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### **Crafting Legitimacy through Modes of Authority in Healing Practices**

Medicine is practiced in a variety of forms, including western medicine, traditional forms of healing, and energy practices. These medical practices are accepted transnationally depending on their perceived legitimacy. Despite these varied forms of medical practice, however, the most widely accepted medicinal healing method is western medicine, which most physicians presently practice in hospitals across the world. In America, western medicine is seen as the dominant form of medical knowledge and is viewed as an ultimate authoritative knowledge (Jordan, 1997). Beyond western medicine, other forms of medicinal healing practices such as curanderismo, an integral part of Mexican American and Mexican culture, are still practiced. Curanderismo is traditional healing that relates illness to both physical and spiritual sources and a curandero is one who performs traditional folk healing (Torres and Hicks, 2016). This paper will analyze the relationship between curanderismo, and western medicine's construction of legitimacy through parenthood, cultural identity, and economic structures. These three forms of authority are inter-reliant in the development of legitimacy, as they mutually construct one another and continue to be culturally malleable.

Legitimacy is defined in this context as a general, socially constructed understanding that the professional is performing healing practices that will produce desirable effects and function in accordance with the accepted cultural norms, values, and beliefs (Suchman, 1995). Legitimacy is tied to the viability of certain medical cures for pain and common discomforts. Cultural and economic authority can strengthen legitimacy or delegitimize a medical practice. Authority, in the context of this paper, can be identified as individuals or cultures that have the power to

influence the decisions and understandings of a group of people. Legitimacy's inter-reliance on authority can be theorized through the case study of Kenneth Andrew Berumen, a Mexican American male, which will show what factors deem a medical practice as in/valid. Through my personal relation to Kenneth, as his daughter, I desire to theorize about realities of authority that create a mixed-culture opinion about what legitimates a healing practice.

Kenneth Berumen is a 58-year-old man who offers a personal experience of redefining his notions of legitimacy through generational change and transferring a multicultural reality. Kenneth was born in El Paso, Texas of a Mexican mother and first generation Mexican-American father and grew up impoverished with three older siblings. Growing up in poverty, Kenneth oftentimes would not be taken to see a physician for his ailments; instead, his mother would go to the herbalist to purchase items that she used to make at-home-remedies for different conditions. Some of these remedies include but are not limited to yerba buena tea for inflammation, chamomile for anxiety, aloe vera plant for burns, and ysrafate for diarrhea and stomach aches. Kenneth states that "if I had a stomach ache, a cold, or other minor maladies my mother would use curanderismo to ease the pain." During childhood, curanderismo carried cultural legitimacy because his mother functioned as an authority figure that insisted this practice would in fact ease pain, therefore identifying this healing practice and its associated cures as valid.

Legitimacy is granted to parental figures by prescribed Mexican-American cultural norms and this culture creates the social reality that Kenneth's mother functions in. Culture can function as authority that is legitimized by those who abide by and recreate these social norms. As a parent she also functions as an authority figure that grants legitimacy to curanderismo by

consistently using these techniques to remedy her children's maladies. Parenthood can be theorized as a key mode of authority in propagating legitimacy of a culture's norms. Parental authority provides a window into the broader cultural context of who creates authority and dictates forms of legitimacy (Lindquist, 2001). As a child, despite his "fear of the fire that would come close to [his] head after [his] mother lit an ear cone", Kenneth would allow his mother to do these treatments because, as an authority figure, she labeled this treatment as legitimate.

In societal practice matriarchal figures contain limited access to power; however, when it comes to children, the power is maintained by the maternal figure. As the main cultural form of authority that dictates the lives of children, a mother can grant legitimacy to forms of healing. She, as a maternal figure, possesses legitimacy to have this authority, giving her the power to compel her children to subjugate themselves to the practices of traditional medicine (Lindquist, 2001). As a Mexican woman, she relied on the medical system that was most meaningful for her, *curanderismo*; this cultural influence also cultivated her concepts of disease and cure (Lindquist, 2001). Both for Ken, as a child, and his mother, cultural forms of healing fit better within a broader context of personal and cultural identity, creating legitimacy to validate *curanderismo* as a form of medicinal healing.

Another factor that affects the legitimization of *curanderismo* is structural barriers that Kenneth's family may have faced in accessing western medicine. Some of the barriers the family might have faced are discrimination due to their ethnicity, class, and socio-economic status (Ransford, 2010). As Kenneth's mother was an immigrant, she faced certain issues that white American's do not have to encounter such as fear of seeking treatment in Western hospitals due to high cost, poor service, and difficulty to get treatment (Ransford, 2010). These barriers to

attaining western medicine indirectly grant Curanderismo more legitimacy by painting western medicine as more of a threat than a trusted authority figure. Legitimacy, however, is not static. Along with cultural knowledge, social factors of being in America influence the structures of authority and lead to altering legitimacy in regards to certain cures.

When Kenneth grew older, he attended the University of Notre Dame and pursued a career path in the field of western medicine. After becoming a physician, Kenneth stated that “scientific medicine was the obvious choice” when raising his children, as it now carried more legitimacy (Berumen). He recalled growing skeptical towards curanderismo treatments during his time in medical school. The system of higher education serves as a tool in which western medicine has gained legitimacy to now be understood as an unquestionable authority of medicinal healing. Western medicine implements itself through education to reinforce its legitimacy through the authority of the education system. Kenneth’s transition to a different understanding of valid forms of healing for his children depicts cultural transformation, and shifting from the cultural practices of a Mexican family to a Mexican-American family. A new mode of authority, the medical system that granted him the title of Medical Doctor through education, rose above that of the former parental and cultural authorities that guided his thinking. Kenneth’s family originally functioned outside of the community boundary of western medicine. As he realized the reality of his separation, he desired to more fully enter this community of western medicinal discourse (Bruffee, 1999). Thereby, shifting cultural authority away from curanderismo and rendering it as an invalid form of cure. This exemplifies legitimacy as changing, and the ways in which modes of authority impact the concept of what is il/legitimate.

Mexican culture/parenthood and Western culture are now functioning as separate opposing modes of authority impacting and influencing Kenneth as an individual. Both systems assert that they are effective means to cure which creates the development of larger complexities in his concept of legitimacy. The legitimacy of the healing modalities is determined by how treatments are conceptualized by the practitioner, the authority figures, and the receiver of treatment (Whitehead, 2007). As Kenneth implies in both verbal and nonverbal ways, the relationship between curanderismo and western medicine makes evident an understanding that certain practices are seen as more legitimate than others. Kenneth does not use curanderismo practices for his children and instead turns towards western medicine. He stated “I never really discussed curanderismo with my children until they were older”. He also expressed through nonverbal language that he believes western medicine to be the more legitimate form of cure. His authority over his children is the same parental authority his mother once held over him. Although in different ways, using his parental authority to assert that western medicine is an unquestionable and legitimate cure will inevitably impact his children and their notions of legitimacy. The conceptualization of how legitimacy is constructed, and by whom, impacts the understanding of cure and the “complex social performances” that present key cultural values (Whitehead, 2007).

Traditional and western medicine rely on one another to create boundaries that define legitimate forms of cure. Modern medicine functions on the assumption that a cure is something that can remedy biomedically diagnosed ailments, whereas curanderismo views a cure as something offered not only for purely biological illnesses but also illnesses of the mind and soul (Kirmayer, 1994). One example of this is described when Kenneth relayed that “most are expert

herbalists and know multiple treatments for [multiple illnesses from] diabetes to asthma to eczema.” This quotation relays that the title “specialist” grants the individual a larger amount of legitimacy because this title confers one with authority and hence legitimacy. Kenneth relays that these curanderismo treatments are only legitimate because they are conducted by a specialist. Moreover, he noted that it is also because the herbs have a chemical connection to the western medicine treatment of these maladies. The necessity for a specialist to perform curanderismo clearly shows the borders that are created to define what cures are in/valid and thus considered il/legitimate. The inter-reliance that medical practices have on one another to prescribe legitimate cures` expresses the mutual construction of legitimacy and authority.

Kenneth functions as an authority figure in western medicine since he is an Emergency Medicine doctor that was legitimized through the larger system of medical education. Western medicine functions as a biological reality in its means to diagnose and cure, thus being able to function as an independent figure of authority (Kirmayer, 1994). Whereas curanderismo is seen to be dependent and relying on spiritual forms of cure instead of purely biological. His transition to not only engaging in, but also being a practitioner of western medicine creates an atmosphere of inspiration behind the title of Doctor (Burgess, 2000). Kenneth views being a physician and “saving lives with [his] own hands” as inspirational (Berumen). In the complex web of legitimacy, authority, self-identity, and culture Kenneth identifies on multiple levels with western medicine. He, like many others, constructs a cycle of legitimacy by being an authority figure that creates legitimacy for western medicine while at the same time gaining legitimacy from that very same structure of western medical education for which he is creating legitimacy. Still, Kenneth was brought up to value curanderismo and regard it as legitimate, negotiating the

validity of cure is the center of the tension that exists between curanderismo and western medicine for him (Kirmayer, 1994). Tension between two forms of authority creates new space for inter-authoritarian legitimacy to emerge from individual association. As long as an individual experiences new interactions, his/her concept of legitimacy will continue to change along the different lines of cultural authoritarian influences.

Authority does not exist as an individual influence on validating forms of cure. Rather, it is intersectional and interacts with the individual, group, and wider social construct in which an authority figure functions. Kenneth is an American Mexican male who grew up in Mexican culture but functions and works in American culture. This mixing of ethnicities and cultures creates an intersectional understanding of both the medical realm, the patient, and the practitioner. Those who are authorities and propagate core cultural values are also connected and impacted by intersectionality through which their culture, understanding, and place in society come into effect. This strengthens the argument that legitimacy is changing through different modes of authority that support one of the two sides: curanderismo or western medicine. The two sides continue to rely on one another to define these borders and the realities that grant validity, or invalidate, different cures.

In America, western medicine also gains legitimacy through its ties and foundations in U.S. capitalism. Systems of power interact with the broader context of society to influence modes of authority. In this way, capitalism has influenced and heightened the legitimacy of western medicine beyond the American borders. Western medicine developed in capitalist countries across the world and was constructed on concepts of biology and technology (Brown, 1979). Medicine can be viewed as a cultural system of symbolic meaning rooted in the

arrangements of that society (Kleinman, 1980). Therefore, since western medicine formed and took root in capitalism, it is intertwined with symbols and structures to reinforce capitalism. Western medicine continues to propagate this symbol by placing doctors as quasi-divine figures and granting them high levels of authority in American society. Kenneth has agreed to this construct by working as a western biomedical physician and carrying this symbol into his family through the forms of cure that he uses with his children. Western medicine grants its practitioners (physicians) authority through economic, political, and social status; thereby influencing individuals, such as Kenneth, to trend towards this system of cure (Baer, 1985). In order to reinforce western medicine, capitalism places traditional remedies as awkward to participate in or to consume (Bode, 2006). Once again this places curanderismo as opposing to western medicine even through forms of medicinal intake: even the means by which a cure is taken creates constructs of what is valid and invalid. Just as Kenneth functions in a liminal space between Mexican and American culture, his transition from curanderismo to western medicine exemplifies legitimacy's capability to change in reference to different authorities.

Furthering social structures through authority, hospitals function to provide for and benefit from the upper and middle class (Brown, 1979). This relationship between capitalism, cure, and upper-class individuals furthers the authority of the hospital through its relation to money and that money's power construct due to capitalism. These relationships further the authority of capitalism and western medicine simultaneously constructing and reconstructing their legitimacy. This relationship often leads to immigrants being unable to obtain the necessary care from western medical facilities. The capitalist system currently functions to construct and view immigrants in a negative way, placing immigrants as a drain on medical facilities

(Ransford, 2010) and furthering the separation of curanderismo and western medicine by providing social and political barriers to access of certain forms of cure. Kenneth, as a case study, provides an expression of the capitalist's success as it has presented western medicine as the only acceptable way to move forward (Launer, 2015).

Ultimately through this case study there comes the understanding that legitimacy is not static but a changing social construct that depends on the intersection of different modes of authority. Both curanderismo and western medicine interact with one another, using the basis of the other to legitimize themselves while simultaneously delegitimizing the opposing form of medicinal healing. There is an understanding that western medicine dominates traditional medicine, including curanderismo, in terms of the widespread legitimacy it has gained and mass control it has over the American population. Traditional medicine often lacks legitimacy due to the minimal communication throughout generations about this form of healing within Mexican-American families. Whereas western medicine continues to build and propagate its legitimacy through producing intake forms, technological use, and creating definitions of what can be considered western medicine that are taught in medical institutions for generations to come.

The success of western medicine in producing unquestioned legitimacy with many modes of authority in support of it expresses the economic triumph of capitalism in America. Although not all individuals may be able to afford this mode of treatment, western medicine has secured a strong connection to capitalism. Capitalism, functioning as the fundamental economic system in America, can be delved into further with reference to its integral relation to America and thus the legitimacy it provides western medicine. Moving forward there should be the continual question

of why western medicine carries so much authority despite the fact that it continues to view patients as objects instead of people (Launer, 2015). Looking deeper into the historical and fundamental basis of western and traditional medicines can generate new analytical models of contemporary parental, cultural, and economic authority and its impact on legitimacy.

## **References**

- Baer, Hans A. (1985). Medicine, Capitalism, and Society: Two Contrasting Views. *Medical Anthropology Quarterly*, 16(2), 46-48.
- Berumen, Kenneth A. (2019, September 17). Personal Interview.
- Bode, Maarten. (2006). Taking Traditional Knowledge to the Market: The Commoditization to the Market: The Commoditization of Indian Medicine. *Anthropology & Medicine*. 13(3), 225-236.
- Brown, E. Richard. (1979). *Rockefeller Medicine Man*. University of California Press,
- Bruffee, Kenneth A. (1999). *Collaborative Learning: Higher education, Interdependence, and the Authority of Knowledge*. The Johns Hopkins University Press.
- Burgess, Peter J. (2000). Law and cultural identity. *Arena Working Papers*. Available at: [www.arena.uin.no](http://www.arena.uin.no)
- Geertz, Clifford. (1983). *Local Knowledge Further Essays in Interpretive Anthropology*. Basic Books, Inc.
- Jordan, Brigitte. (1997). Authoritative knowledge and its construction In Davis-Floyd, Robbie, and Sargent, Carolyn (eds). *Childbirth and authoritative knowledge*. 55-79. University of California Press
- Kirmayer, Laurence J. (1994). Improvisation and Authority in Illness Meaning. *Culture, Medicine and Psychiatry*. 18, 183-214.
- Kleinman, Arthur. (1980). *Patients and Healers in the Context of Culture: An Exploration of the Borderland Between Anthropology, Medicine, and Psychiatry*. University of California Press.
- Launer, J. (2015). Medicine under capitalism." *Postgraduate Medical Journal*. 91, 239-240.
- Lindquist, Galina. (2001). The Culture of Charisma: Wielding legitimacy in contemporary Russian healing. *Anthropology Today*. 12, 3-8.
- Ransford, H. Edward. (2010). Health Care-Seeking among Latino Immigrants: Blocked Access, Use of Traditional Medicine, and the Role of Religion. *Journal of Health Care for the Poor and Underserved*. 21, 862-878.
- Suchman, Mark. (1995). Managing Legitimacy: Strategic and Institutional Approaches. *The Academy of Management Review*. 20(3), 571-610.
- Torres, Nigel and Hicks, Janet F. (2016). Cultural Awareness: Understanding Curanderismo. *American Counseling Association*. 39, 1-7.
- Whitehead, Niel L. (2007). Violence & Cultural Order. *Daedalus*. 136(1), 40-50.

