

Of Masks &

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HE HEADLIGHTS OF

Ramon's pickup caught five gray coyotes trotting into the desert night. I remember their angled gait looking comic—like old cars with sprung frames.

But to Ramon they were no joke. We had rushed out of his Tucson house in Barrio Pascua just after his cousin Carlos called in a panicked plea for help. The coyotes confirmed Ramon's belief that his cousin was in serious trouble.

In my years of fieldwork in medical sociology, I've studied everything from faith healers to the immune systems of Swedes, but this was the first time I thought to take note of coyotes as a sign of ill health.

Cousin Carlos' home was a war zone where holy water and prayers were the weapons of choice. His family was half Mexican and half Yaqui Indian, an unusual alliance considering that the Yaquis had fled northern Sonora for Tucson after losing a war with the Mexican army. Engaged in a desperate search I didn't yet understand, a couple of women were tearing the headliner out of Carlos' car while calling out both Yaqui and Spanish incantations. The house's interior was also in shambles. By now Carlos was nearly cata-

The evil connotations of this Pariseo mask in Yaqui belief contrast the forces of good represented by the white Deer Dancer mask on Page 25. Both are authentic pieces given to sociologist Richard Hessler by Yaqui Indians during his fieldwork in Arizona.

tonic. His estranged wife had died only two weeks earlier of unknown causes. A photograph of her smiled from a wall near a shrine to Our Lady of Guadalupe. Grief was not his problem. Several of Carlos' kin moved about in confusion. Almost everyone was searching frantically, stopping only to spray holy water.

Carlos looked for all the world like he'd been told that he had only 24 hours to live. In a way, that is precisely what had happened. He had felt a lump in the pillow earlier that night, and he tore it open to discover several items that were a curse on his life: A photograph of Carlos that only his wife possessed had been cut to fit on top of a wax figurine.

Numerous pins pierced the picture and imbedded in the wax. Along with the figurine and feathers, spider eggs had been sewn into the pillow. This death curse would work, Ramon said, because Carlos had been close to the figurine for an extended period. The evil worked partly through proximity. Speculation was that Carlos' wife had placed the curse.

As I puzzled over all this, money started changing hands. Ramon was collecting bills—\$10s and \$20s—from folks whose clothing and cracked hands told me that they were no better off than Ramon, and I knew \$20 was a great deal to him. In a matter of minutes, he had nearly collected the curandera's fee of \$500. Curanderas are traditional Mexican healers, good witches charged with removing curses as

well as other tasks of healing. Without quick intervention, Carlos would be a dead man. Ramon had seen it before.

Typically, he said, people who learn they are cursed and do nothing die within days. I could see from Carlos' expressionless state that it would not be long before his physical health followed his failing emotional state.

The next morning we drove across the Mexican border to the home of the curandera in Nogales. Quite a few \$500 fees had gone toward her three-bedroom house with indoor plumbing and nice furniture. That Ramon and Carlos had no such luxuries was of little concern. Ramon handed her the money.

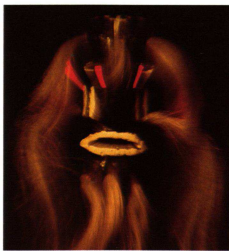
She told Carlos to place his hand on the plastic bag containing the curse's elements—feathers, spider eggs, photo and wax figurine—and she laid her hands on him. She explained that the curse would flow physically from him into her. She would literally absorb the curse and hope that she had enough power to ward it off. Five-hundred dollars would be small consolation if her magic should fail.

She prayed in Spanish: Carlos is a good man and a good father who deserves to live. If the hot and cold forces of curanderismo could be used for evil purposes such as this curse, then surely they could heal the accursed as well. Finally she sighed, saying the curse had entered her body. She would fight it now.

Carlos hugged Ramon and sobbed.

Immunities

THE STORY OF CARLOS CRYSTALLIZES some ideas considered key among many who study health in its broadest terms. Health is a trilogy of physical, emotional and social well-being. To lose one is to lose all. Pursuing physical health while ignoring social relationships or mental functioning can compromise physical health itself. The social relationship problems that probably led to the curse on Carlos threatened his physical health as surely as a cancer attacking his organ systems. His social network of friends and family that cancelled the curse saved him from death as effectively as the most potent anti-cancer drug. Clearly, some balanced view of health is worth looking for.



The search for health is an ancient one indeed. Virtually all cultures hold belief systems defining health as a unity of physical, mental and social well-being. All religions, for example, have the concept of redemption through which people regain physical, social and emotional balance in their lives, thereby achieving a state of perfection or health. Western religions call this state salvation, resurrection, immortality and harmony with nature. In Eastern religions the words are nirvana, liberation, wisdom and cosmic unity.

Almost without fail one finds in ancient religious tracts stories about "disease" where people lose this balance and unleash forces inimical to their health. The earliest Greek thinkers used similar

purposes, the drama of a liver transplant beats what's happening in the intellectual and emotional spheres of modern life.

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criteria for the health of individuals as well as communities, postulating a balance among the virtues of courage, wisdom, justice and temperance (physical, social and emotional).

In their cautionary tales, intemperate or arrogant individuals who neglect obligations to the community bring "disease" upon themselves and their neighbors. Some more modern examples: The computer geek who neither exercises nor interacts with others ends up a couple of fish and chips shy of a complete meal and writes virus programs that destroy computer networks. Or, the athlete who has pursued sport to the exclusion of social and intellectual growth and ends up at age 21 in broken health with few friends and a dim economic future. Finally, consider the wealthy workaholic who neglects family and community obligations. These people, like so many others before them, have organized their lives and conducted their relationships in ways that have made them sick.

One wonders whether ancient conceptions of health are achievable or even relevant to our information society. The media thoroughly report the miracles of modern medicine. After so many accounts of gene splicing and organ transplantation, many of us come away with the conviction that drugs and surgery alone can keep our physical beings clunking along nicely into our late 80s. For prime-time

social forces that shape health in favor of the dramatic technological quick fix. I call this the liposuction mentality—the patient just shows up, and the doctor does all the work. Relief is quick but symptomatic. The social and emotional conditions that caused the problem remain. The patient looks better, feels worse and will likely relapse. The health-care system then becomes ineffective, inefficient and hence far too costly to maintain. Medical sociologists and others have long looked beyond the quick fix at other forces shaping health in our modern world.

Decades-long sociological studies of aging at Duke, the University of California-Berkeley and here at MU have shed some light on how to remain healthy well past middle age. My own research with elders in rural Missouri showed that health seemed to be maintained best in people with large and supportive social networks. Membership in formal organizations such as churches was particularly important. The people who joined organizations early in life and maintained their involvement averaged 20 years more of life than those who were more isolated. In the meantime, the socially involved folks seemed to enjoy better physical and emotional health while they were participating in organizations such as the Daughters of Tabor, Rotary Club and the Knights of Columbus.

One 93-year-old woman told me that

her children seldom visited her since moving away long ago. But they sent appliances by the dozen, which she stacked along the walls of her small home. I commented on an unopened TV stacked on top of a microwave oven box.

She sighed and laughed. The TV made her nervous because TV people were mean to each other and talked too fast. The microwave wasn't of much interest, either, because it cooked food fast, and she was in no hurry. Besides, she was occupied every day except the Sabbath helping with the decorations at the senior center. Sundays she attended church and visited with friends over lunch. Since women in our study were more likely than men to be socially involved, gender was also a strong predictor of longevity. Immunizations and yearly checkups seemed to have little or no effect on how long people lived.

My colleagues and I compared these rural Missourians with a very different group of elders—their urban counterparts living in Gothenberg, Sweden. Of course, the Swedes had every advantage regarding medical services because their national health-care system provides equal access to all citizens. Swedes also enjoy a higher standard of living generally

ing the health status of older people both in Sweden and Missouri was intriguing because the groups differed so much culturally and economically. We set out to explain why, starting with interviews of



some long-lived Missourians about their experiences, attitudes and philosophies of life. We also dug more deeply into the Swedish data for some connection between the social, emotional and physical well-being of the research subjects. Almost immediately, we hit pay dirt.

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give love or support. Money tends to drive wedges between people. Their currency, it seems, was social exchange. This outlook seemed to result in more freedom to devote their energies to social ties with family, friends and community institutions. These ties seemed to produce a sense of community and of self-worth—what sociologists call social cohesion. We thought it added somehow to their health and longevity, but it wasn't clear how.

Several years later in Sweden, we were able to study the physiology alongside the social lives of our subjects. Perhaps there was a physical link in the social-cohesion explanation of good health. One of the tests that Swedish respondents had taken over the years measured immune system functioning. As one would expect, people with poorly functioning immune systems were less likely to live a long life than those with more robust defenses. But we also discovered that people who were involved in social networks had better immune systems than did the more isolated Swedes. If an important change occurred in social networks—the death of a spouse—the immune system would then decline. We established that being part of a social network somehow bolstered one's immune system and that this in turn improved health and longevity.

What do all these data mean? Perhaps Hans Selye, the foremost authority on stress's damaging physical effects, said it best. After a distinguished career devoted almost entirely to the study of physical health, he concluded that the secret to health could be found in three precepts: Set attainable goals, thereby protecting mental health. Know your physical and emotional breaking points, and stop well before reaching them. Finally, live an active social life of service to others.

If these conclusions sound too simple for such a large body of scientific study, remember that, done well, they shape the work of a lifetime, likely a long one. *

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than Americans, especially the 65 years and older crowd. Nevertheless, like the Missouri elders, the Swedes who participated in social networks, especially friendships, lived the longest and healthiest lives. Women were more likely to have friends, and they lived longer than the men. Just as in Missouri, use of medical services did not predict a long life. The fact that the same social forces were shap-

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