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CATHOLIC HEALING MASSES: INTERSECTIONS OF HEALTH AND HEALING IN
YUCATÀN

by

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A thesis submitted in partial fulfillment of the requirements
for the degree of Master of Arts
in the Department of Anthropology
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ABSTRACT

The conception of illness and healing in contemporary Mexican Catholic discourse highlights both particular and ubiquitous instances of a health experience perceived locally and widespread. Catholic healing masses are utilized as supplemental methods of individual health restoration coupled with Western medicinal techniques in Catholic dramas. Aside from the spiritual and religious significance of this practice, the use of healing masses as an additional means to achieving an optimal health status implies that something is lacking in current biomedical models. The purpose of my research is to explore the humanistic terms under which healing masses operate and translate these terms into a biomedical conversation towards enhanced secular medical care

For my Daddy

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CHAPTER ONE: INTRODUCTION

If you ask a Catholic in Mérida, México what a healing mass is they may first establish that “All masses are healing masses” and then begin to describe a “misas de sanacion” or “healing mass”. Healing masses are similar to regular, elaborate Charismatic Catholic masses, however they implement the use of a sacramental, or religious interpretation of one of the seven sacraments. The sacramental that healing masses utilize is an interpretation or imitation of the sacrament of anointing the sick and is sought by parishioners pursuing supplemental assistance in their health, state of mind, and lives in general. My research focuses on these healing masses and what they offer the parishioners who attend them in terms of healing and supplemental care. I approached this research with several questions in mind and navigated my investigations in pursuit of their answers. So it is important to establish the research questions I developed before and during my exploration of Healing masses in Mérida, Yucatán, México.

How are Charismatic Catholic Healing masses being used as supplemental methods of healing in Yucatán, México? What do healing masses offer that make them so appealing and unique to ailing Mexican Catholics? In what ways can the ostensibly successful techniques utilized in Charismatic Catholic Healing masses be implemented into other institutions oriented towards health improvement (e.g. Western biomedical models of physician-patient interactions and relationships)?

Health, illness, disease, healing, curing, and the perception of being healed are conditions that carry profound weight in the theater of personal awareness and assessment. Arthur Kleinman defines illness as “how the sick person and the members of the family or wider social network perceive, live with, and respond to symptoms and disability”, he also notes “when we speak of illness, we must include the patient’s judgment on how best to cope with the distress and with the practical problems in daily living it creates” (1988:3-4). Disease, on the other hand, is a succinctly defined condition that assigns categories, taxonomy, and scientific delimitation to the biological expression of illness (Kleinman, 1988). Disease is a state of the biological self that is identified, analyzed in elemental terms, and assessed outside of social context. In congruence with the definition of illness and the scope of this thesis, healing may be defined as the repair, support, or confidence brought on by practices such as the Catholic sacrament of anointing the sick, prayer, massage, and other extrinsic or mental methods of care. Operating outside of the biomedical atmosphere, practices such as healing masses and the sacrament of anointing the sick bring to the sick or dying what can sometimes be left unassessed by the separation of the social person and the biological disease in medical theaters. Comfort, acceptance, touch, warmth, and partnership are all concepts that are received and described by parishioners who participated in this Catholic ritual of healing. Healing is also defined as “a holistic phenomenon that includes the spiritual element” (Engebretson, 1994:242). Finally, curing pertains to the removal of disastrous diseases, sicknesses, or somatic malfunctions that are harmful to the patient. Curing can sometimes involve invasive techniques that target internal biological dysfunctions or can be seen as the beneficial outcome of endurance or positivity. In the scientific sense, Engebretson defines curing as “a biomedical term that refers to the abatement of a physical symptom or

disease” (1994:242). The perception of being healed is the most complex condition to define because the concept can only be perceived or felt by the individual experiencing it. One can be free of disease yet still not feel fully healed and one can be in the throes of death to a deadly pathogen yet feel free of the confines of illness. This intricate theory of being healed is what I have elected to explore in my research in Merida, Yucatan, Mexico at a Charismatic Catholic Church that practices a ritual known as a “misa de sanacion” or “healing mass”.

In my analysis of Charismatic Catholic healing masses in Merida, I explore the origins of Catholic practice in Mexico, the establishment of Charismatic Catholicism, philosophical ideologies that impact the manners in which the masses are received, and notions of experience that influence conceptions of health and healing of Catholic parishioners. I apply my findings to the social aspect of biomedical models that include physician-patient interaction in order to add beneficial means of communication to a critical institution. I seek to demonstrate the humanistic techniques that Charismatic Catholic healing masses employ that create a successful environment of reparation.

My motivation to explore the mechanisms that create a successful environment of healing stem from my own experiences in physician-patient interaction that impacted my life significantly. I sought to ameliorate this generally recognized issue by investigating circumstances where this issue was met with a supplemental solution. In this case, healing masses are not specifically used as a solution to negative interactions but they offer a general framework that answers many of the common frustrations of social aspects in medical care.

Thesis Outline

I have constructed my thesis in chapters and sections so that the framework of my research as well as particular chapters can be contextualized to the reader. My thesis begins with a review of my methodologies that will provide an in-depth examination of the fieldwork performed in Mérida, Yucatán, México. In Chapter Two, the methodologies utilized in this ethnographic research collection is explored including participate observation, questionnaires, and face-to-face interviews. Chapter Three is a sectioned literature review that will provide an in-depth examination of the historical and theoretical frameworks that have influenced the production and analyses of this research. Section One will explore the historical elements of Catholicism in Mexico that have influenced the prevalence of religious Christian practice. Section Two will also explore the position of the Sacrament of Anointing the Sick in Catholicism and its transformation from Extreme Unction into a sacramental element in Charismatic masses. Section Two will explore the ways in which Pentecostal movements and social climates influenced new expressions of Catholicism across the world. Section Three will delineate the organizational structure of healing masses within the Santuario del Divino Niño Jesús and reasons divine Christ child imagery is utilized in this particular Catholic Church. Section Three also examines the inception of the santuario and motivations for establishing healing masses as regularly scheduled ceremonies. Section Four will investigate established discourses in Charismatic Catholicism that examine the utilization of healing masses, how they operate within social conversations, and how they can be paralleled to medical interactions. This section also examines intersections of religion and secular care in Christian groups and in medical environments (McGuire, 1991; Kleinman, 1988). Finally, Section Five considers theoretical

notions of phenomenology, self, embodiment, and experience that deeply influence the manner in which both health and healing are conceptualized in Charismatic Catholic healing masses in Mérida, Yucatán.

In Chapter Four, a typical Sunday healing mass held at Santuario del Divino Niño Jesús is illustrated in order to highlight the emotional and effective nature of these masses as well as the particular activities that occur. The Chapter also illustrates three participant interviews that feature various life-worlds, experiences, approaches to healing masses, expectations, and results. The particular healing events and these three interviews are included in order to provide examples of what an experience of these healing masses are like objectively and then demonstrate the subjective effect they have upon parishioners.

Following the descriptive vignettes of healing masses as they were observed and dictated, a discussion of my research findings will be proposed in Chapter Five. This chapter is separated into three sections that explore major themes and analyses applied to and constructed from the ethnographic data. The first chapter will provide exploration and importance of experience in healing mass performances and how they work on the body. The next section will explore the importance of narrative coupled with the discourse of experience in how these healing masses cultivate notions of healing and how these notions may be applied to other social health models. Finally, in third section will explore concepts and programs that are addressing the application of supplemental training or implementations that may improve socio-medical discourse. Finally, concluding chapter will discuss the summary of my research findings and the arenas in which they may be applied as well as explore the directions that this research can go.

CHAPTER TWO: METHODOLOGY

Ethnographic research was carried out in an area called Pacabtun that lies just outside of Merida, Yucatan, Mexico. Data were gathered by using participant observation, face-to-face interviews, and questionnaires. Over 25 individuals voluntarily participated in this research in varying degrees and with a variety of perspectives making this work organically unique and fascinating.

The fieldwork completed in this research was carried out from June 2013 to July 2013 in Merida, Yucatan, Mexico and more specifically in an area twenty minutes outside of the state capital called Pacabtun. Follow up research was conducted the following May through July of 2014 to complement the initial data collection. The research site was a large Catholic Church located in Pacabtun called “Santuario de Divino Niño Jesus” or the “Sanctuary of the Divine Child Jesus.” Since I arrived in Merida I began attending the santuario weekly for no less than 9 hours a week and up to or exceeding 25 hours. Healing Masses were held three times a week for a period of three to four hours and interviews, conversations, or other events consistently took place that allowed me to spend a great deal of time at the santuario.

I was allowed access into the sight by contacting the head Priest, Padre Alberto, at the santuario before arriving in Mérida and illustrating the objective of my research, why this santuario was appealing for my research goals, and what measures I would be taking in order to fulfill my research endeavors. I highlighted all of the important facets of healing masses I wished to explore and the types of questions I would be asking voluntary participants. I received

permission to conduct my research at the Santuario del Divino Niño Jesus promptly and arranged my travel to Mérida. I stayed with a family (who were also anthropologists) very close to the city center and about 25 minutes away from Pacabun. I very quickly met with Padre Alberto in person to introduce myself and explain the technical aspects of my data collection including video recording, interviews, questionnaires, and participant observation. I asked Padre if he would be comfortable with me filming particular healing masses, if I would be able to interview parishioners and staff on church campus, and if he had any concerns about the research. I was instructed not to film every mass as it may make some parishioners uncomfortable. I was graciously assigned an air-conditioned room to conduct all of my interviews in and was invited to Padre's office to conduct interviews with him. Padre posed no deep concerns with my research and was enthusiastic for the results of my fieldwork.

The parishioners of Santuario del Divino Niño Jesus were curious about my presence and were very patient with my slow, broken Spanish. Many parishioners and staff seemed to like my attendance and once I had acquired my translator, jovial conversations were had and quick friends were made. Many parishioners did not inquire about my presence and seemed only momentarily uncomfortable with my video camera scanning the room. I tried to keep up and participate in the consistent standing, sitting, kneeling, praising, singing, dancing, and handshaking that occur in every Catholic mass. I was already familiar with many of these physical rituals because I grew up in an Episcopal Church and school which held many of the same type of ceremonial masses. My translator and I approached people based off of aesthetics, behavior in masses, and frequency of attendance and made sure to give each person who showed interest our information and an open invitation to participate.

Over the course of 55 days, my translator and I collected 26 completed questionnaires and 12 structured face-to-face interviews. Interviews were one half hour to two hours long depending on the amount of detail the interlocutor elected to discuss. Each interview took place within a number of rooms inside of the santuario, graciously provided by the Padre and the santuario staff, and one interview took place inside the home of an interlocutor's employer. The interviews were conducted with parishioners that had attended the santuario's healing masses or "misas de sanacion," healing mass organizers, and the parochial priest of the congregation (the Padre). Individuals were chosen by the research team (my translator and I) first by observing them within the mass, noting how many times I had seen them in attendance and on which particular days. Other factors of interests included the amount of emotion they showed, from very little emotional reaction to thinly veiled hysteria; the amount of precision with which they performed ritual movement in the masses, which indicated their familiarity with the healing masses and Charismatic Catholicism; and subjectively gauged enthusiasm during musical breaks, prayers, testimony of self-proclaimed healed parishioners, and Padre's homilies.

Demographic elements, assumed and apparent, were also considered in the selection of my interview sample. In this santuario, women are the notable majority of parishioners attending healing masses and were more inclined to participate in structured interviews than were male parishioners. Out of the 12 interviews conducted, only two participants were men; the Padre and his media coordinator. Other demographics considered were age and assumed socioeconomic statuses. The projected mean age range of parishioners attending the healing masses varied by the day of the week in which they attended. Weekday mass attendees were usually in their late 30s to late 50s, by themselves or with a parent, spouse, or child. However, Sunday mass

attendees represented every age group and tended to attract much younger individuals with their entire families including young children.

Questionnaires were distributed to any willing participant of the face-to-face interviews prior to the initiation of the interview and to any interested parties who wanted to take part in the research but did not have the time or desire to sit for an interview. Twenty-six questionnaires were completed by parishioners of varying ages, socioeconomic statuses, and medical conditions. Similar to the face-to-face interviews, the majority of individuals that completed the questionnaire were female except for three male parishioners. Only parishioners, that is, only those attending the healing masses and receiving intercessory prayer, the laying on of hands, and general healing from the Padre or the healing mass organizers were asked to take part in the questionnaire portion of the research.

This was a structured element of sampling that provided the research an unambiguous vantage of socioeconomic, medical, and personal elements involved in parishioner attendance to healing masses at Santuario del Divino Niño Jesus. The questionnaires consisted of 12 questions focusing on demographic, medical conditions, medical preferences, socioeconomic factors, and an instance of a medical experience. Age, sex, ethnicity, employment status, medical insurance status, and insurance coverage comprised the demographic and partially the socioeconomic inquiries. Next, the participant was asked to describe the medical condition that brought them to the healing mass and whether they preferred to see a priest, physician, or both to treat this condition. Five categories of illness were then listed to narrow down the general description of illness that may help the research draw averages or various statistics from the data. These five

illness categories included: Chronic (continuous), Terminal (Fatal), Physical, Mental, and an Other category. Finally, average yearly income was requested in order to determine the economic status of the parishioner which may or may not contribute to mass attendance, physical or mental condition, and insurance type. In conclusion, the parishioners were asked to relay an example of medical experience, good or bad, that they would like to share. This is a crucial aspect of the questionnaire because it incited immediate memory association with medical environments and reflected the initial experience the parishioner associated with personal medical care.

I utilized this information by transcribing notes from English translations dictated by my interpreter after the completion of interviews, conducting revisions to shorthand fieldnotes, correlating similar and conflicting responses in completed questionnaires, and reviewing film recorded at healing masses and during interviews. The data gathered were organized within a structured archetype so that discernable themes could be easily identified and coded. These themes were applied to the original research questions and have the potential to facilitate engaging discussions within anthropological practice and thought.

Limitations and impediments are common features of anthropological research and enhance the vigor in which feasible approaches are performed and executed. There were a few limitations present in this research that hindered the depth of investigation that I would have liked to execute during my field work. First, the language barrier served as sometimes frustrating nuisance that interfered with the fluidity with which I would have liked to interview and understand participants of the research. While understanding and speaking Spanish was an

intermittent difficulty, the barrier also allowed me to observe masses and body language without verbal context on a regular basis. This contributed to the close attention paid to physical reactions to healing masses and being healed. Another limitation was the amount of time spent in Merida. I spent 55 days in the field gathering data, conducting interviews, and adjusting to life in Merida and Pacabtun. I also spent another 42 days during May, June, and July of 2014 collecting supplemental data but ran into several technical and logistical problems that resulted in only a small amount of additional information and a premature return to Florida. The short amount of time spent in the field during both seasons yielded a substantial amount of information about Charismatic Catholicism in Merida, the healing masses conducted at the santuario, conceptions of health and healing maintained by parishioners, and ideologies of religious and healthy selves in Merida, Mexico. However, much more information could have been gathered with a longer period of time spent in Merida, Mexico and with language not playing a restrictive role in data collection.

Research Setting: Healing Masses in Santuario del Divino Niño Jesus:

As briefly mentioned in the introduction, the Charismatic Catholic Church I observed and participated in throughout several months of research is located in an area outside of the capital city of Merida, Yucatan, Mexico called Pacabtun. Healing masses are conducted three times a week and are available to all Catholics who wish to attend them. The catalysts, production, and social significance of the healing masses within this santuario are critical elements in the comprehension of the physical responses and social narratives that accompany this important religious performance. In this section, I will relay the background of the santuario and its padre

as well as the mechanics of healing mass rituals. Personal parishioner accounts and researcher observations will be illuminated in the “Participants and Events” chapter of this paper. Critical analyses of performances, observations, and narratives will also be examined in the Discussion chapter.

In order to fully appreciate or attempt an understanding of individual parishioners one must know what the appeal of this particular church is not only to the people of Merida but Catholics from all over Mexico, Guatemala, and the United States such as California, Arizona, and Nevada. The history of this Charismatic Church is very interesting not only as an institution but also concerning the padre who transformed it into the santuario it is today.

Padre Alberto is a 67 year old Catholic priest originally born in the state of Yucatan. He is a very important figure in this santuario as the parochial administrator and as the initial catalyst of routinely held healing masses. Padre has been ordained since his mid-20s and has completed missionary work globally. However, factors that influenced his religious position, his preaching style, and the structure of his church the most came from a santuario in a neighborhood called Veinte de Julio in Colombia. In this santuario, Catholics venerated the image, life, and teachings of Jesus as a child, a figure titled Divino Niño Jesus or Divine Christ Child. The importance of this image is conveyed differently through popular knowledge and personal connections with the divine Christ child. Alberto explains that the vast goodness that was Jesus’s whole life would be too much for one to focus on. Thus, choosing the image and time in Jesus’ life from infancy to 12 years old makes sense to the padre. Also, the good experiences he has had concerning this image and time, what it offers, and how the image helped

him to recover from his own personal issues make it even more appealing. Some spiritual leaders (or Mass Organizers, a term I will discuss momentarily) explained that the divine Christ child represents deep love and the innocence and beauty of Jesus as an infant. Some popular ideas about the veneration of divine Christ child surround the efficacious representation of healing, fertility, and good health. Padre Alberto implemented the image of Christ as a child in his santuario to further the ideologies of health, healing, and religious support that he asserts is the manifesto of the santuario.

More than 20 years ago Padre Alberto was assigned as the head priest of this santuario in Pacabtun after completing global missionary work and discovering the necessity for strong religious leadership in this particular area of Merida. At that time the santuario and its congregation was much smaller, had hardly any parishioners, and no enthusiasm from either the priest or the parishioners. Padre went into a depressive state where he seriously contemplated leaving the priesthood. He explains that he had quarrels with Catholic authority and felt frustrated with the state of his church. He tried confessing, praying, and completing good deeds but still did not feel ambitious about his assignment or place in Catholicism. He then implemented a time limit for himself, saying if he did not feel different soon, he would leave everything. After praying and making this deal with himself, he opened his eyes and saw an image of Divino Niño Jesus. He remembered how he felt in Colombia, realized the potentialities of incorporating this idea into his church, and immediately felt more enthusiastic about his religious plight. Padre Alberto renamed the church Santuario del Divino Niño Jesus and began renovating the building with funds provided from the archdiocese of Merida and his congregation. He expanded the main hall to accommodate hundreds of parishioners, added a

large awning for an outside worship area to accommodate hundreds more, and installed a stage so religious performances were visible from across the expansive area.

During the initial years of Santuario del Divino Niño Jesus (SDNJ) during a Tuesday service, Padre Alberto was approached by a parishioner to perform the sacrament of anointing the sick so that she could prepare for her upcoming surgery. Padre requested that she wait until the end of mass and he would offer it to anyone who wanted it. Surprisingly, when he offered this sacrament to the crowd the entire congregation came to the front to be healed. When Padre saw the number of parishioners who sought this type of sacramental healing, he announced that he would do it again the following Tuesday and more than 100 people attended. He announced that the next service would also include this ritual and even more parishioners attended. This began the regular implementation of healing masses and recognition of the climate of the congregation at SDNJ. The Padre and many of spiritual leaders maintain that the healing masses do not demonstrate the sacrament of anointing the sick itself, simply a sacramental representation of the sacrament.

According to the *Sancrosactum Concilium* administered by Pope Paul VI in 1963, sacramentals are defined as “sacred signs which bear a resemblance to the sacraments: they signify effects, particularly of a spiritual kind, which are obtained through the Church's intercession. By them men are disposed to receive the chief effect of the sacraments, and various occasions in life are rendered holy” (SC, 60). Thus, a sacramental is an instrument of sacrament that widens the opportunity for devoted Catholics to participate in sacraments and pious behavior. Investigation of the sacrament of anointing the sick and what is being termed a

sacramental demonstration of such holds little difference in performativity or spiritual influence. The Charismatic Catholic movement was already present in Merida by the time SDNJ was regularly hosting healing masses. Many Catholic and non-Catholic churches were practicing this particular style or a deviation of this type of healing in their church at this time. This meant that Padre was implementing a ceremony that was already familiar to many in the congregation.

When I asked the padre why such a large number of people presently come to his church for healing masses, he replied “we deal in miracles.” Alberto’s confidence in the delivery of miracles is an important aspect of this church. Essentially, the church and all of the actors involved guarantee miracles will happen during or because of these masses. Testimonies of miracles and healing are a common feature of healing masses to demonstrate the effectiveness of this guarantee.

The Healing Masses as a whole are very structured in terms of production. They always include appointed times for liturgy, homily, specific songs and dances, testimonies, the healing ritual itself, and communion. This particular kind of mass is held three times a week, on Tuesday, Thursday, and Sunday for a minimum of three hours each day. Important actors in the production of Healing Masses include twenty-eight mass organizers who are healing authorities or spiritual leaders in the church and are comprised of mostly women. I assign the title of mass organizer to these actors because they structure and conduct important aspects of this mass which will be explored momentarily.

There is always a live nine piece band playing music throughout all of the masses. The music oscillates from slow tempos to invoke emotional responses to high tempo, more convivial

pieces that change the atmosphere of emotion entirely. A multitude of singers perform throughout the three to four hour mass including Padre Alberto himself and his mass assistant, Hugo. There are also ten to twenty-five altar boys depending on the day, who assist the padre and act as his “catchers” when he heals the crowd. A term we will discuss momentarily and that will be further explored in the theory section of this chapter and illustrated in the Events Description and Participant Profiles chapter.

The numbers of parishioners that attend these healing masses is astounding and include individuals from all over Mexico, the state of Yucatan, and the United States. An average Tuesday or Thursday can yield anywhere from 150 to 800 people and are held in the main hall of the church. A typical Sunday, as reported by Padre Alberto, is said to bring about 1,000 to 6,000 Catholics from international and national locations and is held in the outside worship area beneath the awning. The numbers of parishioners in attendance highlights the importance this method of religious evangelization and the aforementioned guarantee of miracles that Padre Alberto pledges to his congregation and potential parishioners. The large number also indicates the effectiveness, in any capacity, of the santuario’s technique.

Observable, Physical, and Logistical Aspects of Healing Masses

Finally, some of the observable, physical, and logistical aspects of the healing portion of these masses at Santuario del Divino Niño Jesus are essential in establishing the connected narratives and discussions of the performances. I will use this section to describe each step of the healing ceremony that I’ve observed. These healing ceremonies are performed in the same manner on Tuesday, Thursday, and Sunday with few exceptions. The only notable exceptions

would be minimal amount of participation in healing by Padre Alberto on Tuesday and Thursdays versus his consistent participation during Sunday masses.

First, red plastic Coca-Cola chairs or blue and silver metal chairs are lined up in spaces around the church or outside worship area where the mass is being held that particular day. Two mass organizers stand behind and in front of the chair. Mass organizers are the main performers of the healing ritual. However, on Sundays and occasionally on Tuesday and Thursday Padre assist in the performance of the ritual on the congregation as well. The two mass organizers represent two different roles in the performance although both are trained to perform the act by Padre and previously trained mass organizers in the santuario. The individual standing in front of the chair is usually a more experienced healer and the “catcher” who stands behind the chair and literally catches people as they fall, tends to be the apprentice of the healer.

Once it is announced that the healing portion of the mass will begin, a large majority of the congregation lines up near one of the various chair stations. The choice of where or who will heal them is a matter of proximity or favoritism of a particular mass organizer or the padre. As uplifting songs play, one by one parishioners stand in front of a chair to receive healing from the mass organizer or the padre. It is common for the parishioner to tell the healer what they wish to be relieved from and thus petitioning to the healer and God.

The healing Mass Organizers carry sacred oil, which is one of three that are used in particular Catholic rituals. The oil is carried in a perfume roller and used by all of the mass organizers but I have never observed Padre using the oil in any form during this ceremony. The mass organizer draws a cross with the perfume roller on the forehead, hands, and sometimes

neck and chest of the parishioner and places her hand on the forehead and either the shoulder, chest, or ailing portion of the supplicant's body. This is called the Laying on of hands and is a crucial aspect of the healing experience.

Personalized prayer, which is also an aspect of the laying on of hands, is another essential element that occurs during this ritual process. The mass organizer begins by quietly recite a structured prayer and commonly incorporates the direct appeal for healing from the supplicant creating a personal petition to God for the parishioner. During this process the parishioner's eyes remain closed, they are usually still standing, and they may cry, whisper, pray, or stay silent while the mass organizer prays.

The term "Resting in the Spirit" entails the loss of control over the body that causes parishioners to faint or become weak bodied (Csordas, 1993) . This is the exact reason "catchers" are utilized during the healing ritual. The "Catcher" navigates the "resting" parishioner to the aforementioned chairs and the pair move on to heal the next supplicant. When one "rests in the spirit" their eyes remain closed, their bodies can either be limp in the chair or in a prayer posture with palms facing upwards. It is typical for parishioners to cry, wail, scream, pray, and whisper. However, some of receivers sit quietly in the chair, emotionally unperturbed.

The length of time during individual healing rests on factors including who is performing the healing and whether the parishioner has rested in the spirit or not. There are only two ways for the ritual to end, one of which is resting in the spirit and the other being the conclusion of the prayer at which point the parishioner walks away. The mass organizers' average healing times were 60 to 90 seconds depending on the concluding result. There were, however, several

instances where the mass organizer would spend more than four minutes on an individual supplicant. The Padre tended to execute his healing much quicker than his spiritual aids. Sometimes parishioners would rest in the spirit without even being touched, sometimes it was instantaneous or within seconds, and other times Padre would spend up to 30 seconds with an individual before moving on. The reason for the expeditious nature of the Padre's healing deals with the favoritism of the crowd. The Padre is the most sought after healer and, thus, is asked to perform the ritual on hundreds of people at a time. Although he moves quickly, parishioner's still venerate him as the most effective healer by the congregation's obvious preference for him to lay hands on them.

After the entire congregation was healed, the padre or one of his aids sings an uplifting song and the mass organizers begin to collect donation or alms from the congregation, communion is given, announcements for church activities and events are made, and the congregation is finally dismissed by Padre Alberto. Now that the background and mechanics of the santuario's activities have been established, we can turn to particular events observed and participants interviewed in order to give texture and vivid context to the subsequent anthropological discussion.

CHAPTER THREE: LITERATURE REVIEW

Catholicism in Mexico

In order to fully explore the position of Catholicism and Catholic healing masses in Merida, Yucatan, we must examine its history and development throughout Mexico. Catholicism came to Mexico in the 16th century in the wave of colonialization brought by the Spanish conquistadors. Conversion to Catholicism was a tool implemented by the Spanish to subjugate and control the indigenous population of Mexico by replacing traditional conceptions of self with Catholic constructions. Outside of the dominating and detrimental factors of colonialism and conversion, the coalescence of a traditional Mexican self and an adopted Christian construction of self implemented a new concept of identity that is significant in contemporary Mexican Catholicism. This is not to say that oppression and subjugation by colonizing forces were not profound in the production of contemporary Mexican selves. However, the product of religious incursion on indigenous people and the persistence of Catholicism in the Yucatan is a more pertinent historical approach to this research.

The seven Catholic sacraments were created in 11th and 12th centuries in the Catholic Church for specific cultural conceptions of the human life cycle in Catholic theaters. Birth, maturation, marriage, and death were, and still are, all considered elemental to human life and thus innate in the life of a Catholic. These ideas of cultural determinants to human life had to be negotiated to a certain extent with a culture that did not seem to naturally adhere to these cycles of life (Pardo, 1963). Thus, in some instances indigenous culture and Catholic tradition had to be mediated by missionaries and friars so that it seemed to reflect relatable identities. This is not to

say these religious authorities saw Mexican populations or their culture and religion as equal. It was simply a creation of basic parallels to achieve intricate and profound mental domination on a physically subjugated people.

The sacraments of Catholicism offered a channel of negotiation for Catholic missionaries and friars to parallel (although not make equivalent) indigenous behavior, ritual, and worldview with Catholic piety. The system of the sacraments, though already concrete in European ideologues of practicing Catholicism, could be used as a means to encourage Mexican populations that there is salvation and grace when one meets the Church's demands. This thinly veiled approach gave subtle promotion to submissiveness to colonially elected authorities while promising relief after one's somatic expiration. One must keep in mind, however, that a number of the missionaries, friars, and Catholic ambassadors sought to change indigenous minds and hearts simply because they deeply believed that Catholicism was truth and it was their responsibility to proselytize non-believers. Even some military authorities believed Catholicism was a necessary attribution to a newly conquered people in order to "modernize" populations at every avenue.

The history of Catholicism and the sacraments continues to be pervasive in contemporary Yucatan. Maya culture is still a prevalent feature of cultural identity in Mexico and incorporates Catholicism into identity expressions. As will be described later, many women use traditional Huipils (Traditional Maya dress) as uniform in the healing masses I attended in Merida, Yucatan. Other Maya cultural expressions are present in these Catholic rituals and demonstrate the importance of Maya identity, Catholicism, and their amalgamation in contemporary settings.

Fundamental to the current circumstances of Mexican self conceived of in health and religion in Mexico is the history of colonialism, subjugation, and conversion to Catholicism of Mexicans by the conquistadors of Spain in the 16th century. Oppression through means of domination of the indigenous people of Mexico influenced the psyche of those experiencing Spanish colonization. When the conquistadors first arrived in Mexico in 1517, collusion between the Spanish and indigenous peoples centered around the domination of antagonizing capitals such as Tenochtitlan that intimidated and imposed taxes on less established peripheral cities. Shortly after the invasion and conquest of Mexico was completed by conquistadors such as Hernan Cortes and Francisco Hernandez de Cordoba the employment of friars and Catholic missionaries was enacted along with social stratification among Europeans, the indigenous, and slaves. This means that populations outside of the Spanish (called peninsulars) were made to feel powerless within their own boundaries and forced to comply with European aspirations and control (Pardo, 1963). The Spanish used Catholicism as a crusade to dominate the indigenous populations of Mexico and other colonized regions. Particularly in the Yucatán region, the Franciscan order was assigned to implement and oversee the Catholic religion into indigenous ideology (Farriss, 1993). It stands to reason that Spanish intentions in using Catholicism as a justification for colonization laid predominantly as a militaristic strategy for the conquest of these populations spiritual values and allegiances (Pardo, 1963). However, indigenous elite also utilized religion and sacred power as tools for political benefit and the establishment of a common good among the lay population and colonial powers (Farriss, 1993: 149). This means that conquistadors sought not only to dictate the physical bodies of the Mexican people but also

to control and influence the mental and spiritual psyche of these populations. This in turn would provide the Spanish with ostensibly like-minded individuals who may collaborate (or at least be less agitated) with colonial rule, resource plundering, and social stratification. A key component to this spiritual (and successively mental) domination would be the employ of friars and Catholic missionaries in the mass conversion of indigenous populations. The conversion process usually began from the top down, beginning with once authoritative aboriginals and disseminated to common people however, friars and missionaries simultaneously proselytized wherever opportunities arose. In the Yucatán, utilizing the indigenous elite as intercessors of a spiritual conquest also provided the opportunity for individuals to still practice pagan rituals in secret while implementing Christian themes into ceremonies (Farriss, 1984).

A prominent figure in this historical drama was a Franciscan friar turned bishop named Diego de Landa who undertook conversion as his personal crusade in “New Spain” (De Landa, 2011). Akin to his military counterparts, Landa engaged in brutal tactics and his “monomaniacal fervor” incited fear among indigenous communities (Schwaller, 2005:568). In terms of methods, Landa approached Mexican conversion from an apocryphally anthropological perspective attempting to purge cultural information from indigenous populations under the ruse of genuine engagement and interest. In reality this method was utilized in order to destroy traditional ideals, gain intimate knowledge of available Maya, Nahua, and indigenous literature, and bombard populations with Landa’s Catholic inquisition. Torture was also implemented during this period of time in the form of stretching and lashes in order to gain information about communities still practicing Maya rituals or worshipping forbidden gods and idols (Clendinnen, 1982).

In other regions of the Yucatán, friars found it difficult to convert aboriginals without referencing to or finding similarities (as a point of reference) in Maya and Aztec traditional religious thought (Pardo, 1963; Farriss, 1984; Farriss, 1993; Clendinnen, 1982). This conundrum forced some friars to examine their own religious and ritual doctrines in order to “properly” relay the principles of Christianity. In the Yucatán, transition from Maya ritual to Christian beliefs was not an entirely unimaginable feat. There were many similarities between the two religious ideologies including domestic tradition and daily life and Saints were an easy replacement for gods in activities like production and childbirth (Farriss, 1984: 287). Nancy Farriss, a prominent scholar of Yucatán history, states “For most of the Spanish culture-bearers, the Christian cosmos was as densely populated as that of the Maya” (1984: 295). As time went on, the strict conditions for comprehensive conversion began to loosen and friars began to encourage Catholic acceptance even if the recipient did not fully or even partially grasp the concept to which he or she was committing to (Pardo, 1963; Farriss 1984; Clendinnen, 1982). Throughout the duration of Spanish rule aboriginal peoples faced massive subjugation by European foreigners and were considered secondary within their own terrestrial boundaries. This included forced slavery and social stratifications placing Europeans at the top and all other populations below them in both social and economic environments.

Historical elements of colonialization’s impact on the conceptions of self in Mexico, the resonating presence of history that is consistent even contemporarily, and the implementation of new ideologies and ways of being in the world that were introduced from colonization and

Catholicism contribute to how contemporary Mexicans view themselves and their lifeworlds. History of subjugation affects the way an individual can identify with health and illness, happiness and sadness, and what one deserves in their present existence. So religious lifeworlds and conceptions of health and illness that are currently pervasive in Yucatan, Mexico can only be understood and explained alongside the general context of colonization and catalysts for these lifeworlds in Mexican history.

History of Sacrament of Anointing the Sick

The Catholic Church encourages its parishioners to follow seven sacraments (or rites) throughout various steps of their lives in order to obtain a fully realized position as a Catholic. The seven sacraments include: Baptism, Confirmation, Eucharist (Communion), Penance (Confession), Anointing of the sick, Holy Orders, and Matrimony. These rites of Catholic life are important in the development and maintenance of righteous Catholic expressions of selves. They deal with almost every aspect of life an individual can generally go through from birth to death. The sacrament of anointing the sick is pertinent to this paper however because of its focal role in the Catholic Healing Mass, the lives of Catholics experiencing illness, and its effect on the daily lives of Mexican Catholics. The sacrament of anointing the sick offers a unique perspective on the issue of illness, healing, and the notion of being healed that can be applied in a secular manner to the social concept of health.

Discussion about the nature of contemporary Catholic culture in the Yucatan requires the exploration of historical precedence Vatican Councils have had over the environment and

direction of Catholic modernity. There are two councils in the history of Catholicism that have been seen to have a direct impact on the way Catholics internationally have celebrated their religion and themselves. In the mid 16th century (1545-1563) the Council of Trent set the mood for an unquestionable and distinct interpretation of Catholicism that set itself apart from burgeoning Protestantism (O'Malley, 2006). The second council that had a direct impact on adaptations adopted by contemporary Catholicism is the Second Vatican Council assembled in 1962 by Pope John XXIII (Alberigo, 2006). There are several other factors that came into play in the course of history that have had indirect impacts and caused critical reflection on the sacrament of anointing the sick and their demonstrations as healing masses in many parts of the world.

From the 4th and 5th century on, penance was given at the last hour of death so that those suffering through their last hours may receive forgiveness and exit this world in a righteous manner before God (Greshake, 1998:80). The idea of forgiveness in the throes of death was not adopted as a rite or religiously mandated practice until the eleventh and twelfth centuries as the entirety of the seven sacraments were being formulated and applied in wider Catholic culture (Greshake, 1998). The ritual was often termed "Extreme Unction" because of the finality of its nature and application. In the eleventh century, Thomas Aquinas addressed elements of Christianity that defined the faith at that time in his publication *Summa Contra Gentiles* which was separated into four books entitled "God", "Creation", "Providence", and "Salvation". In chapter 73 of "Salvation," Aquinas emphasizes the significance of Extreme Unction as a sacrament by stating "this sacrament is the last and as it were all-embracing sacrament of the whole spiritual way of salvation, through which the human being is prepared to participate in the

divine glory. Hence, it is also called ‘Extreme Unction’” (Aquinas, 1260: 73). Thus, the sacrament of extreme unction, from as early as the thirteenth century and evolved from the concept of penance, was regarded as a crucial aspect of Catholic piety.

The prevalence of Protestantism in the 16th century generated action in the Catholic Church to distinguish itself from the doctrines of the opposing church. The Council of Trent was assembled in 1545 to address the problem of Protestantism by clarifying Catholic ideologies, reform pastoral responsibility towards congregations, and eradicate suspected corruptions (Bulman, 2006). Protestantism was perceived as a Christian interpretation that bolstered the idea of attainable spiritual potential available to both parishioner and priest. This concept of potential equality between cleric and congregation directly contradicted the sacralized platform upon which Catholic priests of the 16th century occupied (Alberigo, 2006). The Council of Trent was also formulated to address the corruption of ecclesiastical hierarchy in local churches that appointed clergy to particular positions based on economic advantage or as a form of punishment (Bulman, 2006). Finally, the Council of Trent wanted to investigate the manner in which local clergy were complying with the standards of responsible pastoral care. Renewal of pastoral care included reinforcing moralizing attitudes towards parishioner immorality and sins (Alberigo, 2006: 23). Pastoral care also included the revitalization of spiritual care and attendance to parishioner health. So while the Council of Trent sought to revitalize the vigor of appeal of the Catholic Church in the wake of Protestantism, it was tightening control over priests and parishioners and created centralization towards Rome that left little room for self-expression. The centuries following the Council of Trent would then be defined as a time of Tridentinism that is characterized as “an all embracing system of theology, ethics, Christian behavior,

religious practice, liturgy, organization, and Roman centralization” which defined a “path to a successful implementation of the Council [which] tended to produce a certain doctrinal inflexibility as well as a fearful ‘vigilance against heterodoxy’ that characterized Catholicism until Vatican Council II” (Bulman, 2006: 12).

The next event in Catholic reform and renewal that acted as the most germane catalyst towards the evolution of the sacrament of anointing the sick and its contemporary expression as healing masses is the Second Vatican Council. The Second Vatican Council was called to order in 1962 by newly elected Pope John XXIII who had only been appointed as pontificate months prior to this important assemblage. The new pope approached the climate of Catholicism in the 20th century with a familial attitude oriented towards ecumenical unity and transition into the contemporary social atmosphere. John XXIII created the Second Vatican Council with the intent to represent a variety of opinions, practices, and pastoral models in collaboration towards holistic spiritual renewal within the Catholic Church. The Second Vatican Council was also called as a response to the centuries of Tridentinism that characterized the Catholic Church and the style of worship expected of believers of the faith. The significance of this council was not lost on Pope John XXIII who understood the scarcity with which councils of this sort are called into action and the reluctance towards change that such councils are met with by clergy and laity alike. However, the atmosphere of infallibility and authoritarianism of church and priest bolstered a sterile and austere sense of devotion that relied on the suffering of this world to reap reward in the kingdom of heaven and did not create a visceral connection with Catholic piety (O’Malley, 2006).

Simultaneously, Pentecostalism was exploring the idea of an emotionally involved, tangible religious experience that promised believers ontological contentment in their current state of religious being (Hocken 1981). Pentecostalism, much like Protestantism for the Council of Trent, was one of the catalysts towards creating an all-encompassing, slightly more emotionally involved religious experience for Catholics who wanted to abandon traditional austerity and adopt a deeply spiritual manner of worship that Pentecostalism openly demonstrated and encouraged (Bulman, 2006). Pentecostalism focused heavily on drawing attention to the Holy Spirit, one third of the Holy Trinity in Christianity, and the teachings of the New Testament were considered more meticulously than they had been in other Christian denominations. Recognition of the Pentecostal movement as a denomination of Christianity rather than simply small groups of Christians with similar styles of worship began five to seven years after the Second Vatican Council had concluded (Hocken, 1981: 37). However, the presence of alternative expressions of worship in Christianity and the familial attitude of Pope John XXIII coalesced into the dialogue of renewal surrounding the congregation of the Second Vatican Council.

An element of the Second Vatican Council that equated the subsequent Charismatic Catholic Renewal with the existing Pentecostal revival was the notion of the “Feast of Pentecost.” This is a liturgical celebration of the “descent of the Holy Spirit upon the Apostles” which many Catholics attribute to the day the assemblage of the Church of Christianity began (Alberigo, 2006: 10). Thus, why the terminology of renewal is often mentioned in discourse pertaining to the Second Vatican Council by John XXIII and other actors

involved in these transformative conversations. Pope John XXIII even referred to the era to follow would be considered the “new Pentecost”(Alberigo, 2006: 10).

Preparations for the council commencement had to begin three years prior to the first official meeting in October 1962 in order to accomplish what Pope John XXIII intended. The organization of content to be discussed during the assembly of the Second Vatican Council was to be determined by a questionnaire distributed to prospective representatives in order to address the wide array of issues and interests plaguing local and international Catholic stages. Predetermined categories of clerical responsibility and ideology were administered in the questionnaires leaving little room for new or local ideas to be discussed. Some topics concerned ministry direction of both clergy and laity, the environment of the church in general, the role the church plays in political theaters, transitions of the church into modernity concerning contemporary social environments, missionary work, social doctrines, relationships between religious leaders and believers, and finally, the current condition of families and their direction in the church (Alberigo, 2006: 11).

While these topics reached a variety of issues within and outside of the Catholic Church, John XXIII was not satisfied that they explored the most pertinent issues for Catholicism or addressed the direction in which he wanted to take the church as pontificate. He then appealed to every member of Catholicism internationally, asking them to send him suggestions as to what significant issues should be discussed. Rome received over 2000 letters of suggestion that highlighted the awareness and involvement of Catholics in the landmark potential and action of the Second Vatican Council (Alberigo, 2006). The element of pastoral care and responsibility

was at the forefront of John XXIII's ideology of an age of a "new Pentecost" because alterations in the major actors of the church would illicit change and harmony within the parishioners spiritually, mentally, and even physically. After his death in 1963, Pope John XXIII's ideology and purpose for creating and conducting the Council were survived by his successor Pope Paul VI. Paul VI bolstered the same fervor for modifying with modernity and acknowledging the contemporary needs of parishioners and clergy as John XXIII had before him. Thus, the Council maintained its commitment with fluidity from one pontificate to the next, reestablishing the cohesion in spiritual progression the Catholic Church was attempting to achieve. Transitioning from the binary of moral authority versus repentant, guilty sinner/parishioner towards Catholic unity, and responsiveness in parishioner experiences would create a Catholic climate that provided compassion, enthusiasm, and safety for parishioner and priest.

The name of the sacrament of Extreme Unction was officially changed to anointing of the sick by the Second Vatican Council in 1962 and further reinforced by Pope Paul VI's post-conciliar Apostolic Constitution in 1972 (Greshake, 1998). Before the Second Vatican Council, the sacrament as Extreme Unction was reserved only for Catholics who were in danger of immediate death as a part of their Last Rites. However, during the proceedings of the Second Vatican Council, the council determined

“‘Extreme unction,’ which may also and more fittingly be called ‘anointing of the sick,’ is not a sacrament for those only who are at the point of death. Hence, as soon as any one of the faithful begins to be in danger of death from sickness or old age, the fitting time for him to receive this sacrament has certainly already arrived” (Second Vatican Council, 73).

The Catholic Church changing the name and the principle behaviors of a sacrament is significant to both the environment of Christianity and the availability of the sacrament to

Catholics. Csordas (2002) argues that Pentecostal Christian movement towards “charisms” such as healing and speaking in tongues forced Catholic theologians to consider modifying their healing sacrament, “extreme unction,” so that the image of Catholicism may shift from one of suffering and endurance to a Jesus-like state of holistic health and well-being (Csordas, 2002: 13). As “extreme unction,” the sacrament entailed praying over and anointing with blessed oils the forehead and hands of those who were very close to death so that they may exit this life forgiven of their sins and therefore spiritually healthy to enter “life eternal.” As “anointing of the sick,” the sacrament still involved praying over the supplicant and anointing her or him with oil however, this service was provided for all Catholics that were sick (with all of its various and complex definitions), elderly, in need of spiritual strengthening, or who desired a positive outcome in medical intervention. The purpose of the change served to create a stronger faith in Catholicism by providing parishioners access to a spirit-building, hope-inspiring, healing system.

The movement, new age, or Pentecost era to follow the implementation of over seventy projects initiated by the Second Vatican Council as well as the shift in Catholic attitudes and practice is now known as the Catholic Charismatic Renewal (CCR) (Gooren, 2012). The Catholic Charismatic Renewal (CCR) was developed as an answer to the Pentecostal Revival, the proposed structural changes of the Second Vatican Council, and the necessity for deeper relationships with God by Catholic parishioners. Scholars concerned with the development of both movements maintain that the terminology of Renewal and Revival adopted by both denominations is significant to their believers and outside perceptions of their movements (Hocken, 1981). “For most Catholics, the word revival suggested something essentially Protestant and somewhat fanatical, certainly undesirably emotional” (Hocken, 1981: 38).

Renewal coincided with the “new Pentecost” ideology that Pope John XXIII had expressed throughout the duration of the Second Vatican Council. Thus, the terms that were adopted by each party had particular meanings among and between the Christian groups.

A definitive spatial or temporal origin of the Catholic Charismatic Renewal in practice is difficult to identify since many groups around the world utilized the Second Vatican Council and their message of Pentecost and baptism in the Holy Spirit in several simultaneous and similar manners. However, scholars such as Henri Gooren assert that groups in early 1967 the United States officially utilized the term CCR in Duquesne, Pennsylvania during a spiritual retreat (2012:187). Expansion of CCR into Latin America is proposed to have begun in Bogotá, Colombia (also in 1967) where the first Latin American locations of established religious centers dedicated to the Catholic Charismatic Renewal movement were specifically named as such. Pentecostal missionaries from the United States and Canada collaborated with a Catholic cooperative structured by an activist priest who identified with the promotion of the Holy Spirit and the “gifts” (speaking in tongues, healing, etc.) believers receive in the New Testament (Gooren, 2012: 187-188). From the 1970s on, CCR began to have representation internationally with several interpretations of what it means to be a Charismatic Catholic and how to implement Catholic ideology into everyday life. One such implementation began with the reinterpretation of the sacrament of anointing the sick, formally identified as Extreme Unction, which was addressed in the Second Vatican Council.

Gender, Society, and Religious Settings

Gender dimensions have an elemental role in the expression and experience of Charismatic Healing Masses at Santuario del Divino Niño Jesus. Women make up the large majority of the parishioners in attendance at healing masses on any given day and the female perspective is heavily documented in this research because of their dominating presence. All of the mass organizers that assist Padre Alberto in the healing ceremony are women and many of the parishioners who volunteered and agreed to extensive interviews were women. In most of these interviews with women, depression was assigned a position in the conceptualization of illness narrative and contributed in some part to the experience and expression of self in healing mass theaters. The role gender plays in these healing masses is, thus, a point of interest in this research in order to address possible explanations for this gender representation.

Gender is a social construct that is utilized at times to assign place, status, responsibility, and function on a member of a biologically determined sex group. Gender plays an active and subconscious role in the behavior and thoughts of individuals of any culture. It acts as another critical informant of embodiment and bodily practice that generate ways of being and experiencing the world (Csordas, 1990; 2000; 2004). Gender “is not only ‘out there’ structuring activities and institutions, and ‘in our heads’ structuring discourse and ideologies; it is also ‘in here’- in our hearts and bodies structuring our intimate desires, our sexuality, our self-esteem, and our dreams” (Peterson, 1997:199). This means that the dominating presence of women in the Charismatic healing masses may signify a shared cultural disposition of desire and spiritual consideration that differs from the assigned or assumed disposition of men.

Concepts of gender representation and articulation in Mexico and Latin America have been explored by scholars in anthropology and Latin American studies through terminologies such as *machismo* and *marianismo* (Stevens, 1973). *Machismo* is commonly described as “a cult of virility” that consists of encouraged aggressiveness in many social situations such as male/male interactions and male/female sexual/platonic relationships (Stevens, 1973: 90). The term *machismo* propagates an ideology that “men are neither the problem nor have problems” (Rutherford, 1988:44) and that they cannot help but to commit blunders because they lack the inherent morality assigned to women through *marianismo*. In conjunction with *machismo*, *marianismo* represents the feminine, submissive, and spiritual counter to male aggression and belligerence (Stevens, 1973). Marianismo was coined by Evelyn P. Stevens in a 1973 essay where she explores the dichotomy of the two sexes in Latin American culture and assigns a Virgin Mary-esque expectation of self and other to females in Latin society. This means that women are viewed with dichotomous perspectives such as submissiveness yet control life in terms of procreation and sustenance (Stevens, 1973; O’Connor, 2014). One aspect of *marianismo* that places women ahead of men is spiritual strength and superior morality because of female association with the sanctity of the Virgin Mary. It is an assumed expectation of women to be chaste, self-sacrificing, humble, dedicated to husband and family, and the most religious figure of the family (Stevens, 1973; Butler-Flora, 1973; O’Connor, 2014; Nurse, 1994). Stevens (1973) suggests that the female embodiment of the Virgin Mary also entails a chronic characteristic of “sadness” within women due to the heavy burden of their submissive status and the “unalterable imperfection of men” (95-96). This aspect of *marianismo* may identify the

commonality of depression and mental afflictions that concern female parishioners of charismatic healing masses at the Santuario del Divino Niño Jesus.

This framework of gender articulation is critiqued in anthropology and gender studies because of the static overgeneralization the concepts of *machismo* and *marianismo* bring to a constantly changing state of culture. While some stereotypes Stevens' analysis presents may have real applications in the experience of healing masses by the two sexes, they not overtly apparent elements in healing mass ceremonies. Stevens does make it a point to mention that these concepts are clandestine and subconscious associations in cultural context and are reinforced more through media outlets and entertainment than in overtly oppressive behaviors (1973:96). This could explain the numbers of women who attend these healing masses as feeling a spiritual obligation to spiritual strengthening through the ceremonies and the numbers of women who express components of depression throughout their illness narratives. Gender plays a role in studies of culture ubiquitously throughout anthropology and serves as an interesting function in this research.

Theories Concerning Health, Illness, and Religious Intersections

Thomas Csordas writes ample ethnography and theoretical reviews of the Christian Charismatic Renewal movement in several Christian denominations such as Pentecostalism, Episcopalian, and Catholicism. Csordas has examined this movement for more than 30 years since 1973 and describes, theorizes, and analyzes the Charismatic movement through phenomenology. Csordas also employs anthropology of the body and religious anthropology to

thoroughly explore the significance, impact, and success this movement has had in Christian denominations. Social conditions, employment, and education levels play a role in how healing masses are successful. In Csordas' observation there are many levels of social status, types of employment (from blue collar to white collar), and levels of education present in the congregation and healers of the Charismatic movements. These factors contribute to a complex general makeup of parishioners who attend the healing ceremonies and validate the idea that there is shared disposition among human beings although they maintain different experiences. Csordas understands that healing ceremonies in the Christian Charismatic movement contain "spiritual strengthening" as one of the principle foci of their plight and the physical or mental restoration that may occur is a supplemental bonus. Csordas asserts that meaning in phenomenology cannot be reduced to biological and sensory modes, "this approach requires a reconstitution of meaning that bypasses the bodily synthesis of sensory experience and the cultural synthesis of the sacred experience" (Csordas: 2002: 254). Both "Body/Meaning/Healing" and "The Sacred Self" provide a thick description of the Christian Charismatic Renewal movement in North America, the theoretical ideas of body and self, and analysis of meaning behind the movement. This paper seeks to explore the simultaneous implementation of biomedical methods of health in unison with religious healing ceremonies.

Mary Collins' article entitled *The Roman Ritual: Pastoral Care and Anointing of the Sick* sheds light on the transition the Catholic Church implemented in 1972 with the revision of the *Ordo unctionis infirmorum eorumque pastoralis curae*. Collins identifies the methods of the sacrament as they are performed in both Ordinary and Short Rites and the roles of supplicants, ministries, and administrators of the sacrament of anointing of the sick. The healing rituals

performed without the structure of liturgy, sacrament, and Eucharist can be considered a practice in the Ordinary Rite of the sacrament of anointing the sick. This means the performance of the healing ritual is a “sacramental celebration in a gathering convened specifically for this liturgical action” (Collins, 1991:6). However, Collins identifies the masses such as those performed at Santuario del Divino Niño Jesus to be “The Rite of Anointing the Sick during Mass” specifically because they follow this structured procession (1991:10).

David N. Power also provides a description of the technicalities involved with the anointing of the sick including who may receive the sacrament among Catholics and what the action is conceived to accomplish. Powers brings to attention the Catholic Church’s oscillation between faith-building and bodily improvement as the core purpose of the anointing of the sick. Although bodily improvement is determined a secondary condition to the spirit-strengthening primary, the two ideals are thought of as complementary to each other. This lends to the notions of healing most identified with parishioners. Spirit-strengthening was commonly referred to as the building block upon which physical healing could occur.

Patricia Maloof article entitled *Sickness and Health in Society* presents a more general application of health within the cultural system. The author submits there are three sectors of society from which health care arises: the popular sector, folk sector, and the professional sector. The popular sector is defined as individuals in the general population who address their own health issues and deal with them within their own means (e.g., enduring illness on their own or with a communal support system). The folk sector contains healers who are not considered members of the biomedical realm and operate under alternative methods of care (e.g, herbalist,

spiritual healers, and shamans). The professional sector includes members of the biomedical sphere and “professionalized indigenous healing traditions (e.g., Chinese, Ayurvedic, etc.)” (Maloof, 1991:20-21). Maloof also addresses the reality that many suffering from disease and illness do not separate their well-being by mind and body, rather they depict health as a unified holistic well-being. This notion supports the theoretical groundwork this paper presents in that healing masses serve the purpose of healing the spirit for a healthy whole.

Meredith B. McGuire (1991) follows the many of the same perspective of health within a cultural system as the other authors in her article *Religion, Health, and Illness*. McGuire’s definition of the “medicalization of deviance” correlates with many accounts of biomedical treatment I received by interviewed parishioners. The medicalization of deviance is the clinical evaluation of sickness as a deviation from health (McGuire, 1991:85). However, the term also implies social deviance in participation of “disapproved behavior” such as “alcoholism, promiscuity, and homosexuality” (McGuire, 1991:85). This concept fits well with Kleinman’s assessment of doctor-patient dialogue that will be mentioned in a moment. Medicalization of deviance is akin to the sifting through of dialogue in order to find signifiers of disease or implications of falsehood. It is also the tendency to blame symptoms on the patient or attribute general ideas of deviance to patient narratives even though they may not be active or present. Also in direct correlation with Kleinman, McGuire asserts that there is disconnect between disease treatment and illness understanding. This research argues that religion plays a relevant role in the healing of patients because it mends the separation between mind and body that many biomedical realms dissect and treat. Commonly, religious institutions provide meaning to a person in terms of self and belonging. Religion performs the task of recognizing and repairing

the whole person through mind, body, and spirit. In her book “Ritual Healing in Suburban America” McGuire also examines Christian groups who use healing ceremonies and intercessory prayer for the restoration of health whether it be in society at large or within a single person (1988). McGuire describes “wholeness,” coping and endurance of illness, gradual healing, and the support of healing ministries that provide the listening ear for parishioners’ illness narratives to demonstrate the alternative healing methods Christian groups participate in in order to achieve health (1991:92).

In terms of cultural accounts of illness and disease, which is a fundamental element to the subject matter of this paper, authors such as Arthur Kleinman support the essential notion that individuals experience disease and health differently. Although commonality can be found among individual’s diagnoses and narratives, an individual person as a separate entity from the communal social has a unique foundation, endurance, and narrative. No two individual accounts can be the same but they can share common social facts. Kleinman asserts that doctor-patient models are lacking in their attempt to completely heal a client because the biomedical mode of health does not recognize narrative (1988). Instead, doctors are trained to find signs and clues of categorical disease through interrogation, missing or ignoring important details that contribute to the well-being of a person (Kleinman, 1988:53). In terms of healing ceremonies such as those practiced by Catholics in healing masses, Kleinman confirms that illness shifts the common-sense perspective of a person into a state of confusion where individuals group together to find meaning (Kleinman, 1988:27). Illness narratives serve as a foundation for proper care physiologically, psychologically, and in terms of patient satisfaction and standard. Healing

masses possibly “fill the void” as either alternative methods of care or communal acknowledgement of subjective *suffering*, not simply objective disease.

All of these concepts support this thesis’ framework in approaching the cultural conceptions of illness and healing through the Catholic sacrament of anointing the sick and the ceremony of healing masses. Each perspective is applicable to degrees of this study and establishes a basis of understanding for the observed phenomena.

Theoretical Discussions of Phenomenology, Experience, and Narrative

The theory of cultural phenomenology consists of the individual conception of experience and of being-in-the-world. It is the exploration of the different ways bodies experience the same event in various or seemingly identical manners. Robert Desjarlais (1996: 72) describes experience “not as an existential given but rather a historically and culturally constituted process predicated on being in the world”. The expression of experience, the collection of reflections of consciousness and the narrative in which they are constructed and released as one and simultaneously many experiential absorptions, is unique in its situation within the body and relative in their constructed delivery. Csordas rightly identifies the body as the ground for culture (1993). He defines the body as a “biological, material entity” and the expression of culture and experience as “embodiment” (Csordas, 1993:135). In other words, the body-mind dualism proposed by Descartes acknowledges the body as an empty vessel only activated and made into what we identify as “mind,” “soul,” or “sentient,” thereby separating the essential connectedness that create sentience itself. That is, the awareness of our bodies as part of

our being and the relation of our bodies to other bodies in the world defines being-in-the-world, cognizance, experience, expression, and culture.

This research deals with two important and disputed theories in critical anthropology. The first is cultural phenomenology and the second is the theory of embodiment. These theories differ, in many respects, in their application to observable and interlocutor-identified ways of being-in-the-world and are similar in how they conceptualize the body, what occurs within the body, and the expressions that facilitate past, lived, and future experience. Embodiment is conceptualized by some scholars as being a strand or sub-theory of cultural phenomenology (Csordas, 1993; Throop and Desjarlais, 2011). Embodiment is a theory that conceptualizes the pre-reflective, reflective, determinant, indeterminate, and the many other juxtaposed realities of consciousness and the experience of cultural absorption, construction, and expression (Csordas, 1990). Embodiment is beyond simply existing in the world or being-in-the-world in the sense of a body as an empty “existential ground” on which culture operates or is the expresser of. Embodiment incorporates culture as a way of experiencing the world reflectively, presently, and with future orientation. Experiences, whether the person acknowledges them as tacit, explicit, memorable, or unimportant, are the elemental conceptions of reflection upon memory (past experiences), the relatedness and unrelatability of the present, and the orientation of action and thought towards future possibilities.

Dewey states that “things are what they are experienced to be” (1905:228). So capturing an exact, uniformed experience of not only healing masses but every experience a human being can encounter is beyond the scope of this paper and an overconfident intellectual assumption.

What can be done is to theorize on the similarities and differences of the parishioners who attend these healing masses, their descriptions of their personal experience in the mass, and their thoughts and experiences concerning their health status and environments (medical, spiritual, both, or neither) to which they are a party. This type of analysis can draw general yet specific conclusions about the philosophical nature of these masses, a biographically influenced idea of each parishioners “being-in- the world,” and a phenomenological lens through which we can consider what is occurring in this Catholic parish and in physician’s offices as conveyed from parishioner experience.

Michael Jackson (1996:11) touches on the magnitude of experience and the pursuit of a unifying theorization of experience by stating “truth is seen, not as an intrinsic of static property of a belief, as a naïve symbolic analysis often assumes; rather, it is what happens to a belief when it is invoked, activated, put to work, and realized in the lifeworld.” By this Jackson is proposing that the pursuit of understanding experience begins by redefining what experiential truth is. There is no uniformity in experience because experience is a unique truth to those who it is embodied by.

The notion of experience is a contested concept in critical anthropology as it is understood by some as a crucial aspect of human understanding or considered by others an unknowable, disputable, and therefore insignificant element to cultural analyses (Desjarlais, 1996: 71). This research advocates the investigation of individual experience and embodiment in order to analyze what occurs in the setting of Catholic Healing Masses so that particularities of healing can contribute to a more satisfying healing experience in biomedical arenas. This does

not mean that spiritual or religious elements need be applied to secular environments such as hospitals and clinics. Rather, the humanistic experience of religious environments, what can be considered a biological and embodied reaction to a spiritually charged event, is what concerns this research. How can we investigate what occurs in a religious setting and apply it to a secular environment? In this research, the study of experience, embodiment, and phenomenology incorporates the religious elements of individual action and behavior while anchoring the theory to human grounds.

Self-reflexivity is often an approach to field work and anthropological exploration in general that is meant to keep anthropologists aware of their personal biases and what I call historical baggage. Historical baggage means that you, as an individual, experience this world through the perspectives and past experiences you have adopted or that have influenced your opinions and behavior up until this very moment. You may experience, reflect upon, or form opinions about a specific situation that is different than everyone else's in the room. The reason for this is because no one has the exact mirroring parallel to your life. No other individual, no matter how alike you are and how many commonalities you maintain with another person, will see a situation the same exact way as you. Self-reflexivity is the active awareness of your historical baggage and inherently unique perspective and is an attempt to remove it from an analysis of any kind. While many scholars maintain that the total removal of biases, perspective, and personal history is impossible, self-reflexivity is a tool commonly used in anthropological analyses.

The idea of self-reflexivity as it pertains to this research concerns the experience of Catholic Healing Masses by the parishioners of Santaurio del divino niño Jesus. Although every parishioner attending this Santaurio may describe experiences in similar manners, each encounter with the mass and the Catholic environment is determined by the individual embodiment of being-in-the-world, the embodiment of the Catholic Healing Mass itself, and the embodiment of the health disparity that has encouraged attendance.

When exploring what it means to be a Catholic Mexican in Merida, Yucatan who attends healing masses and also has a relationship with a biomedical institution, incorporating the embodiment of culture maintains an essential place in analysis. There are many actions, actors, life worlds, perspectives, ontological and existential components that determine why one would attend these masses while simultaneously attending a biomedical institution for the same health discrepancy. However, embodiment as an individual expression must be considered over the idea of a generalization of culture. Although culture influences may persuade a perspective or behavior, Jackson dictates that “culture... cannot be set over or against the person. It is, rather, the field of dialectic in which the sedimented and anonymous meanings of the past are taken up as means of making a future, and givenness transformed into design”(1996: 11).

What can be considered a subconscious physical and mental reaction to the healing masses can also be applied to the conscious reality of patient-medical staff environments. What is described by Csordas as being “swooned by God” or “resting in the spirit” is conveyed by parishioners as the physical act of having god’s power flow through you (1993). It is considered an opportunity to have a tacit or explicit conversation with God as you are touched by the priest

and being prayed over. The mental capacity of this act entails the idea of “being heard” which is a behavioral and communicatory concept introduced and explored by Kleinman (1988). This relates to not only the theory of embodiment as investigated and expanded upon by Csordas, Desjarlais, Throop, etc, the physical and mental reaction of “resting in the spirit” entails essential components of phenomenology. Michael Jackson explains that phenomenology as a way of knowing the world “must give up the illusion that it is possible to absent ourselves from the constraints of history and the contingencies of our situation. One may disengage from the world the better to grasp it, but this disengagement is not transcendence. Rather, it should be considered as a way of seeing one part of the world from the vantage point of another—a form of lateral displacement rather than an overarching perspective. The implication is that no one cultural standpoint is central” (1996: 9). This analysis of phenomenological anthropology is part and parcel to the concept of self-reflexivity of the researcher and the life-worlds that parishioners are already engaged in as they attend healing masses and biomedical institutions.

Phenomenology as investigated by Edmund Husserl incorporates the experience of the individual with consideration of the body as more than a physical extension of the operating mind (Husserl, 1962). Rather, the body is the physical space upon which experience occurs and is as intricately affected by experience as the mind of the individual.

Narrative is the vessel upon which experience is delivered and embodiment is explained. Through testimonies, interviews, and questionnaires, verbal narratives of subjective experiences are conveyed and analyzed. Narratives are the culturally constituted structure through which individual and unique experiences are communicated (Mattingly, 2000). The structure of a story, inside which experience is revealed, is comprised of the narrative that is culturally relevant. As

stated earlier, culture is not the distinctive or central plot upon which all experience pivots, however it is a crucial element of conveyance and communication that is considered in this research. This means that there are omnipresent layers to experience and embodiment that dictate its subjectivity as well as its generalities. This is elemental to the investigation of this research so that the unique experiences of many can be considered towards collective discrepancies in biomedicine and physician-patient interactions.

Illness and suffering are a part of the paradigm of embodiment that phenomenology examines as an inherent and unique expression of self. Kleinman identifies illness as distinctive from disease as illness is the personal journey that those stricken with biological disease or health discrepancies endure (1988). This journey incorporates the individual lifeworld, conceptions of self, and positions toward future orientation. This means that social and economic positioning in the world affects the conditions under which a disease is experienced. In this research, religious affiliation is also considered part of the lifeworlds maintained by parishioners. Conceptions of self are postured as one moves from knowing the world as a healthy individual to being relabeled as ill, suffering, or a victim/survivor of disease (Csordas, 1990; Kleinman, 1988).

Howard Brody expands upon the concept of this repositioning as the “dual nature of sickness—the way it can make us different persons while we remain the same person” (Brody, 1987:x). Finally, future orientation is how the individual seeks management of the body and self or how one creates understanding of the self. The attendances of healing masses are considered an evaluation of one’s future orientation as they are methods of healing that parishioners seek care from. All parishioners stated that they sought healing from both the Catholic Healing

Masses and biomedical institutions. This indicates that future orientation is also dictated through health seeking behavior towards hospitals and clinics along with religious rituals. This seemingly dichotomous relationship in individual health is pertinent to this research as it demonstrates the potential coalescence of particular experiences in both religious and secular environments concerning healing methods.

Phenomenology and the theory of embodiment are theories in critical anthropology that explore what is considered a personal, unique, and subjective experience and try to uncover meaning within it. This process delicately investigates personal experience and ways in which the body is grounded in culture and lifeworlds while maintaining the uniqueness of individuality within the person. Actions, behaviors, opinions, and communication may appear similar in scope and sometimes mimic the elements of other parties but experience, embodiment, and phenomenology itself dictates that only the individual can know how they truly feel within an environment. Story-telling and narrative are called upon as an anthropological tool to help convey the experience of the individual parishioner attending Catholic Healing Masses. The narratives of their illness, the story of their environments, and the position they find themselves in on their illness journey towards health improvement or maintenance are crucial elements of anthropological investigation that position the researcher closer to the experience of the parishioner and a more complete understanding. Although experiences are individual processes, the narrative around the experience including the structure of parishioner lifeworlds, the expression of feelings within certain rituals such as “resting in the spirit,” and the stories parishioners chose to encapsulate their religious and medical experiences in healthcare all lend towards a deeper understanding of why individuals choose the health care they pursue.

Phenomenology recognizes the innate uniqueness within each parishioner by recognizing the commonalities that form conveyance. This means that the vessel upon which individual experience reaches the researcher may mimic the behaviors and attitudes of those around the parishioner but situated within this structure are exclusive existential encounters. This is a crucial aspect of this research as it correlates two seemingly dichotomous environments with the essence of experience at its core. No two parishioners had identical tales of biomedical environments or even of a particular healing mass. However, what can be explored and subsequently applied from one unto the other are the elements of experience that expressed feelings of “not being heard” in patient-physician relationships, the touch of a priest versus the authoritative space between parishioner and physician, as well as the notion of individuality in masses versus generality in biomedical settings. The essence of these emotions and experiences were conveyed in different manners but can be held to the same structure of dissatisfaction that this research seeks to ameliorate.

CHAPTER FOUR: EVENT DESCRIPTIONS AND PARTICIPANT PROFILES

This chapter will describe important events that were observed during my time in Merida, illustrate participant profiles that provided germane examples of Mexican Charismatic Catholicism in this santuario, as well as relay accounts of healing and of personal catalysts that encouraged participation in the Catholic healing mass ceremonies. Pseudonyms are used for parishioners and spiritual leaders in order to protect their identities and provide anonymity.

Illustrations of significant events and of participant profiles are essential so that the reader is informed of the cultural and religious climate of the field setting, the events and behavior that influences parishioner lifeworlds, and so the reader is aware of the circumstances and performances that are referred to in the discussion of this research. This chapter begins with descriptions of significant events that provide a physical narrative to a deeper theoretical and ontological performance. Next, illustrations of the actors involved with this religious ritual and performance will be explored including those receiving healing and those conducting it. These descriptions provide the reader with a better comprehension of how these events and personal narratives affect Mexican Charismatic Catholic sense of self, healing, and illness.

Sunday Healing Mass

June 23, 2013

As described in preceding chapters, the healing masses in santuario are relatively organized and follow a distinct procession of ritualistic tradition integrated with contemporary religious expression. The physical performance of traditional Catholic prayer, liturgy, and

sacraments are pervasive features of the healing masses in santuario. However, parishioners' self-expression of Charismatic Catholicism and personal lifeworlds amalgamate with traditional Catholic theater creating new ways of perceiving religious selves and healthy selves. In the environment of healing masses, parishioners are supported in their choice of self-expression, of emotion, of health, of illness, and of religious self. With a stage so open to individual interpretation, with only a few shared behaviors that will be explored, drawing attention to one Sunday mass in particular that demonstrates the presence of Charismatic Catholic concepts of health and healing will shed light on the larger theories at work.

Sunday masses begin at 9:30 AM or within a few minutes of that time for parishioners to settle or for Padre to make his way through the crowd to the stage. This particular mass began late at 10:08 AM with uplifting songs performed by Padre Alberto and participatory dancing from the crowd. At this point, there are more than 1,000 people in attendance already and more parishioners arriving through both of the large gate openings encircling the outside worship area. Even with more than one thousand parishioners seated in the blue and silver metal chairs or red plastic Coca-Cola chairs, only half of the outside worship area is filled.

Located on the stage, Padre Alberto and three male spiritual leaders are preparing for the mass that should begin at any moment. The stage is a large cement block with six stairs leading to the platform where many of the religious actors of the healing masses are situated. The back of the stage hosts an immense shadowbox containing a white stone statue of the divine Christ child and a large mounted, abstract, stick figure of Jesus on the cross made completely out of metal. There is a wooden podium that Padre Alberto and his spiritual aids evangelize from and that the

Padre is constantly seated next to while the band performs or while parishioners give testimonies. To the left is the band, to the right the altar boys sit patiently throughout the mass, in the center the altar with a white cloth embroidered with the words “Santuario del Divino Niño Jesus – Mi Vida Esta en Tus Manos” (Sanctuary of the Divine Christ Child – My life is in your hands) and an image of the divine Christ child is draped. The wooden podium is just off center from the altar (as not to block it) nearest to the band.

The outside worship area could easily span 50 to 75 yards wide with an unbelievably tall awning that contains 12 cross shaped windows spaced across the lip of the awning. Facing towards the stage, the wall of the outside worship area constitutes of a light brass colored criss-crossed gating with several shadow boxes containing divinations of the Virgin Mary including Our Lady of Guadalupe and Our Lady of Lourdes. The right side of the worship area is where the large wooden church entrances are located. There are 3 in total with intricate metal flame sculptures on the dark, heavy wood doors. Stairs also lead to the platform on which the main church hall sits and more chairs are placed there to sustain the Sunday healing mass crowds.

At this point singing and dancing from the various singers that make up a portion of the band and from Padre himself has been ongoing for 20 to 25 minutes while more parishioners enter the worship area, filling up all of the seats towards the front and sparsely populating the seats towards the back. Parishioners and their families, friends, or escorts that have settled in their seats sway to the beat of the songs, clap their hands in tempo, and sometimes sing along warbling lyrics about Jesus, Mary, God (Señor), forgiveness, and the glory of God. The general atmosphere is inspirational and lighthearted as smiles and laughs are emitted from the lips of

infants and elderly alike. Husbands are waving over their wives and children towards seats they've secured near an industrial sized fan, while still others are searching for a place near the front or where they can see the stage clearly. Many parishioners arrive in freshly dressed bandages, assisted by a loved one, and directed towards the nearest cluster of chairs by a male spiritual leader.

A particular talented and lively singer is rounding out the performances with intricate dance moves and enthusiastic adlibs. As he finishes the final song of the healing mass introduction, many of the male spiritual leaders line up outside of the rear gate entrance with a very large divine Christ child statue sharing weight on their shoulders. Once the song finishes, the singer delivers a quick burst of information conveying the santuario's desire for testimonies from the crowd and navigations for the parishioners to reach the stage. He then directs the congregation's attention to the back gates of the worship area to watch the procession of the large divine Christ child statue towards the stage. As parishioners lay eyes on the statue they applaud and the band begins another interactive song about the heart of God which incites participatory clapping to the tune throughout the entire procession. As the statue passes each row of chairs, parishioners gather towards the ends to line the makeshift pews with their arms outstretched to touch the statue with their bare hands, cloth napkins, jewelry, and a plethora of other objects that most then caress their faces, necks, chests, and arms with. Three more songs are performed by the remaining two singers who are also the routine assistants to Padre and performers during the weekday masses.

A second statue is carried from the back gates depicting the Virgin Mary embracing a toddler-aged divine Christ child against her chest, both donning crowns and positioned in front a metallic gold arrangement highlighting their elevated religious statuses. The statue is small enough to be carried by one male spiritual leader who holds the figure from the base with a white embroidered cloth above his head. Very few parishioners caress the Virgin Mary statue but the majority of the congregation faces her with their palms facing towards the statue. All of the parishioners follow her with their gaze and pivot their bodies so that their backs are not turned towards the figure's presence.

Around 11:10 AM, Padre Alberto begins his first sermon of the healing mass while the band plays softly behind him. Padre's voice is deep and soothing yet powerful in conviction and persuasion. He consistently has a rough cough that he emits throughout his lectures and even during his singing which he quells by taking sips from an ever present bottle of water. During the songs, many parishioners kept their hands in the air while they swayed to the tempo of the music. While Padre Alberto reads from the bible with piety and profundity, many parishioners keep their hands in the air as if to affirm that the truth is being spoken. Padre then switches gears by initiating an energetic song that awards all glory to God, a song that every parishioner seems to know and that Padre Alberto performs with spirit and physical animation. Finally, a male spiritual leader begins to march down the center aisle carrying a gold and red varnished cross while Alberto continues his inspirational song. The man is wearing a full white shawl featuring the divine Christ child on the back that he uses to wrap around himself and hold the embellished cross with. Three altar boys in white Cossacks with maroon sashes carrying bells and candles run around the corner to catch up with the spiritual leader's advancement in the organized

procession. The boys, no older than 14, take their places on either side of the man and scramble to maintain a slow coordinated march. While one tries to sync his bell with the Padre's high tempo song and straighten his sash, the others attempt to face their candle holders the correct way and remove their rosaries from inside of their full Cossacks. The procession finally makes its way to the front and sets the concluding statue on the altar while Padre completes his song and begins his next sermon.

Within a 25 minute time span, Padre Alberto has performed three songs and executes a 12 minute sermon espousing familial support, spiritual patience, and moral obedience. He maintains a high energy throughout the performance which encourages enthusiastic participation and attention from the ever-growing audience. It is now nearing noon and the crowd has filled out even more with numbers estimated near two thousand parishioners. Padre now turns to the right side of the stage to welcome the first testimony from a demure female parishioner, unsure of how to navigate the large stage most efficiently. Wearing a purple tank top, thin rimmed circular glasses, and tight auburn highlighted curls, the woman approaches the microphone held by a male spiritual leader and introduces herself as Camilla. Her voice is already breaking as she describes her brother's deteriorating medical conditions and the pain her and her family has gone through in their attempts to restore his health. As she clutches her chest and tries to articulate through her tears, the woman thanks the santuario's healing masses for rehabilitating her brother to a state of health after she attended and received healing. She concludes her testimony by giving thanks to the divine Christ child and demonstrating the sign of the cross across her body.

As the previous parishioner exits the stage, a couple with an infant approaches the microphone calmly and with purpose. The husband cuddles the infant in his arms while his wife holds her own wrists and concisely relays their healing story to the congregation. The couple had experienced infertility for 13 years of their marriage, exploring and experimenting with several conception techniques attempting to increase their prospects of pregnancy. Finally, they attended a healing mass at the Santuario del Divino Niño Jesus with the intentions of achieving fertilization and starting the family they dreamed of for the past 13 years. As the woman wrestles her fingers, her husband gently rubs the infant's back as he perches the baby on his shoulder. The woman touches her infant gently and attributes their newborn child to the glory of God and the power of the healing masses conducted at this santuario. She is concise and speaks with direction as she completes her declaration of faith and healing; exiting the stage once she thanks the padre and the divine Christ child and applauds with the congregation.

An older woman with wispy salt and peppered hair approaches the microphone still being held by the same male spiritual leader. Her long, pink floral skirt billows as softly as her hair against the artificial wind created by the industrial fans. She reaches out for the microphone but the male spiritual leader insists on holding it for all of the parishioners, presumably to regulate the amount of time any one parishioner spends articulating their testimony. The woman straightens her posture and clasps her hands in front of her waist as she begins illustrating her severe ophthalmic issues. She dons rimless glasses and confident demeanor describing the glaucoma that has afflicted her eyesight and comfort over several years. She explains the overwhelming nature of her affliction and how she began to attend healing masses in order to alleviate the pain in her eyes. After attending the masses she began to feel less pressure in her

eyes, clearer vision, and a general deceleration of glaucoma symptoms. The woman attributes this healing to God and insists that all things are possible through faith in the word of God.

The next parishioner cautiously approaches the microphone, her eyes softly scanning the crowd with hints of anxiety or melancholy as she prepares to speak. A middle aged woman, plentifully bestrewn with jewelry complemented with neatly teased black hair begins to convey her difficulties to the congregation. She employs somewhat ambiguous terms to express her struggles leaving the parish to disentangle her vague imagery. The congregation becomes slightly restless with personal conversations growing louder and the man holding the microphone switching hands and sighing as she continues her narrative. After several minutes, quite a bit more time than the other parishioners received, the essence of the woman's suffering is illuminated. She struggles with maintaining devotional faith in Catholicism and believes this has affected the way her son behaves and submits to God. The parishioner's son has denounced God and his religious affiliation causing his mother to sink into a depression initiated by a deep faith crisis. She asserts that the only remedy for her intense spiritual woes was the healing masses held at the santuario. Her voice is strained and breaking throughout her speech but even more so as she too thanks the Padre and the divine Christ child for her healing gift.

The final testimony comes from a young woman who ambles towards the microphone displaying no enthusiasm in demeanor or voice. Her words are monotone and slow to occur as she holds her hands behind her back and illustrates the complications she has experienced with her eyesight. The young parishioner has also dealt with the ordeal of glaucoma in her eyes which has affected many aspects of her life. She highlights the importance of her faith towards the

restoration of her health and the amelioration of her ophthalmic condition. Unlike the previous parishioner suffering from glaucoma, this parishioner does not wear glasses but does attribute her current health status to the glory of God and the divine Christ child.

Padre Alberto takes his place behind the wooden podium once more, swiping through his iPad for the next portion of the healing mass activity. He begins by speaking about the blessings that God has bestowed on all of his parishioners and the position of God in all religious life. As soft music slowly creeps into the background, Padre points to the woman who suffered from a faith crisis up to the altar on stage. As he sings about God as a catalyst for all things, they face the statue of the divine Christ child and he places his hand on top of her head. They both stay in this position for the entirety of the song before he turns back to the congregation as a sign of dismissal and she is helped down the stairs by two male spiritual leaders. He continues to harmonize with music and then invites the congregation to approach the stage a pray closely to the embellished cross.

The entire worship area becomes alive with movement as male spiritual leaders move items around the stage to make room for the activities and parishioners clamber for a desired position in the fast growing lines. The male spiritual leaders direct parishioners towards particular areas and attempt to slow the rush of people charging towards the stage. As 2,000 or more individuals create an extensive line spanning the entire length of the worship area and filling the width of the aisle, a woman near me is beginning to wail. Her female companion holds her left arm and shoulder to comfort the woman as vociferous cries leave her body and she folds her hands in prayer. The woman is wearing a slightly tight blue polo that emphasizes her

pregnant belly, her wet black curls are pulled back halfway, and she seems to tire herself with every loud sob she emits. With her prayer hands pressed against her lips and her face showing obvious distress, suddenly the woman begins to gag. She struggles to keep her mouth closed as her body rejects and she proceeds to double over, vomiting in the middle of the large condensed line. At first those around her do not recognize the physical behavior as a critical condition in need of assistance but as her companion scurries to capture the attention of the closest santuario authority while holding the ailing woman up by her elbow, the crowd around seems to react in a worried yet slightly annoyed fashion.

The surrounding parishioners move a few steps away, as much as the compressed nature of the crowd would allow, and look back intermittently to check on the physical status of the woman. A male spiritual leader sees the commotion and the beckoning from her companion and makes his way through the crowd to assist the pair. He takes the weight of the woman in his hands while her companion rummages through her purse to find napkins. The sick woman is sobbing even louder now, holding her head in her hands, and looks completely exhausted from this instance of intense physical exertion. She covers her face with the napkin her companion gave her while the male spiritual leader grabs the nearest red plastic Coca-Cola chair and places it behind her, inviting her to sit down in the middle of the aisle and line of parishioners. Her companion is obviously overcome with anxiety as the sick woman sits and cries into her napkin. The companion takes another napkin out of her purse and places it over the chunder and heavily sighs as she looks around the pensive crowd. Finally, a female mass organizer approaches the pair and assists the pregnant woman to a seat in one of the aisles aside from the crowd to investigate her condition and comfort the woman's ceaseless tears. Her companion stays in the

line, which seems to have remained fixed throughout this entire ordeal, so that she may still receive the chance to pray in front of the cross. Also occurring during the episode, a liturgical authority has been preaching paraphrased biblical moralities, inspirational guidance, demonstrating compassion concerning the general hardships of life, and licensing the congregation to express themselves in the way they see fit in this emotional environment. This particular liturgical authority often expresses herself by talking directly to God with intense fervor and even, though rarely, speaking in tongues.

It takes nearly 25 minutes for the entire congregation to touch or pray with the cross and as the final few are concluding their prayers no less than twenty altar boys take their seats in a pair of pews located to the right of the stage. The altar is cleared except for two candles and traditional Catholic procession is carried out with Padre reading passages from the bible and a young woman leading the congregation in Catholic hymns. Two other male spiritual leaders read passages from the bible as well before the lead singer of the band calls the congregation to their feet for a song of praise that encourages parishioners to wave their hands in devotion to the divine Christ child. This creates a fluid transition for Padre Alberto to make his way across the stage and begin a prayer, reading from his iPad, and finishing with the word of God.

A second sermon is now taking place where Padre Alberto speaks liberally and comfortably with the congregation, pausing at points to emphasize his intentions and evoking critical consideration for the thesis of his words. He calls a handful of parishioners on stage asking them to describe what Jesus means to them and what he represents in their lives. Many refer to Jesus as their savior, their life, their light, and the catalyst for all of the blessings and

healing they've received. A recently married couple is brought on stage, one of whom is a male spiritual organizer, to demonstrate the power of Jesus in providing his servants with the happiness they desire. As Padre Alberto dismisses the couple from the stage, a final song begins to play and he announces to the crowd that the healing portion of the mass will now begin.

The movement of the crowd is electric and resembles a sea of disorganized waves barely escaping collision with one another. Soft jazz-like music plays while parishioners line up haphazardly near the mass organizer of their choice or attempt to finagle their way towards the mouth of the stage where Padre Alberto has stepped down to heal his parishioners. On this particular Sunday I stayed in my position towards the back and filmed the activities occurring with the portion of supplicants farthest from the stage and Padre Alberto. As described in the Background chapter, this particular ritual requires two mass organizers (the "catcher" and the actual administrator of the sacramental), oil maintained in a perfume roller, and a chair. As parishioners have crosses drawn on the traditional portions of their body or where skin is available, the leading mass organizer places her hands on the forehead and back of the parishioner and begins to pray. Many supplicants mention their ailments, worries, and reasons to the mass organizer in order to receive a personalized prayer and to obtain individualized healing. Immediately, supplicants begin to rest in the spirit. Some feel this phenomena as soon as the mass organizer lays hands on them, some after several minutes. The average amount of time spent on any parishioner varies with the mass organizer performing the ritual but many in my section are taking their time to pray over supplicants.

A very short mass organizer and her equally petite “catcher” counterpart receive a man wearing gold-rimmed glasses and white collared shirt who holds his hands out, palms facing upwards, while receiving the healing. As the leader moves her hands from his forehead to his chest he begins to fall backwards. The supplicant does not bend his knees; rather he falls into the arms and chest of the catcher and melts into the red plastic chair with his hands still outstretched and palms facing upward. The parishioners around him watch this happen and continue to observe his reaction but are not at all shocked or concerned about his behavior. He sits in the chair quietly, eventually folding his arms across his belly and breathing through his mouth while his eyes remain closed. The healing pair have already moved on to the next woman in line and have pulled another chair from the aisle to use for the new supplicant. The female parishioner is much taller and larger than the two petite women administering the healing sacramental and the lead mass organizer must extend her arms nearly to their limit in order to reach the supplicants forehead. As she prays, the female mass organizer reaches both of her hands to caress the sides of the supplicant’s face which initiates the first signs of resting in the spirit. The tall woman’s hands are by her side but begin to fan out from her hips as if electricity were flowing through her. A soft smile illuminates her face and her lips part in immeasurable pleasure as she begins to fall backwards, her head leading the charge for the rest of her body to follow. The lead mass organizer moves her hands to the supplicant’s arms in order to ease her descent towards the fixed chair. The female parishioner is caught by the catcher and the healing pair allows her to melt into the chair. Interestingly, the lead mass organizer does not seem to be finished with her prayer over the female supplicant and while the woman sits in the chair with her head dropped forward and

her palms facing upward resting on her thighs, the healer places her hand on the woman's forehead and shoulder and quickly finishes her prayer.

The next pair of mass organizers is a bit taller in stature than the previous team and the leader is sporting a modern huipils style shirt with a long white skirt rather than a white shirt/long white skirt combination. The lead mass organizer dons a white huipil with purple embroidered flowers, short brown hair, thin painted lips, and fair, kind face. She receives an elderly female supplicant in a blue, billowy top and a crown of salted hair who patiently prayed to herself as she waited her turn to be healed. The woman whispers something into the ear of the lead mass organizer who nods in acknowledgement, draws a cross on the parishioner's forehead and chest with oil, places her hand on her forehead and shoulder, and begins the personalized prayer for the female supplicant. The woman begins to waiver slightly as she stands receiving the prayer. This causes the catcher to raise her hands a bit higher and closer to the parishioner in case she rests in the spirit. The behavior also causes the lead mass organizer to loosen the hand she has placed on the parishioner's shoulder and permit the physical freedom to rest in the spirit. After moments of cautious prayer and observation of the supplicant's physical behavior, the prayer ends and the woman opens her eyes, thanks the healing pair and walks back to her chair.

A majority of parishioners rest in the spirit during this mass and many are overcome with emotion throughout the entirety of the ceremony. Those who rest in the spirit spend a few seconds to several minutes settled in their chairs sitting quietly, whispering prayers, crying, wailing, or overcome with pleasure while they experience this phenomenon. Of those who do not

experience resting in the spirit, their emotional range parallels those parishioners that do and tend to cry, wail, and meditate deeply as they return to their chairs.

The entire production takes about 20 to 25 minutes and does not end until the final parishioner has received their healing prayer. Once Padre Alberto observes the final supplicant rest in the spirit or the conclusion of their healing sacrament, he gives praise to the divine Christ child by singing a concluding song and preparing for the Eucharist. The altar boys gather the gold varnished chalice, a small gold container carrying the consecrated host, and white cloth to arrange these items on the altar. They also arrange a vessel of wine and another white cloth for the Padre to cleanse the chalice with after he takes in the blood of Christ. Simultaneously, female mass organizers holding red plastic bowls walk up and down the aisles collecting alms for the santuario. Once they have collected from all parishioners who wish to give, they file towards the stage and pile their bowls atop one another in the hands of two altar boys. Padre Alberto then begins the process of ritualized communion for himself and several male spiritual leaders and female mass organizers disperse with clay colored pots to distribute the Eucharist amongst the congregation. Only a small percentage of parishioners seek communion, about 100 to 150, while the rest gather their belongings and prepare to exit. Padre Alberto makes several announcements about activities occurring at the santuario in the coming week and that the congregation will be receiving a large group of parishioners from the state of Tabasco and a smaller group from the city of Monterrey. He dismisses the congregation by saying “go in peace to love and serve God” at which point Padre Alberto quickly exits the stage and the congregation begins to exhibit the buzz and movement of a beehive, all exiting the formerly packed honeycomb.

These are common events at every healing mass conducted at the Santuario del Divino Niño Jesus on any of the days they are held. The only differences that are readily observed are the fluctuation in numbers between weekday masses and Sunday healing masses. The demand for more male spiritual leaders, female mass organizers, altar boys, or band members is reliant on the proportions of people the santuario needs to serve. There are significantly less numbers that attend the weekday masses, about 200 to 500 individuals, and, thus, the healing masses are performed on a much smaller scale and inside of the main church hall. This in no way effects the ways in which parishioners experience the healing mass, the emotional climate of the mass, the presence of supplicants resting in the spirit, or the array of ailments that have brought the parishioners to the healing mass.

Individual Interviews

The next section of this chapter will explore the individual accounts of three female parishioners and two female mass organizers. Each have unique narratives that have brought them to this santuario and each parishioner claims to have experienced the healing power of the masses in their own personal struggles. Although several interviews were conducted and all were equally interesting, unique, and powerful, I've selected these few in order to highlight the types of issues parishioners identify as health-conflicting, the conditions in which they seek supplemental care from the healing masses, and how they perceive recovery and health after receiving healing from this santuario. I created a collection of questions for parishioner interviews in order to keep a structured sequence of ideas and reasonable management of time.

However, for the sake of brevity and coherence I will arrange the conversations into a narrative for the following parishioners.

Jessica

July 4, 2013

Over time I had observed Jessica attending both the Tuesday and Thursday healing masses held at the santuario every week without fail. She had caught my attention because she brandished large white bandages around her wrists and upper forearms. Jessica is a 38 year old woman with tight black curls that she styles half up and half down with a large butterfly clip. She has smooth skin that she does not decorate with makeup; however her face looks tired and almost defeated. After moving from Monterrey to Merida for possible job opportunities, leaving her entire family and friends behind, Jessica became severely depressed. She was incredibly lonely and could not find reasonable employment for some time after first arriving. By chance, she happened upon the Santuario del Divino Niño Jesus and began attending. Jessica was not familiar with charismatic Catholicism or healing masses and was intrigued by the behavior and devotion the santuario delivered to its parishioners. She began attending much more frequently which she believes began calming her anxieties and finally participated in the healing ceremony where she believes she was fully healed. She never divulges whether she had rested in the spirit or not but she does attribute this healing and the preceding masses to her abrupt shift in attitude and perspective. Soon after this healing she found a good paying job, gained more friends, and joined a yoga group; all for which she claims the healing and the divine Christ child are

responsible. Jessica also claims the bandages on her arms were from a bad position in yoga and had no nefarious or medical origins.

It took quite a bit of time and many exploratory questions to reveal that Jessica had experienced a much more physically critical condition while she was attending the santuario. Eventually, Jessica revealed that she began feeling intense pain in her pelvis that she initially associated the pain with menstrual symptoms. However, the pain grew in intensity to the point of nausea and she visited with a private doctor to seek assistance. They eventually discovered that she had an ovarian cyst that had ruptured and was hemorrhaging inside of her body. Jessica had to have an operation performed to have the cyst and resulting damage removed and repaired. After she was released from the hospital, the doctor responsible for her rehabilitation did not prescribe her pain medication and she was forced to endure the intense lingering pain of the excision.

Jessica began attending the healing masses at the santuario as soon as she was physically capable because the remnant pain became unbearable and she was not offered pain management tools. She received the laying on of hands and began to immediately feel a lessening of pain. She felt warmth go through her body as the female mass organizer placed her hands on Jessica's body and prayed for her physical pain to diminish. Without the aid of pain management tools prescribed from her private doctor she explains the divine Christ child mollified her physical difficulties and she was able to begin functioning in her normal daily life. Jessica contributes her recovery from the procedure entirely to the divine Christ child and techniques offered from the healing masses.

This medical crisis spanned the course of six months before Jessica was able to resume work and recover financially. She sought treatment from a private doctor for the medical assessment and eradication of her ruptured ovarian cyst but asserts the economic burden created another crisis in her life. She was not able to mitigate the expenses of the operation by returning to work quickly and thus her economic condition worsened significantly over the course of her recovery. Jessica attended several healing masses after she recovered in order to give thanks to the divine Christ child for her improved health and spiritual strengthening for the economic hardships she was enduring. Although she states she is fully rehabilitated from the surgery, she is facing financial struggles that have created a second type of condition for which she seeks help at the healing masses. “I live alone and I get depressed about my situation a lot. I go to the masses because they make me feel good, make me happy. When you are in the company of God, if you are sad then you can feel happy. When you have the imposition of hands it is like you are free. It is like you left your problems in God’s hands and He will take care of it.”

Melanie

July 10, 2013

Melanie caught my eye during a Thursday morning healing mass because of her attractively polished salt and pepper bob, the precision of the eyeliner and shadow on her deep brown eyes, the details and bright fluorescent paint on her long nails, and the fashionable coordination of which her black outfit effortlessly executed. My interpreter and I successfully gained an interview with her immediately after mass once we had described the intention of the research and how eager we were to hear her story. We met her in the air conditioned room

designated to us from Padre Alberto and went through the regular presentation of informed consent, preliminary questions about name and age, and gave her the option to participate in the questionnaire portion. Her attitude was quite sweet and slightly reserved, yet it was obvious something was bubbling beneath her surface demeanor.

Melanie is 54 year old ballet instructor and converted Catholic originally from the city of Veracruz. She immediately begins to display emotion and takes a dramatic pause before she tells me about her recent divorce from her husband. They had been married for 13 years and had moved to Merida together to open a studio. Melanie conducted a school for ballet and her husband would help her with mechanical and handy work around the studio. She worked very hard to maintain her studio and managed the finances of the institution on her own though shared her income with her husband. After managing and instructing for several years she learned that her husband was having numerous affairs with several of her ballerinas. As she explains the infidelities of her husband she asks my interpreter and I to stop writing so that she can express herself without pause. Melanie eyes well with excruciating tears as she searches the room for the right words to say. She cannot control the tears from rolling down her softly painted cheeks as she recounts the violation of her marriage by her husband and the destruction of her trust with her students. Melanie sobs as she illustrates her confusion about this betrayal and asserts that she left her husband which attributed to a depression from which she felt she would never recover. In order to maintain her lifestyle and keep a roof over her head she continued teaching in her studio but did not know how to recuperate from her emotional wounds. Melanie entered a state of mental shock where she became constantly disoriented. Often, she would find herself in places and not recall how she arrived there. In one of these terrifying episodes she found herself in the

santuario with no recollection of her arrival or how she came upon this particular mass. “I live very far so it doesn’t make sense that I came here but I did, I don’t remember doing it.” As Padre Alberto spoke during the mass she felt as though he was speaking directly to her, that his lecture was meant specifically for her and she was guided here by elements outside of her control. She began attending the masses regularly and felt a change within herself. Melanie’s perspective towards her situation was altered dramatically by attending these masses and participating in the healing sacramental. Although she does not identify whether or not she rested in the spirit during her depressive condition, she does assign her newly found motivation for life to the healing masses and the miracle that was yet to come.

Melanie was a member of the Santuario del Divino Niño Jesus for two years before she was informed by her doctor that the structure of her veins were threatening the function of her heart. She was told that she would need an operation to repair the discrepancies in her heart so she began preparing for the surgery. A Sunday before her assigned operation she attended a healing mass at the santuario to receive the laying on of hands. Before the healing portion of the mass began, Padre Alberto announced to the congregation that there were many travelers attending and that local parishioners should allow them to receive first before themselves. This concerned Melanie because she was anticipating a dangerous operation and did not know if she would be able to receive the sacrament in the large crowd. She approached Padre Alberto and was relieved to be received by the Padre.

Melanie states that during the imposition of hands “the air left my body and I felt like I was sleeping. It’s a sensation like you are dreaming and when I tried to wake up I was still dizzy.

I saw a sister who was laying her hands on me while I was still on the floor. But it was strange because she looked different, had a white cloth on her head, and was glowing with light. When I woke up I was still really dizzy and when I finally stood up I said to someone that I felt cured, that I felt something nice when I opened my eyes and that I saw the sister who was putting hands I felt so much peace. When I described what I had seen they told me no sister touched you, only Padre.” Melanie believes that the Virgin Mary came to her while she rested in the spirit as a vessel for God and healed her. When she visited the doctor for her final analyses before the operation they told her they could not find the discrepancies in her heart. They performed many more tests to determine whether or not she really could opt out of surgery and found that she was no longer a candidate for the operation. Melanie mentions that her doctor had an image of the divine Christ child in his window and when she mentioned her healing from the mass they celebrated that God had healed her from her critical physical condition.

Melanie devotes an extraordinary amount of her time to the santuario because of the gift of health she believes she has received and continues to receive from attending. She says she comes to give thanks to the divine Christ child and Padre but also to maintain her improved mental and physical health. Melanie asserts that the many elements of her life that were in distress such as physical health, family relationships, and depression have always improved since her initial attendance of the mass. She makes the santuario a part of her life in any way she can and has always experienced positive effects from her devotion. Melanie’s heart conditions have not returned and her dance studio is thriving in Merida.

Janiece

July 29, 2013

I met Janiece through a network of people I came to know in Merida. She worked as a maid, assistant, and cook in the home of prominent American archaeologist who maintained a close relationship with all of her employees. The archaeologist recommended I speak with Janiece about her spiritual experiences with charismatic Catholicism in the Santuario del Divino Niño Jesus and other charismatic churches in the area. In her home, she introduced me to Janiece and provided us access to her extensive library to conduct a private interview.

Janiece is a petite woman of Maya descent who consistently wore huipil style clothing whenever I saw her. She has long straight black hair, soft eyes, and an infectious sweet smile. She sat eagerly in a crotched back rocking chair, hands crossed in front of her chest and giggling at the confusion between me and my translator, awaiting the first question of the interview. Her playful demeanor changes significantly when the subject of the sacrament of anointing the sick arises and she asks her young daughter to leave the room, stating the subject matter is too difficult.

At 22 years old Janiece became pregnant with her daughter and was having a difficult time maintaining economic and parental stability with her alcoholic partner. She attempted to live with her daughter's father and their child for nearly two months but his alcoholic addiction did not subside. Janiece claims her child's father was aggressive when intoxicated and often tried to hold or hug the baby without reserving strength, inciting fear in Janiece that he would harm her daughter. Because she was living in his family home surrounded by his close relatives, it was

difficult for Janiece to find compassion or assistance when the couple would get into disputes. On a particularly bad day, Janiece's partner drank an extraordinary amount of alcohol and again tried to embrace his infant daughter in Janiece's presence. She protested and had to have her partner's brother whisk her away from the increasingly volatile situation. The day happened to be the 12th of December, the celebration of Our Lady of Guadalupe, and she attended the mass with her daughter. When Janiece returned to the house she found her partner had hung himself while she was away.

As she is relaying the emotional scene to me, Janiece is sobbing intensely and searching for breaths that she cannot seem to deeply grasp. Many years have passed yet the pain pierces her words as if the ordeal is happening in front of her eyes again. After negotiating her composure, Janiece explains her partner's family unequivocally blamed her for his death, creating a second world of suffering she was forced to endure. She was expelled from the home and forced to seek work and refuge closer to Merida where she discovered the Santuario del Divino Niño Jesus through her aunt and attended her first healing mass.

Janiece found her depression about the entire ordeal nearly unbearable and was haunted with guilt, sadness, and shame while still trying to raise her daughter. She accompanied her aunt to the santuario as a polite favor and because her aunt wanted to help her alleviate some of Janiece's depression. She attended on a Sunday and watched as many parishioners around her received the imposition of hands and rested in the spirit. "I wasn't impressed and did not receive healing that day but I did go back." When she went back on a less crowded week day, she decided to participate in the healing ritual and allowed herself to have a female mass organizer

lay hands on her in private after the mass. She rested in the spirit during this healing session and felt a calm warmth encompass her entire body. Janiece explains she felt she was on the floor for twenty minutes while in reality she was only on the ground for a few minutes. Janiece explains that she found the session “very helpful” and that it provided a “discharge of all of her problems and made me feel very calm and even tired after.” She began to feel that she could put her life back together and that her mind was in a better place after the healing. Janiece does not claim Catholicism with the devoted fervor many Catholics I’ve spoken with do. She did not attend mass in a consistent manner but did celebrate important Christian events such as Christmas, Easter, and the mass held for the divine Christ child. Although she did not attend the healing masses frequently, she felt the reverberation of her healing positively impacting her life.

However, six years after her harrowing experience with the father of her child she became pregnant with her second daughter. For the first four months of her second daughter’s life, Janiece and her partner were happy and she expected to build a family with him and her two daughters. Suddenly, her partner left her and took no responsibility for their child or for Janiece’s well-being. She was left to abruptly rebuild her life again and now had two daughters to care for. Janiece was confused by the sequence of events in her life that have left her in this position more than once and grew close to sinking into the depressive state she had found herself in those many years before. At that moment she decided to seek healing through the santuario again in an effort to curb her sadness and care for herself. Although the ritual did temporarily provide relief she could not shake the lingering damage these events were causing to her mental health. Janiece met a woman who offered her a “natural liquid” that was intended to relieve her mental stress and provide her a more positive outlook. When she drank the concoction she experienced a terrible

internal heat that ran down her back and disabled her from walking for three days. She immediately went to a private family doctor who provided relief and explained she had an adverse reaction to whatever substance she had received. After all of these events surrounding her struggles she decided to grapple with her difficulties through many channels of health instead of just one.

An interesting aspect of Janiece's narrative is that she recognized the mental condition she was experiencing as depression and sought several channels of healthcare in order to assess it. After dealing with her issues in isolated ways, she did not rely on biomedical professionals, priests, or even curanderismos in a solitary sense anymore. Instead, she approached her deep depression with a network of healing tools that each attended to various elements of her affliction.

Janiece understands the mass as a method to release negative energy, not the end-all-be-all of proper health and healing. "It helps release what is inside, it will make you put out your bad energy, your bad emotions and give you calm." When she experienced resting in the spirit she felt the calm she illustrates and then she felt drained and tired. She went to "sleep" for several minutes, "it felt like twenty minutes", and could hear the female mass organizers around her saying "she needs more prayer". Janiece explains that she was crying heavily before, during, and after resting in the spirit and that this was a physical manifestation of the expulsion of pain. When I asked her if she feels healed from these rituals and experiences she pauses a bit and looks at me matter-of-factly, "I feel well, I do, but there are many things that it is still difficult for me to do. It is work every day."

CHAPTER FIVE: DISCUSSION

The preceding chapter provided a detailed illustration of people and events that will aid the reader in the application of my research findings. It is important to keep in mind the people, events, and physical manifestations of Charismatic Catholicism that occur within the Santuario del Divino Niño Jesus as they will be applied to the following research findings. The goal of this chapter is to explore concepts that analyze what is philosophically occurring in these healing masses, how the utilization of healing masses implies a necessity for modification of patient experience, and projections of what can be done structurally and professionally that can benefit both patient/parishioner and physician experiences and their relationship with one another. The concepts concern self, embodiment, narrative in medical settings, and the application of competency models which may aid the development of advanced socio-medical models.

As described in the Literature Review chapter, Phenomenology is the study of “phenomena as they appear to the consciousness of an individual or a group of people; the study of things as they appear in our lived experiences” (Desjarlais and Throop, 2011: 88). The phenomenon of the Charismatic Catholic movement and elements of the behavior that occurs in its religious theater signify a necessity for new components of social practice to be introduced into the structure and performance of physician-patient relationships. Aspects of phenomenology such as experience and embodiment also contribute to the sense of health and healing and thus the sense of self that parishioners maintain. Reflexivity helps define circumstances of individualized concerns and expectations of parishioners which in turn contribute to the climate of necessity in parishioner concepts of health and healing.

Individual experience of any event, shared or solitary, will always be encountered and conceptualized by the recipient in a unique manner. The difference in experience may be subtle or completely disparate but the subconscious application of past experiences and learned behaviors will alter the condition in which an event is lived. As exemplified in the three narratives in the Events Description and Participant Profile chapter, the motivations, approaches, and experiences of the same healing event were all unique to the parishioner to whom it occurred. This is because each of the women lived lives that may have parallel elements but were essentially different causing their expectations and encounters with the mass and the sacramental to be unique. This idea of reflexivity and the acknowledgement of experience are critical in discussions of physician-patient relationships as they are essential elements in socio-medical practice. Just as a parishioner attends healing masses with his or her own lived experiences, expectations, and perceptions permeating the performance of events, so too do patients visit medical theaters applying this ontological framework.

Phenomenology also bolsters the investigation of life-worlds as an essential component to the operation of experience. Individual life-worlds are fundamental actors in the ontological framework of self, health, and healing in Yucatán as they influence personal perception and interpretation. Life-worlds are the backgrounds or horizons that contemporary orientations are viewed upon (Husserl, 1962; Jackson, 1996; Knibbe, 2008; Bourdieu, 1979; Merleau-Ponty, 1962). That is, life-worlds incorporate lived individual history so that current reality can only be performed and perceived on the stage of personal experiences. The life-worlds that are present at the Santuario del Divino Niño Jesus and discussed in interviews highlight the spectrum of expectations and realities that characterizes each individual parishioner.

Depression plays a role in each of the narratives but are assessed and interpreted with unique perspectives in relation to their source and the gravity with which they are considered. Jessica approached the reparation of her mental state of with a calm and matter-of-fact attitude that provided incremental but successful relief through the attendance of healing masses. Melanie was experiencing a state of crisis from divorce that initiated a frantic necessity for assistance and a desire for rapid alleviation and mental balance. Through her dangerous discovery of the santuario, Melanie received expeditious mental restoration that influenced her utilization for the healing masses for impending physical emergencies. Finally, Janiece did not anticipate healing at all. She expected to endure her bereavement entirely on her own and had no intention of participating in a healing ceremony that eventually bolstered psychological improvement.

The importance of the role that life-worlds play in the execution of a Catholic healing mass is the implicit acknowledgement that they exist for each parishioner. The unifying element of a consensual belief in Charismatic Catholicism creates a comfortable and interpretable theater in which every individual life-world is a valued actor. This means that all approaches, reactions, and experiences of the healing masses are welcomed and encouraged in order for the individual parishioner to receive what they need in particular from the mass. The multitude of reactions to receiving the imposition of hands also bolsters the notion that healing can occur in many manifestations ranging from overt physical to completely internal responses; all of which are validated on parishioner terms.

Resting in the spirit is a physical manifestation of bodily healing that exemplifies the permeation of God and his reparative capacity. Embodiment of religious belief coupled with a physical response is a visceral cornerstone of complete or potent charismatic healing (Csordas, 1990; 1994; 2002). Of the parishioners who experienced resting in the spirit, nearly all attribute gratifying or even full recovery to the physical manifestation of God's touch facilitated through the laying on of hands. The absorption of external actors and conditions into the already active existential ground of the body initiates a mental acceptance embodied through physical response. The common experience of "warmth" and "calm" coupled with the definitive characteristic of fainting elucidates a subconscious expectation of what manifestations of being healed look like. This means that resting in the spirit is a paradigm for personal attainment of optimal health statuses. The physical tangibility of resting in the spirit acts a signifier of forthcoming change in contemporary conditions of parishioners.

In a circumstance of sometimes unseen somatic and biological struggle paired with the seemingly perpetual and indeterminate function of pharmaceutical intervention, an instantaneous and ostensibly effective means of healing is a welcomed feature in Charismatic Catholic healing masses. In several interviews, including those conducted with Melanie and Janiece, parishioners dictated that time was a difficult concept to grasp while a healing nirvana washed over them where warmth, calm, and dream-like state consumed their bodies. A temporary escape from the painful reality of illness is provided through a religiously embodying behavior such as resting in the spirit which can stimulate an altered outlook on health possibilities for the parishioner. While the concept of resting in the spirit espouses and can even engender full healing as perceived by the supplicant to whom it occurs, it is generally perceived as a culmination of already present

processes that cause an overwhelming spiritual reaction. These processes include internal mechanisms such as implied acknowledgement of parishioner narrative by God and spiritual leaders and encouraged emotional expression.

Narrative

After exploring the degree to which ontological conceptions of being-in-the-world influence experience and self, we must now investigate how these elements perform in personal narratives. Narrative is the reflective expression of experience that conveys details and conceptions of health and healing that the narrator finds pertinent to communication (Mattingly, 2008). Parishioners independently chose particular events and emotions to encompass their experiences in healing masses and the circumstances of health that brought them there. This means that the participants deemed these examples as critical in the definition of the terms health and healing. Concepts of health and healing are pervasive throughout healing masses because they are forums for which these two conditions are present. Biomedical theaters are also responsible for the care of these two conditions as they are environments that evaluate and bolster these states. It is not within the scope of this paper to investigate the particular manners in which these conditions are met in biomedical models rather I wish to explore the position of parishioners in the pursuit of health and why healing masses are chosen as optimal supplements to biomedical environments.

Healing masses provide a climate of emotional freedom, tacit acceptance, and unquestionable trust that creates a platform for a parishioner to feel nurtured in the wake of personal turmoil. In the brief time in which the imposition of hands occurs and the supplicant is

prayed over there is a literally unspoken conversation transpiring between God and the parishioner. The conversation, or narrative, is emphasized by the presence and religious authority of the Padre or mass organizer creating a spiritual plane upon which the difficulties of the parishioner are definitively “heard”.

Arthur Kleinman asserts that the idea of “being heard” by a medical authority is commonly articulated as a major concern of patients when they relay their health discrepancies (1988: 52; 1988: 135). In an astounding majority of the interviews conducted with parishioners who attended biomedical institutions simultaneously with healing masses, a common discrepancy was not feeling like they were being treated as if their individuality in their role as patient and in personhood was recognized. Illness narratives are a vital component to the experience and conditions that health is conceptualized (Kleinman, 1988). Narratives are created by parishioners and patients in the ways that they understand and evaluate health phenomena. Thus, the importance of consideration for narratives and the essential information they offer in religious and medical settings are crucial in competent care. The narratives that tacitly offered by parishioner to God are based in the idea that God is an ubiquitous and all-knowing being that already has knowledge of things as they were, things as they are, and things as they are yet to be. This means that the parishioner need not consciously explain anything while participating in this conversation with the almighty because he is already aware of what is being asked and why. This is obviously not a power that medical professionals possess but it does provide a theory for why parishioner-patients seek supplemental care from healing mass ceremonies. God understands, God is aware, and God believes in the realities of parishioner-patient suffering. In a more self-reflective sense, the supplicant is aware of their experiential horizon, their current realities, and

alone feels their own suffering. This means that God as a being that originates from the psyche of the parishioner is a creation of an external and capable source of change and reparation. This applies to the way parishioner-patients approach their own conceptions of health and healing as well as what they expect from medical care providers. The notion implies that they are searching for help from an authoritative source that evaluates and eradicates health concerns through avenues that are amicable to patient life-worlds. It is a difficult task to parallel the religious authority of God with the biological authority of medical professionals however there are humanistic elements of healing masses that mitigate the magnitude of the task.

Throughout my research there were various motivations in seeking help from healing masses conducted at the Santuario del Divino Niño Jesus but mass attendance speaks to a notion of shared disposition among parishioners. Shared disposition implies there is a necessity or desire in healing journeys where there is a void. Outside of spirituality and speaking in terms strictly directed towards health, that void motivating parishioner attendance to healing masses may be a desire for developed humanistic technique. That is, an application of nurturing, optimism, acceptance, and encouragement that is absent in the contemporary healing processes of parishioners. This does not imply that biomedical environments are the responsible agent for a void in parishioner/patient healing. Nor does it imply that holistic healing in every sense of the word is the sole responsibility of the medical professional. However, there is room in models of patient-physician relationships for the humanistic techniques promoted and cultivated in the theater of Catholic healing masses.

Primarily, the nurturing aspect of healing masses that encourage freedom of expression cultivates a positive response from supplicants. Although Padre states that his santuario “deals in miracles,” the expectation of drastic results is not always present in parishioner narrative. What is expected is encouragement to endure suffering and the provision of an atmosphere of acceptance. This means that parishioners associate healing masses with deep comprehension of their experiences and facilitation of emotional expression. Encouragement to endure an illness journey on the part of the patient/parishioner is a major aspect stimulating the numbers of individuals who attend these masses as it provides a sense of comfort and calm in distressing and unpredictable circumstances. As mentioned previously, provision of freedom in narrative is crucial in parishioner pursuit of health because it defines the parameters of parishioner desire and offers existential insight to biological discrepancies. Finally, modified approaches in comfort are critical in building trust and faith in the belief system upon which healing masses operate. This means that supplicants regard God and the spiritual healer as compassionate authorities within religious healing boundaries and have been offered optimism through observance of testimony and performance. All of these techniques are utilized in masses to cultivate the climate of restoration and hope that is consistently witnessed in Catholic healing masses.

Since the life-world, experiences, and expectations of a patient-parishioner cannot be tacitly understood by physicians and medical professionals, a partnership must be developed where the patient is an important facet of their own healing journey, including in decision making and intervention methods. It is vital that a patient feel the same

The intense belief and emotion many parishioners approach healing masses with aids in the effectiveness of its operation in the santuario. However, there are individuals such as Janiece who see the mass and performance of the sacramental as maintenance and parishioners like Jessica who expected and appreciated incremental healing. In essence, the rapidity of healing is not always the main focus for parishioners. In interviews conducted with mass organizers, spiritual leaders, parishioners, and Padre Alberto spirit strengthening was mentioned as the primary objective or an interpreted result of healing masses. When I asked Padre “What is a healing mass?” he replied “All masses are healing masses.” Catholic healing masses act as a malleable and interpretable platform upon which health and healing can be molded and parishioner’s personal expectations can be explored. This is a somewhat difficult task for a secular and objective field such a biological medicine but the humanistic aspects of healing masses that provide this safe and encouraging space for afflicted persons is not an insurmountable task.

CHAPTER SIX: CONCLUSION

The ways in which Charismatic Catholic healing masses affect parishioner life-worlds is profound in terms of what it offers to the supplicant and the techniques it utilizes in accomplishing healing. As I have mentioned there are several humanistic techniques that can be applied in areas of secular healing and socio-medical encounters that can mutually benefit from the implementation of valued narrative and social compassion. There are many programs currently being researched, organized, and administered that create new directions in health and offer some of the same conclusions about systems of healing that I have addressed here. I would now like to turn to projects that are already being explored by medical anthropologists and health officials to improve these systems under which patient-physician relationships operate.

Cultural Competency Models

Susan J. Shaw and Julie Armin (2011:237-238) explore cultural competency in their article investigating ways it is utilized, its successes or failures, and reasons such programs are dismissed in medical circles:

Cultural competence interventions position physicians as “learners,” in contrast to their regular professional roles as experts, and deliver new forms of “cultural” expertise to these learners. While the understanding of culture invoked through such trainings is often likewise quantifiable, measurable improvement for learners is a primary goal...

Cultural competence (CC) interventions are designed to produce more equal health outcomes by eliminating prejudice among health care providers and reducing disparities in patient care across groups. In so doing, these interventions work to govern the conduct of health care providers as they produce new kinds of ethical, self-reflexive medical professionals.

Cultural competency models seek to acknowledge generalized and particularized perspectives of cultural “others” and establish a new model of self-reflexivity, unique experience

of the patient, and communication skills beyond traditional medical training (Shaw and Armin, 2011: 240-247). Strictly knowledge-based approaches to cultural competency conceptualize culture and cultural knowledge as barriers to overcome without consideration for self-reflexive processes that diminish the idea of “knowing” a trait/behavior and instead replace it with the pursuit of individual assessment (Shaw and Armin, 2011: 241-243).

In an article written by Maupin and Ross (2012), the authors explore the nature of Cultural Competency models, focusing their research on the similarities and differences in health perceptions of Mexican migrant patients by both medical staff and the patients themselves in Nashville, Tennessee. With their research, the authors indicate that the “folkyness” of “folk illnesses” is overemphasized in regards to Mexican migrant conceptions of health and treatment processes (2012:307). Assessing an individual as an anomaly and thus exploring the patient’s own self-evaluation of health, considering the factors they consider of premier import, and what treatments they believe may be effective in creating healthy bodies are elements that Maupin and Ross consider the incorporation of proper “attitude” and “skill” (2012: 307-308). Collectively practiced with “knowledge-based” approaches, “attitude” and “skill” may be two important factors in creating a culturally competent physician (Maupin and Ross, 2012: 307-308). This type of approach to personal conceptions of health and healing is exemplified in Catholic healing masses as tacitly understood life-worlds, freedom of expression, and thus evaluation of what is important to the parishioner-patient. Shaw and Armin explore the various ways cultural competency can be delivered to medical professionals including online modules that include testimonials, in-person workshops that allow a free space to express oneself and knowledge, and through cultural competency literature available at any given time (2011:247-251). What the

researchers found most effective in channeling self-reflexivity and adoption of new attitude and skills were in-person workshops that confront the medical staff with their own cultural knowledge.

A common dispute concerning cultural competency models is that they are yet another way to “check list” cultural traits, that they create generalized expressions of self, and that they are overwhelming in their resolution (Shaw and Armin, 2011:250-252). The researchers interviewed medical professionals who were apprehensive about cultural competency models, medical staff who had completed the training, and the experiences of cultural competency trainers themselves. It was found that those who participated in the training gained a positive perspective in cultural competency that lack of self-reflexivity had not allowed them to acknowledge in medical relationships before (Shaw and Armin, 2011:253-255). Structural competency is an alternative technique that may ameliorate the perspective of an overwhelming responsibility on the part of physicians.

From Cultural to Structural Competency

While cultural competency approaches are lucrative in their endeavors to highlight the importance of self-reflexivity, communication, and attitude they fall short in their overwhelming implications. An often cited reason for medical training schools and institutions opting not to incorporate cultural competency training is that it is an insurmountable pursuit of cultural knowledge (Shaw and Armin, 2011: 250-252). While some medical training facilities do not recognize the model as an institutional responsibility (Shaw and Armin, 2011: 252-253), others perceive the approach as an overwhelming obligation for medical staff to acquire cultural

knowledge of all persons (Anderson et. al, 2007). In this light, cultural competency is anticipated as yet another overwhelming requirement to an already overwhelming performance of health care.

Scholars in medical anthropology (Helena Hansen, NYU; Jonathan Metzl, Vanderbilt) have recently begun exploring the avenues in which culture, gender, socioeconomic status, and other social elements that affect personal health can be acknowledged through the same channels of training that cultural competency models seek to address. The concept of structural competency is a new endeavor to tackling this problem by informing medical providers about the overarching social themes that affect health conditions outside of medically acknowledged realms (physiologically, pathologically, etc.). Structural competency does not abandon the importance of culture or the experience of the individual; instead the approach informs the provider about the large social elements at play in health conditions and health seeking behavior (which in themselves are a medium of culture). This approach bypasses the “trait lists” and “stereotypical analyses” that are a common method of assessment in current biomedical environments and that are implied through cultural competency training. The mission statement for the structural competency initiative website conceptualizes structural competency as a means to explore:

“New clinical politics for understanding the relationships among race, class, and symptom expression. In clinical settings, such relationships often fall under the rubric of “cultural competency,” an approach that emphasizes recognition of the divergent sociocultural backgrounds of patients and doctors, and the cultural aspects of patients’ illnesses. Increasingly, however, scholars and activists recognize that oft-invisible structural level determinates, biases, inequities, and blind spots shape definitions of health and illness long before doctors or patients enter examination rooms. This evolving literature suggests that conditions that appear from a biomedical framework to result from actions or attitudes of culturally distinct groups need also

be understood as resulting from the pathologies of social systems. And, that locating race-based symptoms on the bodies of marginalized persons risks turning a blind eye to the racialized economies in which marginalized *and* mainstreamed bodies live, work, and attempt to survive. Structural competency converses with past models, from structuralism to structural racism, to demonstrate how institutional, political, and economic forces generating stigma are invisible to actors on the ground. But it does so with the ultimate aim of developing new platforms, practices, and agendas that address health issues in the present day; a time when structural-level disparities become more unjust at the same time that the agents producing them become more evanescent” (“Structural Competency”, structuralcompetency.org).

This statement makes essential the pursuit of positive and comfortable clinical settings through the recognition of the structures that engender the way a person experiences the world. As stated, whether “marginalized” or “mainstream”, the social and economic structures that operate within the world also operate upon a health-seeking body. These structures are the overarching elements to the particularities of culture and cultural competency. The model expands the somewhat overwhelming nature of cultural competency and instead relates these particularities to all-encompassing elements of a patient life-world while still bolstering the exploration of individuality in health expression.

Structural competency encompasses some of the most important aspects of Catholic healing masses as it responds to the unique nature of individual patient-parishioners while attending to the communal desire for optimum health. It also acknowledges the concerns for time management and overburdening programs that may discourage physicians from implementing a new strategy for examination room practice. Structural competency respects the same freedom of interpretation that healing masses offer to its parishioners by drawing physician attention to socio-economic realities while recognizing the experience of those realities are elemental to patient health.

Conclusion

Conceptions of what it means to be healthy and what it means to be healed is interpreted based on the experiences and life-worlds of those who are attempting to define the terms. In Charismatic Catholicism, Catholics who attend masses specifically oriented towards reparation of the mind, body, and spirit recognize an alternative manner in which their holistic person can be healed. Intersections of health and healing are guided and determined by the philosophical, social, and cultural environments a patient-parishioner finds themselves in. These elements cultivate personal and unique expectations of a healthy body and accommodate the terms in which healing is approached. Parishioner-patients embody the experienced world while also employing charismatic religious ideology and behavior to explore the means in which their body can be healed (Csordas, 1990). This employment of religious techniques to influence work upon the body, strength in spirit and nerve, and tranquility in mental chaos assigns truth and efficaciousness through experiential validation (Jackson, 1996). This means that parishioners have similar overarching experiences of the world through socio-economic and religious structures but the influence of the unique specificity of experience validates religious healing techniques. This is accomplished through identifiable structural commonalities and the room left for interpretable specificities of application. Healing masses at the Santuario del Divino Niño Jesus offers a stage where an individual parishioner can experience liturgy towards health and a structured physically manifested sacramental as a genuinely particularized and individualized acknowledgement of their personal struggles. Embodiment of life-worlds and experiential truths wholly influence a person's conception of deviant health, progression of symptoms, and what is expected or accepted as legitimately fruitful sources of rehabilitation.

Healing masses offer several essential elements to human conditions outside of biological determinants that provide a place for deep-rooted factors to be recognized, ameliorated, or bolstered. Emotional expression is a vital stage upon which other fundamentals of Charismatic Catholic healing masses can operate fluidly. It is the provision of a safe, non-judgmental, distinct place where a parishioner may act out an emotional expression of self that makes healing masses unique and appealing. As demonstrated by the three interlocutors in the Event Description and Participant Profile chapter, healing masses and concepts about what they are, what they do and do not do, and the method in which they pervade Catholic life are highly dependent on the life-worlds and embodied experience of the parishioner. Uniformity can only be applied to structured rituals in Charismatic Catholic healing masses but cannot be applied to reception, application, or appeal. This is true for patient-physician models as well. Uniformity in experience and expectations is an impractical approach to a highly subjective component of medical practice. The unique perspective of the patient and the acknowledgement of its importance is vital to competent and satisfying care.

My findings show that in all of the instances where parishioners were asked to share a medical story (good or bad), every participant relayed a socially charged experience first. This is important for consideration in physician-patient relationships as social interaction. The notion supports the idea that social facets of medical environments have a significant impact on how patients perceive institutions of health. As dictated in the Discussion chapter of this thesis, freedom of narrative is also a crucial aspect of parishioner-patient experience (Kleinman, 1988). Possessing comfort with an individual, institution, or supernatural being allows the terms in which the parishioner conceptualizes and comprehends their biological and psychological

conditions to be of premier import; creating an efficient channel towards care. Healing masses also offer distinct humanistic techniques such as touch, endurance, optimism, and encouragement that alter the manners in which healing is received and being healed is conceived of. The importance of these techniques coupled with the individualism of narrative and interpretation cultivate a general consensus that Charismatic Catholic healing masses offer an efficacious supplemental provision of health that isn't acknowledged in other healing mediums. I would now like to turn to projects that are already being explored by medical anthropologists and health officials to improve the system under which patient-physician relationships operate.

In conclusion, Charismatic Catholic healing masses and the Charismatic Catholic movement provide a supplemental method of healing through humanistic techniques and altered methods of communication that can be translated in secular environments. The application of such methods may improve significantly the communication and adherence to prescriptions of health by imitating an environment that accepts massive amounts of different experiential bodies yet produces the feeling of individual healing, great care, and confidence. Examining the functions and effects of Charismatic Catholicism, the healing masses they perform, and the purposes they serve in health conversations can provide insight into the directions that discourses in social aspects of healthcare can follow.

APPENDIX A: IRB APPROVAL LETTER



University of Central Florida Institutional Review Board
Office of Research & Commercialization
12201 Research Parkway, Suite 501
Orlando, Florida 32826-3246
Telephone: 407-823-2901 or 407-882-2276
www.research.ucf.edu/compliance/irb.html

Approval of Exempt Human Research

From: **UCF Institutional Review Board #1
FWA00000351, IRB00001138**

To: **Suzanne C. Draper**

Date: **June 18, 2013**

Dear Researcher:

On 6/18/2013, the IRB approved the following activity as human participant research that is exempt from regulation:

Type of Review: Exempt Determination
Project Title: The Influence of Catholic Healing Masses on Mexican
Conceptions of Health and Healing in Yucatán
Investigator: Suzanne C. Draper
IRB Number: SBE-13-09414
Funding Agency:
Grant Title:
Research ID: N/A

This determination applies only to the activities described in the IRB submission and does not apply should any changes be made. If changes are made and there are questions about whether these changes affect the exempt status of the human research, please contact the IRB. When you have completed your research, please submit a Study Closure request in iRIS so that IRB records will be accurate.

In the conduct of this research, you are responsible to follow the requirements of the Investigator Manual.

On behalf of Sophia Dziegielewski, Ph.D., L.C.S.W., UCF IRB Chair, this letter is signed by:

Signature applied by Patria Davis on 06/18/2013 05:00:00 PM EDT

A handwritten signature in black ink, appearing to read 'Patria Davis', written over a circular stamp or seal.

IRB Coordinator

APPENDIX B: INTERVIEW QUESTIONS

Parishioner Interview Questions

- Would you like to use a different name for this study?
- How long have you been Catholic?
- What is the anointing of the sick?
- Can you tell me about the first time you ever experienced this sacrament (for yourself or witnessed someone else's experience)?
- What are healing masses? If not answered above, can you tell me about the first time you ever experienced this ceremony (for yourself or witnessed it for others)?
- Why do you attend healing masses?
- What does it feel like to have "hands laid on you"?
- Have you ever fainted during a healing mass? (e.g. "rested in the spirit")
- How do you feel during healing masses?
- How do you feel after healing masses?
- How would you rate your health status?
 - Poor? (Major health problems with few medical or spiritual solutions, bad overall outlook on health status)

- Fair? (Major/Minor health problems with a reasonable amount of medical and spiritual solutions, neutral overall outlook on health status)
- Good? (Major/Minor health problems with ample medical and spiritual solutions, positive outlook on health status)
- Can you tell me about your illness? (i.e. what is your diagnosis? How long have you had it? Etc.)
- How has this illness affected your life? (i.e. What is your day to day life like with this illness? Has this illness affected you socially? Economically? How do you “deal with” your illness?)
- Who do you confide much of your health problems or symptoms in? (Family, friends, priest, doctor?)
- What has your experience with hospitals and clinics been like?
 - Would you like to share some of those experiences (positive or negative)?
- Has your illness affected your employment status? If yes, in what ways?
- Has your health insurance status affected your illness? If yes, in what ways?
- What have healing masses done for you in the process of coping with with/treating your illness/disease?
- Have you ever been healed at a healing mass or know someone who has?
- Do you go to the hospital/doctor for your illness?

-Would you rather see a priest for your illness?

-How do you feel during your visits to the clinic or hospital?

-How do you feel after your visits to the clinic or hospital?

APPENDIX C: PRIEST INTERVIEW QUESTIONS

Priests Interview Questions

- Would you like to use a different name for this study?
- Where are you from?
- What is your ethnicity? (if not answered above)
- How long have you been a Catholic Priest?
- Where did you receive your training?
- How did you begin your work with Santuario del Divino Niño Jesús?
- What makes this church different from other churches?
- What does the preference towards Divino Niño Jesús do for your church and your community?
- Do you have specific areas of Catholicism upon which you focus or specialize in?
- What are the sacraments?
- What is the sacrament of the anointing of the sick?
- What are healing masses?
- Can you describe the healing masses held at Santuario del Divino Niño Jesús?
- Have you ever attended a healing mass for your own ailments? (Have you been healed?)
- How did healing masses start at Santuario?

-What experiences have you had healing parishioners?

-Have parishioners ever come to you before seeking medical treatment? If yes, in what instances?

-In your experience, how have healing masses affected parishioners (healed them, made them feel better, accepted their fate easier, etc.)?

-What are common experiences reported by parishioners about biomedical visits?

-What are common experiences reported by parishioners about healing mass attendance?

APPENDIX D: MASS ORGANIZER INTERVIEW QUESTIONS

Mass Organizers Interview Questions

- Would you prefer to use a different name in this study?
- Can you tell me how you started attending to this church?
- What is the significance of Divino Niño Jesús?
- How long have you been assisting in healing masses for Santuario del Divino Niño Jesús?
- What is your role in the healing mass ceremony?
- What is the anointing of the sick?
- What is a healing mass?
- Can you describe what happens at healing masses here at Santuario del Divino Niño Jesús?
- Have you ever been healed?
- Have you ever experienced parishioners seeking help from healing masses instead of going to a doctor? In what instances?
- What are common experiences reported by parishioners about biomedical institution visits?
- What are common experiences reported by parishioners about healing mass attendance?
- In your experience, how have healing masses affected parishioners (healed them, made them feel better, accepted their fate easier, etc.)?
- Why are you a part of healing masses?

APPENDIX E: QUESTIONNAIRES

Questionnaire

-Age?

-Sex?

-Ethnicity?

-Are you currently employed?

-Do you have health insurance?

-Does your health insurance cover your illness?

-Briefly describe your illness?

-Would you prefer to see priest, doctor, or both for your illness?

-Priest

-Doctor

-Both

Of the listed categories of illness which do you belong?

-Chronic (Ongoing)

-Terminal (Fatal)

-Physical

-Mental

-Other

What is your income level?

-less than \$12,000 a year

-around \$25,000 a year

-around \$55,000 a year

-greater than or equal to \$75,000 a year

-Briefly describe a common experience at the hospital or clinic you attend for you illness?

If you would like to participate in the one-time interview portion of this study please list your name and contact information (telephone number and/or email) below:

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