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Vocational Directives among Maya Bonesetters in Two Guatemalan Communities

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Abstract

Maya bonesetting is expressed in different ways in different places, and in the hands of different practitioners. The way it is perceived locally and experienced personally also varies in accordance with different community and personal variables. In this Final Report, I will summarize some of the vocational dimensions of Maya bonesetting as expressed in the bonesetting traditions of two highland communities of Guatemala. I have been especially interested in determining whether bonesetters view their work as either empirical or sacred in character. To understand the localized vocational motivations behind bonesetting, though, I have needed to first situate bonesetting globally, underscoring its antiquity and enduring presence in Middle America.

Resumen

Las curas de huesos que practican los mayas se expresa de diferentes maneras en diferentes lugares, a través de las manos de distintos especialistas. La manera en que se la percibe localmente y se la experimenta en lo personal también varía de acuerdo con las diferentes variables de cada persona y de la comunidad. En este Informe Final, resumiré algunas de las dimensiones vocacionales de los hueseros según aparecen expresadas en las tradiciones de los hueseros de dos comunidades ubicadas en las

tierras altas guatemaltecas. He estado especialmente interesado en determinar si los hueseros consideran que su trabajo es de carácter empírico o sagrado. Sin embargo, para entender las motivaciones vocacionales que subyacen a la curación de los huesos en cada localidad, he tenido en primer lugar que situar la soba de huesos de manera global, resaltando su antigüedad y la perdurabilidad de su presencia en México y Centroamérica.

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Introduction

The craft of bonesetting has been practiced since early in history, having roots among the Greeks and Egyptians (Sigerist, 1971:36; Filer, 1996:86-90; Majno, 1975:73-75; Nunn, 1996:174-181). Muslim medicine paid formal attention to bonesetting, anticipating its place in institutional medicine much later in time (Anderson, 1983:14; Douglass, 1994:181). Innumerable other world peoples have developed their own systems for diagnosing and treating bodily injury, acknowledging the reality of traumatic injury among people everywhere.

Amidst this global tradition of bonesetting, Middle Americans have also found ways of dealing with injury. They approach their work with the experience and skills needed to treat different kinds of physical problems. Most of these problems, however, derive from the rural, largely agricultural work in which many Middle Americans participate, but also include problems associated with an increasingly mechanized, urban world. Maya bonesetters, especially, bring a great range of backgrounds and experience into their work. Their practical importance to the world of daily life, and to the symbolic matrix underwriting it, accounts for their enduring place in many communities.

Contemporary manual medical practices and practitioners have been identified throughout the Maya region (Bricker, 1973; Cosminsky, 1972; Douglas, 1969; Fabrega and Silver, 1973; Hinojosa, 1999; Holland, 1962; IIN, 1978; 1969; Paul, 1976; Redfield and Villa Rojas, 1962; Rodríguez Rouanet, 1969; Roys, 1931; Tedlock, 1992; Wisdom, 1940) and the greater Mexican cultural sphere (Anderson, 1987; Lozoya Legorreta *et al.*, 1988; Vargas Castelazo, 1954-55). Information on the bonesetting craft among Precolumbian and colonial-era peoples of the region, though, is more difficult to come by. Spanish chroniclers like Sahagún (1961) and Ruiz de Alarcón (1984) provided valuable insights into 16th and 17th century bonesetting among Aztecs and their successors. Their work, especially Sahagún's, suggested continuities between Precolumbian and colonial Mexican bonesetting practices. The characteristics of Precolumbian and colonial Maya bonesetting are much less clear, however. A few references to colonial practices have been noted (Orellana, 1987:106), but the kind of

attention the Aztec received is lacking. Early precursors to contemporary Maya traditions are suggested by archaeological evidence of healed fractures among Pre-Classic and Classic Period skeletons (Saul, 1972:50), but the cultural dimensions of bonesetting among those Maya can only be inferred. We are left with a very incomplete diachronic picture of Maya bonesetting. With the help of FAMSI, however, I have been able to systematically observe some of the modern-day inheritors of the bonesetting craft.

The bonesetters I cover in this report live in the towns of San Juan Comalapa and San Pedro la Laguna, both located in the central Guatemalan highlands. In Comalapa the bonesetters are Kaqchikel Maya, while in San Pedro la Laguna they are Tz'utujil Maya. Although there are female bonesetters in these communities, I was unable to work systematically with any. Comalapa is located at 2,110 meters above sea level in the mountainous department of Chimaltenango and has a population of about 28,380 (Asturias de Barrios, 1994:193-194). The *municipio* of San Pedro la Laguna, on the other hand, lies at 1,610 meters on the Western shore of Lake Atitlán in the Department of Sololá, and numbers about 8,508 inhabitants (McMahon, 1994:10). In each of these towns, Mayas make up the vast majority of inhabitants, a fact more pronounced in Comalapa where, up until recently, only about four percent of the population was non-Kaqchikel Maya (Asturias de Barrios, 1994:193-194). I would note that I have grouped two bonesetters from San Juan la Laguna, a town next to San Pedro, with the San Pedro sample, because their traditions are so similar. I met the bonesetters in this study in 1998 and later.

In view of how the term "bonesetter" can mean different things in different places, however, I will first clarify what I mean by it. I consider bonesetters those persons who, "(move) bones as a form of medical treatment," as Huber and Anderson (1996:31) put it. Such moving of bones may be limited to dislocation reduction, or may also include fracture reduction. Persons who do this usually also perform massage, although not all persons who practice massage move bones therapeutically. Curers who do both are often called *hueseros*, *componehuesos*, *componedores de hueso*, or sometimes simply, *sobadores*. In some communities, the term *sobador* is applied only to individuals who limit their practice to bodily massage and who do not move bones. We know more about the range of and specializations of Middle American bonesetters thanks to recent works by Huber and Anderson (1996), McMahon (1994), and Paul and McMahon (2001). Working in Mexican and Guatemalan contexts, they show how the injured regularly seek out competent bonesetters.

Vocational Variations in Highland Maya Bonesetting

Maya bonesetters exhibit two main tendencies in their work styles and in their vocational outlook. On the one hand, Kaqchikel Maya bonesetters of Comalapa indicate that their work is largely empirical, having relatively little to do with the divine. Tz'utujil Maya bonesetters of San Pedro, however, consider their practices to be innately tied to the divine. Before providing details on each of these traditions, though, I will first

underscore the element common to both, one connecting them at an empirical level: the centrality of the hands in healing.

Maya bonesetters practice an eminently manual art, characterized by the hands' ability to probe and access information in the body. Bonesetters say their hands are able to directly detect problems in the body. They often speak of how their hands simply "know" the body, both its surface and below this, and that when they place their hands on a suffering body, their hands act of their own accord in locating the problem areas. Bonesetters do not "guide" their hands around and into an injury; their hands guide them. They insist, furthermore, that this ability arose within them, and remains located within them. The bodily empathy revealed through the hands is of primary importance to Maya bonesetters, and most bonesetters rely upon this alone to diagnose and treat suffering bodies. Their method evokes what Csordas (1993) has described as a somatic mode of attention, a capacity of the body to attend to other bodies, including suffering bodies, on a non-conscious level.

When an injured person visits a Maya bonesetter, the bonesetter first has the client relax and explain the problem. The bonesetter is most interested in the type, severity, and age of the injury. Visual bodily signs such as deformity, reddening, edema, and bruising suggest the type of injury involved and help the bonesetter locate the injury more precisely. The bonesetter may also check the range of motion of the client's injured limb or torso, if possible.

The bonesetter may next prepare the client for palpation by applying a lubricating and/or warming agent, such as fat, oil, or a commercial product, upon his hands and the client's body. Maya bonesetters need for their hands to move smoothly across the client's body, enabling more information about the injury to be accessed. The bonesetter moves his hands around the injury while pressing gently into the flesh, watching for cues of discomfort and pain. As he locates and palpates the trouble spots, his hands detect irregularities and changes in swelling, tenderness, and temperature. Together with what the client tells him, this information allows the bonesetter to better assess the injury.

Most of the time, the bonesetter will diagnose either a simple *golpe*, a deep soft tissue bruise resulting from direct trauma, or a *safadura*, a strained or sprained articulation. In either case, if swelling is not excessive, the bonesetter can alleviate much of the pain, and restore movement, through steady but firm massage and limb movement. The client may need to return once or twice more for follow-up checks and treatments. If a fracture is detected, however, depending on its severity and on the abilities of the bonesetter, hand-based reduction may take place. Using traction, pressure, and the help of others, some bonesetters can realign fractures, after which they immobilize them using removable materials. This allows for the later, and critical, reexamination of the injury site.

The healing encounter usually proceeds in this way in Comalapa, as it does in many other highland Guatemalan communities. The empirical aspect prevails here, and a focus on the practical, but intuitive, abilities of the hands is foregrounded. This quality of

Comalapan bonesetting is consistent with how, throughout Middle America, bonesetting is seen as a pragmatic, non-supernatural craft (Cosminsky, 1972; Holland, 1962; Huber and Anderson, 1996; Orellana, 1987). Just as practical needs give rise to bonesetting, practical methods seem to drive it.

Pedrano bonesetters, however, bring additional elements into the bonesetting experience: divine election through dreams and the use of a sacred object, each confirming their healing authority. The use of *sacra* is quite characteristic of this town's bonesetters, actually. Bonesetters locate their avowed hand-based knowledge in an object called a *hueso* or *baq* ("bone") as well as in their hands. With this object, they carry out the initial "scan" of the body, placing it directly on the body and apparently moving it along the skin. Then, they perform the corrective procedure with it, such as a fracture-realignment or dislocation reduction. Only after this procedure might the San Pedro bonesetter lubricate the body and apply his hands directly to it, making final adjustments to the area.

In the San Pedro tradition, the *huesos* or *baq* are discovered by persons as the bonesetter role is revealed to them. These objects are often small animal vertebrae or other bones, or even stones. Pedrano bonesetters sometimes find objects like potsherds, obsidian, and other Precolumbian artifacts in the woods, which they then keep as *sacra*. The bonesetter usually wraps the revealed *hueso* in a red cloth and keeps it on his person or in a special coffer back home. Keeping the *hueso* on one's person is especially important for those bonesetters who travel out of town frequently—they never know when they'll need the *hueso*, so they keep it handy.

When used by its due owner, the *hueso* is said to move of its own accord over an injured body. Some bonesetters say the *hueso* will stop abruptly over a fracture. The *hueso* moves in a different manner over dislocations or other types of injuries, and it only *appears* to be moved by bonesetter's hand, pedranos stress. Its reported magnet-like ability to hone in on injuries makes it a singular diagnostic and corrective tool. As one bonesetter says, "It's a real magnet...because it grabs the bone." On the whole, then, San Pedro bonesetters are very interested in sacred objects, and place great emphasis on their divine instrumentality.

Conclusions

This study has found that great vocational variation exists in highland Maya bonesetting, as evidenced by the bonesetting experiences of San Juan Comalapa and San Pedro la Laguna. Whereas the divinely-defined vocation is the norm among San Pedro bonesetters, among Comalapan bonesetters it is not. The latter bonesetters claim a physical intuition and knowledge that is not bound up in an expressly supernatural role. Among bonesetters throughout the region, though, including in Comalapa, supernatural considerations do play a part in bonesetting, but not in so dramatic or central a fashion as in San Pedro.

Human injury is as old as humanity itself. This said, there can be little doubt that there have been bonesetters among the Maya from times of great antiquity. Given the widespread availability of bonesetters in Maya communities, and the different ways that they have defined the ideational substrate of bonesetting, it is likely that bonesetting has long developed as a local-level phenomenon, having immediate local importance. My deepest appreciation is due to FAMSI for the opportunity to examine the work of individuals so closely tied to Maya community and ancestral traditions.

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