically referred to as *Mexico*, and colonial Mexico, which was part of what Spanish colonial authorities called the Virreinato de Nueva España (Viceroyalty of New Spain) between 1519 CE and 1821 CE (Beezley and Meyer 2010:1–2). I use the term *New Spain* referring specifically only to the colonial Spanish viceroyalty that encompassed Mexico, Central America, the Gulf Coast of North America (especially what is now the state of Florida), the Southwestern United States, and Spain’s Caribbean colonies (Figure 1). I use *colonial Mexico* when referring specifically to the territories within New Spain that correspond to the modern nation of Mexico.

Curanderismo employs a wide variety of prayers, ceremonies, and rituals originating from Spanish, Mesoamerican, and African worldviews. *Prayer* comes from the Latin *precari*, meaning “to ask earnestly, beg, or entreat” (Cresswell 2010:340), and refers to a form of communicating and establishing relationships with non-human persons like the Abrahamic god or African intermediary beings (Ladd and Spilka 2002:478). Following Astor-Aguilera (2010:17-18), ritual as used herein is
nonroutine solidarity production, situational to specific circumstances, that relates personal experiences through cultural activities, as manifest in individual agency, practice, and interpretation that seek to transform and generate specific outcomes…[requiring] the minimum presence of two persons, human or not, where at least one of them is engaged in trying to pledge and produce an outcome that is sometimes garnered with the willing or unwilling compliance of another.

Rituals can be distinguished from ceremonies in that the former are meant to bring about a change, while the latter confirm something already known and have “no purpose directed towards a subsequent event” (Malinowski 1954:60).

*Worldview* refers to “philosophies that allow people to interact with other people, their environment, and the specifics of their day-to-day lived experience, that is, the cultural conditioning by the society in which a person lives” (Astor-Aguilera 2010:77). I employ worldview as it more accurately describes the attitudes motivating African and Mesoamerican ritual practices and healing systems than does the term *religion* (ibid:77–78; Kearney 1984). The cultural category *religion* is a Western European construct stemming from the first century BCE Latin term *religio*, which Cicero (1972:153) defined as “the proper performance of rites in veneration of the gods.” *Religio* is derived from *religare*, meaning “to bind fast” or “to gather together” (Tambiah 1990:4).

*Religio* referred to the existence of an external power, that is, the Greco-Roman gods, and later the Abrahamic God, to whom humans were obligated (Tambiah 1990:4). *Religio* also referred to the feeling of piety humans had towards the external power and official ritual practices employed by the state to honor that power (Tambiah 1990:4). Early Christianity in the first through fifth centuries CE expanded the Pre-Christian
Roman idea of *religio* into “a definite conception of true versus false religion (*vera et falsa religio*), [which] was strongly exclusive with regard to other faiths and was intolerant of them” (Meyer and Smith 1999:2). Non-Christian worldviews, including those of Africans and Meso/americans, were labeled by Church officials as pagan, from the Latin *paganus*, meaning “a rustic villager” or “a boor” and implying ignorance and superstition (Aslan 2006:6).

Church officials also labeled non-Christian worldviews as magical. I avoid describing non-empirical African and Afro-Mexican healing practices as *magic*, which is a commonly employed term in Western literature when referring to African ritual specialists, non-empirical healing practices, witchcraft, and sorcery. Like religion, *magic* is a Western term and concept (Tambiah 1999:9). The English word *magic* is derived from the Latin *magia*, which in turn comes from the Greek *mageia*, both of which referred to the superstitious ritual practices of barbarian foreigners (ibid; Meyer and Smith 1999:2). Magia was viewed in the Greco-Roman world as charlatanry and was subject to suspicion and ridicule (Aslan 2014:107; Meyer and Smith 1999:2). Greco-Roman officials viewed magia and *magi* (practitioners of magia) as “invasive threats to traditional civic piety and cultural cohesiveness” (Meyer and Smith 1999:2) punishable by imprisonment, exile, or death (ibid; Aslan 2014:107). During Christian European imperial expansion, the connotations of *magic* were retained and employed when labeling practically any concept, saying, or practice not deemed reasonable from an Abrahamic or Western positivist perspective (ibid; Te Velde 1988:29).

Western biomedicine separates healing and curing into distinct categories (ibid:9–10). Western biomedicine is the empirical system of curing based on scientific
materialism, namely “experiment and statistical validation of assumptions and the breaking down of complex phenomena into component parts…each of which is dealt with by itself (scientific reductionism)” (Erickson 2007:2). Healing refers to the “broader experience of the restoration of physical, mental, emotional, social, and spiritual health” (McGuire 1988; O’Connor 1995; Erickson 2007:9–10), while curing is the “removal or correction of [disease]” (McGuire 1988; O’Connor 1995; Erickson 2007:9).

Disease refers to “[bio]medically defined, objective pathology…(e.g., malaria, cancer, PTSD),” while sickness is the “social manifestation of the body’s physical reaction to a disease (e.g., fever, pain, rashes) that entitles the person to take on the socially defined sick role” (Parsons 1951; Erickson 2007:9). While sickness is the social recognition of being unwell, illness is the individual, “subjective experience of disease, sickness, or simply feeling that something is not right whether or not there is a diagnosis of disease” (Erickson 2007:9). Western biomedicine considers disease, sickness, and illness as separate categories and tends to emphasize disease while downplaying or ignoring sickness and illness. The downplaying of sickness and illness, as well as the distinction between illness, sickness, and disease, are not necessarily recognized in Native American or African healing systems, which delineation follows in the following chapter.
2 AFRICAN WORLDVIEWS AND HEALING

A hierarchical caste system was used in colonial Mexico to categorize and socially rank people based on their skin color (Figure 2.1). The intermixing of African, Iberian, and Mesoamerican populations, however, made the caste determination based on physical traits problematic (ibid; Martínez 2008:161–62; Palmer 1976:38). Most people of African descent were referred to as castas or castizos (castes), pardos (darks), or negros (blacks) by colonial Spanish officials (ibid). I use the term blacks when referring to any people who were categorized as black by colonial Spanish officials. I use Afro-Mexican to refer to people of African descent born and raised in New Spain who were of mixed African, Iberian, and Mesoamerican descent. Afro-Caribbean refers to peoples and traditions of African descent from the Caribbean; Afro-Latino refers to Spanish and Portuguese speaking people and traditions of African descent in Central and South America. Due to the great cultural and ethnic diversity of enslaved Africans in colonial Mexico, overarching general descriptions cannot be made. There are, however, enough widespread similarities in “modes of perception, shared basic principles, and common patterns of ritual…among different West African religions…to allow a general description of the religious heritage of African slaves” (Raboteau 2004:7). Afro-Mexican curanderismo was strongly influenced by African worldviews and associated healing practices.

The African Presence in Colonial Mexico

The majority of enslaved Africans came from West and West Central sub-Saharan Africa (Palmer 1976:20) (Figure 2.2). The similarities between the worldviews of West
and West Central sub-Saharan African populations are such that the region, which I refer to as Africa, is considered a broad culture area (Aguirre Beltrán 1963:57; Herskovitz 1990:81–85; Mintz and Price 1992:9–10; Yelvington 2006:14–15; Parrinder 2014:2–3). The Atlantic slave trade resulted in the abduction and enslavement of approximately ten million Africans between the sixteenth and nineteenth centuries (Anstey 1975:5; Raboteau 2004:4). Of the approximately 1.5 million enslaved Africans taken by the Spanish (Axtell 1993:140), an estimated 200,000 to 300,000 went to colonial Mexico between 1500 CE and 1829 CE (Palmer 1993:16; Proctor 2003a:35; Hernández Cuevas 2004:xiv, 5–9; Lovell Banks 2005:205). Importation of enslaved Africans to colonial Mexico became sporadic after 1640 CE (Proctor 2003a:35). Slavery was legally abolished in Mexico in 1810 CE during the Mexican War of Independence, though the practice was not completely extirpated until 1829 CE (Lovell Banks 2005:205).

The first known Africans to set foot upon Mesoamerican soil accompanied Cortés on his mission of conquest beginning in 1519 CE (Restall 2004:57) (Figures 2.3 and 2.4). Most of the estimated several dozen Africans accompanying Cortés were servants (ibid; Vaughn 2008). At least one of the Africans who participated in Cortés’ campaign was a free man, a conquistador named Juan Garrido (ibid:55–57; Alegría 1990:6, 127–38). Mesoamerican and Spanish conquest accounts demonstrate that all later campaigns of conquest included enslaved and free Africans who sometimes outnumbered Spanish company members (Restall 2004:57).

Determining the exact ethnic and geographic origins of most enslaved Africans brought to colonial Mexico is difficult because Iberian slavers did not document the precise origins of enslaved Africans (Palmer 1976:20). Another complication determining
the numbers, ethnicities, and geographic origins of enslaved Africans in colonial Mexico is the prevalence of smuggling in the transatlantic slave trade. Extensive smuggling took place for the duration of the slave trade, as did falsifying of shipping records by licensed slavers to avoid taxation and maximize profit (ibid:22–25). The Spanish crown enacted numerous laws to prevent contraband slave trading, but they seem to have been largely ignored or poorly enforced (ibid). It is equally difficult to distinguish the number of enslaved Africans who died during the Atlantic crossing. Slavers did not consistently report slave mortality rates; expected mortality rates varied anywhere between 20 and 40 percent, and slavers were routinely granted allowances of up to an extra 43 percent of their total human cargo to make up for expected losses (ibid:25). Despite the difficulties in determining the numbers and origins of enslaved Africans, however, colonial Spanish records do shed some light on the African presence in colonial Mexico.

In the sixteenth century up to 88 percent of enslaved Africans came from an area that Spanish and Portuguese slavers called “Guinea de Cabo Verde” (Ceballo 1935:242–78; Curtin 1969:18, 96, 110; Palmer 1976:20). Guinea de Cabo Verde corresponds roughly to the region encompassing present-day Senegal, the Republic of the Gambia, Guinea-Bissau, Guinea, Sierra Leone, and Liberia (Curtin 1969:18, 96, 110; Palmer 1976:21). Colonial Mexico received a total of roughly 36,500 enslaved Africans between 1521 CE and 1594 CE (Table 1) (Palmer 1976:27). Palmer (ibid:20–21) reports that a “representative sample of 196 African-born Afro-Mexicans for the years 1545 [CE]–1556 [CE]” found that 80.1 percent of enslaved Africans originated in the regions of Senegal, Gambia, and Guinea-Bissau, 12.2 percent in other parts of West Africa, 7.1 percent in Central and Southern Africa, and 0.5 percent in North Africa (Table 2).
The ethnic composition of enslaved Africans in colonial Mexico underwent a significant shift in the seventeenth century (ibid:20). The Portuguese monopoly of the African slave trade on the Guinea coast was challenged by the English, French, and Dutch, causing the Portuguese to shift their focus to Angola and the Congo (ibid:20). An average of 75 percent of Iberian slavers listed Angola as their destination between 1615 CE and 1640 CE (Chaunu and Chaunu 1956:398–403). Nearly 85 percent of enslaved Africans imported to Mexico during the height of the slave trade (1580 CE–1640 CE) “originated in the Bantu speaking regions of West Central Africa, principally the Kingdom of Kongo and what became the Portuguese colony of Angola” (Proctor 2003b:286). An estimated 50,525 enslaved Africans were sent to Mexico between 1595 CE and 1622 CE (Table 1) (Palmer 1976:28). Aguirre Beltrán’s (1972:241) study of 402 enslaved Africans in the seventeenth century found that 75.4 percent originated in Central Africa (drawn primarily from Angola and the Congo), 20.9 percent from West Africa, and 3.7 percent from southeastern Africa (Table 3) (Palmer 1976:22). How many enslaved Africans were taken to Mexico between 1623 CE and 1639 CE is unknown; however, Palmer (ibid) estimates that it was roughly half of the approximately 47,000 enslaved Africans brought to the Spanish Caribbean (Table 1).

In the early and mid-sixteenth century, colonial Mexican slave owners expressed a preference for ladinos, the term used in colonial Mexico for Africans who were not born in New Spain but who spoke a romance language and were at least superficially acculturated to Iberian life and customs (Palmer 1976:32, 37; Bennett 2009:23, 86). Preference for ladinos fell in the late sixteenth and seventeenth centuries as demand for slave labor increased, largely due to the decimation of indigenous Mesoamerican
populations by disease and warfare (Palmer 1976:8). Colonial Mexican slave owners responded to the lack of indigenous labor by importing larger numbers of Bozales, enslaved Africans taken directly from Africa to New Spain who were unacculturated to Iberian language, life, or customs (ibid). Bozales hailing from ethnic groups that had embraced Islam, such as the Gelofes (Wolofs) of Guinea, were the exception (ibid:7). Iberian authorities considered Islamic Africans “contaminating religious influences…the slaves to be most systematically excluded from [New Spain]” (ibid).

The 1646 CE census of New Spain records the states with the largest black populations as Mexico, Michoacán, Tlaxcala, Nueva Galicia, Yucatán, Oaxaca, and Chiapas (Table 4). Blacks were mainly concentrated in urban areas; the main center for slave labor was Mexico City, where enslaved Africans worked primarily in woolen textile factories until the mid-eighteenth century, when the introduction of cheap English woolen textile imports reduced need for domestic production (Palmer 1976:35–36). After mining, textile, and sugar industries, the most common occupations for enslaved Africans in colonial Mexico were as servants, armed bodyguards, and coachmen (Cope 1994:95–6; Restall 2009:67). With the exception of Mexico City’s textile factories, demand for enslaved African labor steadily fell after 1640 CE due to the Portuguese slave trade cessation and the increase of free wage-laborers (Restall 2003:35–36). Following the cessation of the slave trade, the free black population grew and diffused from urban centers to more rural areas of Mexico, especially the Costa Chica region of Oaxaca and Guerrero (see Vinson 2009). In most urban areas, blacks outnumbered whites until the nineteenth century (Vaughn 2008; Tulloch 2009:v, 2) (Table 4). The growing presence of
free blacks in the seventeenth century (Proctor 2003a:34) and eighteenth century (see Vinson 2009) seemed to affect cultural interaction (Table 5).


The demographics of the slave trade most clearly delimited where and to what degree African [healing] systems diffused into the [Americas]…. Brazil, which absorbed more than four million African immigrants, [retained] African religious and medical systems so orthodox that, until recently, Nigerian priests undertook pilgrimages to Brazil to rediscover ceremonies long forgotten in Africa…. Chireau (2006), Mitchem (2007), and Covey (2007), in addition, have demonstrated that the survival of African healing systems in North America was also not minor.

*African Worldviews*

Few descriptions of African worldviews exist before and during the Trans-Atlantic Slave Trade, meaning that much of our knowledge on the subject is supplemented with ethnographic information from the nineteenth, twentieth, and twenty-first centuries. Per Aguirre Beltrán (1963:56), Jones (1985:158–81), MacGaffey (1986:63–135), and Thornton (1998:251–53), comparisons between recent ethnographies, African accounts from the early twentieth century, ethnographies from the late nineteenth or early twentieth centuries, and descriptions in missionary sources as old as 1500 CE suggest that African worldviews have changed over time, but “the cosmology matches modern descriptions [and]…the same basic religious structure…[and] general scheme of deities and ancestors is the same” (Thornton 1998:251). Recognizing that African cultures are not static, I follow the above authors in using colonial, ethnographic, and
contemporary accounts of African worldviews to reconstruct an approximate outline of the ideas and practices of sixteenth- and seventeenth-century Africans.

The blending and bonding of African worldviews present in the Americas was fostered by shared assumptions and expectations about the workings of society and the universe (Raboteau 2004:8; Mitchem 2007:36; Mintz and Price 1992:10–11). According to Magesa (1997:50–51) and Mbiti (2015:35–36), most African worldviews regard human beings as the center of an eternal, created universe. Per Magesa (ibid:39), the African universe is usually described as “a composite of divine, spirit, human, animate and inanimate elements, hierarchically perceived, but directly related, and always interacting with each other.”

The African universe is divided into visible and invisible portions, the former being the realm of humankind, plants, animals, and the earth, the latter being the domain of the ancestors, non-human persons, the Creator, the sky, and the underworld (ibid; Thornton 1998: 236; Mbiti 2015:35–37, 42–44; Raboteau 2004:8). Events in the visible world, especially the actions of humans, have effects on the invisible world and vice-versa (Magesa 1997:39, 50–51; Mbiti 2015:35–37; Bristol 2007:158). The earth is considered in African worldviews to be a living being, usually female (Mbiti 2015:36). The underworld is considered in most African worldviews to be the realm of the dead and is often associated with water (ibid:123). The different portions of the universe are not viewed as separate or mutually exclusive in African worldviews, but as parts of a continuum (Magesa 1997:39, 50–51; Mbiti 2015:35–37).

A central concept to most African worldviews is that of a “Supreme Creator” (Raboteau 2004:8). The presence of a Supreme Creator figure in African worldviews is
likely the result of prolonged contact with Abrahamic religions, but especially Islam. The first Christian missionaries did not arrive in West and West Central Africa until 1482 CE (Sanneh 1983:20) and conversion efforts were not widespread or successful until the second half of the eighteenth century (ibid:21); Islam, however, was present in the region since at least the eighth century CE (Hill 2009:1). From the eighth to the early thirteenth century, African rulers attempted to contain the spread of Islam by limiting it to segregated Muslim communities (ibid:1–2). Contact with segregated communities was limited to trade and the predominant Suwarian tradition of Islam discouraged proselytizing (ibid). Islam did not spread in earnest until the thirteenth century, when several large Muslim polities arose, such as the Mali Empire (1215 CE–1450 CE) and the Songhay Empire (1430s CE–1591 CE) (ibid:2). Between the thirteenth and the nineteenth century, African rulers and commoners “blended Islam with local traditions as the population selectively appropriated Islamic practices” (ibid:1) into their existing African worldviews. As Proctor (2003b:314) notes of Catholicism in Central Africa, “conversion did not destroy local indigenous beliefs, but rather Catholicism was integrated into a larger cosmological system,” and per Hill (2009:1), the same can be said of Islam. Not until the nineteenth century did orthodox Islam become widespread in West and West Central Africa, when literate Muslim populations launched a series of jihads in order to rid Islam of pre-Islamic African traditions (ibid:3).

European travelers to Africa, like Dutch colonial agent William Bosman (1705:368a), noted that Africans had an “idea of the True God and ascribe to him the Attributes of Almighty, and Omnipresent.” During his 1678 CE–1682 expedition to the Gold and Slave Coasts, Barbot (1732:352) wrote that all Africans he encountered
acknowledged a “Supreme Being” who ruled over creation, caused accidents, and
determined the time of life and death. Because Magesa (1997), Amanze (2011), Parrinder
(2002 and 2014), Mbiti (2015), and Asante and Mazama (2009) refer to “God” or a
“Supreme Creator” Raboteau (2004) being a central part of African worldviews, I include
their usage despite Abrahamic origins or influences.

African worldviews usually describe the Creator as an omnipotent, omniscient
male associated with the sky who rules over all of creation (Magesa 1997:50–51;
Raboteau 2004:8; Mbiti 2015:35–36). While the sky in African worldviews is considered
the Creator’s home, his exact dwelling place is not specified; there is rarely a direct
analogue in African worldviews for the Abrahamic concept of Heaven (ibid:35–36). The
sky is home to all astronomical and meteorological phenomena and is populated by a
hierarchy of creatures similar to that of the earth (Mbiti 2015:35–36). While the Creator
is considered in African healing systems to be the source of all healing and life in the
universe (Magesa 1997: 193; Parrinder 2002:8; Mbiti 2015:41–42, 173), he is also
considered to be too great and powerful to be concerned with the affairs of humankind
(Mbiti 2015:8–9). While individuals and communities holding African worldviews may
occasionally pray to the Creator, offerings or prayers are more often made to beings who
act as intermediaries between the Creator and humanity (Raboteau 2004:8–9).

Intermediary beings are directly concerned with and involved in human affairs
and are divided into human and non-human categories, though the two are not always
mutually exclusive (Mbiti 2015:70). I follow Mbiti (ibid) in referring to human and non-
human intermediary beings as ancestors and non-human persons, respectively. Ancestors
are “the revered dead human progenitors of the clan or tribe, both remote and recent,”
and are generally considered in African worldviews to be in constant contact with both humanity and non-human persons (Magesa 1997:35). Ancestors are the named dead human progenitors of an individual, family, and clan (Asante 2009b:47). Unnamed dead humans are considered in African worldviews to be unattached to any individual, family, or clan and therefore malevolent and dangerous (MacGaffey 1986:64; Bristol 2007:158). Ancestors are “present, watching over the household, directly concerned in all the affairs of the family and property, giving abundant harvests and fertility” (Parrinder 2014:115).

Human lives are subject to regular intervention by ancestors with specific intentions designed to influence the moral behavior of human beings (Magesa 1997:35; Asante 2009b:47; Parrinder 2014:115). Tribal traditions, histories, customs, and laws are the custody of the ancestors, meaning that sickness and misfortune can befall tribal members who ignore their ancestors’ wishes or examples (Parrinder 2014:115).

According to Magesa (1997:35–36), non-human persons are “spirits…active beings who are either disincarnate human persons or powers residing in natural phenomena such as trees, rocks, rivers, or lakes.” Different African peoples know non-human persons by various names, including minkisi by the BaKongo people, orishas by the Yoruba, abosom by the Ashanti, alose or chi by the Ibo, and vodun or vudu by the Ewe-Fon (Magesa 1997:55; Funari and Orser 2014:102). I use the term non-human persons because there are no English equivalents to indigenous African terms usually translated as “spirits” (see Magesa 1997), “gods” (see Raboteau 2004; Parrinder 2014; Mbiti 2015) or “deities” (see Thompson 1984). African worldviews generally divide non-human persons into sky and earth categories based on their association with iron, storms,
rivers, the ocean, animals, etc. (Mbiti 2015:70–75; Parrinder 2014:26–59). Non-human persons are considered to be concerned with the daily lives of humans (Raboteau 2004:8).

Non-human persons are not viewed in African worldviews as either benevolent or malevolent (Mbiti 2015:79). Non-human persons are human-like in that they “can do both good and evil to people, just as people do both good and evil to their fellow human beings” (ibid). Humans can petition non-human persons to aid in healing or to help cause illness, misfortune, or death (ibid:80). Non-human persons are considered to be directly involved in daily human life (Raboteau 2004:8–9) and “everything in life that matters to the order and harmony of society must be approached through the ancestors” (Asante 2009b:47); however, it is a mistake to say that those holding African worldviews practice ancestor or non-human persons worship. *Ancestor worship* and *nature worship* have often been misused in Western literature to describe indigenous African and Native American ritual practices and veneration (p’Bitek 1970: 1–2; Magesa 1997:19–20).

Ancestors and non-human persons are venerated as “senior and potent forces [needing] every reverence” (Parrinder 2014:125–26). I use the term venerate rather than worship because African and Native American worldviews do not acknowledge the natural-supernatural division (Sharer and Traxler 2006:513–14; Helwig 2005; Sboko 2009:311; Mbiti 2015:165–166). Venerate and veneration refer to regarding a person, place, or thing with reverence and respect (Jones 2005:8033; Miravalle 2006:14). Venerate comes from the Latin *venerare*, meaning “to revere…[or regard with] beauty, love, or desire” (Harper 2015). Worship, from the Old English *worðscip*, refers to paying reverence to a divine or supernatural being (ibid; Cresswell 2010:493). Worship has Western colonial and Abrahamic religious connotations regarding the natural and the
supernatural. In the Western positivist conception, *natural* is defined as that which is imminently observable, empirical, and bound by inviolable laws of physics, while *supernatural* refers to powers or orders of existence thought to exist above and beyond the empirical (Saler 1977:31). African healing systems do not generally recognize a natural-supernatural distinction in their approaches to health, illness, and healing.

*Health and Illness in African Medicine*

The World Health Organization (1948) defines health as “a complete state of physical, mental, and social well-being, and not merely the absence of disease or infirmity.” African cultural and linguistic diversity does not permit a universal definition of “health” in African medicine. Individual African cultures have their own concepts of health, illnesses and their causes, and the medicines needed to prevent or cure illness and disease. Despite their diversity, African traditional healing systems display enough significant commonalities to allow for some general statements to be made.

Unlike in Western biomedicine, disease, sickness, and illness are seldom mutually exclusive in African healing (Bankole 2009a:205). African healing practices are holistic in consisting of “a sustained ritual process of righting the disequilibrium generated by spiritual, natural, psychological, and social factors, which are often expressed in the form of physical or mental problems” (Adogame 2009:309). Due to the above, I use *healing* rather than *curing* when referring to African medicinal practices, as the latter implies the “removal or correction of [disease]” in Western biomedicine (Erickson 2007:9).

In most African healing systems, health is understood to be “a state of positive mental and physical well-being…marked by the absence of [illness]” (Sboko 2009:311).
In what de Craemer et al. (1976:458–61) call the “fortune/misfortune complex,” African healing systems aimed to prevent misfortune and maximize good fortune, which is health, fertility, harmony, power, status, and wealth. The complex “was based on the assumption that order, harmony and goodness are the natural state and that illness, disharmony, and evil are the result of imbalance and impurity” (Proctor 2003b:296). Health comes from maintaining harmony with the community, the ancestors, and the environment (Jacques 1976:116; Sboko 2009:311; Spector 2012:271). Social, environmental, spiritual, and individual health is considered interconnected in African traditional healing (ibid; Ogungbile 2009a:415; Mitchem 2007:35–36). If imbalance, diminishment, or disharmony occurs in the health of an individual, a community, or the environment, it is the duty of the individual and the community to help restore harmony lest all members of the community be affected (ibid; Bankole 2009a:205; Mbiti 2015:43–44, 177; Parrinder 2014:70). Healing is therefore a “ritualistic and symbolic process of purification and the re-establishment of harmony and balance” (Proctor 2003b:296).

African understandings of the human body perceive it as “the agent of concrete totality, radical identity, and ontological unity of the human being” (Montiluis 1989:2). Spiritual values, that is, those pertaining to the life force and vital essences, are reflected in the physical body (Mitchem 2007:35). Aguirre Beltrán (1963:57) notes that in African ontologies, the body is “the perishable part of the person, which disappears sometime after death (la parte percedera de la personalidad, la que desaparece poco tiempo después da la muerte).” The human body physically “signals something about the spiritual life, encompassing the personal, familial, and communal in the present moment” (ibid). Like health and illness, the human body is not viewed as being separate from the
community and the greater cosmic order; it serves as a connection between the individual, their community, and the ancestors (Montilius 1989:3–4). As Raboteau (1997:542) put it, “Africans conceived of the individual self…as constituted by a web of kinship relations…. Long before western medicine recognized the fact, African traditional healers stressed that interpersonal relations affected people’s health.”

African ontologies hold that maintenance of the structure of the human body depends upon a strong “vital power” or “life force,” which all animate beings possess (Aguirre Beltrán 1963:57; Magesa 1997: 193; Parrinder 2002:8; Mbiti 2015:41–42). The life force is “a human element that is not physical, but vital, energizing, and indestructible…[which] coexists with the living human body from birth, or before, and remains until the time of death” (Ehi 2009:627). The life force is roughly equivalent to the Western soul concept and is one of several vital essences within the human body. In Western and Abrahamic traditions, the soul is the singular, immortal, indestructible, and incorporeal essence of a living thing, but especially human beings (Furst 1997:1–9). As Evans-Pritchard (1976:151, 249) noted of the African Azande, however, most non-Western, non-Abrahamic peoples tend not to have a specific concept of soul akin to that of Western and Abrahamic traditions (see Astor-Aguilera 2010:207).

Mbiti (2015:124) demonstrates how problematic it is to translate African vital essences into Western terms when he states that “in African societies [it is held] that a person is made up of body and spirit (or soul, life, breath, shadow or double). There are other parts, but these two are the main ones.” African vital essences share some similarities with the Western concept of the soul (Ehi 2009:627; Mbiti 2015:124), but African ontologies do not generally share the Western notion of a physical body paired
with a single, non-physical soul (Parrinder 2002:17). A common theme amongst many African ontologies is the notion of an invisible body, a visible body, and at least one vital essence joined together to make a living person (Aguirre Beltrán 1963:57; Ehi 2009:628).

African ontologies generally acknowledge multiple vital essences, each of which have culture-specific names, can either be wholly or partially incorporeal, and can leave the body during sleep, sickness, or certain rituals (Aguirre Beltrán 1963:57–58; Buckley 1985:55–57; Ehi 2009:627–29; Mbiti 2015:124). Among the Akan, for example, the sunsum (personality or ego, roughly), the ‘kra or okara (divine spirit, roughly), and the ahom (breath) are the vital essences which unite in the human body to make up a whole, healthy person (Parrinder 2002:32; Grady 2009:668–69; Ephirim-Donkor 2012:45). The Agni people acknowledge a vital essence called eume or wawe, which wanders around in dreams and is “that part of [humans] which continues after death, and may reappear as a ghost” (ibid:35). The Yoruba people acknowledge the presence of four vital essences: the emi (breath); the ɔkān, which refers both to the physical heart and to “the ethereal part of [humans]…[that] wanders in sleep, and is immortal”; the ǹwĩn (ghost or divine spirit, roughly), which is connected to the heavens; and the ọji or ọjiji (shadow), which follows the body as an external manifestation of the ɔkān (Parrinder 2002:40). Common throughout African ontologies is the notion that the breath and the shadow are animating and protective vital essences (ibid:31; Ehi 2009:327; Mbiti 2015:124).

The body and all its vital essences must be joined together to make a healthy, living person (Mbiti 2015:124). Imbalance, diminishment, or disharmony of the vital essences, especially the life force, results in illness (Magesa 1997: 193; Parrinder 2002:34). Among African societies that acknowledge that one or more vital essences can
travel outside of the body, the prolonged separation of the body and the vital essence can lead to illness (Parrinder 2002:34). In African worldviews, illness includes “all form of human discomfort and suffering (mental, social, and physical), misfortunes, ill luck or bad luck, failure, and barrenness; environmental crises including drought and famine and their unpleasant effects on...animals and land; and natural disaster and calamity” (Ogungbile 2009a:415). When it comes to the causes of illness, African healing systems do not acknowledge the Western natural-supernatural division (Helwig 2005; Bristol 2007:158; Sboko 2009:311; Mbiti 2015:165–166). Instead of describing illnesses as being natural or supernatural, African healing traditions acknowledge normal and abnormal illnesses (Chavundunka 1978; Bristol 2007:158; Sboko 2009:310).

Normal illnesses include minor complaints like coughs, cuts, headaches, skin ulcers, and stomach upsets that disappear quickly with little or no treatment (Sboko 2009:311; Mbiti 2015:155). Treatments for normal illnesses consist of herbal remedies and “other medicines generally known to each community,” such as amulets or minor rituals (Mbiti 2015:155). African healing traditions consider abnormal illnesses to be those that are persistent, serious, and resistant to cure by simple medicine (ibid; Bristol 2007:158; Sboko 2009:311). According to Sboko (2009:311), Parrinder (2014:167–68), and Mbiti (2015: 155, 165, 177), abnormal illnesses are caused by witchcraft, sorcery, broken taboos, or the intervention of ancestors and non-human persons. Per Buckley (1985:53), abnormal illnesses can also be caused by overindulgence in food, alcohol, or sex. A human or non-human person can cause both normal and abnormal illnesses, purposefully or not; even if an obvious, immediate cause of illness is recognized, like a dog bite or the onset of malaria, there is generally “a major question of who made these

Asante (2009e:400), Field (1937:111–34), Magesa (1997:19), Mbiti (2015:153–57, 170–73), and Ogungbile (2009a:413–14) refer to African healing practices as medicine and healing specialists as medicine people. The terms medicine and medicine people are not devoid of problematic Western connotations, nor are they adequate translations of indigenous African terms and concepts. I use them because they emphasize less universal generalities than shaman and witch-doctor. In African healing systems, medicine refers to “the health practice involving the application of indigenous resources, spiritual and material, in providing mental, psychological, social, and physical well-being and wholeness to a human being and his or her environment” (Ogungbile 2009a:413). Material resources in African medicine include the use of plants (barks, fruits, leaves, and roots), animals (bones, blood, claws, feathers, flesh, hides, organs, and shells), minerals, and human-made objects (ibid; Parrinder 2014:156). Non-material resources include the use of words and material objects to foster interactions between humans, ancestors, and non-human persons (ibid). African medicine uses “nonempirical and empirical means to heal human beings from spiritual, psychological, social, physical, and political dislocations, and to restore cosmic balance” (Ogungbile 2009a:414).

African words for medicine are terms with cosmological significance. Healing and cosmology are inseparable in African worldviews (Bristol 2007:150; Mitchem 2007:35). As McCarthy-Brown (2001:10) noted of Vodou, “there is no…ritual, small or large, individual or communal, which is not a healing rite.” The Yoruba word for
medicine, *ogùn* (Parrinder 2014:158), comes from the name Ògùn, the *orisha* patron of war, iron, inheritance, medicine, metalworking, energy, and perspiration (Mason 1998:21). Ibo for medicine, *ógwù* (Parrinder 2014:158), is related to Ogwugwu, the *alose* patron of forests (Ukaegbu 1991:60; Uzor 2014). The Twi word *sumàn* refers to medicine and to a class of non-human persons (Parrinder 2014:158; Venkatachalam 2015:xviii). While the BaKongo word *nkisi* (plural: *minkisi*) refers to medicine, protective and healing amulets or figurines, and the non-human persons attached to and embodied by these amulets (MacGaffey 1994; Kupsala 2005; Funari and Orser 2014:102).

A medicine person is one who specializes in the application of African medicine and who is viewed by the community as being guided by the ancestors and non-human persons (Bankole 2009b:419; Ogungbile 2009a:416). Indigenous African titles for medicine people tend to highlight the healer’s access to special knowledge, such as the Yoruba *onishegún* (owner of medicine) (Parrinder 2014:158) and *babaláwo* and *iyaláwo* (father of the secrets and mother of the secrets, respectively) (Adekson 2013:7); the BaKongo *nganga*, from the verb form –*gang*–, relating to wisdom, knowledge, and skill (Vansina 2012:51); and the Ibo *dibia*, from *di* (professional, master, spouse) and *óbià* (doctoring/medicine, sciences) (Eltis and Richardson 1997:74).

African worldviews acknowledge that individual humans may have hidden powers to harm or heal using medicine, but all healing and medicines ultimately come from the Creator (Mbiti 2015:173). A medicine person can inherit their healing abilities from their parents or ancestors, receive them as a gift from a non-human person or persons, or in some cases choose to practice medicine without inheriting or being gifted healing abilities (Bankole 2009b:419; Ogungbile 2009a:416; Mbiti 2015:155). All
medicine people require being acknowledged by the community as being properly trained and initiated by an elder medicine person (ibid). African medicine people undergo an extensive period of training and initiation under an elder medicine person before being recognized by the community as a healer (Bankole 2009b:420; Ogungbile 2009a:416).

Because African worldviews consider health to be a communal state and an individual state, medicine does not just heal illnesses affecting individual humans (Evans-Pritchard 1937:387–539; Magesa 1997:209–11; Mbiti 2015:156, 171–72; Bankole 2009b:420). Medicine is used to bring good fortune to businesses and individuals, detect thieves, protect against harm and danger, encourage fertility, mediate conflicts, prevent misfortune or bad luck, and prevent and break the power of witchcraft and sorcery (ibid). The ultimate goal of a medicine person is to use medicine to restore equilibrium where it has been disrupted, whether on an individual, social, or environmental level (Adogame 2009: 309; Bankole 2009b:420; Ogungbile 2009a:416). Since health is viewed in African worldviews as “an ordered structure” reflecting that of the universe, and illness as “the negation or distortion of this ideal structure” (Buckley 1985:66), a ritual aimed at returning profitability to a failing business or improving the disposition of an abusive slave owner can be viewed as healing the normally-harmonious natural order.

The restoration of equilibrium and harmony occasionally calls for the use of medicine to bring sickness or misfortune on enemies, especially in retaliation against those determined by the medicine person to be practicing witchcraft or sorcery (Magesa 1997:210; Almquist 1991:103; Matory 2009:129). To avoid being labeled as sorcerers and being punished by their community, medicine people generally avoid using medicine to harm others and instead focus on the diagnosis, treatment, and prevention of illness.
Western literature divides African medicine people into categories such as “herbalists, diviners, and priest- and priestess-healers,” but indigenous African cultures and languages tend to “lack such distinctions as those scholars make” (Ogungbile 2009a:416). Medicine people can specialize in a specific area of medicine, but all medicine people practice herbalism, counseling, divination, creation of protective amulets, and communication with the ancestors and non-human persons to some extent (ibid; Magesa 1997:209; Bankole 2009b:420; Mbiti 2015:155–56; Covey 2007:56).

Divination is used by medicine people diagnostically, that is, to determine the causes of illness, and therapeutically, to determine proper treatments for illnesses (Magesa 1997:212; Nkulu–N’Sengba 2009). African divination methods are diverse, but three methods are common (ibid). The first and most common method of divination is the “manipulation of certain specific mechanical objects [such as palm nuts or cowrie shells] and the interpretation of the results” (Magesa 1997:220). The second method of divination is the observation in specially prepared conditions of “the behavior of a live animal or some aspect of a dead one [such as the entrails]” (ibid; Beattie 1967). The third method of divination is communing with non-human persons or ancestors, either through dreams (Brown 2001:12, 296), the ingestion of psychoactive plants (Ratsch 2005:28, 489), or by being “mounted” or “ridden” by a non-human person or ancestor (Aguirre Beltrán 1963:61; Magesa 1997:220; Voeks 1993:73; Brown 2001:5–6).

Being mounted or ridden refers to a form of trance, which following Grady (2009:668) I call transcendence rituals, in which an medicine person invites an ancestor or non-human person to control the behavior of an animal, object, or willing person to aid in healing and divination (Aguirre Beltrán 1963:61; Fry 1976:30; Dodds and Warren
Unlike the Abrahamic concept of demonic possession, undergoing a transcendence ritual is an honor and a privilege in African worldviews (Grady 2009:669) because it “indicates an increase in one’s vital power, and is therefore a blessing” (Magesa 1997:229). Enslaved Africans brought all three forms of diagnostic and therapeutic African divination to colonial Mexico (see Aguirre Beltrán 1963:61–69; Palmer 1976:161–65; Bristol 2007:75, 152–54; and Restall 2009:270–72).

A wide range of treatments are used in African healing systems, including acupuncture, amulets, bathing, behavioral and diet changes, counseling, dancing, drumming, herbal remedies, incantations, rest, surgical procedures, and therapeutic incision-making (Felhaber 1997:28–38; Miles and Ololo 2003; Helwig 2005; Amanze 2011:26–28). Medicine people and their patients “never look on [a] treatment as purely material” (Parrinder 2014:157). The invisible aspects of treatments, the power and will of the medicine person and their patient, and the proper words, invocations, and rituals made over the treatments are all essential parts of African healing (ibid). After the treatment is completed, medicine people usually accept “fees or in-kind payments for their services, indicating a form of divine reciprocity within the community” (Mbiti 2015:173).

_African Witchcraft and Sorcery_

Medicine is considered in African healing systems to be inherently powerful, meaning that any person with sufficient knowledge or willpower can use medicine either to heal or to cause illness, misfortune, or death (Mbiti 2015:167; Ogungbile 2009a:414–415; Magesa 1997:161–62; Parrinder 158, 165–67). The use of harmful medicine is known by many names in different African languages, including _obayifo_ in Twi (Parrinder 2014:36), _ndokí_ in BaKongo (Kupsala 2005), _ise àjé_ in Yoruba (Aroade
2011), and *bayi* in Akan (Kwame 2012), all of which are translated problematically by researchers as witchcraft or sorcery. There is a tendency in Western literature to separate African ritual practice into the categories of religion, magic, witchcraft, and sorcery. Per Murdock’s (1980:48, 50) survey of 23 societies from Sub-Saharan Africa, for example, 78% of the 23 societies studied in Africa considered sorcery to be a main cause of illness; 39% also considered witchcraft to be a main cause of illness.

Per Evans-Pritchard (1935:417), “we [anthropologists] must distinguish between bad magic (or sorcery) and witchcraft. Many African peoples distinguish clearly between the two and for ethnological purposes we must do the same.” The academic practice of typologically categorizing aspects of African worldviews has proven a useful descriptive tool for scholarship; however, the practice can obscure the fact the indigenous African [worldviews] are not compartmentalized. Many African people of the past, as now, drew few distinctions between the substance of their beliefs and the other aspects of the world in which they participated. A spiritual reality governed human life, within belief systems that were not elaborated as philosophical or speculative knowledge but rather enfolded ways of being and living (Chireau 2003:38).

Evans-Pritchard (1935, 1956, 1976) and Parrinder (2002, 2014) generally do not give indigenous African etymologies and meanings for harmful medicine. African language dictionaries, such as Kupsala (2005), Aroade (2011), and Kwame (2012), do not list separate entries for witchcraft and sorcery, suggesting that these categories may not be present in the language. Due to the above, I use the terms *unintentional harmful medicine* instead of witchcraft and *intentional harmful medicine* instead of sorcery.
Unintentional harmful medicine in African healing systems is a sort of inborn power or substance, related to one’s life force, which a person may or may not be aware of or able to control (Evans-Pritchard 1935:419–20; Evans-Pritchard 1937:1; Field 1937:135; Mbiti 2015:166–67). Unlike traditional European ideas of witchcraft, African witchcraft employs no rituals, ceremonies, or incantations (Chireau 2003:84; Evans-Pritchard 1937:1; Field 1937:135; Parrinder 2014:166–67). Any person can potentially be a “witch,” anyone who using witchcraft, since one’s witchcraft is only “activated” when bad intentions, envy, greed, hatred, jealousy, or other forms of ill-will are directed towards other members of one’s community (see Chireau 2003:84; Evans-Pritchard 1935:419; Magesa 1997:162; Asante 2009c:188). Intentional harmful medicine is the application of medicine to bring illness, misfortune, harm, or death to a person, a community, animals, or crops; intentional harmful medicine is not an inborn ability and requires the performance of rituals (Magesa 1997:209; Parrinder 2014:166; Mbiti 2015:167).

As Raboteau (2004:8) noted with other aspects of African cultures, African healing systems did not arrive in New Spain intact. Few distinctly African healing practices survived as Africans adapted their healing systems to new socio-cultural and ecological environments in colonial Mexico. The alien botanical landscape of Mexico rendered much of African herbal knowledge having to be adapted since, with a few notable exceptions, Mesoamerican and Iberian plants were substituted for African plants due to resource inability (Voeks 1993:72). Ethnic and cultural heterogeneity among enslaved Africans in colonial Mexico made inter-African, African-European, and African-Mesoamerican miscegenation vital to black survival (Mintz and Price 1992:18;
Yelvington 2006:14). The ethnic and cultural intermingling of African, Iberian, and Mesoamerican populations resulted in the rise of Afro-Mexican communities with their own unique approaches to healing.
Afro-Mexicans comprised almost 22 percent of the total colonial Mexican population by the eighteenth century (Aguirre Beltrán 1972:232, 234) (Table 5); however, a cohesive black community did not develop in Mexico, due to their relatively small, diffused population size and ethnic heterogeneity, as in other regions of the Americas. In areas like Cuba, Haiti, and Brazil, for example, enslaved African populations were large and ethnically homogenous enough to form cohesive “nations” based on common geographic, linguistic, and ethnic origins (Voeks 1993:66–67; Matory 2005:5–6). After the cessation of the Portuguese slave trade in 1640 CE, black populations that were formerly concentrated in urban areas diffused throughout rural areas (see Restall 2003:35–36; Vinson 2009).

Enslaved Africans shared “their enslavement; all—or nearly all—else had to be created by them” (ibid; emphasis author’s). Per Proctor (2003b:282), however, Afro-Mexicans represented a distinct racial and cultural community. Differences did exist within Mexican popular culture that were based upon the varying influences of European, indigenous and African cultural elements…those persons who defined themselves as black or mulatto had cultural visions surrounding magic and sickness that were much more heavily influenced by African systems than was the case for their Spanish, Indian, or mestizo counterparts….

I do not propose that three separate cultures existed within colonial Mexico; rather, like Proctor (ibid:285), I recognize “variations of the same cultural system.” The healing practices employed by Afro-Mexican communities included African rituals, some of which were more instrumental to the formation of curanderismo than previously suggested. Following Spanish colonial authorities (see Palmer 1976:38; Bristol 2007:8;
Quezada 1991:37; Carroll 2009:85), I use the term *curanderos* when referring to Afro-Mexican healers and *Afro-Mexican curanderismo* when referring to their healing practices. I follow Spanish convention in using the singular *curandero* when referring to a male healer, *curandera* when referring to a female healer, *curanderos* when referring to healers as a general category, and *curanderas* when referring to multiple female healers.

*The Afro-Mexican Presence in New Spain*

Due to sexual disparity among enslaved Africans, the black population in colonial Mexico grew steadily until the early nineteenth century. Black males outnumbered females by about three to one until the mid to late seventeenth century, meaning that single black males generally looked to indigenous and casta populations for sexual and marriage partners (Bennett 2005:27; Restall 2009:257–64). White males outnumbered white females by approximately three to one as well, meaning that single white males looked to the Mesoamerican and African populations for sexual and marriage partners (Axtell 1993:136). Slave status in New Spain was inherited from an enslaved mother; the lack of enslaved African women meant the enslaved population grew slowly at first and required the increased importation of Bozales (Palmer 1976:145). Proliferation of mining, sugar plantations, and textile mills in the late sixteenth and mid seventeenth centuries further increased demand for Bozales and contributed to the steady growth of the enslaved and free black populations (Proctor 2009:23).

In 1640 CE, the Spanish Crown cancelled all contracts with the Portuguese slave trade in response to Portugal’s independence, ending the importation of enslaved Africans to New Spain (Proctor 2003a:35). After Portuguese slave trade cessation,
“importation of slaves to New Spain was sporadic at best” (ibid). The end of the Portuguese slave trade began the decline in the enslaved black population and the growth of the free black population in colonial Mexico (Bennett 2003:1). The population of blacks born in colonial Mexico outnumbered African-born Bozales by the mid-seventeenth century (Bennett 1993:xii; 2009:86–87); still, at the height of the Mexican slave trade, Mesoamericans outnumbered blacks by over ten to one (Proctor 2003b:6). Most Afro-Mexicans were the progeny of enslaved and free Africans who mixed with whites and indigenous Mesoamericans (Bennett 2009:86–87).

Spanish colonial officials classified the offspring of mixed couples into three general categories: mestizo (Spanish–Mesoamerican), mulatto (Spanish–African), and zambo or zambaigo (African–Mesoamerican) (Lovell Banks 2005:205–06). In the colonial caste system, mestizos, mulattos, and zambos/zambaigos all had miscegenation-based subcategories with specific names and social ranks, determined primarily by skin color and physical features (ibid:206) (Figure 2.1). Spanish officials, for example, referred to a person whose parents were mestizo and mulatto as a coyote (Chance 1979:180–81; Banks 2009:213). Many caste names for blacks were derived from animal names, such as mulatto (mule), lobo (wolf), and cimarrón (wild pig), reinforcing colonial ideas of black racial inferiority (ibid). Determination of caste based on physical characteristics became difficult because of miscegenation and black resistance to being labeled and ranked based on colonial concepts of what constituted a “bad race” (Martínez 2008:223). Spanish colonists therefore referred to people of mixed African descent as castas or castizos (castes), negros (blacks), or pardos (browns) (ibid; Martínez 2008:161–62; Palmer 1976:38).
By the end of the seventeenth century colonial Mexico contained “the second-largest population of enslaved Africans and the greatest number of free blacks in the Americas” (Bennett 2003:1). The black population was largely urban; until the early nineteenth century, blacks outnumbered whites in most major Mexican cities (Vaughn 2008; Tulloch 2009:v, 2). A 1570 CE census shows that roughly 20,569 blacks, approximately three times the population of whites, lived in colonial Mexico (Aguirre Beltrán 1972:214–19, 240–41; Vaughn 2008). By 1646 CE, colonial Mexico was home to 35,089 Africans and a total black population of 116,529, roughly 2.5 times the white population (ibid). When slavery was abolished in Mexico during the Mexican War of Independence in 1810 CE, the free black population of approximately 624,000 comprised about 10 percent of Mexico’s total population (Bennett 2003:1; Aguirre Beltrán 1972:232, 234).

Only after 1810 CE did whites began to outnumber Afro-Mexicans (Vaughn 2008), likely due to the influx of approximately 450,000 Spanish emigrants in the seventeenth century (Axtell 1993:136) and an estimated 53,000 in the eighteenth century (Sanchez-Albornez 1984:31). The relatively early cessation of the Mexican slave trade contributed to the outnumbering of blacks by whites. Without a steady incoming African population, Afro-Mexicans looked increasingly to mestizo, Mesoamerican, and Spanish populations for sexual and marriage partners (see Restall 2009:220–246; 257–264; Carroll 2009). In places like the United States, where importation of enslaved Africans continued until 1808 CE (Smith 1973:44), or Brazil, where importation continued until 1888 CE (Bethell 2009:387), blacks were better able to find black sexual and marriage partners and form large black communities.
Afro-Mexican Colonial Transitions

Afro-Mexicans were active in the construction of their communities. The most dramatic expressions of African and Afro-Mexican communities were *palenques*, that is, maroon settlements founded by runaway slaves known as *cimarrones* (Proctor 2009:22). Palenques retained African cultural practices and fought against the forces of colonial authorities (Thompson 1987:273–89; Voeks 1993:68; Proctor 2009:24–7). In a process that Few (2002:3) called “community authority” when referring to the practices of Guatemalan healers, Afro-Mexicans used curanderismo as a way to build local prestige with social peers as well as social superiors (Bristol 2007:21). Afro-Mexican curanderismo formed as a result of cross-cultural similarities between African, Mesoamerican, and Spanish worldviews and healing practices.

As prior to the Protestant Reformation of 1517 CE, the Roman Catholicism brought by the Spanish to Mesoamerica was a medieval Castilian form (Poole 1995:19; Treviño 2006:22). Catholicism in New Spain largely bypassed the reforms that emerged in the wake of the Protestant Reformation, including those introduced by the Council of Trent (1545 CE–1563 CE), the reforming popes, and the founding of the Jesuits (Poole 1995:19). Due to the seven hundred year Iberian struggle to recapture Iberia from the Islamic Moors, the Catholicism forced upon Mesoamericans and enslaved Africans in colonial Mexico was militant, hierarchical, crusading in spirit, intolerant of competing religions, and permitted the use of force (ibid). Castilian Roman Catholicism also followed the medieval Catholic pattern of using indigenous icons and practices “to identify and build upon the commonalities between [pre-Christian] and Christian beliefs” to facilitate conversion efforts (Karras 1986:553). Colonial Spanish authorities tolerated
and even encouraged healing practices among blacks and Mesoamericans that were compatible with Castilian Roman Catholicism and Spanish medicine (Palmer 1976:154; Ortiz de Montellano 1990:14–15; Quezada 1991:37; Bristol 2007:8, 150, 167–8).

Colonial Spanish ideas about magic influenced their attitudes towards curanderismo and its practitioners. Spaniards recognized two forms of magic: black and white (Proctor 2003b:285). Black magic was used specifically for malicious purposes, while white magic was used for “benevolent, protective or curative purposes” (ibid). Both forms were viewed by Church officials as competing and conflicting with the teachings of Catholicism and were repressed by the Holy Inquisition (Delgado 1992:4). Per Proctor (2003b:287), Spaniards recognized two further types of magic within black and white magic: hechicería (sorcery) and brujería (witchcraft). Brujería was considered a supernatural, psychic power obtained through an explicit pact with the Devil.…

Hechicería, on the other hand, was associated with the use of materials, incantations, and other ritualistic elements but did not necessarily constitute a negative or evil act. Hechicería could be employed for good or evil dependent upon the desires of the practitioner. Curanderismo and adivinación (divination) were white forms of hechicería. Black magic was brujería or hechicería enacted with bad intentions.

African, Mesoamerican, and Iberian healers used a combination of culturally specific material and non-material healing techniques, including herbal medicine, animal products, diet, rituals, and incantations, to effect cures (Risse 1987:51–52; Bristol 2009:152; Ogungbile 2009a:413; Parrinder 2014:156). The parallels between culturally specific healing techniques facilitated diffusion of African healing practices into those of Mesoamerican, Spanish, and mestizo populations in colonial Mexico.
Most important to the creation of Afro-Mexican curanderismo and the formation of Mexican curanderismo were similarities in ideas and practices regarding health, illness, healing, and the human body between African, Iberian, and Mesoamerican traditions. All three acknowledged visible and invisible portions of the universe that had a direct effect on health, illness, and healing (Bristol 2007:158). Illness and misfortune could originate from within the visible, physical world, but could also be caused by invisible means like harmful medicine, broken taboos, or the ill will of other humans or non-human persons (Proctor 2003b:286; Bristol 2009:151). Africans and Mesoamericans adopted Spanish medicine and Christian rituals and prayers into their healing practices in order to survive in Spanish colonial society (Palmer 1976:166; Voeks 1993:67).

Spaniards also adopted Mesoamerican and African ritual, ceremonial, and healing practices. Sometimes replacing European medicines, American medicinal plants were adopted by Spanish physicians and sent back to Europe in great numbers (Risse 1987:43–52). In the effort to convert African and Mesoamerican populations, Spanish Catholic missionaries adopted certain indigenous ritual and ceremonial practices (ibid:14–15). For example, Spanish missionaries incorporated African (González 2010:40–84) and Mesoamerican dances into Catholic rituals and ceremonies in Mexico (Martí and Prokosch-Kurath 1964:30–83; Madsen 1967:376–77; Garibay 1971:80–85). Christianized indigenous dances called mitotes grew so popular among Catholic laity that the Church hierarchy later attempted, though unsuccessfully, to ban the dances as early as 1539 CE (Ricard 1986:186; Ortiz de Montellano 1990:14–15). The tendency of lay Catholicism towards strong local expressions of faith over official dogma helped preserve African and Afro-Mexican healing practices and aided their diffusion into curanderismo.
Colonial Mexican Catholics “lived for decades with little or no regular access to the institutional Catholic Church. Colonial Mexican Catholicism followed a pattern characteristic of Castilian Roman Catholicism: village-centered festivals, saint’s days, and local traditions took precedence over formal religious instruction and attendance of mass (Poole 1995:19). Colonial Spanish authorities and Church officials drew a sharp distinction between magic, religion, and medicine (Bristol 2009:157), but the Catholicism of the laity “mingled with superstition and [was often] confined to the knowledge of a few prayers…. Religion was often externalized and consisted of certain [ritual] actions which, if repeated frequently enough or in the right way, would produce the desired result” (Poole 1995:19). In areas where Catholic clergy were absent or only sporadically available, curanderos assumed many of the healing roles that the clergy previously occupied (Hendrickson 2014:29). The relative prevalence of curanderos, the relative scarcity of licensed physicians, and popular Catholic reliance on traditional remedies and rituals ensured that Catholic laity adopted elements of Afro-Mexican curanderismo.

Spanish Catholics adopted some African and Mesoamerican practices, but for the most part colonial Spanish society found non-Spanish worldviews unacceptable (Risse 1987:51). Spaniards attempted to suppress African and Mesoamerican medicine by resorting to “the same bureaucratic and religious constraints that had driven Islamic medicine underground in Spain” (ibid). The Protomedicato Real, the governing body concerning medicine in New Spain, insisted on regulating medical practice and restricting licensure to physicians, surgeons, and licensed apprentices known as empirics who could prove purity of blood (ibid; Lanning 1985:17, 175–83; Bristol 2009:152). The Spanish defined purity of blood as “the absence…of heretical antecedents,” especially Jewish and
Muslim ancestry (Martínez 2008:1). Spanish laws expanded in colonial Mexico to include African and Mesoamerican ancestry as “heretical antecedents” (ibid), so only whites could be licensed physicians, surgeons, and empirics (Lanning 1985:17; Risse 1987:51). With the exception of midwives, most non-Spanish healers were denied medical licenses (Bristol 2009:152).

The Protomedicato Real’s insistence on licensing only Spaniards with purity of blood and the subsequent dearth of licensed physicians “prompted the development of an extensive illicit practice of medicine by empirics and curanderos” (Risse 1987:32–33, 51–52). Curanderos filled the vacuum created by the small number of physicians and surgeons, especially among the rural poor (ibid; Bristol 2009:151–2). Curanderismo was ridiculed by Spanish officials and sometimes persecuted by the Holy Inquisition, but members of all levels of colonial society consulted curanderos (Bristol 2007:150, 165, 254–55; Restall 2009:144–45, 275). Relatively few curanderos went to trial (Stover 2014: 356), and even fewer curanderos were prosecuted.

Colonial officials were more concerned with blasphemy, heresy, and bigamy than with curanderismo (Behar 1987:35; Quezada 1991:41–51; Bristol and Restall 2009:161). The exception was an intensification of inquisitorial concern over witchcraft in the late sixteenth and seventeenth centuries, a byproduct of the European witch-craze and anti-idolatry campaigns aimed at Mesoamerican communities (Bristol and Restall 2009:168). Curanderismo would not become the target of widespread medical and governmental suppression until the nineteenth century (Stover 2014: 356). Colonial authorities were forced to tolerate curanderismo as a necessity, especially among poor black,
Mesoamerican, and mestizo populations (Quezada 1991:37; Bristol 2007:8, 150–2, 167–8).

Curanderismo did not just provide health care but was one of the ways in which blacks, and especially black women, could gain profit, power, and authority in colonial Mexico (Bristol 2007:165, 187–88). The toleration of curanderismo by colonial authorities resulted in ideal conditions for the development of popular healing and religious traditions. Per Risse (1987:33),

by preserving religious and social values, the *curandero* became and essential figure in the survival of the traditional native culture. Use of [indigenous] procedures in healing helped native populations to maintain their identity and distinctiveness. Thus *curanderismo* became the most effective defense mechanism against Spanish acculturation.…

Afro-Mexicans also constructed “their own colonial social identity by playing European-imposed and existing indigenous social systems off against one another” (Carroll 2009:85). By maintaining African customs, as well as “by borrowing and reinterpreting others taken from the Indians and the Spaniards themselves, Afro-Mexicans ensured their survival as spiritually autonomous human beings in spite of the pressures and confines of the slave system” (Palmer 1976:166). Afro-Mexican curanderismo provided spiritual autonomy where African healing practices could survive and adapt to colonial oppression.

African healing practices diffused throughout Mexico due mainly to widespread intermixing of indigenous, mestizo, and Afro-Mexican populations (see Restall 2009:220–246; 257–264; Carroll 2009); however, diffusion was facilitated by similarities
between healing practices in colonial Mexico that operated on principles that Frazer (2009:26) describes as the “Law of Similarity” and the “Law of Contagion.” The Law of Similarity refers to ideas that “like produces like, or that an effect resembles its cause…the magician infers that he can produce any effect he desires merely by imitating it” (Frazer 2009:26). Medieval European attempts to harm a person by piercing their image with pins exemplifies Frazer’s Law of Similarity (Kieckhefer 2014:82), as do West African rituals in which hunters construct and ritually kill effigies of the animals they wish to hunt (Gehman 2005:91). The Law of Contagion refers to ideas that “things which have once been conjoined must remain ever afterwards, even while dissevered from each other…whatever is done to the one must similarly affect the other” (ibid:37). The practice among the Mexica (Ortiz de Montellano 1990:142; Van Tuerenhout 2005:248) and throughout much of West Africa (Mbiti 2014:167) of burning a person’s hair in order to bring about their death exemplifies Frazer’s Law of Contagion. Because African, Mesoamerican, and Spanish populations intermixed so thoroughly in colonial Mexico, and because their respective healing practices operated on similar principles, healers from all three traditions adopted elements from each other’s practices into their own cultural understandings of healing.

Per Gruzinski (1993:177–78), blacks, Mesoamericans, mestizos, and Spaniards appropriated each other’s healing practices based on efficacy and expediency in curing illness “without penetrating the social reality from which they were derived, and in the process divorced them from their cultural context” (Proctor 2003b:289). Indigenous herbs or African rituals, when used by white curanderos, were interpreted through European cultural understandings of healing and illness (ibid). Mestizo curanderos interpreted
indigenous, African, and European healing practices and materials through a lens of “popular Catholicism and general medicinal knowledge” (ibid:294–95). The translation of African medicine and Afro-Mexican curanderismo into Spanish understandings of healing, combined with the construction of a national Mexican mestizo identity in the nineteenth century, contributed to the erasure of blacks from the narrative of curanderismo’s formation. Despite the difficulty in identifying African medicine in Mexican curanderismo, Afro-Mexican curanderismo employed healing practices apparently of African origin and displayed African understandings of healing.

Erotic and Commanding Medicine
Erotic medicine was ubiquitous throughout colonial Mexico and displays elements of African contributions (Bristol 2007:165–66). Following Bristol (ibid:165), I use the term *erotic medicine* rather than *love magic* to avoid negative Western and Abrahamic connotations and to reflect colonial Afro-Mexican erotic medicine’s connection to African medicine and medicine people. While erotic medicine was common in Africa, Europe, and Mesoamerica, erotic medicine in Afro-Mexican curanderismo displays distinct African characteristics. Mexican curanderismo integrated Afro-Mexican erotic medicine as the black population diffused into the mestizo and indigenous populations.

The majority of Afro-Mexican curanderos who practiced erotic medicine were female, as were their clients, though “Afro-Mexican men certainly used [erotic medicine] to attract women” (ibid:167). Quezada (1996:259–60) and Bristol (ibid) note that women consulted curanderas for erotic medicine “to create security…[and] to recall straying
partners and improve abusive situations” (ibid). The use of Afro-Mexican curanderismo to create harmonious conditions in domestic relationships may represent what Mintz and Price (1992:10–11) call “unconscious [African] grammatical principles.” Disharmony in interpersonal relationships is considered in African healing traditions to be a form of illness, and “when harmony is broken, the living make steps to address the anomaly and restore right relationships” (Sboko 2009:311). The widespread African healing practice of using erotic medicine to restore healthy social relationships may explain why two-thirds of the curanderos consulted for erotic medicine in colonial Mexico were free Afro-Mexican women (Bristol and Restall 2009:174; Restall 2009:273).

In Spanish erotic medicine, women employed the semen of men who were the intended targets (von Germeten 2013:38, 39). In Mesoamerican erotic medicine, healers generally use herbs and animal products, such as dried hummingbirds (Scheffler 1999:54–55; 147), or physical representations of humans such as paper dolls to “make people love, or lust for, each other by manipulating their animating forces” (Dow 2010:90-91). Per Palmer (1976:157), Behar (1987:40), Bristol (2007:166), Restall (2009:271), and von Germeten (2013:110), the exuvial materials in Afro-Mexican erotic medicine often came from the woman performing the ritual.

The manner in which Afro-Mexican curanderas used exuvial materials, that is, nail clippings, hair, and bodily fluids (Erickson 2007:63), represents a continuation of African medicine in colonial Mexico. Spanish women used bodily fluids in erotic medicine, though von Germeten (2013:39) notes that such practices “functioned as erotic and seductive techniques designed to promote pleasure (and perhaps continued male devotion), as opposed to magic rituals.” The most common exuvial material used by
Spanish women practicing erotic medicine was semen (ibid:38, 39), while African (Erickson 2007:63, 96; Parrinder 2014:163) and Afro-Mexican (Bristol and Restall 2009:163; Restall 2009:271) erotic medicine used hair, nail clippings, spittle, sweat, menstrual blood, and female sexual fluids.

Bristol (2007:166) describes a 1622 CE ritual in which a free Afro-Mexican woman mixed her menstrual blood into her Spanish lover’s chocolate to ensure he remained faithful to her. In 1716 CE, a free Afro-Mexican curandera named Chomba recommended to a Spanish woman that she wash her underarms and genitals with water, then add the water to men’s chocolate to attract them (Behar 1987:40). Similarly in African-American Hoodoo, women add menstrual blood to a man’s coffee or food to attract him or keep him faithful (Hyatt 1974:2563–64). Exuvial materials in African erotic medicine also generally come from the person performing the ritual (Blackwood and Coon 1931; Murdock 1980:21, 50; Erickson 2007: 63, 96). While erotic medicine was present in Spanish, Mesoamerican, and African healing traditions, the use of hair, nail clippings, and female sexual fluids in Afro-Mexican curanderismo suggests that African erotic medicine contributed more to erotic medicine in Mexican curanderismo than has previously been acknowledged.

In what I call commanding medicine, adapting Yronwode’s (2014b) description of similar practices in Hoodoo, enslaved blacks in colonial Mexico used erotic medicine to elicit better treatment from slave owners. Per Bristol (2007:168), “the techniques and materials used in love magic directed at lovers and [commanding medicine aimed] at owners were often not just similar but the same.” In 1617 CE, a witness reported to the Holy Inquisition “that a mulatto slave used polvos de bien querer, or ‘love powders,’ to
make his owner treat him better” (Bristol 2007:168). Some enslaved Africans added their thumbnails to their owners’ food to improve their dispositions and encourage better treatment (ibid; Bristol and Restall 2009:169). Chewing-sticks were a common feature in Afro-Mexican erotic medicine and commanding medicine. In a 1621 CE case from the state of Querétaro, for example,

…a young mulatto slave named Francisca consulted with a black slave named Mateo when she felt that her owner had treated her unfairly. Mateo gave her a small black stick and advised her to put it in her own mouth when her owner was angry with her, making sure to use her left hand…. According to Mateo, if Francisca chewed it well and spit it out, her owner’s anger would go away (Bristol 2007:168).

In a similar 1632 CE case, an enslaved African named Francisco was told by an Afro-Mexican curandero that, if he chewed a certain root and rubbed the resulting saliva on his face, his owner would treat him better (ibid).

Chewing-stick remedies aimed at improving the treatment of enslaved Africans by slave owners were similar to chewing-stick remedies used in erotic medicine to attract lovers (ibid). An enslaved Afro-Mexican named María, for example, revealed to the Holy Inquisition that she knew of an herb which, when “chewed and spat out on the clothes of any man, or if he walks on the floor where it is…although he may not want the woman he will fall in love with her” (Palmer 1976:157). Chewing-stick remedies appear to come from West Africa, where Parrinder (2014:161) notes a widespread form of “protective charm is a chewing-stick, decorated with red parrots’ feathers. A cock is sacrificed over it by a diviner, and the stick is then chewed by its owner and the pieces spat out…[to]
prevent evil words and quarrels.” In perhaps a related practice, chewing-sticks are used among present-day populations in West Africa to prevent tooth decay and cavities (Dettwyler 2014:92). Mesoamericans used *chicle*, a tree gum resin from the *Manilkara* genus, to clean their teeth and possibly as a snack, but not chewing-sticks per se (Frederiksen 2005:11). The Spanish chewed licorice roots (*Glycyrrhiza glabra*) as a sweet treat, breath freshener, and for medicinal purposes, but do not appear to have used it for erotic medicine (Moore 2008:15–16; Northern Echo 2009). When licorice was introduced to the United States by Europeans, African-Americans adopted it as a chewing-stick for erotic and commanding medicine (Yronwode 2002:124), suggesting that chewing-stick erotic medicine in Mexico contains African influences.

Enslaved Africans also used grave dirt in erotic and commanding medicine. One enslaved African woman named Mariana “confided to a friend that the earth in her bag was from a grave and that she used it to give to men ‘in order that they may love me’” (Palmer 1976:158). In 1650 CE, another enslaved African named Mariana was accused of serving her slave owners “powders of roasted bats and grave dirt in order to tie them, or prevent them from mistreating her” (Proctor 2003b:275). Grave dirt was placed beneath slave owners’ beds or scattered on their porches and stones from sepulchers were placed beneath slave owners’ pillows, all for the purposes of inducing sleep in slave owners and “going out at night without their knowing it” (ibid).

The use of grave dirt by enslaved blacks “reflected [their] desire for freedom of movement, especially at night, [and] indicated the isolated and cloistered existence which some masters forced their slaves to lead” (ibid). Like erotic medicine, grave dirt rituals likely represent a remedy for unhealthy social relationships, in this case a slave owner
who mistreats their slaves. Commanding work provided enslaved Africans, and especially black women, “to tie, weaken or attack their owners” (Proctor 2003b:275) in an attempt to invert the existing colonial hierarchy and gain power over their social superiors (Behar 1989:179; Bristol and Restall 2009:168).

Grave dirt rituals in colonial Mexico were influenced by West Central African medicine, as the use of graveyard dirt by whites in witchcraft does not appear to have become common until the nineteenth century (Davies 2015:83) and Mesoamericans do not appear to have used graveyard dirt in their rituals. The ethnic origins of the enslaved Africans who used grave dirt is not recorded; however, Hoodoo, Santería, and Obeah provide evidence of African influences in Mesican grave dirt rituals. Per Thompson (1984:105), one of the “most important words in black United States conjure-work, ‘goofe,‘ refers to grave dirt…. In the Kongo territory, including Zaire, earth from a grave is considered at one with the spirit of the buried person. ‘Goofer dust’ harks back to the Ki-Kongo verb kufwa (‘to die’).” Goofer dust is used in Hoodoo rituals aimed at attracting lovers and causing harm to enemies by sprinkling it around their property or around their bed (Yronwode 2002:105), both resembling uses described by Palmer (see 1976:158).

Following Ki-Kongo notions that grave dirt is inseparable from the spirit of the buried person, grave dirt is used in Hoodoo and Santería to bring about desired ritual outcomes based on the identity of the deceased person. Rituals intended to bring wisdom and compassion, for example, use dirt from “the grave of an elder who lived a long, happy, generous life” (Bird 2004:114). Per Rucker (2001:89–90), graveyard dirt used in Jamaican Obeah for protection and harming rituals is related to a type of medicine among
the Akan and Obayifo peoples known as *aduru*, a term which refers to any powdered medicine. Per the above, and given the fact that between 75.4 percent (Aguirre Beltrán 1972:241) and 85 percent (Ngou-Mve 1994:97–147) of enslaved Africans in colonial Mexico came from West Central Africa, it is likely that curanderismo grave dirt rituals were influenced by African medicine.

**“Spirit Possession” in Curanderismo**

Perhaps the most dramatic example of African ritual healing in curanderismo is the practice of “spirit possession,” in which an ancestor or non-human person controls animals (Bristol 2007:154-55), objects (ibid, Lewis 2003:153), or humans to aid in healing rituals, divination, and other ceremonies (Aguirre Beltrán 1963:61; Magesa 1997:220; Voeks 1993:73; Brown 2001:5–6). Here I follow Grady (2009:668) in using the term *transcendence*, which refers to the widespread African notion that one of the vital essences or “spiritual components is displaced and replaced by an ancestral spirit or by a divinity [non-human-person]. Such displacement is usually induced by the living in their attempt to elicit information about a specific and critical situation, such as the cause of a misfortune, illness, or death and the needed remedy.”

Mexico’s first known palenque, founded and led by a Bran man named Yanga, was home to one of the first known instances of animal and object transcendence. A healer named Domingo Cimarrón, also known as Domingo Angola, reportedly healed and performed divinations by conversing with snakes and “a stick the size of a finger, which speaks and eats like people” (AGN, Inquisición 486.51, 1621, f. 254, cited in Bristol 2007:154). Domingo was also reported to have been seen speaking in Spanish and
“in the Congo language” to sticks or small dolls, dressed as men and women, which reportedly spoke, ate, danced, and sang (ibid). Domingo’s speaking sticks and dolls resemble Astor-Aguilera’s (2010:170–72) description of Mayan ritual objects such as “crosses, stelae, coral, stalactites, stones, trees, [etc.]” (ibid:170) to communicate with and “summon particular beings, likened and spoken of as if family members, to specific locations where these entities are sometimes tethered onto a specific location or object for feeding during ritual reciprocation” (ibid:171; Astor-Aguilera 2004:180, 194).

Several pieces of Domingo’s story suggest stronger African influences than Mesoamerican ones for his communicating objects and animals. The settlement in which Domingo was active was “founded and initially populated by Africans, rather than creoles [or Mesoamericans]” (Bristol 2009:154), meaning that Domingo’s opportunities to learn communicating object rituals from non-Africans were limited. The Palenque was isolated in West Central Veracruz (Proctor 2009:24), where communicating objects do not appear to have been part of Mesoamerican rituals. Domingo’s speaking sticks and dolls, in human dress and needing feeding, resemble the minkisi (singular nkisi) of the Bantu peoples of West Central Africa (Figure 3.1). Minkisi are non-human persons attached to or embodied by anthropomorphic bundles or statues made from materials such as wood, resin, snake’s heads, or iron (MacGaffey 1994:125–26; Berzock 2003:14). Maya communicating crosses generally require feeding and may be dressed in specific clothes, but unlike Domingo’s dolls are generally discarded after use in rituals and do not wear human clothing (see Astor-Aguilera 2010); additionally, the Maya do not appear to have been present in colonial Veracruz or Yanga’s palenque. It is more likely Domingo was practicing an African communicating object ritual than a Maya one.
The fact that Domingo used a snake as a communicating object appears to
conform more with African traditional medicine than with Mesoamerican healing
traditions. Bristol (2007:154) states that “the use of animals in colonial magic is no doubt
related to nagualismo, a Nahua concept in which human beings were assigned spirit
guardians at birth;” however, the use of snakes as a form of divination and healing was
widespread among peoples of the Guinea and Mina coasts, particularly the Ewe, Fon, and
Yoruba (Williams 2003:1–55; Sweet 2004:130). Snakes were also revered as symbols of
authority, healing, and “the earth’s powerful forces” among the BaKongo peoples of
West Central Africa (World Museum 2014). The colonial informant’s assertion that
Domingo spoke “the Congo language” (AGN, Inquisición 486.51, 1621, f. 254, cited in
Bristol 2007:154), combined with his moniker Angola, may indicate that he was
practicing a West Central African ritual.

The uses of snakes and birds by black curanderos in Mexico resemble those in
West African rituals (see Bascom 1952 and Parrinder 2015:51, 132, 151). Palmer
(1976:160) notes that the use of snakes in Afro-Mexican curanderismo was widespread in
colonial Mexico, one example being a woman who reputedly used one snake to carry out
her rituals while another snake remained at her residence to guard her possessions. An
unnamed mulata from Mérida claimed to have a bird that allowed her to “know the things
that go on in the corners and in secret” (AGN, Inq vol. 297, exp. 5, in Lewis 2003:152).
A black woman from the Cuernavaca area, known as “Ana the pythoness,” had a wooden
cross and a bird with which she would communicate to aid in divination and healing
(AGN, Inq vol. 458, exp. 34, in Lewis 2003:153). Ana’s origins are not specified, but her
moniker “the pythoness” recalls the widespread python veneration of West and West
Central Africa (Williams 2003:1–55; Sweet 2004:130). Ana’s use of a communicating cross may represent a blending of African and Mesoamerican healing rituals; however, the combination of cross and bird may represent an adaptation of a Yoruba staff to Osanyin, orisha of medicine (Parrinder 2015:151). Osanyin’s symbol was “an iron bar with a bird on it, and this bird may be supposed to talk” (ibid) (Figure 3.2). In Yoruba rituals involving Osanyin, “birds honor the powers of elderly women...to gain their support in the healing” (Hamill Gallery 2016).

The use of live birds and snakes by black curanderos suggests African influences in their practices. Snakes (Ogungbile 2009b; Parrinder 2015:51) and birds (Martin 2009a) were two of the most widespread objects of veneration in West and West Central Africa, and their symbolism was tied to women’s power (Asante 2009d:281). Among the Yoruba peoples, birds and snakes represent the nocturnal powers of women who might send signs of evil or danger, as well as the cool powers of discipline and control. The first representation is seen in the presence of the bird on the headdress. The second representation (i.e., the coolness and control) is depicted by the presence of a snake (ibid).

Birds are considered closely tied to women’s power among the Mende of Sierra Leone (Martin 2009a:124), as well; snakes are closely tied to women’s power among the Ewe (Parrinder 2015:52) and Ijaw (ibid).

Meosamericans used the bones of animals as communicating objects (see Astor-Aguilera 2010:62) and the use of live animals as communicating objects was once widespread throughout much of Native America (Astor-Aguilera, personal communication 2016). Live animals known as familiars were reputedly
used as magical aids in Western European witchcraft (Wilby 2005:35), but the animals used tended to be household or farmyard animals, especially cats (ibid:110). Other common familiars included “dogs, toads, mice, ferrets, weasels, birds, wasps, bees, moths, hedgehogs, rabbits, and farm animals” (Guiley 209:88). It is likely that European ideas about familiars merged with or where played upon by Afro-Mexican curanderos. The use of birds and snakes by black curanderos in Mexico was probably more African in influence, however, considering that blacks outnumbered whites by as much as five to one in colonial Mexico (Aguirre Beltrán 1972:219), snakes were not common familiars among European witches (see Guiley 209:87–88; Wilby 2005:129, 144), and most black curanderos who used snakes and birds in their healing and divination rituals were women, a practice common in West Africa (see Asante 2009d; Parrinder 2015:52, 132).

Animals and anthropomorphic dolls were not the only objects used by black curanderos for transcendence rituals in colonial Mexico. An enslaved African named Francisco de Puntilla carried his herbal medicine “in two jars of clay, one red and the other dark…[with] ugly figures of faces engraved on them” and with which he would communicate to divine whether the patient would recover (AGN, Inq vol. 278, fol. 243, in Palmer 1976:164). Asked if the patient would recover, the medicine jars reportedly responded with shrieks “like [those] of a rabbit, which appeared to answer the question” (ibid). De Puntilla’s jars resemble Yoruba ọgbá, decorated gourds or ceramic vessels containing herbs and objects associated with a particular orisha (Figure 3.3). Once an ọgbá is complete, it is considered the embodiment of an orisha (Apter 1995:371; Clark 2001:28). De Puntilla’s medicine jars resemble the ritual gourds used by medicine people
of the Fon-Ewe speaking populations of West Africa, which are filled with herbs, tree barks, chicken bones, and other objects (Müller 1968:53–54; Gómez 2014:132–33).

Aguirre Beltrán (1963:65–69) and Lewis (2003:150–52) note that the case of Lucas Olola, as described in a 1624 CE letter sent by a Catholic friar to the Holy Inquisition, gives evidence for African transcendence rituals in colonial Mexico. Olola partook in an indigenous dance of the Huastec people, located in the colonial province of Pánuco, which corresponds to the southern portion of the modern Mexican state of Tamaulipas and the northernmost portion of the state of Veracruz (ibid, Aguirre Beltrán 1963:65–66). The letter refers to Olola as an African slave whose name, according to Aguirre Beltrán (ibid:67), suggests he was Biafaran from Bolola, an area in present-day Guinea-Bissau. Lewis (2003:229) suggests that Olola was Yoruba, since in Yoruba his name means “owner of wealth or a person of high estate.”

Olola participated in an indigenous Huastecan dance dedicated to their patron, Paya, represented by a bird effigy made of different colored feathers and out of whose mouth came flowers of different colors (Aguirre Beltrán 1963:67; Lewis 2003:151). Some Huastec dancers carried the effigy while others played percussive instruments; the majority of participants in the ritual were Native Americans, but some blacks, mulattoes, and mestizos also participated (ibid). Olola reportedly would dress in Huastec garb associated with Paya, then “go into a state of rapture, faint, and let himself fall. He would be senseless for a time, but suddenly he would foam at the mouth and right himself ‘with a great deal of fury’ announcing that his spirit had now come to him, that it was ‘seven gods,’ and that as a ‘glorious body or spirit’ he could penetrate walls.” (AGN Inq. Vol. 303, exp. 38 in Lewis 2003:151). After rising, Olola would perform healing rituals and
divinations “as a divine being,” his specialty being able to determine the identity of wrongdoers who caused others to fall ill (ibid).

Olola’s claim that “seven gods” entered his body provides evidence of Olola’s Yoruba ancestry and Yoruba influences on his ritual. The “seven gods” recall the Seven African Powers invoked for healing and protection today by some curanderos (see Trotter and Chavira 1997:79, 179; Chesnut 2012:26, 200), as well as in Cuban Santería and Palo Mayombe, Brazilian Candomblé and Umbanda, Haitian Vodou, New Orleans Voodoo, and other traditions with African influences (Alvarado 2009:9). According to Gutierrez (2012a), the Seven African Powers are “spirits of the dead from the seven different African tribes that were brought to Cuba and forced into slavery,” namely the Lucumi, Yoruba, Congo, Takua, Kissi, Calabari, Arará, and Mandinka. Gutierrez’s (ibid) claim explains why the Seven African Powers are venerated in Haitian Vodou and curanderismo, which had relatively little Yoruba influence. Per Alvarado (2009:7), the Seven African Powers are seven Yoruba orishas, typically including Elegua, Obatala, Yemaya, Orula, Oshun, Chango, and Ogum.

The Seven African Powers are usually depicted as seven Catholic saints surrounding a depiction of the crucified Christ known as The Just Judge, each labeled with the name of the Yoruba orisha with whom they are identified (Alvarado 2009:12–29) (Figure 3.4). St. Anthony of Padua is labeled Elegua, Our Lady of Mercy is Obatala, Our Lady of Regla is Yemaya, St. John the Evangelist is Orula, Our Lady of Caridad del Cobre is Oshun, St. Barbara is Chango, and St. John the Baptist is Ogum (ibid). The Just Judge is labeled Olofi, one of the three manifestations of the Yoruba Creator (ibid:50). The Seven African Powers are used in present-day curanderismo similar to Olola’s ritual.
Though he was wearing Huastec clothing and participating in Huastec dances, Olola’s method of healing and divination follows almost the exact African pattern of I call transcendence rituals. Transcendence rituals are often described as “possession” (Friedson 1996; Oesterreich 2003:263–65; Murrell 2010:219–24), “spirit possession” (Dodds and Warren 1993; Berliner 2007), “trance possession” (Duncan 2015), “mounting” or “riding” (Brown 2006:8–15), and “transcendence” (Grady 2009). African transcendence rituals are generally accompanied by singing, dancing, and percussion-driven music (Dodds and Warren 1993; Friedson 1996:28–31; Murrell 2010:91, 220; Proctor 2003b:297). Participants often dress in costumes wielding objects associated with the non-human person they intend to invoke (Dodds and Warren 1993; Brown 2006:8; Murrell 2010:219; Duncan 2015). During transcendence rituals, the healer goes into a state of trance which usually involves bodily convulsions, facial expression changes, foaming at the mouth, vocalizations, and falling to the ground (Dodds and Warren 1993; Oesterreich 2003:263–65; Murrell 2010:219–20). The healer, whose voice, facial features, and bodily movements are controlled by the non-human person until its departure, then interacts with the people around them by performing divinations and healings (Berliner 2007:30), giving advice (Brown 2006:112, Murrell 2010:220) and demanding the non-human person’s favorite food, drinks, and ritual paraphernalia (Dodds and Warren 1993; Murrell 2010:220–21).

As the cases of Domingo, Ana “the pythoness,” de Puntilla, and Olola suggest, African transcendence healing was present in Mexico at least three centuries before the arrival of European Spiritist mediumship, also known as Kardecism. Kardecism arrived in Mexico in 1872 CE and spread quickly throughout Mexico, thanks mainly to the
presence of high-ranking Kardecist politicians like Mexican President Francisco Madero (Mayo 2014:47, 48) and famous curanderos like El Niño Fidencio (see Davidson 1993; Torres and Sawyer 2005:18–19). Records of African transcendence rituals appear to cease by the eighteenth century; however, the presence of African transcendence rituals in Mexico prior to the arrival of Kardecism may have contributed to the rapid spread of mediumship healing and divination in Mexico.

**Cleansing Rituals: Eggs, Chickens, and Ritual Baths**

One of curanderismo’s most common remedies, the *barrida de huevo* (egg sweeping or cleansing), displays evidence of African healing contributions (Figure 3.5). A typical egg cleansing consists of the curandero or curandera sweeping an egg over the front, back, and sides of their patient’s body from head to foot, then usually breaking the egg afterwards for divinatory purposes (Trotter and Chavira 1997:82; Zavaleta and Salinas 2009:75). Barridas using other ritual objects, such as citrus fruits, garlic, and especially herb bundles, are common throughout Latin America (see Trotter and Chavira 1997:81; Voeks 1997:93, 214; García et al. 1999:133–34). Prayers appealing “to God, saints, or other spiritual beings” (ibid) usually accompany barridas. The goal of the barrida is to “eliminate the negative forces or vibrations influencing a patient by transferring them to the object…[and] to give the patient spiritual strength and thereby enhance [their] recovery” (ibid:81).

According to Foster (1953:209), “the origin of the egg cure in the New World is one of the mysteries of folk medicine. The only Spanish cure in any way related has to do with defective vision, for which one passes a freshly laid, warm egg across the eyes *para*
limpiar la vista (‘to cleanse one’s sight’).” Following Aguirre Beltrán (1963:190), Bristol (2007:171) suggests that egg cleansings practiced by colonial Afro-Mexican curanderos were “likely based on medieval European divination techniques in which the image of the troublemaker causing the problem with witchcraft became embossed on the egg.” Europeans introduced chickens to the Americas (Blench and MacDonald 2000:497–98; Stadelman 2000:500) and Mesoamericans did not use eggs externally to heal “diseases…that could be caused by invisible emanations” (Ortiz de Montellano 1989:19). Foster (1953:209, Aguirre Beltrán (1963:179), and Bristol (2007:171) all ascribe Spanish origins to the egg barrida, but do not account for the sweeping of the egg over the body or the breaking of the egg to divine the cause and proper treatment for a patient’s illness (Trotter and Chavira 1997:92; Bristol 2007:171).

Healing rituals using eggs are found throughout Africa. Huber (1958:184–86) describes a healing ritual from the Adangme people of Ghana in which an egg and “a cock and a hen, both of a dark colour” are passed over the ill person’s head and body; the illness is transferred to the egg and fowl in order to “postpone the day of death” (ibid:184). Among the Igbo, the “egg is used in cleansing the body of a sick person with a view to neutralizing the effect of the sickness spiritually. In this case, it is rolled all over the body of the sick person…with some incantations” (Okodo 2010:133). Igbo healers roll an egg over the body of a deceased person or the altar of a non-human person to cleanse their heart of anger (Okodo 2010:134), much like curanderismo’s cleansing for bilis (bile or excessive anger) (see Trotter and Chavira 1997:62, 92). Dodds and Warren (1993) record a cleansing ritual from Ghana in which the medicine person, during a transcendence ritual, sweeps a hen’s egg over the entirety of the patient’s body starting at
the head and ending at the feet, then sweeps a horse hair whisk over the patient’s body in the same manner in order to rid them of any illness or harmful medicine which may be attached to the body (Figure 3.6). The ritual described by Okodo (2010:133), Huber (1958:184–86), and Dodds and Warren (ibid) follow almost exactly the egg barrida in Mexican curanderismo.

African folklore also provides evidence of an African form of barridas. Cuoco (2014:311) records a Yoruba story of Osun, the orisha of rivers, healing, fertility, and beauty, which contains an account of a cleansing similar to Afro-Mexican barridas. Osun came to be afflicted with bodily deformity and learned that the cure for her condition was a plant that could be found in the forest. Osun ran to the forest and “touched every plant and rubbed some of them on her body” (Cuoco 2014:311). Each plant she used proved ineffective until a pumpkin plant spoke to Osun. The plant told her to rub a small pumpkin over her entire body, starting from the head and working to the feet; Osun did this and was healed (ibid:312). From then on she went about the world using pumpkins to heal women, especially those with womb complaints (ibid). Practitioners of Cuban Santería and Brazilian Candomblé and African practitioners of Yoruba traditional religion consider pumpkins to be Osun’s special healing plant and use pumpkins in healing rituals (ibid) and in herbal medicine (Aderibigbe et al. 1990:1). The manner in which Osun used the pumpkin, and the manner in which her devotees continue using pumpkins, resemble barridas in colonial (see Bristol 2007:171; Alberro 1988:298) and present-day curanderismo (see Trotter and Chavira 1997:80–83; Voeks 1997:93, 214; García et al. 1999:133–34; Torres and Sawyer 2006:32), suggesting African influences.
African-American and Afro-Caribbean healing traditions offer evidence for African influences present in the egg barrida. African-American Conjure, also known as Hoodoo, employs a hen’s egg cleansing almost identical to barridas in Mexican curanderismo. Hoodoo healers “roll an uncooked hen’s egg over the body to collect negative energy… [and] discard [it] by throwing into a crossroads or at a tree” (Yronwode 2002:51). Chickens are closely associated with West African non-human persons like Legba (of the Fon people), Eshu and Eleggua (of the Yoruba), and Nbumba Nzila (of the BaKongo), all of which are considered in their respective traditions to be guardians of the crossroads (Yronwode 2014). Afro-Cuban Santería appears to use both the Spanish and African methods of egg cleansings: per Gutierrez (2012b), eggs are commonly used to cleanse a person’s eyes to help take away eye troubles, improve clarity of sight and to remove the evil eye from a person. Eggs are passed over the pertinent body part, then cracked in front of an orisha’s shrine so that orisha can take the evil away from that person. Occasionally, eggs are passed over the entire body with prayers, and then cracked inside a glass and read for signs indicating the nature of the malady. Other techniques for egg cleansing break the egg in the street so that Eshu can disperse the energy and take it away…. There is a strong connection between hen eggs and the odu Irosun in the diloggún divination system.

Blacks in colonial Mexico practiced egg cleansings that appear to be a mixture of African, Spanish, and Mesoamerican healing practices. In 1622 CE, an Afro-Mexican in Puebla used an egg to cleanse her patient of illness, then broke the egg into a plate of water to divine the cause of illness (Bristol 2007:171). Divining the causes of illness, locating unknown objects or people, and proper treatments for illnesses by casting objects
into water is common in African (see Thornton 1998:240–41; Parrinder 2014:149), Mesoamerican (see Bristol 2007:171), and Spanish healing (see ibid:153). In 1600 CE, an enslaved African man performed a divination ritual for an enslaved African woman in which he broke three eggs and determined the answer by reading the patterns they made (ibid:168). Blacks and Mesoamericans in colonial Yucatán would hang hen’s eggs from their doorways “to ward off harmful spirits or winds” (Restall 2009:271), a practice that Restall describes as “not rooted exclusively in European, African, or Maya culture, but [reflecting] the complex cultural interaction that characterized the colonial period” (ibid:154–55). An African, Mesoamerican, or European origin for egg rituals in curanderismo may not be identifiable, but African contributions cannot be denied.

The use of chickens for cleansings in curanderismo also displays evidence of African healing contributions. Per Trotter and Chavira (1997: 81, 100), García et al. (1999:70, 135, 187, 242), and Astor-Aguilera (personal communication, 2015), live chickens are also used as cleansing objects in barridas. A Mexican ritual soap called Jabón de Huevos de Gallina Negra Para Limpias (Black Hen’s Egg Soap for Cleansings), used in present-day curanderismo and Hoodoo “for keeping oneself clean between performances of the full black hen egg rolling ceremony” (Yronwode 2014), offers an alternative to using live chickens or eggs in areas where they are difficult to acquire. Astor-Aguilera (personal communication, 2015) and García et al. (1999:135, 242) report black chicken barridas among Maya healers, though a Mesoamerican origin for chicken barridas or other healing practices is unlikely. Chickens, originally native to Southeast Asia and introduced through trade and conquest to Africa between 100 CE and 500 CE, did not appear in the Americas until the arrival of Spaniards and Africans.
Mesoamericans do not appear to have used other bird species for barridas prior to the introduction of chickens by the Spanish.

Foster (1953:212) attributes the use of black chickens in curanderismo to the Spanish, since “black chicken blood or flesh figures commonly in Spanish witchcraft and curing.” Per Foster (ibid:214), blood from a black rooster, especially when taken from the crest, is the most common treatment in Spanish ethnomedicine for erysipelas, a disease caused by bacterial infection. Rooster’s crest blood is used similarly in Peruvian, Chilean, and El Salvadoran curanderismo (ibid:212). The Peruvian, Salvadoran, and Chilean uses of black chickens follow Spanish healing practices, and the imbibing of black chicken blood “to drive out spirits due to witchcraft” in Mexican curanderismo may also come from Spanish ethnomedicine (ibid); however, Foster does not account for the use of the entire, live bird, swept from head to foot, to cleanse a person of illness.

Live chickens “are used in many rituals throughout Africa…as part of the process for the treatment or prevention of illness” (Mbiti 2015:138). Among the Adangme, a medicine person “rubs a young white chicken over the patient’s body from the top to the bottom, in front, on the back, left and right…so that the dead spirits [afflicting the patient] may be satisfied and not return…” (Huber 1958:186). Among the Igbo, chickens are thought to have “more potency than the egg in cleansing an abomination” and are used to cleanse people whose illnesses were caused by breaking taboos (Okodo 2010:136–37).

Chicken cleansings in African-American, Afro-Latino, and Afro-Caribbean traditions suggest African influences in curanderismo’s chicken barrida. Some Hoodoo
cleansings use whisks of black chicken feathers or entire dried black chicken wings “to brush…troubled clients downward, from head to foot…to rid them of evil” (Yronwode 2002:52), mirroring the use of hen’s eggs and horsehair whisks in Ghana transcendence healing rituals (Dodds and Warren 1993) and chickens in Adangme (Huber 1958:186) and Igbo cleansings (Okodo 2010:136–37). A Santería cleansing ritual in which a white rooster is passed over the patient’s body in order to absorb illness and misfortune, then killed so that the blood falls “onto the floor at [the patient’s] feet” (Riley 2002) resembles the Adangme ritual described by Huber (ibid:184–86). An enslaved African healer in colonial Colombia named Mateo Arará used chickens for limpias:

… [after] having ‘cleaned’ the boy with the bird, and putting it [on the boy’s head]…he said that if the chicken died the boy would live, and if [it] lived, the boy would die (AHN, Inq. 1021, fol. 341r in Gómez 2014:133).

Francisco Arará, another enslaved African in colonial Colombia, “also used chickens when curing. In 1685 [CE], two witnesses declared that he had ‘scrubbed the body [of a sick woman] with some living hens…. After this, he did crosses with the chicken over the [sick woman’s] belly three times” (ibid, fol. 313v, in Gómez 2014:133–34). Arará’s surname referenced the healers’ ethnic origins, since it was the colonial Portuguese and Spanish label for the Fon, the Dahomey, and related peoples of Benin, Togo, and western Nigeria (Palmer 1976:23; Adderley 2006:99). The Arará brought to colonial Mexico in the seventeenth century (Table 3) likely brought their chicken cleansing rituals with them.

Enslaved Africans in colonial Mexico carried black hens in order to improve their treatment by their owners (Bristol and Restall 2009:169). The Afro-Mexican curandero
Francisco de Puntilla used a black hen to cure a patient of a severe headache by putting the bird’s “beak in the patient’s ears and about the whole head, speaking in an imperceptible language” (ponía el pico al enfermo en las orejas y en toda la cabeza, hablando el lenguaje imperceptible) (AGN, Inquisición, vol 278, f.206, in Alberro 1988:298). De Puntilla’s hen remedy resembles an Igbo cleansing in which an egg or a hen “is used in encircling four times on the head of the sick person” (Okodo 2010:133).

Zavala, a free Afro-Mexican curandero living among the Yucatec Maya during the early decades of the eighteenth century, healed a man with a broken arm by performing a “curing ritual, which included sacrificing [a] cockrel [sic] and drinking balché” (Restall 2009:248), a Maya fermented drink made of water, honey, and the bark of several species of tree from the genus Lonchocarpus (ibid:398; Anderson and Medina Tzuc 2005:104). While Restall (ibid) does not provide more details of Zavala’s cure, the combination of injury, cockerel, and drinking a ritual beverage may represent an eighteenth-century Afro-Mexican ritual to cure susto. Blacks intermixed extensively with the Maya in colonial Yucatán (Restall 2009:200–246; 257–264) and in at least four Inquisition records from the seventeenth century, Maya healers claimed to have learned healing practices or purchased healing potions (bebedizos) from Afro-Mexicans (Bristol and Restall 2009:167). Zavala’s chicken remedy may represent a widespread black healing practice that may in part account for present-day Maya and mestizo chicken barridas (see García et al. 1999:70, 135, 187, 242; Astor-Aguilera, personal communication 2015).

An Andagmne ritual resembles the barrida used for susto (fright), an illness recognized in curanderismo. The ritual is a “cleansing [for] someone who, by good luck,
has escaped a serious accident...for example, a woman goes for firewood and is almost
killed by a falling tree” (Huber 1958:184). The medicine person kills a white chicken,
allows the blood to flow over the patient’s feet, then sweeps the patient’s “lips, forehead,
and breast to cleanse her,” offers the appropriate prayers, and then smears white clay
powder over the patient’s head and left arm to conclude the ritual (ibid).

_Suction Treatment_

Present-day curanderismo employs two forms of suction treatment in which
illness or elements causing illness are sucked from the body of the patient (García et al.
1999:104–05; Torres and Sawyer 2005:158). One type of suction treatment involves the
curandero or curandera using their mouth to suck the afflicted part of the patient’s body
directly (ibid; Aguirre Beltrán 1963:51–52). The other suction treatment, called _ventosas_ (Figure 3.7), is similar to cupping in traditional Chinese medicine (García et al. 1999:105;
Torres and Sawyer 2005:138). Ventosas consist of spreading an herbal balm across the
patient’s back before massaging them with cups, generally made of clay or glass; prior to
the cup massage, a flame is introduced into the mouth of the cup to clean it and create a
vacuum (ibid; Zavaleta and Salinas 2009:152). The suction created by the cup is used to
suck illness, such as _mal aire_ (evil wind or bad air), from the patient (ibid).

Suction treatment was present in European, Mesoamerican, and African healing
traditions. In medieval European medicine, suction was used as a form of bloodletting to
rid the body of “dark blood...considered bad and leading to engorgement and
suffocation” (Garraud and Lefrère 2014:16). Afro-Mexican suction treatment did not
involve bloodletting (Proctor 300–04) and therefore does not appear to be of a European
origin. Nahua peoples recognized four professional offices of healers, one of which was the *techichinani* (sucker, roughly) (Aguirre Beltrán 1963:51–52). The techichinani more closely resembles Afro-Mexican curanderismo in that the healer’s mouth was applied directly to the afflicted area of the patient’s body in order to suck out illness or objects causing illness, including “flint blades, pieces of paper, vermin, etc.” (*navajas de pedernal, pedazos de papel, sabandijas, etc.*) (Aguirre Beltrán 1963:52). Some Afro-Mexican suction treatments, such as those described by Proctor (2003b:291, 300–01, 302, 318), seemed to follow the Mesoamerican pattern in which the mouth was applied directly to the patient’s body. García et al. (1999:51) note that the most common form of suction treatment among Maya healers is sucking a patient’s body directly with the mouth, suggesting that this form of suction treatment is Mesoamerican.

Afro-Mexicans apparently employed Mesoamerican suction treatments; however, Afro-Mexican cupping suction treatment appears to have been more influenced by African healing practices than by Mesoamerican or Spanish ones. Cupping treatment was one of the most widespread healing practices in the medicine of West Central African Bantu speaking peoples (Janzen 1992:64), who comprised up to 85 percent of colonial Mexico’s enslaved African population (Ngou-Mve 1994:97–147). Cupping suction treatment was common among healers of BaKongo descent in colonial Rio de Janeiro, giving additional evidence for African influences in Afro-Mexican cupping (Karasch 1979:264–65). Per Proctor (2003b:309), only two Spanish curanderos and two Native American curanderos (ibid:298, 318) are recorded employing suction treatments. With the exception of one indigenous curandera (ibid:218), it was only Afro-Mexicans who consistently used cupping suction treatment as part of their healing practices in colonial
Mexico (ibid:309). In 1772 CE, for example, a free mulatto curandero named José Quinerio Cisneros “used a little pot that held three lit wicks to suck [mal aire] out” of three different patients (Proctor 2003b:298–99). Cisneros’ cupping treatment is almost identical to ventosas in present-day curanderismo (see García et al. 1999:105; Torres and Sawyer 2005:138; Zavaleta and Salinas 2009:152). Exactly when cupping treatments entered wider curanderismo, and the extent of their use, is unclear; however, the similarity of ventosas to Bantu cupping treatments, the prevalence of Bantu peoples in colonial Mexico, and Afro-Mexican practice of cupping treatments make it difficult to discount African healing contributions. Commonalities between African, European, and Native American healing practices facilitated intermixing between the different healing traditions and the diffusion of African practices into what became “Latino” curanderismo, including that of the Caribbean region, to which whose history and its impact on Mexico I turn next.
In May of 2006 CE, a group of scuba divers cleaned the underwater altar to La Virgen Reina de los Mares (The Virgin Queen of the Seas), an underwater statue of Our Lady of Guadalupe off the coast of Acapulco (Figure 4.1). There they found a strange assortment of objects in the sunken shrine. Anchored near the virgin’s statue were a watermelon, a bag stuffed with herbs and another containing an unknown oil. Photos of Mexican presidential candidates – Madrazo, López Obrador, Calderón – were pinned to the sandia [watermelon]…. (Monsalve 2007).

The discovery triggered media frenzy, spreading speculation that witchcraft was employed in a “santería ritual meant to harm the country’s next leader” (ibid).

Mexico’s media followed a pattern established centuries prior by Mexican colonial officials: ritual and healing practices associated with blacks were considered suspect. A Mexican santero, an initiated practitioner of Santería (ibid:103; Fernandez-Olmos and Paravisini-Gebert 2003:118–19), named Osvaldo Shangó stated, “whoever did the ritual had knowledge of and respect for our traditions. A watermelon is the favorite offering to Olokun, the queen of the ocean, so that she would give strength and good judgment to whoever ended up leading the country” (ibid). The media shined a light on Santería’s presence in Mexico, which began in the 1940s (Monsalve 2007; Kail 2015:79) and “was confined, until recently, to backrooms and secret meetings throughout the country” (Monsalve 2007); however, their speculation was inaccurate.
Demographic scarcity of Afro-Mexicans in the nineteenth (see Bennett 2003:1; Aguirre Beltrán 1946:232, 234) and twentieth centuries (see Vinson and Vaughn 2004:11; CONAPRED 2011:1) combined with engrained racist attitudes from Mexico’s colonial caste system to help erase the black presence from national consciousness. Black healing practices, however, did not cease to influence Mexican curanderismo. Twentieth and twenty-first century curanderos incorporated black healing practices from Afro-Caribbean, Afro-Latino, and African-American healing traditions into their practices; however, unlike in colonial times, black healing practices were being spread by willing immigrants, travelers, traders, and most recently the internet, rather than enslaved Africans. Afro-Caribbean, Afro-Latino, and African-American healing traditions entered into a dialectical relationship with curanderismo, meaning that healing practices were exchanged between traditions (see Yelvington 2006:3–6).

As in colonial Mexican curanderismo (see Proctor 2003b:289), twentieth and twenty-first century curanderos adopted black healing traditions from the Caribbean and Latin America based on efficacy; however, Caribbean and Latin American meanings and contexts of rituals appear to be being preserved, possibly due to the presence of abundant literature on black healing traditions or perhaps because not enough time has elapsed for black meanings to be forgotten. When I state that an Afro-Caribbean, Afro-Latino, or African-American healing practice is found in Mexican curanderismo, I do not mean that all curanderos accept or practice it; merely that where it is found, it has Afro-Caribbean, Afro-Latino, or African-American influences. While elements of African-American Hoodoo, Brazilian Candomblé, Dominican Vudú, Haitian Vodou, and Puerto Rican
Espiritismo and Santerismo are found in curanderismo, Cuban Santería is the best example of Afro-Caribbean influence in Mexican traditional healing.

**Santería Influences in Curanderismo**

Santería, also known as Regla de Ochá (Rule of the Orishas), Regla de Lucumí (Rule of Lucumi or Rule of Friendship), or simply Ochá or Lucumí, is an Afro-Cuban hybrid religion formed from Spanish Catholicism, Native American worldviews (primarily Taíno), and African worldviews (Fernandez-Olmos and Paravisini-Gebert 2003:26; Murrell 2010:96). Here I follow Geertz’s (1966:90) definition of religion as

1. a system of symbols which acts to
2. establish powerful, pervasive, and long-lasting moods and motivations in men by
3. formulating conceptions of a general order of existence and
4. clothing these conceptions with such an aura of factuality that
5. the moods and motivations seem uniquely realistic.

Santería, roughly “way of the saints” (from the Spanish santos, saints), refers to the practice of using images of Roman Catholic saints as representations of Yoruba orishas (Murrell 2010:101). Like Brazilian Candomblé and African medicine, Santería features transcendence rituals, divination, herbal healing, and animal offerings to facilitate “communication between humans and the divine for empowering the powerless in order to assuage the problems and contradictions of the everyday life…[historically] among oppressed peoples of African descent” (ibid:96).

Cuban Santería’s African heritage is more recognizable than that of Mexican curanderismo. Unlike in Mexico, the indigenous population of Cuba was insufficient to support Spanish labor practices: between 80% and 90% of Taínos died within thirty years of the arrival of the Spanish, primarily due to smallpox and other European-introduced
infectious diseases (Duverger 2007:16). The effective extinction of the Taíno (ibid) meant that few, if any, of their practices or worldviews survived in Santería or broader Cuban culture. To compensate, Spanish colonial officials imported approximately 126,000 enslaved Africans to Cuba between 1511 CE and 1726 CE (Valdez 2015). The relatively large, homogenous African population in Cuba meant that Africans and their descendants were able to retain elements of African medicine and language far better than in countries with relatively small, heterogeneous African populations like the United States and Mexico.

The minimal Native American population, the late termination of the Cuban slave trade, and the large, relatively homogenous enslaved African population in Cuba resulted in a proportionally larger black population than in Mexico and facilitated retention of Yoruba language and African healing and liturgical practices (Fernandez-Olmos and Paravisini-Gebert 2003:26–27). Per Murrell (2010:100) and Fernandez-Olmos and Paravisini-Gebert (2003:24), the dominant African ethnicity in Cuba was Yoruba. Originally from now Nigeria, Benin, and Togo, the Yoruba “contributed most directly to the tradition that would come to be known as ‘Lucumi’ (the name given to Yoruba speaking people in Cuba and to [their] religious practice…)” (ibid). Afro-Cuban Santería spread with Cuban immigrants through the Caribbean, Mexico, and the United States.

Cuba and the Yucatan Peninsula are only 135 miles (217 km) apart (Britannica Online 2016). Cubans comprise the sixth-largest foreign-born population in Mexico as of 2010 (Chávez and Cobo 2012:25, 30–32). Following the Cuban Revolution (1953 CE–1959 CE), Cuban immigration to Mexico increased in the 1950s and 1960s CE (ibid). Santería was documented in Mexico in the 1940s CE (Monsalve 2007; Kail 2015:79) and
began a rapid expansion in Mexico during the 1960s CE. Per Monsalve (ibid) and Kail (ibid), Santería’s rapid spread in Mexico was likely facilitated by commonalities between Cuban and Mexican populations in Spanish, healing practices (herbal medicine, limpias, barridas, etc.), and popular expressions of Roman Catholic images and rituals. During its spread in Mexico, Santería also “became intertwined with elements from Mexican Spiritism” (ibid).

Those elevated in Santería to the role of “priest” or “priestess” are sometimes known as olosha (Yoruba for spouse of the orisha, roughly) (ibid:103; Fernandez-Olmos and Paravisini-Gebert 2003:118–19). Many adherents of Cuban Santería “affirm that the beliefs and practices of their religion are rooted in African culture and that…the African orishas are its dominant references” (Murrell 2010:97). Because Mexican and Mexican-American Santería emphasizes its Catholic roots (Argyriadis and Juárez Huet 2007:348; Robinson 2007) and tends to use Spanish instead of Yoruba for its liturgical language (Robinson 2007), I refer to Santería ritual specialists as santeros, rather than olosha. Santeros often fill “roles as counselors, diviners, herbalists, medicine men or healers, and mediums[,]…mediate between devotees and orishas, dispense blessings and curses, divine problems and provide solutions, broker social and political power in local villages, and manage their iles [households] as nonprofit charities” (Murrell 2010:119).

While Santería in Cuba generally emphasizes its African heritage, Santería in Mexico “emphasizes its Roman Catholic roots [and] often includes nationally-based icons, like the Virgin of Guadalupe” (Robinson 2007). Santería and curanderismo in Mexico and the United States appear to be complementary practices and often overlap depending upon context and need of practitioners. One Denver-area santero reported that
his “clients are mostly Mexicans who see a strong affinity between the folk healing of native Mexican curanderos and the traditional Cuban rituals” (Riley 2002), a pattern prevalent throughout Mexico and the Southwestern United States (see Juárez Huet 2004; Argyriadis and de la Torre 2007; Argyriadis and Júarez Huet 2007; Ruiz y Costello 2015:30, 32, 36, 42). Some curanderos in Mexico (see Argyriadis and de la Torre 2007:481; Oleszkiewicz-Peralba 2015:115) and the United States (see Ruiz y Costello 2015:30, 32, 36, 42) undergo training to become santeros and incorporate Santería healing practices into their curanderismo, or else alternate between curanderismo and Santería depending on the needs of the patient.

Mexican and Mexican-American practitioners tend to incorporate Santería practices into traditional Mexican Catholic religious practices along with Native American elements (Kail 2015:79). Argyriadis and de la Torre (2007:482) provide a photo of a Santería altar (Figure 4.2) in Veracruz that prominently features a statue of an unnamed Mesoamerican non-human person beneath a painting of Yemayá, orisha of the sea and mother of all orishas in Santería and Candomblé (Murrell 2009:36). The Veracruzan altars (Figures 4.2 and 4.3) documented by Argyriadis and de la Torre (2007:482) use paintings that portray Yemayá as an Afro-Caribbean woman striding out of the sea (Figure 4.5), rather than the Catholic image of Our Lady of Regla (Figure 4.4) typically used to represent her (Alvarado 2009:20; Kail 2015:100).

Mexican curanderos and santeros non-problematically merge healing techniques (ibid:480–82; Argyriadis and Juárez Huet 2007:348; Oleszkiewicz-Peralba 2015:115; Ruiz y Costello 2015:30, 32, 36, 42) since la diferencia entre cliente de consulta y ahijado [santero] no está claramente definida, “the difference in their [respective
Curanderos from Veracruz, central Mexico, northern Mexico, and the United States include orishas in their rituals and merchandise (see ibid:480–81; Oleszkiewicz-Peralba 2015:115; Ruiz y Costello 2015:30, 32, 36, 42) and many herbalists *comercializan con éxito... productos, imágenes y objetos ligados a la santería, que son reappropriados por los curanderos*, “successfully sell…products, images, and objects related to Santería, which are reappropriated by curanderos” (my translation) (ibid:481). Veracruz, notably, has the largest Afro-Mexican population in the country (Flores Dávila 2006:8) and to Catemaco, the curanderismo and brujería capital of Mexico (Bucur 2010).

*Santería and La Santa Muerte*

Mexican folk saint La Santa Muerte, or La Santísima Muerte, (“Holy Death” or “Saint Death”) provides evidence of Santería’s influence in curanderismo. A folk saint is a venerated deceased person or invented personage regarded as miraculous not canonized by the Catholic Church (Graziano 2007:vii). La Santa Muerte is a personification of death “as a female Grim Reaper in Mexico and the Southwestern United States…derived from the Angel of Death found in pseudepigraphia and apocalyptic writings of Jewish and early Christian writers” (Breault 2014:i) (Figure 4.6). Some devotees of La Santa Muerte profess that she is related to Mesoamerican non-human persons, such as *Mictecacihuatl*, the Nahua patroness of death and the underworld (Chesnut 2012:28); however, La Santa Muerte’s origins lie primarily in Western European death imagery (Chesnut 2012:189; Breault 2014:5; Oleszkiewicz-Peralba 2015:9).
La Santa Muerte first appears in the Mexican historical record in the eighteenth century. Holy Inquisition records reveal Mesoamerican devotions to “la santa muerte” were being practiced as early as 1797 CE (Gruzinski 1990:219–20). La Santa Muerte disappeared from the historical record until the early twentieth century, when she was recorded as being invoked privately in curanderismo for Mexican erotic medicine (Toor 1947:141–4; Kelly 1965:108) and healing rituals (Kelly 1965:108). In the late 1940s CE, La Santa Muerte was invoked in erotic medicine in the predominantly Afro-Mexican community of Cuijla, a Pacific coastal city in the state of Guerrero (Chesnut 2012:33).

Rituals and objects associated with La Santa Muerte display Santería influences per the use of sticks also figuring “prominently in…Santería, Vodou, and Hoodoo” (Chesnut 2012:131). *Palos de unión* (union or binding sticks), used in Afro-Caribbean healing traditions and in Santa Muerte rituals “to unite, often coercively, two people in love” (ibid), resemble the chewing-sticks used by colonial Afro-Mexicans for erotic and commanding medicine (see Bristol 2007:168). Other sticks used in Santa Muerte rituals include victor sticks (*palos vencedor*), bone breaker sticks (*palos rompehuesos*), and road-opener twigs (*palos abrecamino*), all of which feature in Santería (ibid:140, 181). Road-opener twigs, common in Santería and Santa Muerte rituals, are also employed in Brazilian Candomblé rituals dedicated to Exú, the trickster orisha invoked in removing or installing obstacles in others’ paths (ibid:181).

Olivo’s (2010) *La Biblia de la Santa Muerte*, “The Santa Muerte Bible,” prayer manual lists rituals for union sticks (ibid:61), victor sticks (ibid:87), road-opener twigs (ibid:84), unlocking sticks (*palo destrancador*, related to road-opener twigs) (ibid:84, 85), and “I can more than you” sticks (*palo “yo puedo más que tú”*) (ibid:82). Olivo’s
twig and stick rituals come from Cuban Santería (see Chesnut 2012:140, 181; Lucumi Yoruba 2015). The construction of Santa Muerte amulets using red cloth (ibid:61; Chesnut 2012:131) is practically identical to mojo bag construction in African-American Hoodoo: both are made by collecting herbs, minerals, animal parts, and other ritually-significant objects in a red cloth bag meant to be worn underneath the clothes, thus hidden from sight, and kept from being touched by any but the bag maker (see Levi 2012; Hazzard-Donald 2013:58, 94, 148; Yronwode 2014d). The seven-colored Santa Muerte candle, one of the most popular Santa Muerte products, is an adaptation of Santería’s seven-colored Seven African Powers candle (Chesnut 2012:26, 200).

Santería has become a part of Santa Muerte veneration and curanderismo at all levels. General curanderismo practitioner literature, such as Helping Yourself With Selected Prayers (HYWSP, 1995), Helping Yourself With Selected Prayers: Volume 2 (Canizares 2004), and La Biblia de la Santa Muerte (Olivo 2010), mix Catholic rituals with European witchcraft and Afro-Caribbean healing traditions (Chesnut 2012:179). Santería shops in Mexico and the United States commonly sell Santa Muerte statues and products, which often outsell more traditional Santería products (Chesnut 2012:9, 21, 121; Ruiz y Costello 2015:35). Mexican Santería altars commonly feature statues of La Santa Muerte (see Monsalve 2007; Kail 2015:191). Veracruzan devotees commonly equate La Santa Muerte with the orisha Yemayá (Figure 4.6), whom they call the la “joven Muerte encarnada,” “‘young death incarnate’” (my translation) (Argyriadis and de la Torre 2007:481). One Veracruzan, Doña Guille, professes that para mí [La Santa Muerte y Yemayá] son iguales, para mí las dos son iguales, para mí trabajan igual, “‘for me, [La Santa Muerte and Yemayá] are both the same, they are the same to me, for me
they work equally” (my translation) (ibid). Doña Enriqueta Romero, founder of the Santa Muerte shrine in Tepito and considered the “founding mother” of the public devotion to La Santa Muerte (Chesnut 2012:vii), maintains “an entire room in her [shrine] filled with ritual paraphernalia originating in Santería…[that] is a private space, off limits to ordinary devotees and visitors” (ibid:200).

Due largely to the influence of the internet and the prevalence of yerberías, curanderismo is in a cultural dialectic with African-American Hoodoo, Brazilian Candomblé, Cuban Santería, Dominican Vudú, Puerto Rican Espiritismo and Santerismo, and Haitian Vodou healing practices. Online forums dedicated to magical practice and ethnomedicine in particular provide opportunities for dialectical exchange. Hoodoo practitioner Matthew Levi’s (2012b) blog, for example, lists invocations for La Santa Muerte to mislead enemies and stop gossip or snitching (2012c). Hoodoo practitioner Catherine Yronwode’s (2014d) website provides information on invoking La Santa Muerte for erotic medicine. The Vodou Store (2015b), an online shop dedicated to Haitian Vodou, sells Santa Muerte products and states (2015a) that, “while every item DOES NOT and IS NOT intended to reflect Haitian Vodou, The Vodou Store will continue to pay homage to the lwa of Docteur Caeli’s beloved religion [of Haitian Vodou]…all while maintaining authenticity” (emphasis author’s). Spanish language blogs like Somnus (2016) and Hechizos.info (2016) provide spaces for curanderismo, Santería, Candomblé, and other Afro-Caribbean, Afro-Latino, and African-American traditions to interact and trade rituals, stories, and advice. Ethnographic research is needed to determine what populations are using Spanish and English language dialectical
blogs. Some Cuban santeros, online or offline, invoke La Santa Muerte alongside orishas (Monsalve 2007; Kail 2015:191) (Figure 4.7).

Afro-Caribbean and Afro-Latino Elements in Curanderismo

Black healing practices among curanderos and lay Mexican and Mexican-American populations is reflected in Afro-Caribbean and Afro-Latino products and services offered in yerberías and botánicas, which are Mexican-owned stores providing customers with culturally-specific healing services and products (Ruiz y Costello 2015:1). Yerbería and Botánica are used interchangeably among Spanish speaking populations, though yerbería is more common (ibid:2).

Yerbería products and services are sought by people lacking “access to mainstream medicine and other social services due to political, economic, and cultural barriers, or…as an initial or complementary option of medical care, personal counseling, and spiritual intercession” (ibid). Yerberías cater mainly to Spanish speaking populations, but also serve populations of black, Asian, and white descent (ibid). Main products sold in yerberías are herbal remedies (Murphy 2015:18), though other products include candles, canonical and folk saint statues, orisha statues, oils, bath mixtures, religious and magical literature, rosaries, scapulars, and other ritual objects (e.g., beads, incense burners, crockery, etc.) (Murphy 2015:33–49; Ruiz y Costello 2015:1). Yerberías, as profit-driven businesses, generally offer products and services that reflect the needs of their clientele (see Murphy 2015; Ruiz y Costello 2015). The range of products offered in yerberías do not necessarily reflect a coherent set of beliefs or practices; however, it appears significant that Mexicans and Mexican-Americans, most of
who tend to identify as Roman Catholic, comprise the vast majority of customers that frequent yerberías (Murphy 2015:12; Ruiz y Costello 2015:2), yet Afro-Caribbean and Afro-Latino products and services are generally just as likely offered as Roman Catholic ones (see Argyriadis and de la Torre 2007; Chesnut 2012:9, 21, 121; Murphy 2015:33–49, 68–78; Ruiz y Costello 2015). Orisha statues, central to both Candomblé and Santería, are common fixtures in yerberías throughout Mexico and the United States (Murphy 2015:39–42; Ruiz y Costello 2015:5). Healing and divination rituals from Santería and Palo Mayombe, an Afro-Cuban religion also known as Las Reglas de Congo (The Rules of Congo), are commonly offered in yerberías alongside curanderismo limpias (Oleszkiewicz-Peralba 2015:115–16).


Santa Marta Dominadora, “a water spirit known throughout West Africa and the African diaspora” (Murphy 2015:17), has several prayers and rituals dedicated to her in HYWSP (2015:43–45) and HYWSP: Volume 2 (Canizares 2004:108). Santa Marta Dominadora, often invoked by women to dominate men (Murphy 2015:36, 115), has entered curanderismo through Dominican Vudú and Haitian Vodou, in which she is a loa known as Filomena Lubana (Sociedad de Sanse 2012). Loa or lwa are non-human persons, generally portrayed using images of Catholic saints, venerated in Dominican Vudú (ibid) and Haitian Vodou (Brown 2001:6–7). Filomena Lubana is a ghuede or ghuedesa (Sociedad de Sanse 2012), a trickster associated with death, the cemetery, and the dead (ibid; Brown 2001:208). She is generally portrayed as an Afro-Caribbean woman holding snakes (her favorite animal) (Figure 4.8) or as Saint Martha of Bethany defeating a dragon (Figure 4.9) (Sociedad de Sanse 2012). Santa Marta Dominadora is invoked by some curanderos for erotic medicine (Martos 2007:297–98) or to guard against enemies (Figure 4.9) (Sociedad de Sanse 2012); the online forum Curanderismo Studies (2016a, 2016b, 2016c), for example, has three separate threads, led mainly by practitioners of Puerto Rican Espiritismo, Cuban Santería, and Dominican Vudú, devoted to how practitioners of curanderismo can invoke Santa Marta Dominadora in their rituals.
HYWSP (1995:26) includes a prayer to High John the Conqueror, a prominent figure in African-American folklore and Hoodoo. High John is the “spirit of hope, resistance, and safekeeping…a conveyor of significant values, particularly [those] of justice and universal reciprocity” (Hazzard-Donald 2013:70). Most legends portray High John as an African prince enslaved in the Southern United States who, despite his enslavement, is never broken and plays tricks on his masters (Hurston 1981:69–78; Hazzard-Donald 2013:71–72). High John the Conqueror is also the common name of “the most powerful and best-known root in Hoodoo practice” (Hazzard-Donald 2013:17).

The High John the Conqueror root, known scientifically as Ipomoea jalapa or I. purga, is commonly used in Hoodoo as an amulet for male erotic medicine, gambling or money-drawing work, commanding medicine, or physical strength (Yronwode 2002:111–12). The root, used by the Nahua, Teochichimeca, and Totonoc peoples as a purgative, laxative, and renal remedy (Beaton 1839; Blanco 1949; Linajes et al. 1994:85), was spread along slave trade routes through European medicine (Hazzard-Donald 2013:69). High John the Conqueror root is native to the Xalapa, Veracruz region of Mexico and entered European and African-American medicine through exposure to Afro-Mexican curanderismo (ibid).

Xalapa, Veracruz is not far from where Gaspar Yanga established Mexico’s first maroon settlement and Hazzard-Donald (ibid:77) suggests that High John the Conqueror was based on Yanga, since “like High John, Yanga was a kidnapped African prince who could not be broken. He made trouble for slave masters and managed to get the better of them.” Stories of Yanga and other Afro-Mexican and Afro-Caribbean maroon leaders spread with the root along networks of slave trading centers in the British, Spanish, and
French Americas, possibly diffusing the High John legend throughout the Southern United States (ibid:78).
5 DISCUSSION

Afro-Mexican healing practices were ubiquitous in colonial Mexico, placing Afro-Mexican curanderos “squarely in the mainstream of colonial curing practices” (Bristol 2007:168). Afro-Mexican curanderismo was derived from West and West Central African medicine. When Afro-Mexican curanderos adopted indigenous or European healing elements, they were incorporated into African and Afro-Mexican understandings (Proctor 2003b:289). Mesoamerican, Spanish, and mestizo healers adopted elements of African medicine and Afro-Mexican curanderismo (ibid). Black healing practices diffused into Mexican curanderismo as “techniques originally used by [Afro-Mexican curanderos were] remembered by their clients and shared among people” (Bristol and Restall 2009:161).

Without the steady importation of enslaved Africans to colonial Mexico after 1640 CE, blacks were unable to form large, culturally cohesive communities like those found in Brazil, Cuba, and Haiti. Blacks, Spaniards, Mesoamericans, and mestizos appropriated each other’s healing practices into their respective traditions without adopting the cultural contexts from which the practices arose. The relative demographic scarcity of Afro-Mexicans beginning in the eighteenth century meant that their healing practices were, for the most part, integrated into Mexican curanderismo. Black populations fell from nearly 22 percent of the total colonial Mexican population in the early eighteenth century (Aguirre Beltrán 1972:232, 234) to 1.2 percent in 2015 CE (INEGI 2015:77); as a result, black cultural and genetic contributions have largely faded from the national Mexican consciousness up to the present day.
While not all curanderos accept or practice rituals from black healing traditions, African contributions to rituals like egg and chicken barridas were retained in curanderismo. Afro-Mexican curanderos still form a vital part of Afro-Mexican communities (Figure 5) (Wilkinson 2015). Starting in the 1940s CE, elements of African-American Hoodoo, Brazilian Candomblé, Cuban Santería and Palo Mayombe, Dominican Vudú, Haitian Vodou, and Puerto Rican Espiritismo and Santerismo entered curanderismo, most prevalently in areas with relatively large black populations. Yerberías facilitate the Mexican and Mexican-American integration of black healing practices by offering Afro-Caribbean and Afro-Latino products and services alongside those of more conventional Mexican curanderismo. The relative scarcity of blacks, and particularly Afro-Mexicans, in Mexico meant that a healing tradition with more immediately apparent African roots did not emerge there as in the Caribbean; however, the influences of black healing traditions on curanderismo are significant.

Beginning in the 1980s CE, several movements were launched to recognize Afro-Mexicans as an official ethnic group and acknowledge their contributions to Mexico’s history, including the government program *Nuestra Tercera Raíz* (Our Third Root) (Lewis 2009:186). The goal of *Nuestra Tercera Raíz* has been to raise awareness of the Afro-Mexican presence and advocate for equal rights and treatment under the law, as well as recognition of the important contributions Afro-Mexicans have made to Mexican history and culture (ibid; N’djoli 2009:224). Afro-Mexicans experience “greater discrimination and less protection because they are not an officially recognized ethnic group [and] there is thus no specific legal basis on which to defend or protect their fundamental human rights” (N’djoli 2009:224–25). The Mexican government recognizes
indigenous ethnic groups due in part to the recognition of their unique cultural attributes (ibid). While the indigenous peoples of Mexico are also subject to discrimination, their status as officially-recognized ethnic groups grants them at least a modicum of political protection since their cultural and historical contributions to Mexico are recognized and celebrated (ibid:230).

That indigenous groups are recognized as distinct ethnicities in Mexico is ironically one of the main obstacles to official recognition of Afro-Mexican ethnicity: their difference. Very much alive in Mexico is the nineteenth century notion that in order to build a nation it was necessary to civilize those who were different, share the Catholic religion, promote principles of personal property, speak the national language, be Spanish, Creole, or racially mixed, and to whiten the Indians. That meant dissolving cultural and phenotypical difference, and its bases of reproduction, but also separating out supposed cultural incompatibilities (Izquierdo 2005:93). The difference of indigenous customs, worldviews, dress, and languages from the mestizo or white majority made it easier to recognize them as distinct ever since the colonial period (ibid:225, 230). Indigenous resistance to homogenization meant that Mesoamerican ethnic differences, and by extension their contributions to Mexican culture and history, could not be ignored (ibid:225). Indigenous cultural contributions were therefore vindicated by the Mexican government (ibid) and made an important part of the narrative of a national mestizo identity. Unlike Mesoamericans, however, African and Afro-Mexican populations were not demographically large enough to resist homogenization to the extent that their indigenous neighbors did.
The rejection of difference, and therefore of Afro-Mexican ethnicity, is not only prevalent among the majority of Mexicans, but also among portions of the Afro-Mexican population (N’djoli 2009:225; CONAPRED 2011:2-4, 12-13). The majority of Afro-Mexicans have spoken Spanish, practiced Catholicism, and dressed in typical mestizo clothing for centuries (Vinson and Vaughn 2004:79), leading many Mexicans to reject Afro-Mexican ethnic difference (ibid; Lewis 2009:184, 186-87). Legitimate fears of difference-based persecution, combined with internalized rejection of difference, lead some black Mexicans to reject Afro-Mexican ethnic identity in favor of mestizo identity (ibid). Programs like Nuestra Tercera Raíz, however, insist that Afro-Mexicans have a distinct experience and historical trajectory within Mexican society, having made “specific contributions to [Mexico’s] broader national culture” (N’djoli 2009:230), and, therefore, merit recognition as an ethnic group (ibid; Vaughn 2009:214-15).

Progress is already being made: the 2015 Mexican census (INEGI 2015) included negra(o), es decir, afromexicana(o) o afrodescendiente (“black, that is, Afro-Mexican or African-descended,” my translation) as one of the available ethnicity options. While previous estimates of Afro-Mexican populations suggested that Afro-Mexicans only numbered 450,000 individuals, or 0.4 percent of the total Mexican population, in the 1990s CE (Vinson and Vaughn 2004:11; CONAPRED 2011:1), the Mexican national census (INEGI 2015:77) found that 1,381,853 people, or 1.2 percent of the total Mexican population, identify as being of African descent. Almost 65 percent of Afro-Mexicans also identified as indigenous and 9.3 percent reported speaking an indigenous language, reflecting the long colonial history of blacks intermixing with Mesoamericans (ibid:85). The official recognition of the Afro-Mexican presence in Mexico represents a first step to
greater cultural recognition and social and economic justice for a population that has been denied them for centuries.

This thesis has provided further evidence of the “specific contributions” (N’djoli 2009:230) made by blacks to Mexican healing practices. Spanish and Mesoamerican healing traditions predominate in Mexican curanderismo, but Africans contributions are present. In discussing the ways in which Africans, Afro-Mexicans, African-Americans, Afro-Caribbeans, and Afro-Latinos have influenced the development of curanderismo, black contributions to Mexican culture and history will be better recognized.
Table 1. Estimates of Enslaved Africans taken to the Spanish Caribbean and Colonial Mexico, 1521 CE–1639 CE.

<table>
<thead>
<tr>
<th>Period</th>
<th>Total to the Caribbean</th>
<th>Total to Colonial Mexico</th>
</tr>
</thead>
<tbody>
<tr>
<td>1521 CE–1594 CE</td>
<td>73,000</td>
<td>36,500</td>
</tr>
<tr>
<td>1595 CE–1622 CE</td>
<td>104,205</td>
<td>50,525</td>
</tr>
<tr>
<td>1623 CE–1639 CE</td>
<td>47,000</td>
<td>23,500</td>
</tr>
<tr>
<td>Total</td>
<td>224,205</td>
<td>110,525</td>
</tr>
</tbody>
</table>

*Source:* Palmer (1976:28), drawn from estimates based on Archivo General de Indias (Seville), Contratación, 5758, 5766, sección segunda, 2894; ibid, Indiferente General, 2766.
Table 2. Ethnic Origins of Afro-Mexicans, 1545–1556 CE.

<table>
<thead>
<tr>
<th>Sixteenth-century nomenclature</th>
<th>Number of enslaved Africans</th>
<th>Percentage</th>
<th>Modern nomenclature and area</th>
</tr>
</thead>
<tbody>
<tr>
<td>North Africa</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Zafi</td>
<td>1</td>
<td>0.5</td>
<td>Safi (Morocco)</td>
</tr>
<tr>
<td>Senegal, Gambia, and Guinea-Bissau</td>
<td>157</td>
<td>80.1</td>
<td></td>
</tr>
<tr>
<td>Gelofe</td>
<td>27</td>
<td></td>
<td>Wolof (Senegal)</td>
</tr>
<tr>
<td>Cazanga</td>
<td>4</td>
<td></td>
<td>Kassanga (Casamance and Guinea-Bissau)</td>
</tr>
<tr>
<td>Tucuxuy</td>
<td>1</td>
<td></td>
<td>Tukulor (Senegal Valley)</td>
</tr>
<tr>
<td>Mandinga</td>
<td>14</td>
<td></td>
<td>Malinke (Gambia Valley)</td>
</tr>
<tr>
<td>Berbesi</td>
<td>15</td>
<td></td>
<td>Serer (Senegal)</td>
</tr>
<tr>
<td>Biafara</td>
<td>41</td>
<td></td>
<td>Biafada (Guinea-Bissau)</td>
</tr>
<tr>
<td>Bran</td>
<td>42</td>
<td></td>
<td>Bram (Guinea-Bissau)</td>
</tr>
<tr>
<td>Bañol</td>
<td>13</td>
<td></td>
<td>Banyun (Guinea-Bissau)</td>
</tr>
<tr>
<td>Other West Africa</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Zape</td>
<td>15</td>
<td>12.2</td>
<td>Landuma, Baga, Temne (coastal Sierra Leone)</td>
</tr>
<tr>
<td>Terra Nova</td>
<td>4</td>
<td></td>
<td>Unknown (Probably eastern Guinea Coast)</td>
</tr>
<tr>
<td>Gio</td>
<td>1</td>
<td></td>
<td>Gyo (Liberia)</td>
</tr>
<tr>
<td>São Thomé</td>
<td>4</td>
<td></td>
<td>Unknown (A shipping point for slaves from the Congo-Angola region and from Dahomey southern Nigeria)</td>
</tr>
<tr>
<td>Central and southern Africa</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Manicongo</td>
<td>12</td>
<td>7.2</td>
<td>BaKongo (lower Congo Valley)</td>
</tr>
<tr>
<td>Mozambique</td>
<td>2</td>
<td></td>
<td>Southeastern Africa</td>
</tr>
<tr>
<td>Total</td>
<td>196</td>
<td>100.0</td>
<td></td>
</tr>
</tbody>
</table>

Table 3. Ethnic Origins of Afro-Mexicans during the Seventeenth Century.

<table>
<thead>
<tr>
<th>Seventeenth-century nomenclature</th>
<th>Number of enslaved Africans</th>
<th>Percentage</th>
<th>Modern nomenclature and area</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>West Africa</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Guinea (unspecified)</td>
<td>22</td>
<td></td>
<td>Wolof (Senegal)</td>
</tr>
<tr>
<td>Gelofe</td>
<td>3</td>
<td></td>
<td>Wolof (Senegal)</td>
</tr>
<tr>
<td>Caboverde</td>
<td>2</td>
<td></td>
<td>Probably Lebu (probably Upper Guinea)</td>
</tr>
<tr>
<td>Berbesi</td>
<td>1</td>
<td></td>
<td>Serer (Senegal)</td>
</tr>
<tr>
<td>Bran</td>
<td>8</td>
<td></td>
<td>Bram (Guinea-Bissau)</td>
</tr>
<tr>
<td>Biafara</td>
<td>5</td>
<td></td>
<td>Biafada (Guinea-Bissau)</td>
</tr>
<tr>
<td>Bañol</td>
<td>2</td>
<td></td>
<td>Banyun (Guinea-Bissau)</td>
</tr>
<tr>
<td>Xoxo</td>
<td>1</td>
<td></td>
<td>Susi (Guinea-Conakry)</td>
</tr>
<tr>
<td>Arara</td>
<td>6</td>
<td></td>
<td>Fon and related peoples (Benin)</td>
</tr>
<tr>
<td>Mina</td>
<td>1</td>
<td></td>
<td>Akan (Gold Coast)</td>
</tr>
<tr>
<td>Bioho</td>
<td>1</td>
<td></td>
<td>Bissago (Guinea-Bissau)</td>
</tr>
<tr>
<td>São Thomé</td>
<td>14</td>
<td></td>
<td>Unknown (Entrepot station)</td>
</tr>
<tr>
<td>Arda</td>
<td>9</td>
<td></td>
<td>Ardra (Benin)</td>
</tr>
<tr>
<td>Carabalí</td>
<td>6</td>
<td></td>
<td>Kalabari (eastern Nigeria)</td>
</tr>
<tr>
<td>Terra Nova</td>
<td>1</td>
<td></td>
<td>Eastern Guinea coast</td>
</tr>
<tr>
<td>Zape</td>
<td>2</td>
<td></td>
<td>Temne, Landuma and related peoples (Sierra Leone)</td>
</tr>
<tr>
<td>Central Africa</td>
<td>303</td>
<td>75.4</td>
<td>Coastal peoples north of the Congo mouth</td>
</tr>
<tr>
<td>Lunga</td>
<td>1</td>
<td></td>
<td>Sorongo, BaKongo subgroup (lower Congo Valley)</td>
</tr>
<tr>
<td>Anchico</td>
<td>2</td>
<td></td>
<td>Tio or Teke (Congo-Brazzaville)</td>
</tr>
<tr>
<td>Longo</td>
<td>1</td>
<td></td>
<td>Unknown (shipping point for hinterland of Luanda)</td>
</tr>
<tr>
<td>Angola</td>
<td>271</td>
<td></td>
<td>BaKongo and other groups (lower Congo River basin)</td>
</tr>
<tr>
<td>Congo</td>
<td>24</td>
<td></td>
<td>Benguela (shipping point)</td>
</tr>
<tr>
<td>Banguela</td>
<td>1</td>
<td></td>
<td>Unknown (Upper Kwango)</td>
</tr>
<tr>
<td>Matamba</td>
<td>1</td>
<td></td>
<td>Lala (Cameroon, Gabon)</td>
</tr>
<tr>
<td>Balala</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Southeastern Africa</td>
<td>15</td>
<td>3.7</td>
<td>Probably Nguni (Cape and Natal)</td>
</tr>
<tr>
<td>Cafre</td>
<td>7</td>
<td></td>
<td>Southeastern Africa</td>
</tr>
<tr>
<td>Mozambique</td>
<td>7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Zozo</td>
<td>1</td>
<td></td>
<td>Xhosa (Cape Province, South Africa)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>402</td>
<td>100.0</td>
<td></td>
</tr>
</tbody>
</table>

Table 4. Population of New Spain by Region and Ethnic Group, 1646 CE

<table>
<thead>
<tr>
<th>Region</th>
<th>African</th>
<th>Afro-Mestizo</th>
<th>Indo-Mestizo</th>
<th>European</th>
<th>Euro-Mestizo</th>
<th>Indian</th>
<th>Total Black Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mexico</td>
<td>19,441</td>
<td>43,373</td>
<td>43,190</td>
<td>8,000</td>
<td>94,544</td>
<td>600,000</td>
<td>106,004</td>
</tr>
<tr>
<td>Michoacán</td>
<td>3,295</td>
<td>20,185</td>
<td>21,067</td>
<td>250</td>
<td>24,396</td>
<td>35,858</td>
<td>44,547</td>
</tr>
<tr>
<td>Tlaxcala</td>
<td>5,534</td>
<td>17,381</td>
<td>16,841</td>
<td>2,700</td>
<td>17,404</td>
<td>250,000</td>
<td>39,756</td>
</tr>
<tr>
<td>Nueva Galicia</td>
<td>5,180</td>
<td>13,778</td>
<td>13,854</td>
<td>1,450</td>
<td>19,456</td>
<td>41,378</td>
<td>32,812</td>
</tr>
<tr>
<td>Yucatán</td>
<td>497</td>
<td>15,770</td>
<td>8,603</td>
<td>750</td>
<td>7,676</td>
<td>150,053</td>
<td>24,870</td>
</tr>
<tr>
<td>Oaxaca</td>
<td>898</td>
<td>4,712</td>
<td>4,005</td>
<td>600</td>
<td>3,952</td>
<td>150,000</td>
<td>9,615</td>
</tr>
<tr>
<td>Chiapas</td>
<td>244</td>
<td>1,330</td>
<td>1,482</td>
<td>80</td>
<td>1,140</td>
<td>42,318</td>
<td>3,056</td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td>35,089</td>
<td>116,529</td>
<td>109,042</td>
<td>13,830</td>
<td>168,568</td>
<td>1,269,607</td>
<td>260,660</td>
</tr>
</tbody>
</table>

*Source:* Bennett (2009:29), drawn from Aguirre Beltrán, *La población negra de México*, 2nd ed. (México: fondo de Cultura Económica, 1972), 219. Afro-Mestizo refers here to “racially mixed persons with either one or both parents of African descent. They and/or one of their parents were also partially of Spanish descent” (Bennett 2009:29). Euro-Mestizo here refers to people of mixed Spanish and Mesoamerican descent (ibid), while Indo-Mestizo refers to people of mixed African and Mesoamerican descent whose “cultural orientation and phenotype often resembled that of Indians” (ibid).

Table 5. Population Estimate of Colonial Mexico by Ethnic Group.

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>1570 CE</th>
<th></th>
<th>1646 CE</th>
<th></th>
<th>1742 CE</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percentage</td>
<td>Number</td>
<td>Percentage</td>
<td>Number</td>
<td>Percentage</td>
</tr>
<tr>
<td>African</td>
<td>20,569</td>
<td>0.60%</td>
<td>35,089</td>
<td>2.10%</td>
<td>20,131</td>
<td>0.80%</td>
</tr>
<tr>
<td>Afro-Mestizo</td>
<td>2,437</td>
<td>0.10%</td>
<td>116,529</td>
<td>6.80%</td>
<td>266,196</td>
<td>10.70%</td>
</tr>
<tr>
<td>European</td>
<td>6,644</td>
<td>0.20%</td>
<td>13,830</td>
<td>0.80%</td>
<td>9,814</td>
<td>0.40%</td>
</tr>
<tr>
<td>Euro-Mestizo</td>
<td>11,067</td>
<td>0.30%</td>
<td>168,568</td>
<td>9.80%</td>
<td>391,512</td>
<td>15.80%</td>
</tr>
<tr>
<td>Indian</td>
<td>3,366,860</td>
<td>98.70%</td>
<td>1,269,607</td>
<td>74.10%</td>
<td>1,540,256</td>
<td>62.10%</td>
</tr>
<tr>
<td>Indo-Mestizo</td>
<td>2,435</td>
<td>0.10%</td>
<td>109,042</td>
<td>6.40%</td>
<td>249,368</td>
<td>10.10%</td>
</tr>
<tr>
<td>Total Black Population</td>
<td>25,441</td>
<td>0.80%</td>
<td>260,660</td>
<td>15.30%</td>
<td>535,695</td>
<td>21.60%</td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td>3,411,582</td>
<td>100.00%</td>
<td>1,712,665</td>
<td>100.00%</td>
<td>2,479,019</td>
<td>100.00%</td>
</tr>
</tbody>
</table>

Figure 1. Map of the Viceroyalty of New Spain at its greatest territorial extent, *circa* 1800 CE. *Source:* Harvard Historical Studies 2012.
Figure 2.1. *Las castas*. A painting of some of the racial categories determined by Spanish colonial authorities. Anonymous, eighteenth century, oil on canvas. Source: Museo Nacional del Virreinato, Tepotzotlán, Mexico.
Figure 2.2. Cultural groups of West and West Central Africa. Source: Thornton 1998:xiv.
Figure 2.3. Cortés and a black servant being received peacefully by the Tlaxcalans. 

Figure 2.4. Cortés, accompanied by a black servant, being received by Moctezuma II. 
The black servant is “often assumed to be Juan Garrido but probably [represents] the 
Figure 3.2. Yoruba Osanyin Staff 38, Nigeria. “These iron staffs, surmounted by birds and dedicated to Osanyin, deity of herbal medicine, promoted healing and discouraged witchcraft. The birds honor the powers of elderly women, who could transform themselves into birds, to gain their support in the healing. The staffs were placed in the ground next to the ailing person” (Hammill Gallery 2016). Photo copyright 2016, Matt Mrachek.
Figure 3.3. Igbá ritual container dedicated to the orisha Obatala. *Source:* Ogun 2011

Figure 3.4. The Seven African Powers. *Source:* Solavaya 2015.
Figure 3.5. A curanderismo egg limpia. Source: Alvarado 2014.

Figure 3.6. A Ghanan egg cleansing ritual. Source: Dodds and Warren 1993.
Figure 3.7. Curanderas Rita Navarrete Perez of Cuernavaca, Mexico and Jarah Burt of Taos, New Mexico performing ventosas on a patient. Source: Olmstead 2015.

Figure 4.1. La Virgen Reina de los Mares, Acapulco, Mexico. Source: Rivas 2014.
Figure 4.2. Santería altar to Yemaya featuring a statue of a Mesoamerican non-human person. *Source:* Argyriadis and de la Torre 2007:482.

Figure 4.3. A beachside altar to Yemaya in Veracruz. *Source:* Argyriadis and de la Torre 2007:482.
Figure 4.4. Our Lady of Regla. 
*Source:* De la Blanca 2015.

Figure 4.5. A popular representation of Yemaya (artist unknown). She is portrayed as an Afro-Caribbean woman, rather than the Catholic image of Our Lady of Regla. 
*Source:* Quinnipiac University 2013.
Figure 4.6. Statues of La Santa Muerte in Catemaco, Veracruz, Mexico. Their imagery and placement on an ocean beach are reminiscent of Yemaya (see Argyriadis and de la Torre 2007:481). Source: Gringo 2011.

Figure 4.7. Santería altar featuring statues of La Santa Muerte. Source: Monsalve 2007.
Figure 4.8. Santa Marta Dominadora as the loa Filomena Lubana. *Source:* Oraciones Especiales 2012.

Figure 4.9. Prayer card to Santa Marta Dominadora portraying her as Saint Martha of Bethany. *Source:* Sociedad de Sance 2012.
Figure 5. An Afro-Mexican curandera in El Azufre, Oaxaca, Mexico, performing an egg limpia. Source: Wilkinson 2015.
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