ALIENATED AFFLICTION: THE POLITICS OF *GRISI SIKNIS* EXPERIENCE IN NICARAGUA

by

Maria D. Venegas

BA, Boise State University 2007

Master degree, University of Cincinnati 2009

Submitted to the Graduate Faculty of

The Dietrich School of Arts and Sciences in partial fulfillment

of the requirements for the degree of

Doctor of Philosophy

University of Pittsburgh

2016

UNIVERSITY OF PITTSBURGH

THE DIETRICH SCHOOL OF ARTS AND SCIENCES

This dissertation was presented

by

Maria D. Venegas

It was defended on

November 10, 2016

and approved by

Harry Sanabria, Emeritus Professor, Department of Anthropology

Joseph Alter, Associate Professor, Department of Anthropology

Patricia Document, Associate Professor, Behavioral and Community Health Sciences

Martha Terry, Associate Professor, Behavioral and Community Health Sciences

Dissertation Advisor: Kathleen Musante, Associate Professor, Department of Anthropology

ALIENATED AFFLICTION: THE POLITICS OF *GRISI SIKNIS* EXPERIENCE IN NICARAGUA

Maria D. Venegas, M.A. MPH. PhD

University of Pittsburgh, 2016

For the Miskitu of Nicaragua*, Grisi Siknis* is a contagious illness that results from demonic possession and witchcraft. This affliction is characterized by numerous psychosomatic symptoms, such as aggressive behavior, loss of consciousness and periods of rapid frenzy. *Grisi Siknis* affects predominantly Miskitu women but men are also affected. *Grisi Siknis* is a historical and social embodied illness that has acquired new meanings at different levels of the Miskitu society. Drawing on 14 months of ethnographic fieldwork (which included in-depth and group interviews, participant observation, collection of secondary materials and reports) in Bilwi-Puerto Cabezas, this dissertation examines the individual, social and institutional levels that produce, redefine and legitimize *Grisi Siknis* as a "politicized illness."

At the institutional biomedical level, *Grisi Siknis* has become an illness redefined as a collective hysteria affecting indigenous peoples with the goal to legitimize the Intercultural Health Model of the region. At the social level, it provides the political arena through which indigenous activism in the region articulate their politics and their demands for recognition and challenge state authorities and institutions. At the individual level of experience, *Grisi Siknis* helps to illuminate political and social practices that are interrelated to identity, gender relations and emotional responses to everyday lived experience of social hardships that are estranged from the political construction of biomedicine and indigenous activism in the region.

I conclude that the growing disconnection between the socially mediated lived experience and the institutional (biomedicine) and contentious (indigenous activism) uses of *Grisi Siknis*

further feed into the discourses of sexuality, gender violence and inequality associated with the illness experience. *Grisi Siknis* is gender-inflicted illness that results from a combination of unjust and social inequalities. I demonstrate that while the narratives and experiences associated with the illness are actively created and distributed by the social order itself; the individual experience remain as the symbolic metaphor and critique of society.

TABLE OF CONTENTS

LIST OF FIGURES

ACKNOWLEDGEMENTS

First and foremost, I want to thank Dr. Harry Sanabria and Dr. Musante for their invaluable and overwhelming support, unwavering patience, guidance and wisdom from the inception to completion of this dissertation. Additionally, I thank and acknowledge my committee members, Joseph Alter, Patricia Documet, and Martha Terry for their input, encouragement and critical feedback that allowed me to see my work from different perspectives.

My deepest appreciation goes out to the people of Puerto Cabezas Bilwi whom I dedicate my research. This project would not have been possible without their willingness and kindness to help, teach and guide me. I thank Eufemia Lisby and her family for treating me as one member of their family, I will never forget their kindness and the memories we built together. Special thanks to Jaime Chow, Zumaya Calero, Juan, Toto, Denis Peralta, Conny, MINSA, and URACCAN. My project would also not have been possible without the support of Fulbright IIE. I gratefully acknowledge the funding sources that made my Ph.D. work possible such as the Center of Latin American Studies summer research support, School of Arts and Sciences Diversity Fellowships, and the Department of Anthropology research funding.

I want to thank my bother Mario Venegas for his instrumental support, encouragement and compassion through the last stages of my dissertation completion. His feedback and straightforward criticism combined with heart-warming and brotherly support gave me the

strength to believe in myself and believe in my project. I have no doubt you will be a great

sociologist and contribute greatly to your field. I would also like to acknowledge Dr. Martha

Woodson Rees, a teacher, a friend and a colleague. As a first-generation college student and

Mexican migrant, Martha Rees became a mentor and an incredible source of support and

friendship. I am forever thankful for her support, guidance and her conviction to fighting for

equal rights for women and for Mexican immigrants. During the toughest moments of my

graduate career, Martha never stopped believing in me. I also want to acknowledge Dr. Jeremy

Koster; he has been a solid source of guidance, professional collaboration and friendship.

It is impossible to repay the kindness of my friends and colleagues; they have contributed

immensely to my personal and professional time at Pitt. Special thanks to Ieva Puzo, and Cengiz

Haksöz, I thank you for your endless kindness, emotional and academic support and friendship. I

also want to thank Gabriela Cervantes for making the long summer working days more

enjoyable, your support, friendship and empathy helped vastly in the last stages of my project.

Special mention of thanks to Jahques, Duane, Nora, Camilo, Greg, Maria Lis, Hugo, Alejandra,

Igor, Joseph, Dr. Alicia Garza and the administrative staff of the anthropology department.

Last and perhaps more importantly, I want to thank my parents and siblings Angelica,

Mario, Jaime and Lucia. Even though my parents only went to school until the third grade, they

taught us the value of education alongside the values of hard work and perseverance. This has

helped me overcome many obstacles I have encountered during my lifetime, such as being held

back a grade in high school for insufficient English, having to work in onion and beet fields and

part time jobs while remaining competitive in high school, and finding the resources to pursue

higher education. I am the first in my family to receive a PhD degree. My family's infallible love

and support has always been my strength and the motivation to never give up on my dreams. My

parents' love, patience, support and work ethic will remain as a motivation throughout my life. My siblings understand the struggle to navigate a foreign system and the challenges we had to face as first generation college students and first generation migrants in this country. I thank them for all their support throughout my graduate career. I love you, guys.

Figure 1. Map of the RACNN, Nicaragua. Source: CIA

1.0 INTRODUCTION

In the month of September 2014, several outbreaks of *Grisi Siknis* (a contagious illness that results from devil possession) were reported in the North Caribbean Autonomous Region, RACNN[1] formerly known as North Atlantic Autonomous Region (RAAN) (Figure 1). One of the largest outbreaks was reported in Bilwi-Puerto Cabezas public school with 42 cases by the end of September. I attended a main gathering of students, teachers, school administrators, parents and pastors held after a spiritual cleaning took place. The meeting was organized by the director of the Board of Education with the goal of providing spiritual healing for the *Grisi Siknis* victims. It had been about a month since the first attack started. Parents had been concerned and angry about the lack of attention and resolution of the issue. Classes had been canceled because teachers claimed that it was extremely difficult to contain the victims at the school. I was standing among the parents, many of whom were angry about the problem and did not think the prayer by the pastor would solve anything since they claim *Grisi Siknis* was caused by witchcraft and they wanted to find the guilty person.

During the "spiritual gathering," a pastor talked about the evil forces and spirits that possessed the students and compared them to the Bible story about possession when Jesus Christ encountered humans who were controlled by evil forces and that they were completely out of

---

1   The RACCN (North Caribbean Autonomous Region) formerly known as RAAN (North Atlantic Autonomous Region). The region name was officially changed during my fieldwork, in the fall of 2014.

control. She used the expression "demon-possessed" to describe these folks, because the demons took control of their faculties, tormented, and twisted their lives out of control. But when Jesus, he brought deliverance for them by sending the demons to pigs and drowning them in the sea. After the bible story, the school principal called the students who have been victims of *Grisi Siknis* to the podium sob the audience could pray for them. A mother sitting next to me claimed that those were not the victims of *Grisi Siknis;* they were told to not come to school and that the meeting at the school was just a show to appease the parents and administrators. A group of girls went up front while mostly the parents were praying for them. The rest of the students were distracted talking to each other. The pastor encouraged students to fight against evil arguing that a spiritual education is needed. The representatives from Ministry of Health of the region (MINSA-SILAIS), the sub-director of Traditional Medicine Institute (IMTRADEC) and the Regional Ministry of Education director were present at the meeting. Local news reporters were also present at the meeting and outside the school grounds; many bystanders were observing the gathering.

After the prayer, parents moved to a classroom to discuss their concerns and treatment choices. The purpose of the meeting was to decide how exactly solve the problem. The conversation was mostly in Spanish but Miskitu, the local language, was spoken too. A teacher who was sitting next to me complained about Miskitu parents and how meetings are impossible because everyone wants to talk at the same time. Parents seemed exasperated about the situation and everyone started talking at the same time such as it was impossible to understand a word. A neighborhood judge, leader and concerned parent, led the discussion reminding everyone the objective of the meeting and told everyone to calm down. He was outraged that no one from the regional government and any other state institution or NGOs were present at the gathering. He

claimed that they should care and provide support for the victims. He specifically talked about the need for support since *Grisi Siknis* is a social and health problem and institutions must care about it.

Most parents did not disagree with the religious "healing"; many believe that religion is the only way to cure *Grisi Siknis*. However, the parents also requested mental care and the help of psychologists. One of the epidemiologists from MINSA assured the parents that MINSA will provide free psychological help for the victims and he made sure to clarify that *Grisi Siknis* is a health problem for the region and that is why MINSA would work along IMTRADEC (the Institute of Traditional medicine) to solve the outbreak. Two parents talked to the audience about the need to have traditional healers involved in solving the problem and everyone agreed. A daily prayer would not be enough to heal the victims. IMTRADEC agreed to bring together a team of healers. MINSA-SILAIS agreed to provide funding for the treatment and to ask the Bilwi-Puerto Cabezas governor to help the victims. Traditional healing treatment is costly and the public school doesn't have enough funding to pay for it. The school principal asked the parents to make small contributions or to help raise funds for the treatment. She reminded the parents that the public school has no funds but will raise funds to solve the problem. The parents agreed to organize a fundraiser to ask the entire school to contribute to the cause because it is a community problem and all students are vulnerable to *Grisi Siknis*.

A collective outbreak of *Grisi Siknis* attracts regional and national attention and it also involves different sectors of society. It is also the ground where demands and frustrations are expressed. The example above shows how *Grisi Siknis* has become a politicized illness that allows for a new political practice where citizens articulate and frame their demands. One common frustration of citizens is with the lack of response and understanding from the regional

and state governments and other regional institutions. Although representatives from MINSA and IMTRADEC attended the meeting, there was a sense of lack of inter-institutional cooperation. There is also a sense of not being taking seriously because *Grisi Siknis* is not a "real" illness in the biomedical sense and IMTRADEC, a traditional medicine institute, not having enough funding to pay for traditional healers. However, at the biomedical and institutional level these outbreaks legitimize the cultural difference of the region and the need to implement an intercultural health model in the region. The intercultural health policy of the region, *Modelo Intercultural de Salud*, have led to a politicized health system that attempts to incorporate indigenous traditional medicine and biomedicine but also strategically links other aspects of political autonomy in the region such as economic development, quality of life, distribution of natural resources to health policy (Ruiz 2006).

The politicization of *Grisi Siknis* at the local health care level involves the participation of medical personnel and the enactment of programs, workshops and political activism. The director of MINSA-SILAIS from Bluefields, the South Autonomous region, explained to me that *Grisi Siknis* is not a Miskitu element anymore and that health care institutions of the region have proposed to the State to include ethnic identity into their health registry and epidemiology. He assured that a demographic census of the region by ethnic identity will yield specific data about the health of the citizens of the autonomous regions. Thus, *Grisi Siknis* has become an illness legitimized by biomedical institutions of the region as an illness affecting indigenous peoples; providing the political arena through which indigenous activism in the region articulates its "politics of life" (Fassin 2012) and its demands for recognition.

The experience of *Grisi Siknis* carries multiple meanings and is utilized by different actors for different reasons and purposes at the different levels of society. Collective *Grisi Siknis*

episodes exemplify the complexity of *Grisi Siknis* as a context related experience. *Grisi Siknis* has been utilized as an instrument of political practice by indigenous political activists in the region but it is also a site where history, power, and distress are enacted. Cases tend to be treated as a collectivity of affected victims rather than looking at individuals case by case.

Grisi Siknis is symptomatic of social, political and economic marginalization and oppression. The expression, explanation and treatment of those symptoms as an illness experience play into the hands of institutionalized and societal structures of power. This study explores the social origins of illness, specifically examining the social and institutional levels that produce, redefine and legitimize suffering in their own terms. At the individual level of illness experience, through the narratives of the afflicted, I unearth the ideological, moral, historical, and emotional components of the illness experience. I demonstrate that while the narratives and experiences associated with the illness are actively created and distributed by the social order itself, the individual experience remains as a symbolic metaphor and critique of society.

1.1 RESEARCH PROBLEM

Initially, this dissertation aimed to understand the relationship between politics and illness in the production of specific experiences of illness that are reframed into political action (through the enactment of particular policies, access to resources and the demand for rights and protections). I hypothesized that while *Grisi Siknis* is a culturally meaningful illness that embodies features of ethnic identity and the sufferers' emotional response to everyday lived

experience of social hardships; it also creates a space for afflicted individuals to redefine their citizenship rights through the experience of illness.

Through an ongoing reflective process of analysis from the earliest stages of the data collection and participant observation, I found that those afflicted with *Grisi Siknis* manifest the symptoms of the condition and articulate their suffering in particular ways but are not involved in the politicization of their illness experience. These early observations and analysis helped me to redefine and reoriented my research goals to examine three levels in which illness is interpreted, negotiated and redefined. I examine the implications of politicizing *Grisi Siknis* in terms of the actual experience of the sufferers to answer the following questions: 1) How does the politicization of the illness by biomedicine and indigenous leaders change its meaning and the illness experience of the afflicted? 2) What is the process of constructing such an illness into a political tool in terms of lived experienced of the afflicted? 3) And what kind of discourses emerge that reshape understandings of illness, ethnic politics and citizenship?

I explore the three levels where the experience of *Grisi Siknis* is constructed, framed and contested. I show that *Grisi Siknis* experience helps to illuminate aspects of political and social practices that are interrelated to identity, gender relations and emotional responses to everyday lived experience of social hardships. I situate the experience of *Grisi Siknis* in wider social and gender discourses as well as practices of power. I contend that forms of sexuality, status and gender roles are negotiated through the experience of *Grisi Siknis,* in particular practices such as sexual magic, witchcraft and gender roles. I also show that the experience of *Grisi Siknis* is alienated from the political construction and uses of the biomedical institutions and indigenous movements of the region. This dissertation examines the political production of *Grisi Siknis* experience and the meaning creation from afflicted individuals. I argue that the growing

6

disconnection between the socially mediated lived experience and the institutional (biomedicine) and contentious (indigenous movements) uses of *Grisi Siknis* further feeds into the discourses of sexuality, gender violence and inequality associated with the illness experience.

1.2 BACKGROUND AND THEORETICAL CONSIDERATIONS

During my first visit to Bilwi, I met with several faculty members at URACCAN with members of Institute of Traditional Medicine and Community Development (IMTRADEC) who have studied and supported local studies of traditional medicine and *Grisi Siknis*. IMTRADEC also organizes workshops and trains medical personnel and lay community members about *Grisi Siknis* and traditional medicine. Most of the staff are familiar with *Grisi Siknis* at the level of research and treatment but because they have dealt with several major outbreaks at their campus. I was advised to go to the villages since anthropologists are interested in real "Indian" people, not the urban population that lack "culture" and traditions, and if I was interested in *Grisi Siknis* then I was in the wrong place, since most of the outbreaks were reported in the villages along the Honduran border.

All my conversations about *Grisi Siknis* with IMTRADEC members linked the illness with Miskitu cultural identity but more specifically with the Miskitu from the most isolated communities since according to local knowledge, they are culturally more "authentic" due to their social and political isolation from the Coast. Most of IMTRADEC's publications and lectures about *Grisi Siknis* have focused on the cultural difference of the Miskitu and the need for the implementation of their intercultural health model. These informal conversations led me to question the ways discourses were developing around *Grisi Siknis* at different levels of the

7

Miskitu society. In the multi-ethnic context of the RACCN, many groups make cultural

statements and claims to resources and rights. The discourses of "cultural difference" and illness

along with indigenous rights have been recently emerged to challenge many Latin American

states and the disadvantageous terms of contemporary citizenship. Bilwi-Puerto Cabezas

provided the space where these domains of knowledge can be studied.

From a methodological point of view, conducting research in Bilwi, a multicultural

setting, particularly in situations where culture and identity are highly politicized such as the

contemporary Atlantic Coast of Nicaragua, was ideal. A multi-ethnic field site allows for paying

attention to the ways that discourses of essentialism and constructivism are often deployed in

practice by actors in the course of social life in the context of identity, culture and politics (Field

1999). Furthermore, cases of *Grisi Siknis* have been documented in Bilwi-Puerto Cabezas in the

last 30 years. For example, Dennis (1981) observed and studied *Grisi Siknis* in a rural village and

Bilwi-Puerto Cabezas and concluded that these *Grisi Siknis* sufferers were recent migrants from

the Rio Coco villages who suffered from emotional stress associated with growing up Miskitu. In

2006 and 2008, *Grisi Siknis* struck students living in a compound at the University of the

Autonomous Region of the North Atlantic of Nicaragua (URACCAN). According to my

informant, a professor and researcher at URACCAN, most of the students came from remote

villages along the Rio Coco and other were from Bilwi-Puerto Cabezas. More recently, Wedel

(2009; 2012) studied *Grisi Siknis* as an involuntary mass spirit possession and therapeutic

cooperation in Bilwi-Puerto Cabezas. He interviewed physicians that have dealt with *Grisi Siknis*

patients. Wedel was more interested in the intersection between intercultural health and

biomedicine; however, by treating *Grisi Siknis* as an involuntary mass spirit possession he

opened the discussion about larger issues surrounding illness experience. During my fieldwork in

2013-2014, I witnessed and documented several outbreaks mostly among college students. Bilwi-Puerto Cabezas allowed me to study *Grisi Siknis* in the context of political mobilizations and how the illness is contextualized, legitimized, and understood by people in power and by Miskitus, in particular.

Along human rights discourses and indigenous movements in Latin America since the late 1980s and recent times, Nicaragua has declared to be a multicultural country with two autonomous regions in the Atlantic Coast. The autonomy of the Atlantic coastal region is understood as a multicultural regime that was signed as part of an accord between the Sandinistas and Contra-revolutionaries in the 1980s. It came at a contradictory time since the nation state developed national ideologies of mestizaje that portrayed the citizens as overwhelmingly mestizo (racially mixed) ancestry while indigenous and afro-descendants were excluded from this process of nation building and citizenship. By defining a multicultural nation, Nicaragua promotes acceptance and recognition of historically disadvantaged ethnic groups but it does not legitimize the autonomy decreed signed during the Contra war. While the Nicaraguan state has reformed the Autonomy law to reinforce its hegemony, the "autonomous" regions adopted "interculturality" as an epistemological stance to achieve political goals by incorporating the principles of cultural plurality and horizontal dialogue. However, in Nicaragua, the concept of interculturality operates as a discursive cover of cultural difference that does not build an inclusive society and does not allow for horizontal dialogue among political agents, especially in the multi-ethnic region of the RACCN where indigeneity is continually contested and redefined, and where ethnic relations are unequal.

The recent multicultural reforms in Nicaragua and its counter responses can be seen as the result of the current neoliberal reforms, economic adjustment policies and as a way to restore

the democratic legitimacy of the state in the one hand, and the autonomy by the regions on the other. The plural political and identity movements challenge the concept of citizenship and democracy (Yashar 2005) and the main challenge is to accommodate pluralism (ethnic and political) in its project of liberal democracy or direct participatory democracy.

In terms of state health institutions, since 1979 after the triumph of the Sandinista revolution, the government consolidated all health agencies into a unified health system under the leadership of the Nicaraguan Ministry of Health. Health care was declared to be a basic right for all citizens, to be provided free of charge by the government (Barrett 1995). The biomedical practice in the autonomous regions is promoted as an intercultural health model that incorporates aspects of traditional medicine and indigenous cosmology. However, the main goal of the model is the decentralization and the transfer of power from central to regional institutions. In the Atlantic Coast, the health care system is administered by a respective regional office which is part of the autonomous regional government. Bilwi-Puerto Cabezas MINSA is the regional office for the RACCN and it oversees three hospitals, four municipal health centers, and several rural health zones as well as health brigades and health councils. State health care at the regional level, in the RACCN in particular, is seen as unequal and insufficient and as a hegemonic form of state domination. Furthermore, in the multiethnic context of the Atlantic Coast, collective rights are adjudicated based on possessing a distinct group identity defined in cultural or ethnic terms (Hooker 2005), and thus different ethnic groups are claiming cultural and collective rights based on indigeneity. Medicine and medical practitioners have become political actors linking health policy based on intercultural discourses and other aspects of political autonomy. For this

reason, Puerto Cabezas MINSA (SILAIS)[2] has played the role of promoting an intercultural

health model with the goal to decentralize state power and institutions in the region.

These processes speak to the complexity of politics and the role of the local biomedical

practice in the reconceptualization of illness and citizenship in the region. Intercultural health

and multiculturalism represent a new process of governmentality that tends to create new

subjectivities and understandings of the individual and social bodies as well as to rethink the

terms of citizenship and the relation with the state. Biomedical personnel in the RACCN have

been trained into understanding and dealing with phenomena such as *Grisi Siknis* but also

through their programs and research have attempted to articulate a political project of autonomy

and redefine a differentiated citizenship. I trace the dual role and discourses of the regional

biomedical practice and indigenous politics in the lives of the individuals affected by *Grisi

Siknis*.

During my fieldwork, women were disproportionately more affected than men. Many of

my conversations and life stories with afflicted women led me to have a better understanding of

how individuals affected by *Grisi Siknis* made sense of their lives and their illness in relation to

their position in society. Some of the advantages of my own social positioning as a woman while

conducting long-term fieldwork were the openness and level of intimacy between me and my

informants. I was able to connect with my informants at a deeper level in a dialectic process of

learning rather than a strictly interviewer and interviewee relationship. We shared experiences

and sometimes-painful memories of suffering, and other times fun stories about growing up

Miskitu or in my case growing up Mexican in American society. Some of their stories are

---

2   SILAIS is local system of attention of integral health developed by the Sandinista government in
1990. It was implemented with the goal to decentralize health sector by regions and to provide health
services with an emphasis on preventive medicine, health promotion and rehabilitation to low income
citizens in urban and rural communities.

included in Chapter 5 where I explore the conditions of life, social relations, unresolved

contradictions, and moral evaluations that predispose women more than men to gender-linked

illnesses.

1.2.1Theoretical Framework

I divided the experience of *Grisi Siknis* at three different levels of experience, discourse

and social production: Individual, social and institutional levels. By exploring the social

constructions and institutional discourses attached to *Grisi Siknis* and their effect on meaning

making, I reveal the different processes attached to the politicization and social production of

illness experience (See Figure 2). Theoretical perspectives brought to bear on these issues

include critical medical anthropology (individual level of experience); studies of biopolitics,

suffering and humanitarianism (social level of experience); and the social studies of biomedicine

(the institutional level of illness experience).
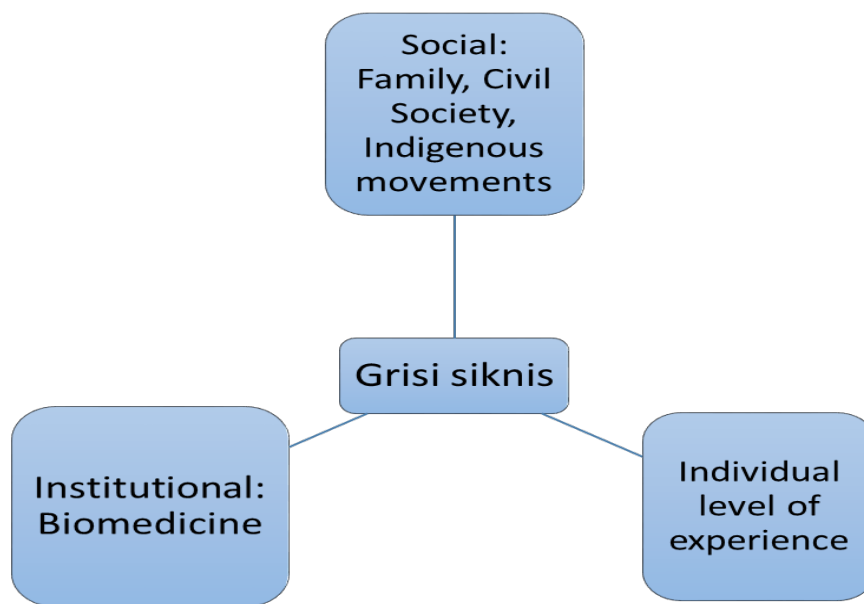
Figure 2. Levels of Illness Production

Individual level

Studies of critical interpretive anthropology have examined illness expressions as reflection of structural political-economic contexts on individual experience (Low 1985; Scheper-Hughes and Lock 1987; Jenkins and Valiente 1994; Oths 1999; Farmer 2005; Yarris 2011) where the individual body can be seen as the most immediate terrain where social and political contradictions are played out. Informed by critical interpretive medical anthropological theory, I situate the experience of *Grisi Siknis* as "sites of struggle and meaning" (Lock and Nguyen 2010). This approach allows for deeper understanding of the experience and meaning of illness in the context where it occurs and how individuals interact with and negotiate different structures of meaning. Taking into consideration the "social origins of illness" helps to avoid narrow cultural interpretations and pays more attention to historical, political and economic determinants (Young 1982) as well as critically analyzing discourses of gender, sexuality and inequalities linked to illness.

In terms of illness experience, Arthur Kleinman pointed the dialectic relationship between symptoms and society: "the relationship is strongly influenced by macrosocial forces, economic, political and institutional arrangements, but the sociosomatic connection is mediated by the meaning and legitimatizes that symptoms hold for particular people in particular local systems of power" (Kleinman 1986:2). Building on Byron Good's definition of illness experience (Good 1994), I refer to *Grisi Siknis* experience as an inherently social and complex product of history, social and political processes with multiple voices and perspectives interacting on its meaning.

The meaning of illness experience is constructed through narrative practices in which sufferers, their families, other associates, and healers participate. At the level of individual

experience, I analyzed the *Grisi Siknis* narratives to emphasize "how events and experiences are constructed through the complex interactions of agents who occupy different social position and different access to power" (Mattingly and Garro 2000: 17) and organize and guide action to construct and politicized *Grisi Siknis* experience. Common expressions among the afflicted and their relatives describe *Grisi Siknis* individual episodes as being out of control. Other common language to describe the experience focuses on "controlling illness" or "controlling oneself against *Grisi Siknis.*"

     Grisi Siknis has come to be understood as many things to many people. There are explanations that link *Grisi Siknis* to biomedical understanding of the illness, as a pathology linked to parasitic infestations to psychiatric conditions, drug addictions and linked to resource availability in some communities. There are also the traditional explanations of *Grisi Siknis* known by the community but also the explanations by indigenous activists and academics who attempt to promote indigenous culture for their political agendas. I am not dismissing the traditional interpretations, linked to the cosmovision and cosmology of many indigenous peoples. However, I focus on the ways in which these explanations are tied to social relations and ideologies and how they encourage different experiences of suffering and illness experience at the individual level.

Social level

     At the social level of experience, *Grisi Siknis* collective outbreaks carry more weight than those individual ones because they become politicized at a larger scale urging for attention of medical help by humanitarian agencies and state government. Within this context, the concept of biopolitics is crucial to understand the politics with respect to the body, life and knowledge and rights (Feher 1994). Nova and Rabinow (2006) define biopolitics as "all the specific strategies

and contestations over problematizations of collective human vitality, morbidity, and mortality; over the forms of knowledge, regimes, and practices of intervention that are desirable, legitimate and efficacious" (197).

By biopolitics, I take Fassin's (2007; 2012) approach to move from Foucauldian biopolitics (regulation of populations by technologies of power) to look at the way populations are evaluated and the meaning given to their existence. In particular, I take humanitarianism as a form of biopolitics as it sets up, manages, and saves lives, and selects which lives are possible or legitimate to save (Fassin 2007). I argue that indigenous groups given their historic precarious existence have moved from contentions identity politics to politics of life and humanitarian rationale to make their demands against the state. In Bilwi-Puerto Cabezas even when health and illness play a role in the politics of the region, the state's relationship with the autonomous region is complex and it has yet to find ways to accommodate pluralism in its practice of liberal democracy.

I have proposed before that *Grisi Siknis* creates a space for afflicted individuals to redefine their citizenship rights through the experience of illness. However, *Grisi Siknis* is a tool but not the only means to challenge and demand recognition by the state. Through my interviews and observations, I learned that none of the individuals affected by *Grisi Siknis* actively claim any rights, resources or protections from the State. Most informants would like to have some sort of support from regional authorities and the health care service itself but *Grisi Siknis* does not serve as a medium or instrument to directly mobilize and negotiate political power for the individual sufferers themselves. Yet, when outbreaks of *Grisi Siknis* are reported, the community indigenous leaders are the first ones to speak out using a humanitarian language and reasoning about the problem. Didier Fassin has shown that humanitarianism creates a politics of life that

15

has real and potentially problematic outcomes because it becomes a generalized mode of governing that focuses on empathy rather than the recognition of rights that concerns victims of poverty, exclusion, epidemics, and wars (Fassin 2007; 2009; 2012). In other words, humanitarian discourses govern precarious lives and replace the politics of rights and justice with an ethics of suffering and compassion appealing to the morality of an audience, and in some cases, it forces a response from the state.

Institutional level

I situate this level of illness experience in the emergent field of study of biomedicine and the ill body as sites of struggle and meaning (Lock and Nguyen 2010). *Grisi Siknis* has been redefined by the regional biomedical health care system with the goal to be included in their budget and to be officially registered in the national registry of diseases. These processes have reclaimed and redefined *Grisi Siknis* as a collective hysteria and the use of statistics has documented the outbreaks and classified them as an epidemiological emergency. In his seminal work, Arthur Kleinman (1980) argues that neither healthcare systems nor their clinical reality can be fully appreciated without examining how the biosocial relates to culture as a system of symbolic meanings, norms and power to illness and treatment. In this context, the body becomes a site for the construction of authority, legitimacy and control where medicine takes a crucial role for enacting regulatory and disciplinary techniques onto the body (Scheper-Hughes and Lock 1987; Crandon-Malamud 1991; Lock 1993).

The relationship between medicine and politics has been demonstrated. For example, Vincanne Adams's (1998) *Doctors for Democracy*, ethnographically examines how medical professionals became politicized in the struggle against the monarchy in Nepal, disseminating "subversive" information, participating in strikes, sheltering opposing leaders in health facilities,

16

giving civilians priority treatment and advocating universal human rights under the discourse of "democracy for health." This politicization of health and scientific activities during Nepal's revolution became a paradox, as many patients assumed that most (if not all) health programs were in fact political campaigns to garner favor and votes (Adams 1998). In Cuba, biomedical health care has been used as a symbolic device to foster certain imaginaries of the state and its citizens. Brotherton (2012) examines Cuba's socialist health policies, specifically how state policy as enacted through the government's public health campaigns, affected individual lives and changed the relationship among citizens, government institutions, public associations, and the state. By analyzing the relationship between health ideology as an explicit discourse and as lived experience, Brotherton found a *medicalized subjectivity* in Cuba, one in which a prolific network of health professionals has encouraged the citizenry to become increasingly attuned to biomedical understandings of what it constitutes bodily health and physical well-being. In short, these studies demonstrate that political projects realigned and supported by scientific and medical language have shaped ideologies of race, gender, and class along with new conceptions of citizenship, what it means to be an actual, potential or differentiated citizen.

At the institutional level, I examine the role of biomedical health care in the reconceptualization of illness experience and how individuals interact with and negotiate different structures of meaning. I focus on the contradictions, meaning creation and responses from this process of claiming a cultural illness by the biomedical establishment and the responses from the ones affected by *Grisi Siknis* (directly and indirectly). I trace how biomedical language plays into the political practice of the region and the meaning of illness experience.

1.3 SUMMARY OF CHAPTERS

The chapters that follow proceed from a wider political, economic and social history to a narrow scope as argument and ethnographic narrative develops. Chapter 2 describes how I went about my research in terms of methods of data collection (pros and cons of conducting research in the city compare to small village). I also provide a narrative linked to my own subjectivity and first experience with *Grisi Siknis*. Chapter 3 establishes the salience of the disconnection between the Atlantic Coast and the Pacific, a disconnection that it is not only geographical but historical, cultural and political. In this Chapter, I provide a brief political economic history of the region with a critical analysis of the construction of local history of the Miskitu as a cultural and ethnic group. In particular, a focus on the historical, social and political changes with an emphasis on Miskitu society in order to provide a clearer picture of how *Grisi Siknis* emerged as well as how gender and identity are constructed. This chapter provides the historical and political context where local politics play a role in the everyday lives of people.

Chapter 4 traces the history of *Grisi Siknis* and its political, cultural and social implications in terms of experience and how biomedical language plays into changing conceptions of the illness. The dominant representational theories employed in medicine psychiatry, anthropology, and cognitive science have tended to consider only those aspects of thought that make sense within the presumption of rationality and ignore salient aspects of the individual experience as socially constructed and historically informed. I approach *Grisi Siknis* as an illness experience grounded and constrained by individual local worlds and the local and larger social and political context where it occurs. I argue that *Grisi Siknis* has acquired new meanings at different levels of the Miskitu society. First, it has been historicized and ritualized

(inscribed onto the body), politicized (legitimized and redefined by identity politics of the region), and redefined by biomedicine of the region.

In Chapter 5, I explore the importance of considering individual life story and subjective understanding of illness experience construction. This approach corroborates past and current literature in the anthropology of illness that argues for a vision of health and illness that cannot be reduced exclusively to psychiatric or somatic processes but that must take into account the social, political and cultural milieu. I show that the experience of *Grisi Siknis* carries multiple meanings and it is utilized by different actors for different reasons and purposes at different levels of society. This chapter contends that forms of sexuality, status and gender roles are negotiated through the experience of *Grisi Siknis.*

Grisi Siknis is a social and gendered experience where the afflicted can negotiate their sick role, create social bonds and challenge gender and sexual attitudes associated with the illness. I present several narratives that explore how *Grisi Siknis* illness experiences create counter-hegemonic discourses that allow sufferers (women in particular but also men) to negotiate their status, to challenge the discourse surrounding sexuality and the experience of *Grisi Siknis*, forge alliances, and deal with difficult situations such as marital problems, domestic and sexual abuse, demeaning or debilitating labor.

Chapter 6 and Chapter 7 explore two levels of the political and institutional construction of illness experience. In Chapter 6, I explore how the process that has reclaimed and redefined *Grisi siknis* as collective hysteria and the use of statistics have documented the outbreaks and classified them as an epidemiological emergency. I examine the role of biomedicine in the reconceptualization and production of illness experience. I emphasize the disconnection between institutional political uses of the illness and the individual illness experience. Biomedicine

trained personnel in the RAAN have been trained into understand and deal with phenomena such as *Grisi Siknis* but also through their programs and research have attempted to articulate a political project of autonomy and redefine a differentiated citizenship, intercultural citizenship.

In Chapter 7, I explore the local history, identity politics, intercultural and multicultural reforms in the region. I explore the discourses surrounding collective outbreaks of *Grisi Siknis* as they politicize the illness to contend against the state, make demands for services and attention and address their grievances. I argue that this context has created a new political practice among indigenous groups linked to health issues, in particular to *Grisi Siknis.* I propose two forms of citizenship developing in the region as response to competing narratives and discourses: *Intercultural and Autonomous* citizenship. *Intercultural* citizenship is accepted by the State which promotes a multiculturalism link to ethnogovernmentality and where RAAN activists (scholars, doctors, and indigenous leaders) use the culturalist approach to decentralize the power (especially through health care programs and policy). *Autonomous* citizenship is a counter response to interculturality. This kind of citizenship is linked to ideas of "indigeneity" and state autonomy. Discourses about political autonomy sprung from many Miskitu citizens who do not feel that intercultural citizenship is inclusive nor is a project that benefits them. Within these two discourses, the experiences of *Grisi Siknis* get redefined, legitimized and told. I trace the dual role and discourses of biomedicine and indigenous politics in the lives of the individuals affected by *Grisi Siknis*.

2.0 LOGIC AND METHODS OF INQUIRY

Fieldsite: Bilwi-Puerto Cabezas[3]

This dissertation is based on preliminary research and ethnographic field research I

conducted in the North Caribbean Autonomous Region (RACCN) formerly known as North

Atlantic Autonomous Region (RAAN, during the summer of 2008, summer of 2012 and August

2013-November 2014. Puerto Cabezas or Bilwi as it is officially known by the locals, is the

RAAN capital with a population of about 30,000 inhabitants with a majority identified as

Miskitu. Puerto Cabezas also has a large percentage of Mestizo (Spanish speaking Nicaraguans)

and Creoles (West Indian origin) that live in the city. Although the city is a multicultural and

multi-ethnic space, its name "Bilwi" a Miskitu word meaning "serpent leaves," was given due to

the dominant power of Miskitu during Sandinista government and after its defeat (Pineda 2001).

I received support and affiliation from Institute of Traditional Medicine and Community

Development (IMTRADEC) and Ministry of Health (MINSA-SILAIS) whose offices are located

in Bilwi-Puerto Cabezas and who carry out programs in surrounding neighborhoods and villages.

IMTRADEC engages in health-related research, implements community development programs,

provides workshops, organizes and runs a university degree and certificate programs for nurses,

and organizes indigenous healers. My affiliation with IMTRADEC/URACCAN during my

fieldwork became difficult because of difference of ideas about *Grisi Siknis.* Nevertheless, I still

had access to a vast network of health sector contacts from the health secretary of the RACNN,

doctors and nurses to the Health Commission of the Autonomous Regional Council (CRA) to

3   Most of my informants refer to this city as Bilwi or just Puerto. Bilwi is the name in Miskitu for Puerto Cabezas (See chapter 1 for more details). I will refer as Bilwi-Puerto Cabezas throughout this dissertation.

indigenous healers and community members serviced by their projects. I also traveled to Waspam, the municipality of the region, where the offices of Christian Medical Action (AMC) are located. AMC is a non-profit organization that provides basic health care, food security and sustainable practices, preventive health care, disaster management and response to the rural communities along the Rio Coco. Many of their workers have witnessed *Grisi Siknis* in the communities. I talked to several of their officers, volunteers and workers about their experiences working with the AMC and their views on *Grisi Siknis*. I also participated in different workshops about local health problems and one regional meeting, focused on intercultural health that brought together several organizations that provide health services to the region, from NGOs, regional MINSA, traditional healers, midwives, and state representatives.

All people in this study appeared genuinely interested in the opportunity to participate and share their views and opinions. At the level of regional government, I did not remunerate representatives or anyone who held a government or bureaucratic position. Interviews were voluntary and all individuals in this study have pseudonyms. I chose to identify all regional, national and international organizations because of their institutional nature and because they are afforded more security than individual citizens.

Traditional healers, nurses, community leaders and afflicted individuals and their family members were remunerated C$200 (approximately US$10 for each interview). Many conversations among these afflicted by *Grisi Siknis* were held as group interviews since most of the outbreaks took place in college dormitories. During group interviews at college campuses, I provided food and drinks to create a friendly and communal environment where the students felt comfortable sharing their experiences. School administrators appreciated the group interviews/talk because it was a way to provide emotional support for their students. Individual

follow-up and in depth interviews were conducted with students who volunteered and agreed to meet with me after a group interview.

2.1 RESEARCH PLAN

The aims of this research are fourfold: **1)** to sketch the history of *Grisi siknis* as socially rooted in the asymmetrical power relations of Miskitu society, **2)** to show how *Grisi Siknis* helps to illuminate aspects of political and social practices that are interrelated with identity, gender relations and emotional responses, **3)** to unearth the different processes attached to the politicization and social production of *Grisi Siknis* by the local biomedical institution, and **4)** to explore how *Grisi Siknis* outbreaks provide the political arena through which indigenous activism in the region articulate its "politics of life" and its demands for recognition.

To address the objectives, the research engaged in three levels of inquiry: ***At the individual level*:** This level of inquiry pertains to the first and second research objectives. I conducted in-depth interviews and collect life stories with current and past sufferers of G*risi Siknis* about their experience with the illness. I also engaged in informal and formal conversations with family members of *Grisi Siknis* participants about their knowledge and experience with the illness. Informal conversations and observations were part of field notes and analytical and methodological memos that were analyzed during data collection and analysis.

Sampling and data collection techniques: Given the sporadic nature of *Grisi siknis*, I recruited/interviewed participants based on their identification with the illness. The individuals for this objective were identified with the help of key informants and through my personal contact with community members who facilitated the identification of families and their

members affected by the illness. A total of 20 individual interviews were conducted, 7 out of 20 were follow-up interviews from three focus group interviews (12-13 participants for each group interview) at three different schools (Bluefields Indian and Caribbean University (BICU), Normal School for teachers and Bilwi Public school). Through life stories and in-depth interviews with *Grisi Siknis* afflicted individuals I was able to make sense of how they make sense of their lives and their illness in relation to their position in society. The interviews provided data on first attack and subsequent attacks, memories of suffering associated with the illness, and supernatural and biomedical accounts of their illness and sources of support.

During data collection, several emergent themes, codes and categories were generated that helped to shape the direction of this dissertation (see table 1and table 2). Some of the codes that emerged during early analysis include the following: sexual abuse; domestic violence; poverty/financial need; fear; female sexual urges and *Grisi Siknis;* demonic possession and religious beliefs; witchcraft and male witches. These emergent themes helped me to pay closer attention to specific perceptions by the afflicted, their families and the community; these also provided a theoretical direction for my study. I interviewed and had informal conversations with family members of *Grisi Siknis* sufferers about their knowledge and understanding of *Grisi Siknis*, treatment, recovery, worries, fears, and strains. I specifically asked to describe how do they deal or respond to an episode of G*risi Siknis*?, to describe how *Grisi Siknis* affects their family interactions and relationships? To describe the role of current *Grisi Siknis* victims within the household; for instance, how did the victim of *Grisi Siknis* was before the illness and how it has changed with the illness, how have they responded to *Grisi Siknis* in terms support from local authorities? In terms of domestic violence reported, how do the family deals with the problem?

At the health care service level: Objective three was explored at this level. I interviewed biomedical health practitioners, doctors, nurses, traditional healers, local and regional leaders, policy makers, state representatives, members of the MINSA-SILAIS, the IMTRADEC director, as well as NGO's about their understanding of *Grisi Siknis* and the degree of importance of *Grisi Siknis* for the enactment of policies and programs and entitlement. In addition, this level of inquiry helped to shed light on the extent that *Grisi Siknis* provides tools to frame and negotiate indigenous politics.

Sampling and data collection techniques: Participants were identified through my affiliation with MINSA and IMTRADEC (N=24). Regional leaders, local authorities, and NGOs were reached through previous contacts with MINSA and other political leaders. Traditional healers are included within this level of inquiry because they belong to the health care system even when not fully accepted by the biomedical institutions of the region. The role and presence of Miskitu indigenous healers in the RACNN have become important since the knowledge has helped to legitimize Miskitu ethnic identity through the treatment of illness and the implementation of intercultural health policies. In-depth semi-structured interviews included questions that explored their understandings of *Grisi Siknis*, traditional medicine acceptance at the biomedical level and how it affects or benefits the Miskitu or the population in general. What is the role of biomedicine to treat or deal with *Grisi Siknis*? Treatment choice and obstacles; their role in assisting Miskitu villages suffering from *Grisi Siknis,* and if sufferers of *Grisi Siknis* have approached their organizations requesting special health programs or special services. Is there any community affected by the recent outbreaks of *Grisi Siknis* that received any help? What type of help has been requested? Has *Grisi Siknis* played any role in the enactment of specific

25

policies dealing with health and access to health care? What is their responsibility towards *Grisi Siknis* sufferers and their families and communities?

At the community/social-political level: This level of inquiry corresponds to objective 4. I conducted in-depth interviews with Miskitu leaders, community leaders, women's organizations, clubs, and local health leaders, (N=10) to gauge their opinions about and perceptions of the importance of ethnic identity and policy, in particular with reference to indigenous illnesses such as *Grisi Siknis.* Interviews with Miskitu indigenous leaders provide their understanding of ethnic identity and its links to collective rights.

Sampling and data collection techniques: I relied on my affiliation with IMTRADECT and my research assistant and personal participation in local activities to access the network of community leaders. Since community leaders, clubs and associations are small population of people who are likely to be in contact with one another, I employed snow-ball sampling to build a sampling frame (Bernard 2006). I interviewed as many leaders and community representatives as I was able to find. The questions for indigenous leaders addressed the following: Perceptions, ideas and experiences with *Grisi Siknis* in their communities, neighborhood and/or families; their role as leaders in the community, health care service, and the region (for instance their role in the community health promotion, treatment and healing; their participation in health programs and policy decision making); support or lack of from state and regional government (for instance if they received financial and moral support when dealing with *Grisi Siknis* epidemics and if they want or need the support from state and regional representatives; if so, what are their claims).

2.3 PARTICIPANT OBSERVATION

Participant observation proved crucial in this investigation, as most participants prefer informal rather than formal settings. For studying illness and experience, informal conversations, observing people do and engaging with others in natural settings is possible only through participant observation. Many times during and after an outbreak of *Grisi Siknis* I would talk to eyewitnesses about their opinions and build a narrative from their perspective. This allowed me to identify discourses and emergent illness narratives.

Rumors regarding indigenous rights, protests, *Grisi Siknis,* and conflicts surfaced through gossip. During the first months of my fieldwork, I lived in a hostel owned by close friends. I decided to live there because of safety and easy living arrangements. However, after a few months during which I felt isolated from community interaction, I decided to move out and rent a small house in a barrio nearby, German Pomares, in which a growing number of Miskitu have settled. Although the barrio is ethnically diverse, it has historically been a Creole neighborhood. "Neighborhoods in Bilwi-Puerto Cabezas are spatial division in the city that reveal class distinctions and spatially based distinctions that intersect in complicated ways with racial and cultural ideologies" (Pineda 2006:163). Recent Miskitu migrants from Krukira, a Miskitu village outside Bilwi-Puerto Cabezas, have resettled the German Pomares neighborhood. They have named their compound Krukira Sirpi (Small Krukira)[4]. Most lived among kin groups and living

---

4   Pineda (2006) also found that Porteños perceive certain neighborhoods as having particular racial compositions and these assumptions allegedly determine the behaviors of its residents and help to justify the historical and contemporary relationships between different groups in the city. During my stay in Bilwi-Puerto Cabezas, I was frequently warned to avoid certain neighborhoods or to never go alone because "son barrios Miskitu" (Miskitu neighborhoods) and I could be robbed or even killed. I learned many stories of young foreign women being raped and killed by gangs of Miskitu men at the beach or "dangerous" neighborhoods. I became friends with a great diversity of people from different

arrangements that are organized around a focal house, usually matrilocal. Living in this barrio

gave me a closer look at daily life and social interactions. I also became a neighborhood

member; I was accepted as a Costeña[5] rather than a tourist. Pulling water from the well, washing

clothes and sweeping the streets were daily activities that at first, neighbors were surprised to see

me do, but they become a regular aspect of my daily routine. I would often have neighbors visit

for coffee or during mango season to pick up mangoes from my yard. During coffee visits, we

would talk and discuss any news or happenings in the neighborhood. One neighbor from Krukira

Sirpi was afflicted by *Grisi Siknis*, I found one by one of his relatives who pursued me to talk to

him. I visited him at his home and we talked several times and become acquaintances. He was

among the few males who were afflicted by *Grisi Siknis* in Bilwi. Participant observation helped

me gain a better assessment of the validity of people's explanations and answers.

Another source of information about city social problems, political and social events was

Bilwi radio talk and news shows. *Grisi Siknis* cases are spontaneous; there is not a certain way to

know when an attack will happen unless you live with the victim and know some of the initial

symptoms. Radio shows would inform the population about outbreaks, discuss the issues and

have public and professional opinions of the matter. This helped me to gain a general idea of

people's understanding of the illness and its sufferers.

Through my previous research experience in 2008, in Arang Dak, a Miskitu village along

the Rio Coco, I was able to observe at least three to four attacks per day in a period of two

months. Yet the village where I conducted research is relatively small compare to Bilwi-Puerto

---

neighborhoods. However, for safety reasons I was always accompanied by either my field assistant or by friends.

5   Costeña refers to someone from the Caribbean Coast, in Bilwi, Costeña and Porteño are used interchangeably; however, Porteños refers specifically to people born and raised in Puerto Cabezas.

Cabezas. However, it is very noticeable when an attack of *Grisi Siknis* was occurring since the victim rans around disrupting normal life and victim's family members and neighbors usually ran after the victim.

Through radio and word of mouth, I learned about episodes of *Grisi Siknis* and was able to witness outbreaks as they were happening. This gave me the opportunity to observe the cases and note how people in general react to the *Grisi Siknis* attacks. Through informal conversations, I learned about their reactions to and perceptions of *Grisi Siknis*. In addition, through radio and spreading the word, I was able to participate and observe political and ethnic mobilizations, protests, and cultural events that provided information about people's demands, claims and the responses of people participating or bystanders. These oral narratives and practices helped me interpret everyday understandings of irregular happenings as they reveal values that shape community standards or common and emergent discourse linked to the explanation of *Grisi Siknis.*

2.4 COLLECTION OF SECONDARY MATERIAL

I collected secondary information such as *Grisi Siknis* reports and studies, government documents, media reports and policy documents. Most of the recent materials published or disseminated about *Grisi Siknis* are associated with the implementation of intercultural services in the region. Politics of identity in Bilwi are framed under the concept of interculturality; however, in practice, I argue that interculturality is an empty concept that obscures the ethnic tensions among Costeños. Secondary materials such as television shows, radio, and newspaper articles provided a glimpse of the politics in the region. I focused on discourses that emphasize

certain aspects of Miskitu history and politics in relation to citizenship rights and affliction. For

purpose of analysis I focus on textual information as supported by Wodak and Meyer (2009)

who argue that texts are often sites of struggle in that they show traces of differing discourses

and ideologies. For instance, media outlets convey messages at times associated with current

politics of the region such as programs about indigenous claims to natural resources, cultural

revitalization TV programs, radio talks about current politics and ethnic conflicts. This

information is crucial to understand the discourses of ethnic identity, identity and health politics.

2.5 ANALYSIS STRATEGY

During the process of data collection, I moved back and forth between *Grisi Siknis*

sufferers, their family members, indigenous healers and leaders and the everyday bureaucracies

and local/regional government representatives by which research participants express their

claims, needs, protections, and entitlements. This mode of ethnographic engagement (see Petryna

2002) and ongoing data analysis helped me question the possibility of linear accounts, to reframe

new questions, and to look for relationships that connect statements and events allowing for

constant comparison and reflection. I used a triangulation of methods to minimize issues related

to validity and reliability (focus groups, semi-structured interviews, participant observation and

secondary materials).

The analysis of data began at the onset of the data collection phase. Through

methodological and theoretical memos, I kept detailed field notes about the context and

variations in the phenomena that provided direction for further data collection and analysis. I

examined the discourses produced and reproduced among local and regional governments, the state representatives, media, indigenous movements and interested (eye witnesses) public.

At the level of individual experience, I analyzed the *Grisi Siknis* narratives to emphasize "how events and experiences are constructed through the complex interactions of agents who occupy different social position and different access to power and who very often find themselves in interpretive and practical struggles" (Mattingly and Garro 2000: 17). The relationship between powerlessness and symbolic expression such as possession, bodily expression of distress, and other "cultural" related illnesses is central in many studies of illness construction and gender. The literature suggests that the dis-empowered perceived their situation as oppressive and they act out of motivation to resist that oppressive structure (Hunt 2000). Ideas of sexuality and gender norms have historically been linked to the experience of *Grisi Siknis* and Miskitu women. I analyzed the narratives and statements that conveyed ideas about illness, gender, identity, metaphors linked to the social and body politic.

I recorded interviews digitally, duplicated for safekeeping and transcribed verbatim with any identifiable information removed. I transferred individual interview data to Nvivo, a software program designed to manage and sort qualitative data. This software allows for identification and coding of segments of text. I initially coded interviews by type of interview and level of inquiry; I then assigned codes that helped identify ideas and themes that emerge from the text (Bernard 2006). In addition, I kept a systematic record of informal observations, interactions and conversations in the form of field notes that I analyzed in the same form as interviews (DeWalt and DeWalt 2002).

2.6 THE ANTHROPOLOGIST AND THE SELF

In the spirit of reflexive anthropology, my goal in this section is to provide an account of my research process situating my role as anthropologist and the ongoing process of analysis that informed my research as it progressed and that it allowed me to engage critically with the theoretical framework that informs the study. As I reflect from my fieldwork experiences in Central America and Nicaragua, working on issues of health and illness, situating knowledge, discourses, contradictions and disjunctures that emerge from studying affliction requires a "keen understanding of what aspects of the self are the most important filters through which one perceives the world and, more particularly, the topic being studied (Behar 1996: 13). In her ethnography, *Death without Weeping* (1992), Nancy Scheper-Hughes argues for a "politically grounded practice of fieldwork" stating "the anthropologist is an instrument of cultural translation that is necessarily flawed and biased. We cannot rid ourselves of the cultural self we bring with us into the field" (28). I do not intend to write a "vulnerable ethnography" (Behar 1996) or a "good enough ethnography with one's feet on the ground" (Scheper-Hughes 1992) but I do take both approaches to emphasize the dialectics between connection and otherness and the political grounded practice of fieldwork.

Therefore, I write as a Latina, born in Mexico, migrant, working class, first generation college student, "a woman of the border, between places, between identities, between languages, between cultures, longings, and illusions, one foot in the academy and one foot out" (Behar 1996:162). From the margins rather than from the center of academia, I want to emphasize the dialectic between connection, disconnection and otherness during my field research process. The "intruder other" but at the end of the day as a Latina I was a familiar other.

32

During my first fieldwork experience in Nicaragua learning from the Miskitu I was called "chele" meaning "white" a word for foreigners, specifically for Americans. As I built relationships with the community residents, I explained that I was a mestiza Mexican but that only increased their inquisitiveness and conversation about my identity. In Nicaragua, the idea of mestizaje as national identity has been promoted since 1930's and 1940s, but it was not until the early 1990s that the official discourse of mestizo nationalism was contested and reformed into a multicultural citizenship. Discourses of Mestizaje deny the existence of non-mestizo Nicaraguans such has been historically the case of Indigenous and Black Costeños in the Atlantic Coast. With different historical and political trajectories but similar discourses as in Nicaragua, the discourse of mestizaje and mestizo identity in Mexico emerged as the foundation for the nation. Mestizaje as a harmonious union between Indian and Spaniards obscures the violence of the conquest and the historical and on-going state violence against the indigenous peoples in Mexico and Nicaragua.

The Miskitu refer to Nicaraguan "Mestizos" as "Ispel" Miskitu for Spaniards. During colonial times, the Atlantic Coast of Nicaragua was not under Spanish control. The Mosquitia was established as a British protectorate that enjoyed relatively autonomy from Spanish power. The Miskitu developed a distinct identity in opposition to the Spanish identity and eventually to mestizo identity. In the last ten years, the tensions among indigenous communities and mestizos have worsened and have resulted in violence, relocation and death. Mestizos farmers also known as "colonos" or colonists from the Pacific have occupied indigenous land in the Bosawas reserve, moving into the land illegally or sometimes by renting the land from the owners. Indigenous and colonists subsist on the natural resources and farming. However, most of the conflict between the colonists and the indigenous people is due to the illicit exploitation and deforestation of the land

33

and the lack of response by the state, which has allowed the illegal occupation of land by colonists thus, violating indigenous and collective land rights.

Given this context of ethnic tensions, my identification as mestiza was challenged and questioned. During a break from conducting interviews in my first fieldwork in Arang Dak, a friend and field assistant asked me about my indigenous ancestry, indigenous group and language. I had to be honest and respond that I did not know. Even when I acknowledged my indigenous roots, and that my maternal grandmother and paternal great grand-mother were of indigenous and black ancestry, landless peasants and of unknown European ancestry, it is uncommon in my family and among most middle and working class Mexicans to talk about ethnicity since we all adopted the mestizo as national identity. This conversation about historical construction of identity helped to cement many long lasting friendships in my field site.

The recognition and acknowledgment of my indigenous roots and the appreciation for Miskitu language and history helped me build rapport in the Miskitu communities and in Bilwi-Puerto Cabezas among the different ethnic groups of the region. However, many times mestizos, those from the Pacific, would feel a close relationship to me because of our perceived shared mestizo identity which also gave them permission to voice their differences and at times their prejudice towards Costeños and indigenous people. This also reflects the continuous sense of difference and geographic and cultural separation from the Coast.

During an informal conversation, a young physician, a mestizo from Managua, who received part of his medical education in Cuba and was doing his service/medical residency in Bilwi, openly complained to me about the social conditions of the region, describing Bilwi as primitive, backwards, and indigenous Miskitu living in trees like "monkeys." He was opposed to the idea of intercultural medicine, arguing that what Miskitu indigenous people call "alternative

34

or traditional medicine" was nothing more than superstition and witchcraft beliefs. He also expressed his political views about the Coast; he rejected the idea of the independence from the Pacific arguing that the Coast has no means to be independent. "Politica de simbiosis" (Politics of symbiosis) that's how the young doctor described the relationship of the Atlantic with the Pacific, stating that economically and politically the Autonomous regions of Nicaragua depend on the Pacific for their survival.

Many young doctors come from the Pacific as medical interns who must fulfill a year of medical practice in a selected region of the country. Many choose to work in the Coast not because they can provide a great service to the community that desperately needs their help but because they can specialize and go directly on to their specializations back in the Pacific. There is a great continuous historical, cultural and political divide between the Atlantic and the Pacific. Pineda (2006) refers to this projection of negative qualities and particular expression of prejudice in which their perceptions of land and geography—environmental ideologies—intersect with ideologies of race and group difference. Further, in the minds of many Nicaraguans the region's natural abundance explains the human poverty of its inhabitants since Costeños (Creoles and Miskitu) are seen as less industrious, hypersexual and lazy (Pineda 2006:3). Costeños are well aware of the derision with which many Pacific Nicaraguans regard them. Many of my Costeño friends who have travelled or lived in Managua shared stories of discrimination and racism and the feeling of being foreigners in their own country.

In Bilwi-Puerto Cabezas I was fairly accepted into the community although at first sight most people assume I was a foreigner, European or "Gringa." My fluency in Spanish, my mixed identity and knowledge of the social and local context made it easier for me to be accepted. I also acknowledged a certain level of entitlement; "playing the role of the second-rate gringa" (Behar

35

1996:21) gave me access to people and resources that as a local would have been difficult to

obtain. My role as ethnographer was interpreted in different ways by different actors. Individuals

at URACCAN and IMTRADEC at first were interested in my research interest in *Grisi Siknis*

but as my research developed and I was not seen as a political and financial asset to move their

intercultural agenda, their interest in aiding me decreased. I was able to volunteer some of my

time to teach a workshop on qualitative methodology, attended some of their workshops and

interviewed key faculty at URACCAN.

During the qualitative methods workshop that I taught at URACCAN, I met a student

who wanted to learn more about my research and became my field assistant. It was through him

and his connections with YATAMA that I met several Miskitu leaders in Bilwi and attended

several political rallies. My field assistant was also known among the community for running a

Miskitu youth group. I also became acquaintance with regional leaders, many who were either

Sandinista or YATAMA[6]. At the time of my research, the Sandinista party was in power.

Political polarization is divided along ethnic groups, YATAMA having mostly Miskitu and some

Creole followers while the Sandinista is composed of recent mestizos migrants, but also Miskitu

and Creoles who benefited from the Sandinista revolution and have remained loyal to their party.

Through many social and informal conversations with regional government officials,

especially during social gatherings, most of them playfully talked about *Grisi Siknis* as a game to

attract men. The current governor of Bilwi, the son of the famous indigenous Mirna

Cunningham, explained that *Grisi Siknis* works perfectly as a political strategy because it gets

media attention due to its nature but that is not a real "illness" just an excuse for Miskitu women

to have sex. Thus, from a political point of view, *Grisi Siknis* is a tool to push policies and to

---

6   YATAMA Yapti Tasba Masraka Nanhi Asla Takanka (Hijos de la Madre Tierra/Mother Earth's
Children), the main indigenous political organization in the region.

obtain funding from international agencies and NGOs. The popular notion among the general non-Miskitu population and men about *Grisi Siknis* as an excuse for young women to seek sexual partners and even as a way to somehow announce their unplanned pregnancies playing the sick role around their parents. After only a few meetings with the political elite of Bilwi, I realized soon enough that I was participating in the unequal relations that are marked by class and corruption in Bilwi.

There is a general sentiment of disaffection among Costeños and their political representatives regardless of the political party in power. Sandinistas and YATAMA political representatives are seen as corrupted and as emerging elite. Inequality in Bilwi-Puerto Cabezas is visible just by walking to the market and seeing daily laborers knowns as *chambeadores* earning between $4USD on a day of work uploading trucks of merchandise, mostly heavy sacks of rice and beans and liquor boxes, in contrast with politicians driving around the market with newly acquired trucks or motorcycles. Through many of my friendships with Miskitu women, I also learned that many work as domestic workers or washing big loads of clothes by hand earning approximately $4USD for a day of work. To buy a plate of food (chicken, rice and plantains) will cost a day of work for a great portion of the population in Bilwi-Puerto Cabezas.

Grisi Siknis has been studied by outsiders and local researchers for over 30 years. Most literature has focused on psychosexual explanations of the illness, linking it to sexual maturation, a rite of passage or as a social drama where victims generally become hysterical and perform aspects of their lives through the illness (Dennis 1981; 1985; Jamieson 2001). The discourse of sex and sexuality linked to *Grisi Siknis* has become accepted not only in the literature but in public discourses of Miskitu sexuality. During one outbreak of *Grisi Siknis* at a college dorm in Bilwi in 2014, I was called by a friend who talked to the victims and to witness the attacks.

37

Outside the dorm, Marlene and her younger sister who is a newly known healer, met with me. We became friends during a party celebrating the international women's day. Marlene's sister, Lilia, a young 22 year old, tall, slim, Miskitu woman was preparing to go inside the dorm and resolve the outbreak. Marlene, another Miskitu woman and I were waiting talking about what could have caused the outbreak at the dorms, especially because mostly Miskitu women from Honduras and Mayangna were affected. In terms of the sexual aspect of *Grisi Siknis,* I asked both women why some people would say that *Grisi Siknis* is only an excuse for young girls to have sex. They both disagreed and said it was total nonsense. Marlene explained that men are the ones who cause *Grisi Siknis* on women because women usually refuse their sexual innuendos and public harassment. Men practice revenge witchcraft when women do not accept them. Marlene also explained that the idea that women use *Grisi Siknis* as an excuse to have sex with men was not valid because according to her, women can live without sex with no problem but men cannot. Other women and most of my informants shared the same narrative about the sexual discourses associated with *Grisi Siknis.*

Most of my informants challenged local and cultural concepts of gender roles and sexuality attached to the experience of *Grisis Siknis*. Furthermore, most of the published studies on *Grisi Siknis* have emphasized this perceived pyschosexual, gender, cultural ("hysterical Miskitu") and age specific phenomena among the Miskitu (see Dennis 1981; 1985; Jamieson 2001). A recent study titled *"Algo anda mal" Grisi Siknis in the Rio Coco* published in 2004 by URACCAN and conducted by Nicaraguan investigator Sandra Davis and her assistants (some of whom were victims in the 2004 outbreak in Bilwi), in the river communities of Krin Krin, Santo Tomas de Umra, and San Juan Bodega (among Mayangna and mestizos) found that *Grisi Siknis* is a barometer for individual and collective problems. Although the researchers held a traditional

38

view of the illness, explaining the outbreaks of *Grisi Siknis* as related to the imbalance or lack of harmony between the world of the spirits and the human world. Davis et al (2005) were also preoccupied by the sexual violence as a cause of *Grisi Siknis.*

3.0 THE AUTONOMOUS NORTH CARIBBEAN COAST OF NICARAGUA: HISTORY, PLACE, IDENTITY AND GENDER

To reach the RACCN from Managua, Nicaragua's capital city, there are two options. The faster and more expensive is to fly from Managua to Bilwi-Puerto Cabezas for $160 USD, on the regional and only company, *La Costeña*. This airline offers flights to both North and South regional capital cities (Bilwi-Puerto Cabezas and Blue Fields respectively) and to Corn Island (a popular touristic spot). Most of its flights are reserved for international NGOs and religious organizations that provide service to the region, and also for public and government officials and sometimes patients sent to and from Managua urgent care hospitals.

Another option is to take the bus, which costs approximately $20USD (one way) for a 24 hour trip in old school yellow buses that carry more weight than their allowed full capacity (almost like a double decker bus); many Costeños carry merchandise, furniture, and food on top of these timeworn yellow school buses. The road is approximately 557 km of road from which the first 285km are paved (Garcia-Babini 2012); so in other words, there are eight hours of good road or until the bus reaches Rio Blanco and from there on, the roads are rocky and during rainy season these become mud lakes (*pegaderos)* that are impossible to cross. During the rainy season, many bus rides can take two or three days to reach Bilwi-Puerto Cabezas. Every year, dozens of accidents are reported due to the road conditions and the pressure that the drivers

experienced to reach their destination in the less time. Many of these buses are owned by Pacific Nicaraguans, who make as many trips as possible not only driving these buses but also serving as mechanics or just finding creative ways to make the bus run again during their journey. For instance, when the bus overheats, the driver uses a bucket of water to cool down the engine which means stopping every time the bus overheats until we reach our destination is reached which only adds hours to the already long journey.

Many of these buses have names describing the qualities of the drivers, the type of ride expected and religious messages. Names include *El terror del Caribe* (Caribbean terror), *sonrie, Cristo te ama* (smile, Christ loves you) and *Rápido y Furioso* (Fast and Furious), all with their respective stories. Although this mode of transportation is available, most of my informants assured me that they have never traveled to the Pacific because they cannot afford to pay $20USD; it is also the case that many people from the Pacific have never been to the Atlantic Coast. Bad road conditions have a direct effect in the regional economy of the region since most merchandise and food products come from Managua. When products do not reach Bilwi-Puerto Cabezas due to road conditions or political mobilizations such as strikes, the prices go up and the population faces a scarcity of basic products such as oil, salt, flour, soap, construction materials and gasoline. Ironically, life in the RACCN and in Bilwi-Puerto Cabezas particularly is much more expensive than in Managua. In addition, the dream of a highway that connects the Atlantic to the Pacific is just a State promise for many Costeños that comes up every election cycle.

The first time I flew to Bilwi, I was advised by a taxi driver from Managua who took me to the airport and had visited Bilwi before to be aware of the "*Moscos*" (literally, flies) as he pejoratively referred to the Miskitu indigenous people. He advised me to stay at a hostel owned by a *criolla negra* (Black Creole) who was more trustworthy than Miskitu Indians, even though

according to the taxi driver "*no se creen Nicarguaguese, se creen ingleses*" (they believe they are English not Nicaraguans). Living and working with Costeños, I learned that they are aware of the derision with which many Pacific mestizos refer to them. Many claimed to feel and be treated as foreigners when they visit the Pacific Coast and many claimed to face racism and discrimination based on their skin color and their accent. These associations stand in opposition to Costeño's perceptions of themselves. Many claimed for instance that Pacific Nicaraguan's poverty is much more precarious than being poor in the Atlantic Coast because Costeños perceived themselves as having access to land and opportunities to work abroad in cruise ships or as migrant workers in the US or Caiman Islands, their English skills, western Caribbean locations and social capital. Pineda (2006) contends that this Costeño competing view provides an ideological counterbalance to Pacific Nicaraguan's perceptions of the Coast. During my fieldwork, several of my informants who migrated to Managua for job opportunities would complain about the living conditions that many poor Nicaraguans lived in. The "only" advantage according to many Costeños is the "modernization" of Managua city where shopping centers are on the rise, access to material goods, better hospitals, better universities and education in general.

The disconnect between these two regions is not only geographical but historical, cultural and political. In this Chapter, I provide a brief political economic history of the region with a critical analysis of the construction of local history of the Miskitu as a cultural and ethnic group. I focus on local ideas of belonging and relations with outsiders (English and Nicaragua state) a focus on the historical, social and political changes with an emphasis on Miskitu society to provide a clearer picture of how *Grisi Siknis* emerged as well as how gender and identity are constructed. This chapter provides the historical and political context where local politics play a role in the everyday lives of people.

41

3.1 THE SETTING: POLITICAL, ECONOMIC AND SOCIAL HISTORY OF BILWI PUERTO CABEZAS[7]

The RACCN is located in the northeastern region of Nicaragua, bordering Honduras to the North and the Atlantic Ocean to the east. The Atlantic Lowlands of eastern Nicaragua and Honduras occupy a broad plain intersected by numerous rivers winding through mixed rainforest, tropical pine savannah, coastal wetlands and extensive lagoons into the Caribbean Sea. It is predominantly tropical, with high temperatures and humidity and very low human population densities compared to the Pacific coast (see Dennis 2004; Pineda 2006; Herlihy 2012). Thought to have been originally occupied by Chibcha speaking peoples from the south who traveled by canoe and subsisted as hunters, gatherers and swidden horticulturalists (with knowledge of the cultivation of cassava, or manioc, rather than maize), the region's sandy, infertile soils and challenging climate and terrain have always limited human settlement and discouraged large-scale agriculture[8]. Further, the Caribbean Coastal Plain, an extensive lowland strip that at its widest point stretches for 150 kilometers, contained the largest tropical rain forest in Central America.

The RACCN is the largest administrative region in the country and also an ethnically diverse region with a majority of the population being identified as indigenous (Miskitu and Sumu), Creole (defined as an Afro-Caribbean ethnic group, and Mestizos who are referred to as Ispel/Spaniards (Pineda 2006; Ruiz 2006). The RACCN is also the larger of two autonomous

---

7   Puerto Cabezas was founded in 1929 on a place called Bilwi. After years of ethnic mobilizations, the city was renamed Bilwi and Puerto Cabezas was the name given to the municipality. Most people refer to the city as "Puerto" or Bilwi among many Miskitu. I will use Bilwi-Puerto Cabezas throughout this dissertation to avoid confusions.

8   See Nietschamann (1973) and Helms (1971)

regions created after the Sandinista revolutionary war of Nicaragua in the 1980s and the

Autonomous Region of the South Atlantic (RACCS) with a concentration of Miskitu peoples and

Creoles respectively. The population of the Atlantic Coast has increased at a rapid pace since the

1950s when governmental planned migration from the Pacific region caused the eastward spread

of what the government in Managua viewed as the agricultural frontier. From 1963 to 1973 the

population of the Department of Zelaya, which constituted what is now the Northern and

Southern Autonomous Regions, almost doubled, growing from 87, 823 to 157, 484 and by 1985,

the population had doubled again, reaching 325, 454 (cf. Pineda 2006). A current population

census of the RACNN estimates a population of 453,541 (MINSA and CSE 2012).

Puerto Cabezas or Bilwi as it is commonly known by the locals, is the RACNN capital

with a population of about 101, 2163 inhabitants. Puerto Cabezas has a large percentage of

Mestizo (Spanish speaking Nicaraguans), Miskitu and Sumu-Mayagnan indigenous populations

and Creoles who live in the city. Although the city is a multicultural and multi-ethnic space, its

name "Bilwi" a Miskitu word meaning "serpent leaves," was given due to the dominant power of

Miskitu during Sandinista government and after its defeat (Pineda 2001; 2006; Garcia-Babini

2012). The history of Bilwi-Puerto Cabezas has been a political and economic history of

negotiations, questions of origin and legitimacy, and within these processes race, gender and

identity have been constructed and negotiated. These constructions and political contestations are

critical to understanding the social and political movements in the region. In the oral narratives

and oftentimes with nostalgia, many Costeños remember a Bilwi-Puerto Cabezas before and

after Company times.

Unlike the rest of Nicaragua, the Caribbean Coast was colonized by the British,

commonly and proudly cited by many Costeños as what distinguish them from Pacific

Nicaraguans. British colonialism had a different impact among the inhabitants in the Coast with strategic alliances with the Miskitu Indians that led to the exploitation and extraction of natural resources and the diplomatic and military protection from imperial powers present in the region. What later was known as an "anglo-cultural affinity" (Hale 1994) was reinforced by the spread of Protestant Christianity and the arrival of Moravian missionaries in 1847.

By the end of the nineteenth century, United States companies established a number of economic enclaves involved in extractive enterprises that exploited the natural resources of the region and shifted the power and ethnic dynamics of the region. In 1894, the Coast was forcibly "reincorporated" into the rest of Nicaragua by president Jose Santos Zelaya (see Pineda 2006). Charles Hale (1994) attempted to explain what it was seen as a paradox that depicted the Miskitu's embrace of Anglo-American culture and institutions as an act of resistance to the mestizoising wishes of the Nicaraguan national state. Baracco (2011) argues against Hale's thesis of Miskitu's anglo affinity, suggesting that Anglo allies nonetheless subjected the Miskitu to extreme forms of economic exploitation and political and cultural repression by banishing many of their cultural practices and denying them the right to nationhood on multiple occasions (134). For Pineda (2006), by suggesting that the miskitu resisted mestizo oppression by internalizing Anglo-American hegemonic beliefs that were equally subordinating, Hale's analysis hardly moves beyond that of the Sandinistas in terms of his focus on the Miskitu's "ideological confusion." Thus, Hale's analysis portrays the Miskitu as contradictory but ultimately confused and manipulated objects of imperialism instead actively creating an ethnonationalism on their own. The legacy of the Anglo-American occupation and colonialism was too apparent on the meaning Costeños gave to ideas of nationhood, autonomy, development and race. In the

following sections I describe the period before and after company times and the implications for race, gender and ethnic relations of the region.

3.2 COMPANY TIME AND SANDINO TIMES: SOCIO-POLITCAL CHANGES IN PUERTO CABEZAS

In the main roundabout along the commercial street in Bilwi-Puerto Cabezas, stands a statue of a Contra Indian soldier, known popularly as "El Indio". El Indio is a life size scruffy sculpture of a soldier wearing camouflage pants, combat boots, shirtless and carrying a bow and arrow. It is a political symbol for many Miskitu who fought in the war and the new identity of the city. In the 1980s Puerto Cabezas became the political center of a self-proclaimed Miskitu Indian "resurgence-cuminsurgence" (Pineda 2006:153), the contra war. It is also the icon for many jokes among some Costeños who saw the rapid "Miskitoization" of the city.

Given the ethnic and racial ideologies of the city, especially with regard to recent migrants from rural communities who were displaced by the war, many Costeños associated the lack of capital growth of the city to the influx of Miskitu into the city. "Los primos" (the cousins) or "filipitas" (a variety of plantain brought in during company times) is how non-Miskitu refer to the recent Miskitu migrants to Puerto, who many times are blamed for crime, violence and the backwardness of the city. There are times where you would see a congregation of Miskitu people carrying a "Miskistu king" figure down the streets as a reminder of the contested history of the city, alluding to the Mosquitia traditions of self-rule and its historical and cultural peculiarity creating their own narrative of place and identity.

45

The historical polemic about the character of Miskitu kingship is reflected in more recent scholarly debates among anthropologists, historians, and geographers. Some scholars argue that the Miskitu were regarded as mainly middlemen between Indians and Europeans (Helms 1969) and interpret Miskitu leaders as kings. Olien and Dennis, in contrast, recognize a native tradition of supreme overlordship (wita tara, king or chief) that reaches back to the early seventeenth century. Gabbert (2011) argues that prior to contact with Europeans, Miskitu society was essentially egalitarian and acephalous:

> "Later trade in imported goods allowed some men polygamous marriages, thereby increasing the agricultural production of such households. Surpluses were used to arrange vast feast. This, and the growing importance of warfare stimulated by conflicts between Britain and Spain and the slave trade with Jamaica, opened up new opportunities to certain individuals to gain prestige" (2011:18).

Hence, the institution of kingship among the Miskitu was used as a diplomatic instrument by the British to legitimize their activities in the Mosquitia. The powerful icons representing the Miskitu King and the Indian soldier serve as political practice that reflects the Miskitu cultural appraisal and identity affirmation.

Many Costeños refer to Puerto Cabezas before company time as Sandino time, alluding to the drastic economic and political changes that marked the region. The events of the 1979 Sandinista war led to the emergence of Puerto Cabezas as a Miskitu Indian city in the discourse of Costeños whereas "company time" means that the political and economic environment of the city was dominated by self-identified and culturally Creoles (Pineda 2006). The creation of two autonomous regions and the transformations of the Coastal political economy affected Miskitu dynamics and livelihood (Hale 1994). After the war, many communities of the Rio Coco were relocated into Puerto Cabezas where grassroots organizations such as Miskitu, Sumu, Rama and Sandinista Working Together (MISURASATA) provided a sense of shared experience among

the newcomers, that were able to reconstruct their history and sense of identity. Chapter 7 goes

into detail about the rise of indigenous movements and the role that *Grisi siknis* plays in their

political practice in a region where the complex and dynamic history of ethnic and racial

identification is highly charged and on integral part of the social and political practice of the

region.

3.2.1 Company time

> From its inception, Puerto Cabezas fit the classic pattern of a US company town. The
> company planned, built, owned, and managed every aspect of the city. Far beyond simply
> providing employment to its workers, the company provided government, transportation,
> entertainment, health care, recreation, infrastructure, police and stores. The economic
> system of Puerto Cabezas (unlike sugar plantations areas) relied both on the production
> of its work force and the work's force consumption of US products. This stage in
> Mosquito Coast history is now remembered as "company time", a term commonly used
> by Costeños that refers to the period in which US companies were active in the city
> (1920-1979). (Pineda 2006: 109).

The period of 'company time' or economic boom of the 1950s coincided with the period

of Somoza dictatorship. Contrary to the repression and violence experienced in the Pacific Coast

of Nicaragua, Costeños remember this period as a prosperous one. US companies had established

several economic enclaves centered on the extraction of natural resources that were highly

integrated into the world market but were highly susceptible to boom-and-bust- cycles of world

trade (Helms 1971; Nietschmann 1973; Vilas 1989). In general, the region's limited

infrastructural and industrial development was restricted to the areas around these enclaves,

leading to a significantly different form of economic development than in the rest of the country.

Helms (1971) describes this period when many Miskitu men found work in lumbering, mining,

and banana production. She argues that, although the foreign companies were exploitative, local

Miskitu men felt fortunate at the time to have "well paying" jobs and access to the cash economy

of the region. It was also a time of cumulative damage to the environment due to the boom and bust cycles with each successive boom degrading the environment even further (Nietschmann 1973).

Company times changed the labor and migration patterns of many indigenous people who, after the boom ended, would return to their villages to make a living in traditional ways. In Puerto Cabezas, "the companies' residential and labor practices served to institutionalize racial and ethnic categories and help to channel collective action within Costeño society into a racialized idiom" (Pineda 2006:108). These practices gave place to "class-ethnic hierarchies" (Hale 1994) and racial ideologies linked to the political economy of the region, shaped by the boom-and bust-cycles of North American extractive industries (capital-intensive and foreign-owned logging, banana, rubber, and mining industries), labor and trade exchange with the Anglo-Caribbean world (Pineda 2006).

Many areas in Puerto Cabezas were named according to their racial and work compositions which have survived into the present time. As the city was flooded with workers from the Pacific and West Indies attracted by the high salaries, the ethnic composition of the city changed. American companies brought also their own racial ideologies and institutions that increase the socio-racial identifications (Black, Indian, and Spaniard) in the daily lives of Costeños. However, Pineda (2006) argues that these ideologies did not erased competing categories of social differentiation based on regional, occupational, and linguistic differences. "Ethnic identification in this context was not an inherent quality of an individual; rather, it intersected in complex and mutually constitutive ways with one's position within the larger political economy" (Pineda 2006: 131). Neighborhoods and recreational, religious and educational institutions were funded or established for different racial categories. For example,

"Spanish Town," is a neighborhood historically populated by West Indian workers and even now, most of its oldest residents identify as Black Creoles.

Other neighborhoods have maintained their particular house architecture. The most densely populated Miskitu neighborhoods tend to build their homes around a matrilineal descent line. Homes are built on pilings, constructed of split bamboo or sawed lumber; roofs are either thatched or corrugated metal, in contrast to the many colorful and historic wooden houses and churches built during the Company times. There have been back migrations of many Costeños who fled during the revolution, have built modern houses, and are part of the newly emerging affluent class. Some of these newly affluent residents are linked to narco-trafficking and their houses are extravagant luxuries that stand out in the more modest neighborhoods.

The Miskitu Moravian Church of Bilwi is another example of ethnic/racial segregated spaces; it has been historically Miskitu, and religious services are conducted in Miskitu language. Pineda (2006) points that with regard to the relationship between education and socio-racial identifications, the Moravian Church and other missionary churches ran almost every school in the Mosquito Coast. In some cases, the educational policies of the churches helped reinforce the so-called ethnic hierarchy in the North American industries of the region. Moravian schools in Bilwi or "Creole schools" used English and Spanish as the languages of instruction whilE rural schools generally used Miskitu language. Thus, many migrant rural Miskitu were educated to assume a subordinate position in the social and labor hierarchy.

In terms of ethnic relations during company time, the division of labor that favored the English speaking population, consciously promoted by foreign companies, contributed to the hardening of the divisions between Creoles, Miskitu and Spaniards. North American management favored Costeños who had sufficient fluency in English, formal education and

experience and were given higher-level jobs. However, racial identifications in Bilwi tend to be fluid, conscious, contextual and highly politicized. The Autonomous regions of Nicaragua are contested and discursive spaces that Nicaraguan state and the indigenous movements of region represent through public discourse and political practice as I show in chapter 7. During the Company time and more specifically with the overthrow of the Somoza dictatorship in 1979 by the Frente Sandinista Liberación Nacional (FSLN) marked the end of the 'company time' which also led to a political power shift, an influx of landless migrants from the Pacific of Nicaragua and the war refugees from rural indigenous communities.

3.2.2 Sandinista Revolutionary Times

Sandinista time or revolution time, as many Costeños commonly refer to the period of 1979 to 1990, gave rise to indigenous mobilizations and mass migration to Bilwi-Puerto Cabezas. This influx of people and communities displaced by the war to the city was seen as an obstacle towards economic and social modernization. It also had a great effect on the political consciousness of the Miskitu and other indigenous people of the region. Despite the portrayal of the Coast during the Sandinista revolution as apolitical, social activism was on the rise among Costeños. For example, in 1967 Miskitu farmers set up the Association of Agricultural Clubs of the Coco River (ACARIC) which by 1974 had evolved into a larger indigenous organization, the Alliance for the Progress of the Miskitu and Sumu (ALPROMISU). This mobilization was helped by the Moravian Church and the influence of Capuchin missionaries who followed liberation theology (Hale 1994: 126; Baracco 2011). During the revolutionary time, "the political and economic changes of Sandino time had an acute impact on the construction, transformation, and mobilization of racial ideologies in Puerto Cabezas that became the political center of a self-

proclaimed Miskitu Indian 'resurgence-cum-insurgency' that was understood internationally as an 'ethnic conflict' (Pineda 2006:153). Baracco (2011) argues that although few links existed between Sandistas and Costeños, the revolutionary government made a commitment to establish programs to protect and promote the diverse local cultures of the region.

In 1981, despite the implementation of many programs by the Sandinista government, the sudden rupture or 'ethnic conflict' was born out of many factors. Baracco (2011) argues that the main factor was an emergent ethnonationalism sparked by an increasingly invasive national state that embodied a strongly assimilating modernization project. Further, the growing salience amongst the Miskitu of the idea of self-determination as a consequence of the Sandista's own anti-imperialist rhetoric and the influence of the Fourth World pan-indigenist ideology as well as the spread of Literacy Project in Languages (2011:118). The conflict created a Miskitu political project that was led by young Miskitu college students that emerged during Somoza times and rose to a military conflict during the 1980s. In 1979, ALPROMISU was renamed MISURATA: Miskitu, Sumu, Rama and Sandinistas Working Together. The leadership of the new organization was composed of young Miskitu university students: Steadman Fagoth, Hazel Lau, and Brooklyin Rivera. MISURASATA claimed a legitimate place for Indians within the revolutionary process on the grounds of being exploited groups, regardless of their non-class identity which it came in conflict the Sandinista's ideas of Marxist class consciousness and nation building project (Baracco 2011: 123-124). One of the most important political claims from MISURASATA was land demarcation and land titles that went back to the Reincorporation and the Harrison-Altamirano Treaty (1905) which gave Costeños with the objective to establish the historic boundaries of the communal lands of coastal Indian communities (see Hale 1994- 48; Offen 2003: 382-384; Pineda 2006: 65). Further, Dennis (2004) points to the political pressure

51

from the U.S. government to oppose the Sandinista revolution that contributed to counterrevolution on the Coast in the early 1980s.

The Miskitu self-determination organization MISURASATA was at first recognized by the Sandinista government but when it became apparent that the organization might not support the government policies, the immediate response of the Sandinista government, led by the current Nicaraguan president, Daniel Ortega, to the contra revolutionary movement was the mass arrest of several leaders and the relocation of entire Miskitu populations from the Rio Coco region, destroying their villages and resettling them in the new inland settlement of Tasba Pri. As the contra war escalated in 1981-1984, thousands of Costeños (many merchants) fled to refugee camps in Honduras and Costa Rica and many more fled to the United States. This also led to the economic depression in Bilwi. Further, the trauma involved in the removal of the Miskitu from their ancestral land was counterproductive since significant numbers of Miskitu joined the Contras (see Baracco 2011: 131) and many Miskitu still have negative sentiments towards the government (see also Pineda 2006:190-193). During this time, mass outbreaks of *Grisi siknis* were reported at refugee camps afflicting men and women in great numbers. After several years of violence, destruction, and displacement, peace negotiations finally brought an end to the war in the late 1980s. An autonomy statute for the Atlantic Coast was enacted by the Sandinista government in 1987, giving legal recognition to Miskitu and Creole hopes for self-rule.

"Indianness" in Puerto Cabezas is commonly associated with rural origins and small village life" (see Pineda 2001; 2012; Ruiz 2006). The decapitalization of the region, the Sandinista revolutionary political changes and the great migration of "rural" indians profoundly changed the perceptions of many Costeños and the ethnic relations in the city. Unemployment is endemic in Puerto Cabezas and access to employment opportunities highly politicized as well as

rooted in political clientalism and nepotism. During my fieldwork, it was common to hear that many people in the Puerto Cabezas were favored with job positions because of their political affiliation to FSLN (Sandinista Party) and their jobs were secured as long the party was in power. Also, YATAMA (the indigenous political party) does the same; it would hire its sympathizers to fill regional government offices.

Most of the funds that come to Puerto Cabezas either for development projects or social services come from international organizations. Politicians, usually in charge of these projects, do not fairly distribute the funds to where they supposed to go. They also tend to hire members of their families and their respective political party pledges. Thus, many of the recent graduates and educated youth are left with no job opportunities. Due to unemployment, most of the Bilwi youth tend to migrate to Managua to work at the call centers (US based companies ranging from credit cards customer service to cell phone companies). Many of the Creoles from Bluefields and Puerto Cabezas are hired because of their English language fluency. Others migrate south, to Costa Rica and Panama to work in the service sector and another segment of the population work at the Caribbean cruise ships. In a conversation with Horacio and his step-son, both former cruise workers, they explained to me the work conditions at the cruise. Horacio is a Costeño married to a Creole woman from Puerto. He learned English from his wife and on the cruise ship. Both Horacio and his stepson told me that cruise ships hire international employees, that there is a social and racial hierarchy and that many of the black Caribbeans tend to be hired as custodians, carpet cleaning, mechanics, but are rarely given higher positions nor opportunities to move up and apply for other jobs such as receptionist, waiter, and bartenders. Those jobs are given usually to Europeans or people with fair skin. Even when it comes to friendships and relationships, people tend to associate with people from their ranks of work or tend to aspire to higher ranks.

For instance, Horacio started working as a custodian and was later given the opportunity to work as a waiter. He worked on the cruise ships for 30 years. His step-son started working as carpet cleaner at age 18. He worked for 12 years and was never given the opportunity to advance to a new position.

During most of my informal conversations with informants and residents, they all complain about the high levels of unemployment that resulted from the flight of the resource-extracting foreign companies and the sense of isolation or abandonment from the wider world. Bilwi goes through periods of economic activity (moviemiento or "action") where money circulates during the periods of lobster divers come into the city to spend their wages. Christmas and New Years are also times of economic activity; however, in recent times random "movimiento" circulation of money is related to drug trafficking. There are many stories of drug dealers planes or boats crushing into the shores of Bilwi or the Cays leaving cash and/or cocaine. During these times, police circulate the city, stopping suspicious vehicles looking for large amounts of money or drugs. In the meantime, the city celebrates, and bars and restaurants increase their sales. There have been many stories of humble Miskitu who suddenly became rich; however, these stories tend to portray poor Miskitu as ignorant, foolish and alcoholic who spends all their money on cheap alcohol instead of building a home.

During my time in Bilwi, I was able to observe and learn about the day-to-day life problems, inequalities and the sense of hopelessness than many Costeños experience. Access to goods creates inequalities but also a sense of a different personhood among many Costeños. Cars, cell phones, computers, clothes, and travel opportunities either working as a migrant worker or pleasure travel creates tense relations. Although Puerto Cabezas Bilwi is relatively large, it is, obvious who belongs to a slowly growing middle and political class. The rest of the

population struggles daily to make meets end. The city poor, many migrants from rural communities, have no job opportunities and live in very precarious ways. Life in Bilwi is more expensive and complicated than living in the rural communities. In Bilwi, one has to work hard to survive every day. Back in the communities, most Miskitu claim to have a network of family that supports each other and availability of food sources, hunting, fishing, agriculture, gathering of food plants. Most of the daily laborers in Bilwi are Miskitu men who often times work alongside their children. Men engage in strenuous labor such as uploading and loading trucks, carrying wood in *carretones* (horse carts) pulled by a single man, or collecting garbage. Elders and the handicapped gather outside stores and restaurants to beg for money. Miskitu children beg for money and food outside stores, in restaurants and bars.

Most people in Puerto Cabezas work hard to make ends meet. The most affected by the precarious economy of the region are the indigenous people who live in rural communities and whose environment is threaten by the illegal occupation of colonos, (cattle ranchers) and other agriculturalists from the Pacific. Since the Harrison-Altamirano Treaty, the Nicaragua state had, on the one hand, recognized Miskitu lands and autonomy but on the other hand, this recognition was done deceptively creating law where Miskitu lands are "national" lands and the autonomy process has been just that, a process in progress.

3.3 EMERGENCE OF THE MISKITU: IDENTITY AND GENDER CONSTRUCTION

> The creation of the colonial reality that occurred in the New World will remain a subject of immense curiosity and study—the New World where the Indian and African irracionales became compliant to the reason of a small number of white Christians-- Taussig 1987:5

Since the earliest studies on the Miskitu, scholars have debated the origins of the inhabitants of the Atlantic region of Nicaragua. Miskitu, Moskito, and Mosquito are used variably to refer to a language, region, and people. The name *Miskitu, Mosqueto, Mosquito* is of uncertain provenance. Helms (1969) suggests it may be a borrowing from the *muskets* or long-guns acquired from European traders and buccaneers; it may, alternatively, be derived from the Miskitu verb *miskaia*, "to fish"; Miskitu oral tradition suggest that Miskitu speaking Amerindians resided around Cape Gracias region circa 1500. Many Miskitu residents of the Rio Wanki (Rio Coco) today relate in the 'story of Miskut' an ancient mythical ancestor of the Miskitu residing in Rio Kruta, ancient Miskitu homeland. Offen (1999:149).

In this study, I use "Miskitu" to refer to the group, language and region. Miskitu ethnogenesis is seen as the product of the biological mixture of Africans, Amerindians and Europeans. Unlike the rest of the Nicaragua, the Caribbean Coast was colonized by the British. Thus, the Miskitu, Rama, Sumu-Mayangna Indian populations of the Coast have all shared a close relationship with Afro-descendant black English-speaking Creoles whose presence in the region began with the arrival of slave-owning British colonizers (Helms 1971; Pineda 2006; Baracco 2011). In this section, I provide a historical account of the emergence of the Miskitu as an ethnic group. I take a historical approach to delineate the processes that shaped ethnic and gender ideas as responses to the colonial encounter among the Miskitu.

At the time of first European contact, the native inhabitants of the Coast were small groups of people speaking languages of the Macro-Chibchan family, related to those along the northern coast of South America (Helms 1971). The Caribbean Coastal Plain, an extensive lowland strip that at its widest point stretches for 150 kilometers, contained the largest tropical rain forest in Central America. It is one of the wettest in the Americas, experiences only brief dry

seasons and is chronically flooded (Pineda 2006). Within this ecologic and geographic context, Nietschmann argued that "the Miskitu's distinctiveness as a group with a well-defined adaptation to a seacoast environment was quite evident at the time of contact with Europeans" (1973:25). Mary Helms, in contrast, suggested that the Miskitu's existence "as an identifiable ethnic group with a distinctive way of life is a direct result of trade with the West (1971: 228).

It has been argued that the Miskitu Indians of eastern Nicaragua and Honduras are an invention of British colonial power; that they achieved their cultural identity and then rapidly rose to regional prominence solely because of European contact during the 18th century and first half of the 19th century (Helms 1969). Helms (1971) also argues that many specific culture traits are based in the pre-contact scene, but the overall structure and function of Miskito society are oriented towards and adapted to successful interaction with the British and American colonists. Recently, Offen (1999) has argued that the Miskitu ethnic identity came together in the 18th century. Miskitu cultural politics of identity are rooted in a collective sensibility of what it means to be Miskitu Indian which is strongly tied to how community intellectuals draw from and reshape notions of place, origin, landscape, and cosmology in public narratives and discourse (Offen 2003:382) as I demonstrate in the last three chapters of this dissertation.

In a more recent publication, Pineda (2006) suggests that the ethnic identification (particularly Blackness and Indianness) of the Mosquito Coast were shaped historically by unique political and economic forces[9]. I agree with Pineda's argument which sees the colonial encounter as a two-way process in which discourses of essentialism and constructivism are deployed in practice by actors in the course of social life. In earlier sections, I provided insights

---

9   See also Herlihy (2012:34-35)

into the interplay of constructions between racial-self-identification among Miskitu and Costeños linked to key economic and political shits in the region.

English and Spanish colonialism had a great impact in the Mosquito Coast Region. The arrival of the British in the Coast in the middle and late 17th century altered indigenous society in the Coast significantly. Spain was never able to conquer or control the Caribbean coast of Central America. Spanish settlements concentrated on the Pacific side of the central mountains where the social and political organization of indigenous groups provided a system the Spanish could tap into for labor and tribute without major efforts on their part. The semi-nomadic and scattered social organization of Coastal indigenous groups made their submission difficult, since they could move to other impenetrable areas of the Coastal geography. Spain's lack of presence in the Caribbean Coast presented an opportunity for other European powers aspiring to benefit from the colonial exploitation of the "New World" (Floyd 1967; Hale 1994; see also Helms 1969; and Helms 1975: 201-216).

Conzemius, a logger and explorer of the region from 1917 to 1930s, in his traveler's report, describes the relations between the natives and buccaneers as friendly and apparently mutually satisfying. For instance, Conzemius reports that for a knife or an old axe or hatchet a pirate could obtain the services of an Indian woman who carried out all the duties of a wife for him for the duration of his stay. For their part, the pirates were free to come and go as they pleased, but were careful not to arouse the hostility of the natives. Indians, presumably men, also accompanied the pirates to sea, sometimes for periods of several years, to provision the buccaneers with tortoise, manatee, and fish (Conzemius 1932:82-85). One of the most important items acquired by the natives through their partnership with the buccaneers was a supply of guns.

58

During the 1630s small English settlements started appearing on the Atlantic coast. These were buccaneers and privateers extracting natural resources from the coast (Helms 1975). The Atlantic Coast of Central America served as a staging area for English raids on Spanish settlements and ships (Floyd 1967). Indigenous groups in the region established trading relations with these English settlements and some of these settlements were expressly created as outposts for trade with indigenous groups (Hale 1987). Indigenous groups traded local goods as well as their fishing skills for foreign goods. Indigenous settlements close to these trading posts benefited disproportionately from this trade and began to rise to prominence in the region. In addition, these indigenous groups began to inter-marry with outsiders, mostly of African descent. According to many local accounts, these African groups came from a shipwrecked slave vessel and were further augmented by escaped slaves (Hale 1987: 36). The offspring of these intermarriages were raised as natives and assumed an indigenous identity.

Hale (1987) argues that three main factors contributed to the indigenous acceptance of the English presence on the Coast. First, English traders went to great effort to establish friendly relations with indigenous peoples, which contrasted sharply with the brutal and genocidal policies that the Spanish had adopted in the Pacific region. An alliance with the English shielded them from Spanish incursions. Secondly, intermarriage with groups of African descent fostered openness to the establishment of relations with outsiders. And third, the allure of foreign exchanged goods helped propel these indigenous groups to prominence over other indigenous groups.

It was during this time in the 17th century that the name Miskito came to be known as well as the rise of "chiefs" that later came to be known as "kings" and the "Mosquito Kingdom." Contact with Europeans and foreign goods drastically changed the structure of Coastal society.

Furthermore, English observers continually emphasized that the Miskitu had an implacable hatred of the Spanish. This was forged in the initial encounters with the Nicaragua conquistadors and preserved in oral memory as part of a more general indictment of Spanish colonization in Central America. As Edward Long remarked in the next century, the Miskito retained "an inveterate abhorrence" of the Spanish, "by reciting, at their public council and meetings, examples of the horrid cruelty practiced upon their brethren of the continent" (Long 1774:316).

In the heyday of piracy after 1660, the Miskito remained on hospitable terms with the English rovers who ventured to their cays to careen their boats, seek fresh provisions, and hide from Spanish *guardacostas*. As the Mosquito Coast acquired a reputation as a friendly haven for pirates; new reciprocities between the Miskitu and the pirate fraternities emerged. From the point of view of the English adventurers the advantages of Miskitu amity were considerable. Their friendship not only allowed English rovers to replenish their supplies and regroup, it also enabled them to avail themselves of the Miskitu skills in hunting, fishing, and navigating the unknown rivers of the interior in their fast-moving pirogues or dugout canoes (Dampier 1703; M.W. 1732; Bell, 1862; Rogers 2002). During the colonial era the Miskito Indians established fruitful commercial ties with English colonists in Eastern Central America and Jamaica (Helms 1983). However, Rogers (2002) contends that the relationship between Miskito and the British was not based on a system of "middlemen" involving both politically and economic relationships as argued by Helms (1969; 1983) but also on cordial relations between the English and the Miskito that were also encouraged by the relative informality of the encounter, which was concerned with trade rather than conquest and colonization and by the two parties' enmity for the Spanish.

Among the diverse items the Miskitu traded with the Europeans were captives obtained by slave raids into surrounding areas. For Miskitu society slaving also coincided with

demographic growth and ecological adaption. For English settlers in Jamaica, Indians from

Central America provided cheap source of labor early in the transition to a plantation economy

(Helms 1983). The Miskitu slave raiders attacked on several fronts. They moved westward and

northward into Spanish territories, including the Peten in Guatemala. They attacked and

destroyed Catholic churches, killing and capturing other Indians. Initially the Miskito captured

women in these raids, taking them back to the Miskito communities as wives. They also raided to

the south, along the coast of Costa Rica, the Matina Valley, which was rich in cacao. As they

began raiding there on an annual basis, at harvest time, they started to sell their captives of both

sexes and of all ages as slaves to Jamaican traders (See Olien 1983). It has been argued that these

slave raids, which lasted throughout the 18th century, were often encouraged by the British who

were interested in obtaining a foothold on the Coast for reasons of their own.

Officially the Coast belonged to Spain during these years, but in the absence of actual

Spanish settlements, Britain was encouraged to use this area as one means of affecting contact

with Hispanic America. However, in order to make her activities appear legal in the eyes of other

European powers, she maneuvered to affect a paper protectorate over the Coast by officially

designating a Miskito leader as "king of Mosquitia" and claiming that it was at his request that

English interests were on the Coast (Helms 1983). More contested evidence shows that the

Miskitu king was a colonial institution that served to legitimize British power and dominion in

the Coast.

Cooper and Stoler (1989) assert that the overarching tension was between what

colonialism was and what colonial regimes did, between the fact of rule and its economic and

social consequences. It also manifested itself in the idea of indirect rule which became dogma in

Great Britain in the 1920s: the doctrine of ruling through indigenous political structures and

customary practices-however artificial it was in reality-implied that if one was to rule well, one should not do too much with one's rule. Helms (1969) argues that the creation of a Miskito king provided Britain with the political leverage to uphold her position on the coast in terms of acceptable to European politics. Furthermore, the concept of king also aided the Miskitu in their own foreign affairs, primarily by providing a symbolic rallying point by means of which affairs could be conducted with the nearby indigenous people and others farther from the Coast. No matter what the answer to the question of the extent of power of the Miskitu kingdom is, what is important is the fact that the presence of and relationship with European settlers profoundly altered society in the Atlantic Coast. And moreover, this change in coastal society brought with it the emergence of different ethnic identities that define Coastal relations in the present day. The Miskito kingdom, whatever its form or actual power, is a potent symbol for the construction of the Miskito nation and its claims to autonomy (Garcia 1996; Hale 1994).

Political economic transformations in the Coast related to the changing relationship of the British with the region changed the power dynamics among Miskitu and the newly emergent Creoles. Hale (1987) pinpoints this period between the years of 1740, with the establishment of a formal British presence in the coast, and 1894 when the *reincorporacion* occurred and Nicaragua exercised its rights to sovereignty over the territory. The British government was convinced that the Mosquito Shore would bring enduring economic benefits to its merchants and settlers; but as Britain began to consider a new era of freer trade in Atlantic waters in the aftermath of the American war and as the imperial pretensions of Spain declined, the strategic importance of the Coast as an access point to Spanish colonial wealth seemed less pressing (Rogers 2002).

At the same time, many of the white English merchants and planters began to leave. Their positions began to be filled by white North Americans, who came to control the economy of the region (Helms, 1969; Olien 1983; Dennis 2004). Since the Creoles were the dominant group, they also retained control of the government. By the 1850s Moravian missionaries and more North Americans came to the Mosquito Coast. Many Miskitu became workers for the North American-run rubber, logging, banana and mining camp enterprises as well as converted to Christianity by the Moravian church. The leadership role of Creoles was also due to the inroads of the Moravian church into Coastal society. The Moravian church, as we will see in a later section, has been instrumental in forging Miskitu identity and political ideologies during the 20th century (Garcia 1996; Hale 1994; Hawley 1997).

The Moravian church arrived in the Atlantic Coast in 1845 and established itself in Bluefields (Jenkins Molieri 1986). The Creoles were one of the first groups to convert to the Moravian church and therefore by the time the church began gaining Miskito converts, Creoles already had a leadership role within the church. The Moravian Church was able to succeed in gaining Miskito converts in the region through its sponsorship of social programs in agriculture and health, among others. Hawley (1997) has argued that the Moravian church provided the Miskitu with a message based on the Protestant ethic and the value of community at a time where most Miskitu found themselves in a period of uncertainty. In the 1880s mass conversions occurred, called the "great awakening", in which the church tripled the number of adherents.

The Miskitu and the population in general faced many changes that affected the political and social dynamics of the groups. The evolving political and economic history of the region gave rise to shifting inter-ethnic relations. During the mid-1880s with the creation of the Mosquitia reserve, the traditional territory of the Miskitu was divided in two sections, which

63

affected the dynamics of the group. An important factor was the loss of Miskitu hegemonic

power in the region. The Miskitu became the main source of manual labor and became

dependent on manufactured products. In 1879, the price of rubber in the international market

experienced a drastic low that brought catastrophic consequences to the Miskitu population who

depended on it for employment. In the late 1880s, the economy of the region suffered a rapid

transformation with the introduction of North American companies extracting natural resources

but also developing the infrastructure of the region (Hale 1987). During this time there was an

increase of Miskitu migration from rural villages to urban centers in the Atlantic region.

Hale (1987; 1994) provided what was thought to be the most comprehensive sketch of the

history of the region and a framework to understand the connection between the evolving

political economy of the region and the rise of ethnic identities. He showed that an understanding

of Atlantic Coast history necessitates a grasp of the shift in inter-ethnic relations through various

transitions in the Atlantic Coast's political economy. The most important factor shaping social

change in the Atlantic Coast was "external domination" by the British and later the United

States. Helms (1969; 1971) argues that the Miskito Coast culturally was a fringe territory, a

frontier. In this case individual settler families from the immediately adjacent Hispanic west,

staking permanent claims to farm land, are not found. Rather, European and later, North

American entrepreneurs concerned with commercial exploitation of natural resources

periodically have moved to the area, far from their home contacts. Thus, while geographically

close to Hispanic world, the Coast in effect has become an economic frontier for distant

industrializing nations, Britain and later the United States.

However, scholars have taken up these issues identified as ethnic conflicts and in

particular, Hale's concept of "Anglo cultural affinity" which depicts the Miskitu's embrace of

64

Anglo-American culture and institutions as an act of resistance to the mestizoising pretensions of the Nicaraguan national state (see Baracco 2011:134). As I showed earlier, the notion that Miskitu were manipulated by European and American forces only diminishes the creative and contested ways the Miskitu have created an ethnonationalism on their own.

3.4 HISTORICAL CONSTRUCTION OF RACE, GENDER AND SEXUALITY AMONG THE MISKITU

> Race is about an ideology and practice of hierarchy and inequalities, but so too is sex; these domains operate on a common ground that spreads over colonial and post colonial spaces (Wade 2003:35).

Sex and race deploy languages and concepts of body, experience and ideologies and are highly effective at creating rhetoric and narratives that made some behaviors and policies possible. Studies of race and gender in the colonies have focused on both concepts as specific historical domains and constructions. For Foucault, in the History of Sexuality Volume I (1978) the discourse of sex was directly linked to "polymorphous techniques of power" where regulation of behavior through kinship, marriage, sexual acts, law and through science became a devious and discreet form of power. Sexuality was central to the study of Europeans in the 18th century because it was about the reproduction of society in the context of biopower, the political technology that made power an agent of life (Stoler 1995:3), and regulation (and invention) of sexuality as a key to understanding social and personal life and as a means of improving national populations (Wade 2003). Discourses of race and the role of sexuality played a role in drawings

distinctions of the European bourgeois self and the other, especially in the context of colonial settings.

One of the many critiques of Foucault's study of sexuality is the absence of race and sexuality in colonial settings. Also, that he misses many key sites in the production of discourses and discounts the practices of racialized bodies. Stoler (1995) argues that discourses of sexuality do more than define the distinctions of the bourgeois self and identify marginal members of the body politic. For instance, colonial politics of exclusion were contingent on constructing categories, legal and social classifications that defined who was "white," "native," "sinner," and even to allow certain sexual unions and sexual behavior (Stoler 1989). Foucault underrated the constitutive role of race and empire in the construction of sexuality.

In the context of colonial and contemporary Latin America, Peter Wade (2003) emphasizes the role of sexuality not only as central in reproduction of society or as an instrument of conquest but as central in relation to race and power. Sexuality is the common terrain for intersecting vectors of oppression that most often begin with the racialization of sex and domination (Wade 2003). Sex was not only an instrument of domination and biopower as Foucalt has suggested but in colonial settings, sex was also a means by which domination was affected by different players depending on their access to power. In other words, the regulation of sexuality/sex began with the racialization of sex in the colonies, above all by white men on indigenous and African women but also on men.

Most ethnohistorical studies of the Miskitu have focused on its emergence as an ethnic and cultural group but not so much on the construction of sexuality and gender. Most recent studies have paid attention to the internal tensions of colonial enterprises and their discussion of race, class, sexuality and gender which appear as moving categories, whose political saliencies

shift in relation to one another. Colonial enterprises were systems that shared common

assumptions, strategies, and rules and created new and contested responses to colonial power

(Pedersen 1991; Dirks 1992a; Stoler 1995; Wade 2003). In this section, I examine the literature

that points to the cultural and historical cronstruction of sexuality and gender among the Miskitu.

The goal is to provide the context where identity, gender, and body notions intersect with illness,

more specifically with *Grisi siknis.* The lived experiences of *Grisi Siknis* have been linked to

public discourses of sexuality and sex, also linked to discourses of race and ethnicity. Ideas of

sexuality and gender norms are directly link to the experience of *Grisi Siknis,* which also enables

sexual violence against women. In this section I show how *Grisi siknis* narratives and discourses

are intrinsically linked to colonial experiences, notions and constructions of race and sexuality

which are constantly being reshaped by the political, social and economic context of the

afflicted.

3.4.1 Colonial representation of race and sexuality

      The study of colonialism and post colonialism points out to the creation of new

meanings, discourses on social identity, nationalist ideas, class and gender hierarchies within the

world of the colonized and colonizers. Cultural practices and demarcations of identity were given

new meaning; the focus on sexual politics became central in the construction of national identity

for the colonizers. Racism is the classic foil invoked to mitigate such divisions and is thus a

critical feature in the casting of colonial cultures, so much so that it is often seen as a virtually

built-in and natural product of that encounter, essential to the social construction of an otherwise

illegitimate and privileged access to property and power (Stoler 1995). The quality and intensity

of racism vary enormously in different colonial contexts and at different historical moments in

any colonial encounter.

Colonial racism was more than an aspect of how people classify each other, how they fixed and naturalized the differences between We and They. It provided a way of creating the sense of (colonial) community and context that allowed for colonial authority and for a set of relations of production and power (Stoler 1989; 1995). Hence, the otherness of the colonized person was neither inherent nor stable; his or her difference had to be defined and maintained; social boundaries that were at one point clear would not necessarily remain so (Cooper and Stoler 1989). It has been established in the literature of colonial studies that racial boundaries and class distinctions are constituted in gender terms. Social constructionism portrays gender as the historically variable product of global processes such as colonialism and capitalism and of local social structures such as kinship (Stoler 1989; Scott 1999). For example, the political etymology of colonizer and colonized was gender and class specific. Stoler (1991) argues that the exclusionary politics of colonialism demarcated not just external boundaries but interior frontiers, specifying internal conformity and order among European themselves. Categories of colonizer and colonized were secured through notions of racial difference constructed in gender terms. Redefinitions of acceptable sexual behavior and morality emerged during crises of colonial control precisely because they called into question the tenuous artifices of rule within European communities and what marked their borders.

The colonial encounter between the Miskitu and the British and later the United States was based on trade rather than conquest and colonization. During the 17th and 18th century small English settlements started appearing in the Atlantic coast. These varied between buccaneers and privateers extracting natural resources from the coast and English explorers living among the native populations. One particular explorer, Charles Bell (b. 1862), grew up in the 1840s and

68

1850s among the Miskitu. In the following description Bell sets the notion of the "boundaries"

separating colonizer from colonized:

> The Misquito are a fine set of men, lively, intelligent, and high spirited; but they have
> learned no good from the intercourse of English sailors, and some settlements are
> notorious for their rascality. They are violent, quarrelsome set of Indians, and most
> terrible drinkers. Morality is at a low ebb among the Mosquito tribe. The practice, and
> even duty, of chastity is unknown, and most of the murders and bloodshed that
> occasionally take place are the result of quarrels about women (Bell 1862: 250).

Bell (1862) describes the Miskito people in binary oppositions; at one level they are

depicted as "hospitable and kind to strangers yet they are avaricious and grasping in their dealing

with one another," "they are excellent boatmen and fearless yet lazy, impulsive and insolent,"

"they are grossly superstitious with no religion yet they have a general idea of belief." Bell's

depictions of Miskito women in particular, followed the same oppositions: "their women are

kind and affectionate, in spite occasionally of the worst treatment by the men" (1862:251), yet,

he portrays Miskito women as unfaithful and deserving of severe beatings, as passionate,

hysterical and irrational and less industrious and ingenious than other indigenous women from

the coast. It is also important to note that Bell was one the first one to describe what it seems to

be a *Grisi Siknis* attack. Bell used the same kind of language that portrays Miskitu women and

his depiction of the illness.

These overlapping sets of discourses of colonial politics of exclusion was contingent on

construction of categories, legal and social classification designating racial and gender

distinctions among the Miskitu. Rogers (2002) asserts that the British developed an altogether

different explanation for the purported degeneracy and differences of the Miskito, one that built

upon a new discourse of race. The trouble with the Miskito Indian, so the argument went, was

miscegenation, the contamination of Indian with African blood and the bad consequences that

flowed from it. Edward Long (1774) was an advocate of British direct rule on the Shore and a strong believer in its economic development. With proper instruction and civilizing, and with some positive economic incentives, Long thought the Indians could be transformed into hardworking subjects and consumers of British manufactured goods. The fundamental problem in developing the Atlantic Coast was the "wildness" of the Miskito. Some of the brutality attributed to this nation, Long argued, in a passage that echoed earlier commentaries on the "noble savage," could be attributed to the Miskito's understandable reaction to the harshness of Spanish colonialism (1774:317 –21).

Unlike previous writers on race in the eighteenth century, Long was skeptical of the prevailing notion of monogenesis. In reviewing the nations of the African continent, he found only brutish uniformity, which led him to believe that the African was a "different species of the same genus" (Long 1774: 316). Like his African ancestor, the Zambo-Miskito was a race apart. Whereas the pure Indian was naturally modest, docile, and trustworthy, the Zambos had inherited the "true characteristics of the African mind, for they are generally false, designing, knavish, imprudent and revengeful" (Long 1774:316). Rogers (2002) asserts that Long was not an explicit advocate of biopower, but his solution clearly implied some breeding-out of the reprehensible Zambos whose racial characteristics were considered fixed and immutable.

The racialization and sexualization of the Miskitu illustrate the iconography of rule and power relations from the point of view of the colonizers. However, racial and sexual markers were implicated in a wider set of relationships of power. While existing patterns of gender inequality and race conceptions were brought by the colonist to the colonial settings, new patterns developed among the native populations as a response or constitutive of colonial ideas.

70

Although Miskitu women remained relatively isolated from direct contact with colonizers, settlers, and foreigners, at least until 1800s when Miskitu had direct contact with Moravian missionaries, women developed different set of institutions that helped them operate on the colonial and post-colonial spaces. Helms's seminal work provides detailed information about the social organization of the Miskitu. Brideservice and uxorilocal marital residence played a central role in the Miskitu people's ability to adapt to market capitalism (Helms 1970; 1971; Jamieson 2010). Helms viewed Miskitu men as a market-oriented group. The role of women in Miskitu society was to be the bearers of tradition and culture and to maintain the subsistence base economy. Within the context of cultural and colonial change, Helms argues that the division of labor and the residence patterns among the Miskito shifted considerably. Trade and odd jobs were fitted into the Miskito culture patterns after the initial development of the Miskito as an identifiable group.

During the boom and bust cycles of exchange and employment beginning in the colonial period and continuing today, the absence of adult males for extended periods for seasonal hunting, fishing, or wide-ranging economic pursuits meant women stayed at home and were responsible for tending gardens and smoothly operating households (Helms 1970; 1971; Hobson-Herlihy 2007). The common, uxori- or matrilocal pattern of residence of many Miskitu families in which newly married daughters take up residence near her parents' home in a house built by the groom is thought to have arisen in the context of the altered subsistence patterns associated with European contact and trade (Helms 1970). Because women have also been largely responsible for teaching children the Miskitu language and familiarizing them with the Miskitu worldview, these still prevalent patterns of residence, subsistence and cultural transmission can also described as matrifocal.

Helms (1970) pointed out that the adjustment was due first to the nature of the division of labor in Miskito society and second, to the pattern of marital residence. Men were freer to come and go and to fill their time, if they wished, and as family needs required it, with turtling expeditions, visits to trading stations, even to trips to Belize, much as earlier Miskito men traveled with buccaneers or made raiding visits to the interior areas. Women stayed at home and were responsible for operating household on a day to day basis (Helms 1970; 1971). This division of labor was paralleled and facilitated by matrilocal (uxorilocal) marital residence. According to Helms (1970), matrilocality contained several adaptive features in these circumstances. First, under this arrangement the stable residential core of a Miskito village was composed of groups of related women-mothers, daughters, sisters. The nature of their work was such that these women usually did not have occasion to become directly involved with foreign contacts. Thus, they became the conservative element in Miskito society, maintaining traditional customs and socializing their children according to these patterns. Second, the core of related women remaining at home also meant that there were functioning households for husband-fathers to return to when adventures farther afield were unavailable or not of interest.

In sum, matrilocality provided a core of related women whose consanguinity helped to tie separate nuclear families together into larger, more viable units, even if husband-fathers were absent or as also frequently happened among the Miskito, if husband-fathers are non-Miskito. It has long been argued that Miskitu women occupied a more traditional and rigidly bounded social group that operated outside the capitalist economy cycles of the region but that it allowed the Miskitu to withstand the boom and bust cycles by allowing a reserve of laborers and the preservation of Miskitu culture. On his study of Miskitu women's politics and affinal relations in a Southern Caribbean village, Jamieson (2010) found that the predominance of uxoriocal post-

72

marital residence means that Miskitu women spend much if not all their lives surrounded by matrilineal kin giving elder women considerable power over daughters' husbands and grandchildren.

Miskitu practice of bride service is widely practiced; it begins with the bride and groom living together at the bride's parental home and matrilocal thereafter. After marriage, the husband is expected to provide for his family and has the right to beat his wife if needed. However, the wife's mother generally has greater license to indulge in family matters, so negotiation between husband and mothers-in-law over the wife's well-being is common.

Building on Helms's seminal work, Herlihy (2012) offers a study of social organization during a new and different boom economy. Herlihy's research among the Miskitu Coastal residents of Kuri shows how both men and women have developed new adaptations to the lobster economy. Female-centered domestic organization and commoditized gender identities intensified during the long boom in the lobster economy. She argues that the profound desire for cash among the Miskitu regulates behaviors and relationships between men and women. Her work contributes to understanding the linkages between global economic forces and indigenous kinship and gender identities. Yet, the notion that Miskitu, women in particular, tend to operate on non-capitalistic economic principles but rather on reciprocity is simplistic. Herlihy (2011; 2012) argues that the Atlantic Coast shares a circum-Caribbean culture where women have high status living in female-centered domestic groups, yet geopolitically the Atlantic Coast is positioned within the patriarchal Latin American nation-state. As a result, contradictory and competing discourses of gender and power relations exist:"Atlantic Coast women must negotiate their identities and status between the local discourse arising from their domestic and kinship groups and the national discourse emanating from the patriarchal state" (2011:237). Socio-

economic changes have shifting residential patterns and the access to job opportunities for both, men and women. There have also been changes in the situation of women's rights with the arrival of NGOs and state program promoting women's reproductive rights and protection for domestic abuse. These programs have changed traditional perspectives on love and marital relations among indigenous and creole women in Bilwi-Puerto Cabezas.

3.5 CONCLUSION

The history of the Miskitu of Nicaragua has been one of contestations, questions of origin and legitimacy. Pineda (2006) remind us that discourses of race, ethnicity and gender have been highly fluid, contentious and politicized in the history of the Miskitu Coast. In this chapter, I have explored the political history of the Miskitu Coast with a specific focus on the contentious creation of Miskitu identity, gender and place. British colonialism had a different impact on the inhabitants in the Coast, placing the Miskitu Indians at a strategic alliance with the British rather than directly dominated; it however, led to the exploitation and extraction of natural resources and the diplomatic and military protection from imperial powers present in the region. What later was known as an "anglo-cultural affinity" (Hale 1994) was reinforced by the spread of Protestant Christianity and the arrival of Moravian missionaries in 1847. By the end of the 19th century, United States companies established a number of economic enclaves involved in extractive enterprises that exploited the natural resources of the region and shifted the power and ethnic dynamics of the region. In 1894, the Coast was forcibly "reincorporated" into the rest of Nicaragua by president Jose Santos Zelaya (see Pineda 2006: 63-66). Within this political, social and economic context, the Miskitu have forged an ethnic and political identity with strong

ties to landscape, space and political practice. The triumph of the Sandinista revolution and the rise of indigenous social movements in Latin America have provided the political space for the Miskitu to claim their cultural rights and autonomy. The recognition of Miskitu indigenous cultural identity and traditional communities' rights to the land has taken form as constitutional provisions or laws that provide land titles but does not decentralize the power from the State to the autonomous regions. Although the central government has decentralized important powers over natural resources to the regional autonomous authorities, these continue to be marginalized and rooted in corruption.

In terms of gender and sexuality, from a historical perspective, gender specific sexual sanctions demarcate positions of power and prescribe the personal and public boundaries of Miskitu women then and now. One particular institution that has influence new understandings of sexuality and gender has been the Moravian church. Moravian teachings created a new moral-order among its converters that had a direct effect on the regulation of behavior and the cosmology of the Miskitu. In terms of the cosmology and traditional beliefs, the institution of the sukia or shaman was demonized and prohibited by the Moravian church but practices such as witchcraft (which was and is highly sexualized) gained more ground in the Miskitu cosmology. The link between these ideas and adaptions can be illustrated in the narratives and embodied experiences of *Grisi Siknis*. Witchcraft, spirit possession, sexual discourses and control or lack of it have been historically associated to the experience of G*risi Siknis* and are explored in detail in this dissertation. In short, the Miskitu have developed a wide range of economic, social and cultural adaptations to the changing political and economic conditions over time. Ideas of gender, identity, and illness are grounded in the historical, social, political and economic relations of the Miskitu with the wider world.

4.0 WESTERN AND LOCAL UNDERSTANDING OF *GRISI SIKNIS*: A BRIEF

HISTORY OF PSYCHOPATHOLOGY, ILLNESS AND THE BODY

The goal of this chapter is an exploration of past and current theoretical perspectives that have explained and analyzed *Grisi Siknis*. I explore the main theoretical approaches to *Grisi Siknis*, specifically the anthropological and psychiatric literature that defined this illness experience from an exotic anomaly, a culture-bound syndrome and as an idiom of distress. I trace the history of *Grisi Siknis* from the earliest behavioral and subjective descriptions appearing in anecdotal and archival documents to the current outbreaks and contemporary redefinitions of the illness. I argue that *Grisi Siknis'* cultural epidemiology and history are linked to political, economic and social processes in the region that have influenced the social organization and cosmology of the Miskitu.

Illness involves complex negotiations and contestations that extend beyond the illness itself into the fabric of everyday social life (Mattingly and Garro 2000). The experience of *Grisi Siknis* helps to illuminate aspects of political and social practices that are interrelated with identity, gender relations and emotional responses to everyday lived experience of social hardships (war related traumas, domestic violence, social, political and economic inequality). I will show that *Grisi Siknis* is a historical and social embodied illness that has acquired new meanings at different levels of the Miskitu society. First, it has been historicized and ritualized

76

(inscribed onto the body), politicized (legitimized and redefine by identity politics of the region), and redefined by biomedicine of the region.

4.1 HISTORY OF *GRISI SIKNIS*

In 1850s, an English commentator and traveler described event, which appear to be the earliest accounts of *Grisi Siknis* phenomena among the Miskitu:

> I have seen a young girl, who was shrieking hysterically in a dreadful manner, carried in a canoe a long distance to consult a celebrated sookia. All that the sookia did was erect round her painted sticks with charms tied to them, to blow tobacco-smoke over her while muttering strange words, to make a bubbling with a tobacco-pipe in a calabash of water, which she was then made to drink and to tie a knotted string around her neck, on every knot of which was a drop of blood from his tongue. For as many days as there were knots to pass to windward of her, and must not see a woman with child (Bell 1899:97).

The description of the woman's behavior is similar to modern descriptions of a *Grisi Siknis* attack. Another historical account of behavior similar to *Grisi Siknis* was reported by the Moravian church in the late 1880s. The Moravian church arrived in the Atlantic Coast of Nicaragua in 1845 and was able to succeed in gaining Miskitu converts in the region through their sponsorship of social programs in agriculture and health, among others. In the 1880s mass conversions occurred, in which the church tripled the number of adherents. This phenomenon was known as the Great Awakening, which scholars have correlated to behavior comparable to *Grisi Siknis*.

In a booklet of the history of the Moravian Mission from 1849-1949, under the title of the "Great Awakening," an incident described a woman named Monica, who during a day of heavy drinking at her village, she woke up from her bamboo bed and carrying a machete she ran off and started hitting huts and objects. It is described that she had as target the huts where people

77

were drinking and engaging in immoral behavior. The booklet explains that this incident made the residents of that village to convert into Christianity (Mision Evangelica Morava de la Costa Atlantica de Nicaragua 1849-1949).

Reports by missionaries and explorers provide the first descriptions of a phenomenon occurring among the indigenous Miskitu and Black creole populations. This phenomenon has been known by various names; however, the name *Grisi Siknis* is widely used in the anthropological and psychiatric literature. The Miskito expression *Grisi Siknis*, or 'crazy sickness,' is a loan from English Creole, which has been spoken along the Atlantic coast by the descendants of African slaves since the 17th century (Dennis 1980). The cultural origins of *Grisi Siknis* are uncertain. However, its dramatic behavioral presentation as a violent, disruptive, and socially contagious form of possession appears to incorporate diverse cultural and religious elements. Some of the ingenous elements include the Miskitu animistic cosmology involving protector spirits of the bush, water, or trees; dramatic funeral wailing rituals; the Moravian 'Great Awakening' and mass conversion events of the late 19th century; stresses and anxieties of the adolescent-adult transition; and the complex social and political contexts of the Sandinista-Contra conflict and its aftermath.

The earliest known reports of the dramatic, contagious, possession trance behaviors and accounts resembling *Grisi Siknis* appear during the Moravian Great Awakening in the 1880s as described in missionaries' station reports and letters. One occurred in Pearl Lagoon at what the missionaries considered the start of the Awakening in 1881 (Offen and Rugeley 2014). At the funeral of a Miskitu community elder, a young Creole woman assisting with the preparation of the body for burial was "suddenly seized" by what the missionaries described as "an overpowering sense of her sinfulness […] manifesting itself outwardly in her falling to the

ground unconscious" (Offen and Rugeley 2014 p. 35). She was moved inside, attended to and prayed over, but she remained in a cataleptic state for three days, during which time similar attacks began to affect other girls and women, and then boys and men. The condition spread to Bluefields and then northward along the coast (Cf. Mueller p.89, Offen p. 35, 2014). Missionaries' interpreted the meaning of these events as a "Christian awakening"; but even at its outset, they could also see "unwanted" and potentially damaging elements associated with Miskitu understandings of affliction and their reliance on dreams, premonitions, and visions to discern their sources (Offen and Rugele 2014).

In another report, one man is described as speaking in unintelligible tongues while others were incapacitated by spirits and "terrified of sin," and many were overcome with a sort of paroxysm in which they seemed to lose control over themselves entirely (Moravian Church 1883). A Miskito elder at the time is said to have attributed the events to the "dying out" of the *sukias,* whose demise may have been hastened by their inability to address disease outbreaks of cholera (Offen and Rugele, 2014). Historians and others have linked the mass conversions to uncertainties related to regional geopolitical and economic changes experienced by the Miskito in the decades following British relinquishment of the territory in 1860 (Offen and Rugele, 2014). For their part, the missionaries interpreted the conversions as an 'awakening' in which the "holy spirit" took possession of converts' bodies (Annual Report of the Province of Nicaragua, 1926).

The published travel reports of Conzemius (1932), a logger and explorer in the region from 1917-1922, also included references to Miskitu beliefs associating the *lasa* with a number of miasmatic, or illness-causing smells including turtle or bush meat, shellfish, or women during their menstrual period, or who were pregnant or giving birth. Conzemius also refers to a form of

seizure or epilepsy attributed by the Miskitu to temporary possession by evil spirits (*wa-lasa prukaya*, "stricken by a devil," p. 219) and to beliefs about an elfin *duende* whose sighting presages *good* fortune.

With the exception of Conzemius' report from 1917-1922 (1932) noted above, accounts of contagious possession behaviors are not documented again until the 1970s when a medical student's field report mentions a

> particular sort of behavior seen in women from Sandy Bay… transferred from one victim to another by one madwoman having fits and calling out the name of a new subject, who then becomes mad. The psychic state manifests itself by the women running about the village, half-naked, brandishing machetes. I was told that it takes several men to hold such women down. The people feel that this is not a matter foreign medicine can address itself to. It is cured by the smoke of certain substances (Cross 1975, cf. Dennis 1981 p.446-447).

Given this particular occurrence, a US medical anthropologist Arthur Rubel, interviewed one of the victims (1976), and this brief reports prompted Rubel's student Phillip Dennis to prepare for and conduct focused ethnographic research in and around the community of Awastara in 1978-1979 (Dennis 1981). Awastara had been at the center of epidemic outbreaks throughout the region in the 1960s and 1970s, and Dennis interviewed nearly 100 victims from outbreaks in nine villages dating back to the late 1950s, including a woman from Krukira considered to be the "index" case. He witnessed four attacks, helping to restrain two victims and photographing another. Dennis also interviewed members of a health mission team who had witnessed and helped to ameliorate outbreaks involving groups of adolescents and young adults in the distant village of Andris Tara, on the upper Rio Coco in the mid-1970s (Dennis 1981).

According to Dennis, prior to attacks of *Grisi Siknis,* victims report feeling nauseous, dizzy, fatigued (*bla)* and/or having headaches. Victims also commonly reported experiencing strong emotional states such as fear or irritability prior to an attack. Typically, they lost

80

consciousness, believed they were being assaulted and carried away by a Miskitu devil, and then

ran off through the village or into the bush, lagoons, and rivers. Some victims picked up

machetes, shovels, or sticks and waved them or banged them on houses or other structures,

sometimes injuring themselves in the process. The attacks were contagious and epidemic in

form, affecting young women (aged 11-33) primarily (92% female, 59/64) and were mostly

transmitted verbally. Among the women of Sandy Bay described above, one victim called out the

name of a new victim and this was associated with *Grisi Siknis* spreading. Across different

villages and individuals, Dennis noted "quite a bit of variation in the kinds of devils seen and the

sorts of experiences with them" (1981:449); behaviorally and socially however, *Grisi Siknis* was

distinguished and defined by its contagious nature and by the victims' attempts to run away

through the village or off into the bush or lagoon. Dennis (1981; 1985) was the first researcher to

categorize this phenomenon as a culture-bound syndrome.

In April 1979, the Sandinista National Liberation Front (FSLN) overthrew the US-

supported Somoza regime. During the ensuing Contra Sandinista war throughout the1980s, many

Miskitu and Mayangna were removed from their villages and livelihoods along the strategically

important Rio Coco and its tributaries and forced to live in refugee camps in Honduras, often

near or alongside Miskitu villages. Adult males from Honduran Miskitu, Nicaraguan refugee

Miskitu, and other indigenous groups (Mayangna-Sumo) were recruited and pressured to join

Contra military camps and units based inside Honduras.

Conditions in the refugee camps were crowded and disorganized, particularly early on,

and cases of *Bla* or *Bla Kira* (*bla* = dizziness, *kira* = to have) as it was known among the

Honduran Miskitu, reached epidemic proportions, affecting over a 100 people by the mid-1980s

(Perez-Chiriboga 2002). In a report for *Doctors without Borders* based on surveys with refugee

camp residents in 1986 in the camp at Mocoron, physicians Martin and Nahel (1987) indicated that those most affected were individuals aged 18-32 who had lost one or two of their parents during the war or were single or living in non-stable marital relationships. They also found that young men represented a third of all cases (31/94). In the outbreaks at Andris Tara on the upper Rio Coco described by the health workers a decade earlier, the victims reported hallucinations of horsemen offering goblets of blood and taking them to the cemetery where the possessed victims proceeded to upend crosses and gravestones.

Another anthropologist, Isabel Pérez-Chiriboga (2000) also studied the *Bla Kira* episodes in the refugee camps (1988-1989) and noted the serious and "tense atmosphere" in camps where ongoing outbreaks were keeping residents anxious and wary. Like the upper Rio Coco outbreaks, and perhaps signifying the spiritual burdens of war-related death and displacement, the running and destruction were focused on the cemeteries. *Bla Kira*, as such, spread from the refugee camps to nearby Honduran Miskitu villages and even to Miskitu-Contra military camps, becoming an indicator of ethnic identity and providing a "social arena" where cultural tensions between Nicaraguan and Honduran Miskitu could be resolved and, over the course of the war, Miskitu culture revitalized (Perez-Chiriboga 2000).

Following the war and the resettlement of abandoned villages and communities in Nicaragua, reports of outbreaks subsided until the early 2000s when new and unusually destructive or virulent outbreaks were noted, primarily in press reports, on the coast and on the upper Rio Coco (Davis et al. 2005). Outbreaks involving groups of simultaneously affected individuals were reported to have occurred also among *Mestiza* students at a school in Bilwi Puerto Cabezas and in nearby the community of Lamlaya among men at a work camp and Karata, during a church service, effectively interrupting work or activities in these contexts.

On the upper Rio Coco, reports of an outbreak in Raiti in late 2003 and another in Bilwi in 2004 among college preparatory students, compelled Nicaraguan investigator Sandra Davis, a local researcher and her assistants, to conduct a brief interview study in the river communities of Krin Krin, Santo Tomas de Umra, and San Juan Bodega. These communities had all recently experienced their first outbreaks of what they called *Bla*, or *Wakni* (Davis et al. 2005), and the situation in the communities of Umra and San Juan was particularly tense. Notable aspects of the outbreaks in these three communities included: 1) the Mayagna ethnicity of one community (15-20 years old men) in the community of Umra; 2) bizarre claims of objects being vomited among the 75 victims (14-15 years old female), in the community of Krin Krin which was linked to sorcery; and 3) the use of the Spanish *enfermedad de locura* to refer to an outbreak that occurred in San Juan among 32 young Miskito, Mayagna and Mestiza victims (8-20 years old). Additionally, accusations of sorcery (*sika*) and the banishing of accused individuals distinguished these outbreaks from those prior to the war. The study by the local researchers in 2005 and my preliminary research in 2008 and ethnographic fieldwork in 2014, *Grisi Siknis* victims reported a small figure riding a horse, carrying a cup of blood and threatening the victims with a knife (Davis et al. 2005). Much of the imagery is related to violence, blood and the spirit taking the victims away, but not specifically related to sexual encounters with the spirits.

In July of 2008, I worked as research assistant and conducted my first exploratory ethnographic fieldwork in the predominantly Mayangna community of Arang Dak in the Bosawas Reserve[10]. Through this period, I explored the subjective experience with the illness and I collected life history information in particular about their first experience with *Grisi Siknis* either as sufferers or witnesses. Most of the adults recalled seeing *Grisi Siknis* for the first time in

---

10   Demographic data were collected and analyzed by Dr. Jeremy Koster, results have not been published yet.

Honduras, when they were living in a refugee camp during the Sandinista-Contra war, which was described as a very traumatic and unhappy experience for them. Others saw cases of *Grisi Siknis* outside their villages and all cases were link to witchcraft and sorcery. Many recent victims and their families believe that the condition originated during the war in the refugee camps. During this preliminary fieldwork, 26 individuals in the community exhibited *Grisi Siknis* at least once in the preceding four months. All of these individuals were between 6 and 30 years old. Within that age range, however, only 54% of the affected individuals were female, which countered assertions that G*risi Siknis* manifests primarily among young women. Most of these findings are similar to the research done by others in the region. However, unlike past research, sufferers of *Grisi Siknis* were not only females but males as well and there was not a sexual orientation associated with male sufferers as it has been said by other scholars. These preliminary findings are consistent with an apparent shift in the demographic characteristics of affected individuals. Whereas earlier reports emphasized that *Grisi Siknis* is particularly common among younger Miskitu woman, there is increasing evidence of symptoms among men, older individuals, and other ethnic groups.

In terms of the expression of the illness, during my field research since 2008 up until 2014 I witnessed thirty-six *Grisi Siknis* attacks from the onset, control and resolution. Dennis (1981) explains that the spread of *Grisi Siknis* from individual to individual is usually prompted by an affected person calling the name of another individual in the community. The individual whose name is called soon starts to develop the same agglomeration of physical symptoms and emotional responses. The name of an individual does not have to be called out in order for him/her to be affected but this is the most commonly reported pattern of transmission. During my fieldwork, I also witnessed the name-calling as a way of spreading *Grisi Siknis* to other people

84

but it was not the only method. I found that many of these affected by the illness share kinship-ties, friendship or similar life experiences. Another commonly reported way of spreading *Grisi Siknis* is by writing the names of the future victims on small pieces of paper and leaving them in a public pace to be seen. This latter method is related to sorcery and witchcraft practices.

In September of 2014, two major outbreaks were reported in the region. The first one in Puerto Cabezas at the public elementary and middle schools with 42 cases, affecting mostly the female school population. I attended the gathering of students, teachers, delegates, parents and pastors at the public school. The meeting was organized by the regional board school in response to the demands of concerned parents and teachers. Parents had been concerned and angry about the lack of attention from regional authorities and school principal to the problem. Classes were canceled because it is very hard to restrain the students affected by *Grisi Sikns* at the school. The Board director invited a Christian pastor, MINSA and IMTRADEC to hold a meeting with the parents and try to solve the problem. I attended the meeting and sat among the parents, many who were angry and did not think a prayer by the pastor would solve anything since they claim the cause was witchcraft and they want to find the guilty person who caused *Grisi Siknis* in the first place. Many of Miskitu teachers expressed their frustration and anger towards the principal, a Mestiza, who according to them, failed to understand their culture and take *Grisi Siknis* as a serious matter and refused to bring traditional healers into the school grounds.

In late September of 2014, another outbreak of *Grisi Siknis* was reported in a Mayangna community and neighboring communities where more than 80 cases were reported. It was declared a "state of emergency" by regional authorities and by the president of the Mayangna nation. The Mayangna president and the indigenous territorial president both urged the state government for immediate humanitarian aid. The state government sent financial aid to help the

regional government control the outbreak. In the last 10 years, reports of outbreaks of *Grisi Siknis* have appeared regularly in the Nicaraguan and international media. An internet search of the term will identify hundreds of reports and dozens of outbreaks (see for example Dennis 1981; 1985; Rupilius 1988; Perez-Chiriboga 2000; Jamieson 2001; Ruiz-Sierra 2003; IMTRADEC 2004; Davis et al. 2005; Gonzales-Siles 2006; Wedel 2012; Garth-Medina 2014). This media attention has also helped to create a space for political contestations by indigenous communities affected by *Grisi Siknis* outbreaks.

4.2 THEORIES OF ETIOLOGY

Grisi Siknis' causality can be roughly divided between indigenous or emic (insider) perspectives and etic (outsider) perspectives. *Grisi Siknis* is also known by different names by different people. One of the most common names is *Pauka prukan siknis*. Pauka means ocelot but it also refers to the spirits that inhabit the earth and are associated with ailments such as cough, fever, diarrhea, and convulsions. It is also known as *duhindu blaka*, (duhindu is a spirit, elf-like figure and blaka means dizziness) and bakul, the name of specific spirit in the Miskitu cosmology. The core emic etiological theories of *Grisi Siknis* and related conditions attribute the illness to the *lasa*-spirits, insigni-spirits (bakul), and more recently, to poison-sorcery, war traumas, dislocation and the current political and economic context that keeps perpetuating a precarious state for victims of *Grisi Siknis*.

The animistic Miskitu cosmology recognizes different kinds of greater and lesser spiritual beings that dwell in, 'own,' and protect parts of the natural world and the world of the deceased (Dennis 1984; Dennis 2004; Cox 2011). Some of these beings appear, intervene, or are invoked

86

when social mores are not observed or when the equilibrium between the natural world and society is disrupted, as when resources are over-exploited (Cox 2011). *Lasa,* collectively, comprise spirits blamed for a wide range of illness, malaise and misfortune and that lure and tempt their victims (with money or sex) to be taken or 'carried away.' Commonly encountered *Lasa* include *duhindi* (forest gnomes as reported by most informants), *liwas* (water spirits connected with drownings, capsized boats), and *swinta* (owner of the deer, resembling *duhindi* but carrying whips or lassos to control the deer). Generally, Miskitu refer to *duhindi* as the Spanish *duende*, in the stylized European manner and dress of the elf, and in the borrowed (and imposed during Moravian Christian indoctrination) labeling of the *Lasa* as "demons" or the "devil"). Though commonly invoked as explanation, they can also appear to the individual as a vision or as the fright associated with certain places or activities, such as cutting wood in the forest, or walking alone in the forest, hunting more game than one is supposed to, bathing at night in the river. Many *lasa* lure and tempt their victims with money or sex to be taken or 'carried away.' Traditionally, Miskitu shamans or 'priests' known as *sukia* with special knowledge of plants, incantations were consulted to identify and treat the problems and illnesses associated with the *lasa* and with the spirits of the deceased, or *Isingni*. (Cox 2011:145-6; Dennis 2004: 211-212). The published travel reports of Conzemius (1932) also include references to Miskitu beliefs associating the *lasa* with a number of miasmatic, or illness-causing smells including turtle or bush meat, shellfish, or women during their menstrual period, or who are pregnant or giving birth. Those afflicted with *Grisi Siknis* are also warned not to go near pregnant and menstruating women as well as to avoid certain meat and sea food.

Perez-Chiriboga's ethnographic work titled "*Spirits of life and death: The Honduran Miskitu in times of war*" describes the cosmology and ideologies of health and illness among the

Miskitu who were experiencing the contra war in the 1980's. Perez-Chiriboga argues that any physical and mental illness, accidents, and deaths are all considered conditions of the human being that are consequence of spirit possession or sorcery (2000). Most of the explanations for the cause of illness or misfortune lie in the actions of a person who because of envy or disputes has used the power of the spirits to cause an accident or illness. Further, Miskitu explanations of daily events of life and regulations of social interaction are influenced by behaviors and human practice within two domains: human space and nature. The first includes the space inhabited by human beings and any human activity that aids in sustaining social reproduction. The second domain, nature, includes all the plants, animals, bodies of water and other natural elements untouched or undomesticated by humans. Spirits dominates this domain.

In a different study by a Miskitu scholar, Avelino Cox (2011) describes the cosmology of the Nicaraguan Miskitu. One important aspect of Miskitu cosmology is the interrelation between well-being and the metaphysical world, which is also explained by Perez-Chiriboga. However, Cox explains the existence of three worlds: nature, spirit and human. In order to experience well-being, the three worlds must be in harmony with each other. Indeed, the body is not understood as a vast and complex machine, but rather as a microcosm of the universe. The body or humans are dependent on, and vulnerable to, the feelings, wishes, and actions of others, including spirits and dead ancestors. The sukia is the supreme religious leader who deals with three worlds. As I mentioned before, it has been argued that sukia as an institution has disappeared or at least has lost its legitimacy. In an interview with Avelino Cox, a Miskitu poet and scholar, asserts that "the role of the sukia was demonized by the Moravian church and was said that the Sukia practice witchcraft to steal people's souls and sell those souls to el duende or *duhindi* (Avelino Cox interview April 2014, Bilwi-Puerto Cabezas, Nicaragua). Avelino Cox also notes that only

sukias or traditional healers are the only ones that can restore the imbalance between the spiritual and human worlds (Cox 2011).

Among the Miskitu, supernatural belief systems vary according to the historical and local interactions among folk indigenous, Afro-Caribbean beliefs and Christian teachings. Moravian teachings became a source of new or revised socio-political meaning and attitudes. The idea of evil spirit possession and witchcraft among the Miskitu seem to be more related to gender ideas, social boundaries, and morality imposed by Christianity. In the Miskito cosmology, social relations (this include human and spirit worlds) are understood as a key contributor to individual health and illness. The Christian belief of evil has become overlaid with the Miskitu traditional spirit belief system. The current changing political economy of the region has also brought new reinterpretations of the Miskitu social and political reality as well as of *Grisi Siknis.*

From the 19th and early 20th century etic perspective of the Moravian Church, *Grisi Siknis* was explained as an ecstatic religious conversion and evidence of the power of the Holy Spirit. From the etic perspectives of the social and medical sciences, *Grisi Siknis* can be understood in terms of theories of psychosocial stressors (e.g. major life events such as deaths or weddings, or more chronic structural, economic issues such poverty or inequality), as a consequence of trauma or violence or as a culturally expression or performance. Investigators who conducted interviews in the refugee camps pointed to the extreme stress, social dislocation, grief and loss caused by the war as etiological factors in *Bla Kira* outbreaks (Martin and Nahel 1987, Pérez-Chiriboga 2000). Like Dennis, Perez-Chiriboga considers the phenomenon a Miskitu (or closely related indigenous) culture-bound or -specific condition rooted in traditional cosmologies and medico-religious worldviews, and contagious or threatening only to those socialized within those worldviews.

4.3 SYMPTOMATOLOGY AND TREATMENT

Grisi Siknis is primarily an affliction of young people and predominantly of women. Although this illness is linked to Miskitu culture and Miskitu identity, many cases have been reported among Sumu-Mayagna, Mestizos and Creole populations. First episodes tend to occur by the age of 20, and well-documented outbreaks affected people 35 years old and younger. Though females represent the majority of victims in most outbreaks, some recent outbreaks have involved exclusively young males.

Although some symptoms vary superficially from case to case and outbreak to outbreak most involved similar physical ailments such as nausea, dizziness, headaches, weakness, sensitivity to light, palpitations and chills. Many report unusual irritability, anxiety, or fright, states that are sometimes perceived and reported by family and other witnesses. Following a series of physical complaints, the afflicted reports visions of the spirit/*lasa*/duende or just images of violence; temporary loss of consciousness; screams or shrieks; destructive behaviors that become aggressive towards others when attempts are made to restrain them; and an impulse to run towards rivers, forests, or cemeteries. They also tend to say inappropriate things and call out names of the possible next victims of *Grisi Siknis*. The afflicted display considerable strength that requires several individuals to restrain them in order to avoid injuring themselves or others. As a consequence, many attacks create considerable commotion in the communities, neighborhood and schools. Following an episode of *Grisi Siknis*, victims regain consciousness and may find themselves tied to a bed or otherwise restrained. Most report feeling exhausted and complains of a bitter taste in their mouth and amnesia for their actions during the attack.

Most persons afflicted by *Grissi Siknis* report being victims of witchcraft; this involved a person who was blamed for practicing witchcraft on the affected individuals. This belief in

witchcraft has become a part of Miskitu illness ideology and social life. In such cases, it is extremely important to identify the sorcerer and enact some form of punishment. During fieldwork in 2008 and 2014, the individuals who were blamed for practicing witchcraft and causing *Grisi Siknis* were typically outsiders or outcasts (e.g. ethnic outsider or the disabled). Teachers or others in supervisory positions who are disliked by students or who have a reputation of molesting female students may also be blamed for causing *Grisi Siknis* outbreaks. These discourses will be explored in the next chapter.

Traditional healing in contemporary Miskitu culture is divided into different specialties: herbal/spiritual healers, *profetas* (prophets), and *sukias* (mostly specialized in the spiritual world, witchcraft or sorcery). All of them were traditionally able to treat the symptoms and causes of *Grisi Siknis*, but more recently, as *Grisi Siknis* is increasingly attributed to sorcery, the *sukia* has become the primary resort for healing. Dennis (1981, 2004) described the core elements of curing as consisting of packets of secret herbs, steam-bathing the victim in each of the four cardinal directions, and paying careful attention to counteragents or food taboos that could destroy the cure's effectiveness. There are three basic counteragents: seeing or being around a dead person; being around a pregnant or menstruating woman; and eating certain kinds of fish or meat, particularly turtle and lobster. Payment by the kin group or wider community is also expected. Depending on the type of healer, curing will include prayers and the identification of the cause of *Grisi Siknis*. The most recent cases of *Grisi Siknis* involved a person who was blamed for practicing witchcraft on the affected individuals. In such cases, it is extremely important to identify the sorcerer and enact some form of punishment.

In the last couple years, the regional health authorities have been promoting an intercultural health model that in theory, proposes cooperation between indigenous healers and

biomedical professionals working side by side to alleviate health problems in the region and give

the patient the choice to choose the type of healer. However, in practice these two medical

systems in a disagreement in terms of their ontology and practice. Although many biomedical

doctors are native Miskitu or born and raised in the Atlantic Coast and are familiar with the

Miskitu cosmology and cultural practices, their biomedical training disregards traditional

medicine as ineffective. Also, many other biomedicine trained doctors, mestizos from the Pacific

Coast of Nicaragua and from Cuba sent by their respective governments to serve a year of

practice, faced a cultural and ontological shock when encountered with "traditional" afflictions

and language and cultural barriers.

The regional health care institutions have attempted to implement their health model

which emphasizes a culturally sensitive perspective to provide competent care for every patient.

Despite that, it is uncommon for individuals afflicted by *Grisi Siknis* to seek biomedical attention

unless the afflicted was injured during an attack of the illness. Also, many Caribeños know that

biomedicine is unable to treat these types of afflictions. The local biomedical heath care

institutions have been involved in the redefinition of *Grisi Siknis* along with other "traditional"

afflictions with the goal to implement their intercultural health model and decentralize power

from central to regional institutions. These negotiations within the medical practice, intercultural

health policy and its politics will be described in chapter 6. In the following section, I explore the

anthropological and psychiatric literature that defined this illness as an exotic anomaly, a culture-

bound syndrome and an idiom of distress.

4.4 *GRISI SIKNIS:* HISTORY OF WESTERN PYSCHOPATHOLOGY

The history of western medicine and anthropology have played a crucial role in making sense and categorizing experiences that later were known as psychiatric anomalies. At the turn of the 20th century, during a period of colonization by western societies, reports and stories by missionaries, travelers and doctors emerged describing rare or unusual behaviors and diseases. The history between psychopathology and culture is linked to the colonial ideology through scientific verification of biological inferiority of the colonized (Pussetti, 2006). Western biomedical diagnostic categories and therapeutic models were used to understand and diagnose pathologies, behavior and experiences from non-western populations. The psychiatrist Leff (1973) proposed a theory of transcultural differentiation of emotion, arguing that people from "developing countries" express their distress through somatization compared to people from developed nations. His theory focuses on language and more specifically, on how Indo-European languages are rich in bodily expressions of emotion and have an extensive range of words for the cognitive experience of emotion. Leff argued that non-Indo European languages lack this lexicon and thus their emotional disturbance maybe subject to considerable variation in expression.

Western biomedical categories, more specifically Western psychiatry, took on the role of providing the language to diagnose and translate these behaviors and emotional experiences as manifestations of psychiatric conditions, labeling them as culture-bound syndromes and finding psychiatric equivalents (see Simons and Hughes 1985; Tseng 2006). Psychiatric classifications were originally based on Anglo-Saxon patient populations in Europe and North America; that is, these psychiatric classifications were the results of westerners ethnocentric views of psychopathology.

The term "culture-bound syndrome" was used to connote a constellation of patterned behaviors influenced by the cultural environment, recognized and named locally, and considered deviant behavior by members of the culture in which it was found (Simons and Hughes 1985). The concept of "culture-bound syndrome" was used for the first time by the psychiatrist Pow Meng Yap (1965) referring to experience with incredible symptomatology determined by the patient's culture. Wen-Shing Tseng (2006) defines culture-bound syndromes as mental conditions or psychiatric syndromes that are closely related to certain cultural features in their formation or manifestation of psychopathology. Most of these conditions were known to the local people by folk names, for example *latah* or amok among the Malays (Ellis 1893, 1897), *koro* (van Wulfften Palthe 1934) and *pibloktoq* (also known as Arctic hysteria) among Indians living in northern Canada (Brill 1913). Most of these psychiatric studies often entailed describing the symptoms, treatment, and moral dimension of the manifestation. For instance, the DSM-IV (APA, 1994) classification system was based on categorizing psychiatric disorders by certain sets of behavioral manifestations and symptomatology. A culture bound syndrome such as *Grisi Siknis* for example, does not fit into this classification system. At best it can be classified as a variation of another presently recognized disorder or classified as NOS (not otherwise specified).[11]

Psychological anthropologists have used non-normative (non-pathologizing) notions of "altered states of consciousness" and "trance" or "possession-trance" to describe comparable phenomena in diverse cultural and religious settings around the globe (Bourguignon 1976).

---

11   A publication by an American psychiatrist and anthropologist suggested categorizing culture-related syndromes by 'taxon' defined by a common factor. They suggested a several taxon: the startle-matching taxon (including latah, imu); the sleep-paralysis taxon; the genital-retrection taxon (koro); the sudden-mass-assault taxon (amok); the running taxon (pibloktoq, grisi siknis, Artic hysteria); the fright-illness taxon (susto); and the cannibal-compulsion taxon (windigo pyschosis) (Hughes and Simons 1985).

Psychiatrists and psychologists have used "hysteria," "conversion," and "dissociation," to refer to similar but generally pathological "alterations in consciousness and identity" seen in clinical settings. These interrelated concepts were combined, streamlined, and codified as Dissociative Trance and Dissociative Possession Trance Disorders in the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders DSM-IV (1994) and DSM-IV-TR (2000) and in the World Health Organization's International Classification of Diseases ICD-10 (WHO 1992). They have been further streamlined in the DSM-5 with the removal of possession-trance as a specified subtype of dissociative disorder (APA, 2013).

Although *Grisi Siknis* has been categorized as a "Culture Bound Syndrome" it is not among the conditions listed in the "Glossary of Culture Bound Syndromes" in the DSMIV/TR, nor is it listed in the DSM-5's "Glossary of Cultural Concepts of Distress." In the DSM-5, the notion of 'culture bound syndrome' has been replaced and clarified somewhat by distinguishing among *cultural syndromes* (clusters of coherent symptoms and attributions), *cultural idioms of distress* (collective expressions of concern, resistance, or protest), and *cultural explanations of distress* (recognized labels or attributions for symptoms or illness). Most studies of *Grisi Siknis* have attempted to label and categorize this phenomenon under the rubric of Western psychiatry. Due to its highly dramatic and public form, Dennis (1981; 1985) labeled it as "Culture-Bound Syndrome" despite ongoing changes in symptom clusters and attributions and population.

Cross cultural psychiatry has attempted to emphasize a culturally sensitive perspective to identify psychopathology and provide competent care for every patient. These manifestations have been reclassified from culture-bound syndrome to culture related specific syndromes, to cultural idioms and explanation of distress; however, these are understood as clinical manifestations of psychopathology rather than understanding them from the level of illness

experience. Most of the research on cultural or folk-illnesses has attempted to create a "popular nosology of suffering" for the basis of an alternative praxis in mental health (Guarnaccia et al. 2003:348). Social illnesses are linked to a constellation of vulnerabilities and to responses to significant pain, suffering and social loss.

Scholars have been critical of the concept of culture-bound syndromes/culture related syndromes because it does not provide a meaningful perspective on illness and suffering in a society (Hughes 1996; Littlewood 2002; Guarnaccia et al. 2003). Furthermore, to essentialize "culture-bound syndromes" as medical diseases independent of everyday meanings, experience of distress or independent of everyday political and social context, is to render them exotic curiosities (Littlewood 2002). By defining and categorizing behavior seen as "strange" as a medical problem, it legitimizes the need of an intervention, to control, to limit or to modify the behavior of those afflicted and thus pathologizing a social phenomenon (Pussetti, 2006). Even when psychiatrists started to take a more culturally appropriate approach to understand and treat these manifestations, the problem of classification and diagnosis persists.

A fundamental difference between psychiatry and anthropology in understanding phenomena such as possession is their view of dissociation. Again, dissociation, a western psychiatric concept was used to describe both a set of behaviors and experiences involving functional alterations of memory, perception and identity and psycho-physiological processes presumed to underline dissociative phenomena (Seligman and Kirmayer 2008). The focus on functioning is linked to the social reality of Western society—function in terms of ability to work and be a productive member of society. The psychiatric approach focuses on psychological function and neurobiological mechanism; thus, dissociation around the world or cross-culturally resonates with local systems of meaning but it is thought to be biological in nature.

The anthropological approach focuses mostly on dissociative phenomena as a social and rhetorical phenomenon that opens up space for performance and articulation of certain types of experiences (Seligman and Kirmayer 2008). In the following section I critically analyze *Grisi Siknis* in the context of history and its social origins. In such a context, I argue against its categorization as a culture-bound syndrome in favor of understanding *Grisi Siknis* as a gendered affliction. I refer to *Grisi Siknis* experience as an inherently social and complex product of history, social and political processes with multiple voices and perspectives interacting on its meaning. Just as health is not an individual process, so it is illness. The meaning of illness experience is constructed through narrative practices in which sufferers, their families, and other associates, and healers participate. This experience is embedded in ongoing negotiations to prescribed gender roles and to the social and biomedical production of *Grisi Siknis*.

4.5 *GRISI SIKNIS:* CULTURE, EXPERIENCE AND SUFFERING

In his pioneer article published in 1981, Phillip Dennis was the first anthropologist to conduct in-depth research on *Grisi Siknis* among the Miskitu Indians of Nicaragua. *Grisi Siknis* was a phenomenon described by the locals as possession by devils where the afflicted presented various physical complaints, aggressive behavior, loss of consciousness and periods of rapid frenzy. *Grisi Siknis* was then defined as a culture-bound syndrome among the Miskitu, such that "being culturally Miskitu and believing in the Miskitu devils are necessary to contract *Grisi Siknis*" (Dennis 1981:473). Furthermore, Dennis (1981) argues that *Grisi Siknis* is related to patterns of stress related to Miskitu culture, with behaviors such as screaming, shrieking, and

extreme emotional behavior as general patterns of Miskitu behavior: "Miskitu children learn that hysterical behavior is a normal way to express frustration and stress, they also learn that supernatural spirits cause *Grisi Siknis* behavior, thus relieving the individual of responsibility" (Dennis 1981:479). By treating conditions such as *Grisi Siknis* as a culture-related syndrome Dennis clearly emphasizes that culture-related behavior can be modified by cultural changes. This definition also blames "culture" as the source of mental conditions rather than looking at broader historical and social contexts in which these illnesses emerged.

Tseng (2006) argues that culture-related specific syndromes are not static and permanently bound to a culture, and these syndromes evolve or fade away as the cultural traits or circumstances that contribute to specific syndromes are modified in association with changes in the society. He provides the example of *amok*, originally the war cry of Malay pirates, behavior regarded as honorable. Under British colonial power, amok was criminalized and the rate of amok behavior dropped. Tseng argues that the clinical picture of amok evolved from a deliberate, conscious, frenzied, socially tolerated attack to an unconsciously motivated psychiatric disorder. In the 19th century, the nature of amok became sudden mass killings in a dissociated state, with subsequent amnesia. Thus, according to Tseng, amok became a manifestation of psychoses, which later was interpreted as dissociative reaction and in some cases as schizophrenia (Tseng 2006). However, the complex social, historical and political origins of amok were not discussed, thus providing a narrowly clinical view of the illness experience that takes attention away from social relations.

Good and Good (2010) examine the history of amok as a source for critical reading of Indonesian society and as a site of contestation and commentary over colonial and contemporary political discourses. During colonial times, the term amok was used to refer to heroic acts of

bravery on the part of warriors but was said to be largely archaic, replaced by reports of individual pathological violence as the primary referent of the term. Amok entered the psychiatric language rooted in legal ideas of crime, control and punishment. Amok explanations ranged from accounts of Malay culture and personality; to suggestions, that such acute violence might result from infectious disease or the use of opium, to attempts to understand the cases as specific form of mental illness. Amok was also used by journalists during the repressive New Order regime of Indonesian president Suharto to describe unrest and threats of violence during political elections by Indonesian crowds. Good and Good (2010) provide the space for analyzing the political and psychological origins of "order" and "disorder" within a political repressive context. This particular example of the history of Amok and its contextual and political meanings is useful to understand illness experiences such as *Grisi Siknis* and the discursive power to transform an experience for larger political projects.

Up until now, *Grisi Siknis* is still seen as a culturally specific illness; however, many local explanations have emerged, some of which are linked to biomedical understandings of disease: from pathology linked to parasitic infestations to psychiatric conditions and drug addictions. Recent literature sees *Grisi Siknis* as an unwelcomed and spirit possessive condition relevant to local (i.e. Miskitu) cosmology and ethnomedicine, but resistant to medical psychiatric classification, diagnosis, and treatment. *Grisi Siknis* is as much a public health problem as an individual health problem, and the social conditions and dynamics of its transmission are not well conceptualized in Western psychiatry. *Grisi Siknis* has been recently utilized as an instrument of political practice among indigenous movements in the region and as my empirical findings will demonstrate it is also a site where history, power, and distress are enacted.

Manifestations such as *Grisi Siknis* are understood as "behavioral problems placing responsibility with the individual while the complex social and political origins of the conditions are made opaque" (Lock and Kaufer 1998:22). Outbreaks of *Grisi Siknis* in urban and rural settings in the last decade have been linked to witchcraft, black magic and spirit possession. Ong (1988) argues that spirit possession and witchcraft in modern settings may acquire new meanings and speak of new experiences in changing arenas of social relations and boundary definitions. These reinterpretations of *Grisi Siknis* and illness realities among the Miskitu can be explained in relation to socio-economic transformation, growing inequalities, indigenous movements, isolation and lack of representation from the regional and state government, illegal land occupation by mestizos, and lack of land titles.

In Latin America, witchcraft has been traditionally seen as an idiom for cultural anxieties from a moral and colonial imagination that reflects local structures of power, enshrined in class and ethnicity (Taussig 1987). Many of my informants cited witchcraft as the cause of current *Grisi Siknis* cases. This belief in witchcraft has become part of Miskitu illness ideology and social life, such as many informants would accuse someone of practicing witchcraft or black magic and causing outbreaks of *Grisi Siknis.* The witchcraft practitioner is thought to have learned the trick to dominate the spirits that are associated with the illness. There is also a witchcraft link to love spells and dominating women, which is discussed in detail in Chapter six. Most of my informants explained that *Grisi Siknis* is due to the action of black sorcerers who force people to pay for expensive cures. Most of these "sorcerers" are outsiders or considered outcasts from either a different village or people who have lived in Honduras.

During a conversation with a Miskitu professor of sociology at the local university, the professor notes "the cause of *Grisi Siknis* has changed over time. Before, it was highly tied to

Miskitu cosmology of spirits/human relationship with the environment. Now, it is linked to witchcraft and demonic possession" (Personal communication, October 2014). He mentioned also that the context has changed; life before was a more collective way and now it is individualistic which has created certain friction on the traditional way of living of the Miskitu. In many of the life history interviews, I conducted with leaders and *Grisi Siknis* victims and family members among Puerto Cabezas residents in 2013 and in Arang Dak, a rural community along the Rio Coco in 2008, all seem to agree that the practice of witchcraft started during the war at the refugee camps in Honduras. Some of my informants even assured me that *Grisi Siknis* originated during the war since many of them never experienced or had knowledge of *Grisi Siknis.* The most recent cases of *Grisi Siknis* have been reported at the communities along the border of Nicaragua and Honduras. These cases were considered epidemics out of control due to the geographic isolation of these villages. However, the historical record and archives traces this illness to earlier times.

During the Contra war, Perez-Chiriboga (2002) argues that the *Grisi Siknis* epidemics in refugee camps, known among the Honduran Miskitus as *bla kira*, served as a form of expression of Miskitu identity in the face of internal contradictions. *Grisi Siknis* was then understood as a culturally acceptable way for the Miskitu men to escape military service and for women as an idiom to express social dislocation and war related stresses. Davis et al. (2005) also argue that *Grisi Siknis* among the Miskitu who were refugees in Honduras during the war, was due to war and life conditions during the war. In an informal conversation with Sandra Davis, she thinks that many of the current victims suffer from post-traumatic stress disorder. Even when there are young people who were never exposed to the war or were too young to remember, Davis asserts that the stress from the war is inherited to new generations. Although in her 2005 study, Davis et

al. proposed that the war left many consequences that are being expressed through *Grisi Siknis.* This event may explain the cases during the war and even a few years after. Thus, *Grisi Siknis* seems to be context specific.

Studies of spirit possession suggest a relationship between powerlessness and symbolic expressions such as different forms of trance, spirit possession, spirit mediumship, and shamanism[12]. Wedel (2012) argues that *Grisi Siknis* must be reinterpreted as an involuntary mass spirit possession and not be treated as a culture-bound syndrome. He further argues that the violent large-scale epidemics of involuntary possession among the Miskitu coincide with recent developments marked by contradictions, conflicts and tense social relations. Wedel points to the relevance of witchcraft and sorcery as explanations of *Grisi Siknis* as evidence of the social nature of the illness. However, he does not provide any specific evidence of how *Grisi Siknis* is directly linked to any conflicts, contradictions or social relations.

I argue that the idea of evil spirit possession and witchcraft among the Miskitu are both idioms that seem to be more related to gender ideas, social boundaries, and morality imposed by Christianity[13]. An alternative approach explains spiritual possession as an issue of bodily control, seen as a function of social control (Douglas 1970). Douglas (1970) argues that there is a correlation between the degree of social control of a given group and the valuation of bodily control within that group. Informal societies tend to regard spirit possession and trance as

---

12   Crapanzano (1977) suggested that possession be viewed as "an idiom for articulating a certain range of experience"(p. 10). Seeing possession as an idiom of communication enjoins consideration of how the idiom is constructed and used in specific societies; Boddy (1994) argues that it requires an acknowledgement of the existence of spirit in the believer's world and asserts that possession is about meaning.

13   The history of possession among Europeans during Medieval through Early modern times rests on epistemic premises of religiosity, rationalization and finally pathologization as it has been the history of Grisi Siknis and its framing under the Moravia interpretations. Spirit possession research has been characterized by a fundamental tension between reductive, naturalizing or rationalizing approaches on the one hand and contextualizing, more phenomenological approaches in the other hand (Boddy 1994).

beneficent states, while those that are more rigid and formal in their social structures find the dissociative elements of spirit possession to be disturbing and dangerous. Furthermore, women's predominance among the possessed, argues Douglas, is not due to an internal desire to acquire prestige, but reflects an external, social factor: the lower cultural significance of their activities the most they suffer in kind. Thus, possession is only possible in the absence of restrictive social norms that are expressed, in part, as a high level of control over the body and its gestural code. Caciola (2000) asserts that Douglas's explanation of the notion of bodily control and comportment as a basic cultural ground that influences perceptions of spirit possession is formulated and accords rather well with the medieval evidence. However, Douglas' theory does not integrate both external and internal individual factors into the analysis of possession and it is somewhat culturally deterministic, giving little consideration to the self-representations of individual actors within the particular context of social control or lack of it.

In her work titled "Spirits of Resistance and Capitalist Discipline: Factory Women and Malaysia" published in 1987, Aiwa Ong's classic ethnography provides an explanation for the cases of spirit possession at a multinational factory. Her work is relevant to understandings of spirit possession in the changing political economy of populations. Ong (1987; 1988) argues that spirit possession reveals a profound sense of status, ambiguities and dislocation in changing political economy and the introduction of women labor in modern institutional settings. Spirit possession was mainly manifested by married women given their stresses of being wives, mothers, widows, and divorcés. With urbanization and industrialization, spirit possession became overnight the affliction of young, unmarried women placed in modern organizations.

The reinterpretation of spirit possession is a shift of locus of patriarchal authority sanctioned by indigenous religious beliefs toward patriarchal authority sanctioned by scientific

103

training. Further, Ong (1988) argues that the episodes of possession are interpreted as expressions of fear and resistance against multiple violations of moral boundaries in the modern factory. These "acts of rebellion" symbolize what cannot be spoken directly calling for a renegotiation of obligations between the management and workers (39). In the Malay traditional belief system, the places occupied by evil spirits are non-human territories like swamps, jungles and bodies of water. This domain is similar to the Miskitu cosmology. However, the Malay system sees the non-human domain as amoral and restricted from women's bodies by ideological and physical spatial regulations. The Miskitu cosmology imposes restriction in terms of mobility to women and taboos related to menstruation and pregnancy. Ong notes that

> "when young Malay women break with village traditions, they may come under increased spirit attacks as well as experience an intensified social and bodily vigilance...women entering and leaving the unknown worlds of urban boarding schools, factories, the incidence of spirit possession seems to become more common" and maintains that the "imagery of spirit possession in modern setting is a rebellion against transgressions of indigenous boundaries governing proper human relations and moral justice" (1988:33).

Ong's analysis of the possession in this local context seems to agree with Boddy's study of possession in an endogamous Sudanese village. Boddy (1988) looks at the relationship between informal logic of everyday life and that of Zar possession experience. She points to the asymmetrical gender relations and responsibilities making women as more vulnerable as individuals and as community as a whole. Similarly, Lesley Sharp, in her work titled "*The Possessed and the Dispossessed: Spirits, Identity, and Power in a Madagascar Migrant Town*" published in 1993 looks at ethnic identity as shaped by and manipulated through the experience of possession among migrant women. According to Sharp, spirit possession distinguishes insiders from outsiders (non-Sakalava are redefined as Sakalva through possession experience) at the same time it transforms the status and personal relations of the afflicted, which are

104

disproportionately migrant women. Contrary to many studies of spirit possession as a religious experience or peripheral experience, in Sharp's study, possession empowers the individual as non-marginal while at the same time it reshapes the meaning of land, work and identity.

Most studies of possession assumed the body not only as a field on which affliction is experienced and expressed but also as a performative tool (Ong 1987, Boddy 1988; Sharp 1993). Specifically, Sharp (1993) argues that in the context of tromba (spirit possession); the human body is a vehicle for the expression of conflicts through the manipulation of a symbolic order that is shared by members of the community. Performance and manipulation of symbols by the body, as argued by Sharp and other social scientists, provides the powerless with a means to communicate. This argument is intrinsically related to idioms of distress where the experience of possession is seen as medium of communication, identity and social roles shift and marginal or peripheral phenomenon.

A key argument about studies of spirit possession and marginality (more generally women as predominantly more affected cross-culturally and historically) is that possession as an idiom of communication provides the powerless with a means to symbolically express their social circumstances. The cases of possession explored by Ong (1988), Boddy (1988), and Sharp (1998) seem to be similar to some of the cases of *Grisi Siknis* reported in urban settings, in particular boarding schools where most cases in my field site were reported. In March 2014, at a college dormitory in Bilwi, all the students came from Mayangna and Miskitu Honduran villages, all female students were afflicted by *Grisi Siknis*. There have been cases of Mestiza and Creoles and small number of males affected by this historically known "Miskitu" illness. It can be argued that the experience of *Grisi Siknis* among non-Miskitu operates as a process of identity shifting within the perceived symbolic meaning of the phenomenon.

In general, the experience and history of *Grisi Siknis* helps to illuminate aspects of political and social practices that are interrelated to identity, sexuality, gender relations and emotional responses to everyday lived experience of social hardships. The experience of *Grisi Siknis* carries multiple meanings and it is utilized by different actors for different reasons and purposes at the different levels of society. In Chapter 5, I show that forms of sexuality, status and gender roles are negotiated through the experience of *Grisi Siknis,* in particular through the practices of sexual magic and witchcraft.

Contemporary anthropological studies on illness experience points to the link between poverty, power, and embodiment and affliction where witchcraft, spirit possession and other "traditional" medical systems in modern spaces are once again blurred. Nguyen and Peschard (2003) argue that various forms of initiation, spirit possession and witchcraft can be viewed as manifestations that express and enact social hierarchy fixing them in a fluctuating social world. I have argued earlier that *Grisi Siknis* is a response to the social, economic and political context but especially to local gender ideas. Social determinants of health and a critical of local discourses of gender and sexuality associated with *Grisi Siknis* can help avid narrow cultural interpretations of illness among the Miskitu. The colonial encounter along with the adoption of a new religion created new ways of negotiating Miskitu reality and ideologies. In the next section, I present the current perspectives and changing understanding of *Grisi Siknis* paying attention to the political-economic and social context of the region. I situate the experience of *Grisi Siknis* in wider social and gender discourses as well as practices of power, in particular the new meanings and redefinitions of the illness from the biomedical institutions of to social and structural conditions of the region.

4.6 CHALLENGING IDIOMS OF DISTRESS: GENDER, BODY AND ILLNESS

The field of cross cultural psychiatry has focused on gaining a better understanding of cultural ways of expressing distress with the ultimate goal to assist in the delivery of western health services. Studies of idioms of distress approach cultural or folk illnesses as culturally prescribed ways of communicating distress that commonly translate into psychiatric categories and provide socially and culturally informed suggestions about care management (Nitcher 1981b; Nitcher 2010). For example, somatization (linked to the assumption of people's lack of language to describe affliction or distress) was considered an idiom common among developing world populations through which distress was communicated and diagnosed (Kirmayer and Young 1998). Idioms of distress, as Nitcher (2010) suggests, are considered adaptive, social and cultural responses to circumstances when other modes of expression fail to communicate distress. According to this approach, humans communicate their experience of distress such as anger, powerlessness, loss, marginalization, through local acceptable idioms.

However, the idioms of distress agenda is too broad and not inclusive of specific experiences that are linked to particular political histories. As such, it does not pay attention to the ideologies, discourses, emerging and competing narratives that surface from the illness experience. Further, the idioms of distress agenda points out the medicalization of illness experience interpreted by Western biomedical standards and diagnosis. Kirmayer and Young (1998) argue that the notion of idioms of distress is misleading to the extent that such idioms are assumed to be highly structured and entirely conventional ways of expressing distress when the meaning expressed through these idioms are often fragmentary, tentative, and even contradictory.

Another issue with the idioms of distress approach is that it overlaps with culture-bound syndromes research; both approaches seek to translate local illness experiences into biomedical categories of psychopathology and differential diagnosis. Nitcher (2010) argues that cultural syndromes are prototypical cultural ailments that either take the form of a culturally recognized indigenous diagnosed cultural illness or recognized by practitioners to reflect particular types of distress in a historical context. In other words, culturally bound syndromes are seen as a form of prototypical affliction historically recognized but open to reinvention. Cultural idioms of distress, according to Nitcher (2010), are tied to culturally salient types of interaction and are effective ways to communicate distress and while cultural syndromes often function as idiom of distress, idioms are not cultural syndromes.

*Grisi Sikni*s has been also treated as an idiom of distress, insofar as it is commonly interpreted as an expression of protest or resistance (of e.g. female gender roles or others' inappropriate sexual behavior during an attack of *Grisi Siknis*) by some Miskitu and by those who have studied it (Dennis 1981, Perez-Chiriboya 2000, Davis et al 2005). *Grisi Siknis* experience is not rigidly an idiom of distress because of the changing and competing discourses around the illness. There are aspects of *Grisi Siknis* experience that can be interpreted as an idiom of communication and resistance. Possession by the Miskitu spirits and witchcraft accusations provide the symbolic language can be seen as resistance and contestation for women in Miskitu society. However, *Grisi Siknis* does not follow a structured pattern of spirit possession since witchcraft is part of the experience. Members of the society who are often seen as deviants are now controlling the spirits that are historically known to cause Grisi Siknis by possessing the body of the victim and causing other physical ailments. *Grisi Siknis* has acquired new meanings and speaks of new contrasting and complementary conceptions of *Grisi Siknis* in the current

changing social and political arena of the region. *Grisi Siknis* as an illness experience that has been constructed, reinterpreted, and redefined by several social and institutional processes. Individual illness narratives provide evidence of the counter discourses generating from the experience of *Grisi Siknis* and the meaning changing of the illness within the changing political and social context of Miskitu society.

Guarnaccia (1993) argues that illness categories are not only syndromes of symptoms, but also syndromes of meaning that are connected to family, community, and larger social levels. For example, Low (1981) studied *nervios* among rural Costa Ricans and argued that *nervios* is a symptom related to poor family and social relationships. *Nervios* reflects social constraints where personal, social, and emotional issues are expressed through the body. In another study of *nervios,* Finkler (1994) argues that the language of *nervios* recognizes that many of lesions in life such as family losses, abusive and violent family relationships, lack of economic resources and the traumas of sending a beloved off to or going to war, can produce major alterations in one's *nervios.*

Most of the studies on *nervios* and other known culture-bound syndromes and folk-illnesses have focused on embodied distress universally experienced by human beings, "embodiment of generalized adversity expressed in states of worry, anxiety, and trembling" (Finkler 1989:82). Among Puerto Ricans, the experience of *nervios* and *Ataque de Nervios* occurs in response to stressful social events that lead to significant pain, suffering, and social loss and are commentaries on a social world out of control (Guarnaccia et al. 2003). Ataques de Nervios are acute, dramatic episodes which occur as the result of a major stressful events and begin with uncontrollable crying, screaming and hysterical behavior. During an ataque de nervios, sufferers may fall to the ground and lie there "as if dead" or shake as if experiencing a

seizure. Afterward, the person frequently reports little memory of what happened during an ataque (Guarnaccia et al. 2003:352). Ataque de nervios shows similarities to *Grisi siknis* in terms of the experience and to certain extent the causes that give meaning to the experience. Although most research has argued that Nervios is an idiom of distress, Guarnaccia et al. (2003) argues that ataque de nervios is more than a diffuse idiom of distress, that different categories and experiences of nervios provide insights into how distress is experienced and expressed and points to different social sources of suffering.

Studies in critical interpretive medical anthropology suggest that illness is experienced through an expressive system encoding indigenous notions of social order (Young 1982). Young (1982) invited analysts to critically scrutinize the semantics, language, categories and concepts used in anthropological studies of illness and to identify the historical, social, political and cultural processes in the production of knowledge into practice. In other words, the production of medical knowledge and illness are intrinsically political and cultural.

Illness then reflects uneven social and power relationships, constraints, contradictions, alienation, local histories, transnational experiences and intimate human experiences of life. Nancy Shepper-Hughes in her work on nerves in Brazil, defines illness as a form of corporal action where the biological body is the product of ideology and history. The individual body can be seen as immediate and proximate terrain where social contradictions are played out and embodied as well as a locus of personal and social resistance, creativity and struggle (Scheper-Hughes and Lock 1987; Csordas 1994b; Kirmayer 2000). In other words, people are caught up in unresolved contradictions that become imprinted on the body and that not only contribute to sickness but also mitigate against its resolution (Scheper-Hughes and Lock1987). Research on patient's subjective interpretations of painful experiences provides a new approach to understand

the language of the body rather than focusing on structured idioms of distress as discrete expressions of some sort of deeper disturbance or disease.

Furthermore, Margaret Lock's review of the literature on the body, practice and knowledge (1993) argues that the body is not merely a passive recipient of social inscriptions. Indeed, the body can serve as a site for organizing forms of resistance to dominant social inscriptions, such as those exercised by patriarchy, capital, the state, or colonialism. It has been argued that discourses of development, body politics, local level experiences of the body and personhood are often inflected by gender and work as reflection of social hardships and the impact of structural political and economic context on individual and collective experience (see also Scheper-Hughes 1992; Farmer 1997; Babb 2002; Yarris 2011). The focus on the body and embodiment has yield research that looks at the body as a site for organizing forms of resistance to dominant social inscriptions, exercised by patriarchy (Boddy 1989); capitalism (Ong 1987), migration and power (Sharp 1992); chronic poverty and violence (Jenkins and Valiente 1994) or producing dissent subjectivities (Nguyen 2002).

Further, gender is a significant category linked to the experience of illness in many societies. In particular, research on illness has been paying attention to the role of gender in the experience, interpretation and social response to illness such as who becomes ill and who recovers (Jenkins and Good-DelVecchio 2014). Finkler illustrates the role of gender relations and norms in the following quote:

> women whose lives are constantly under duress, because of chaotic interpersonal relationships with spouses, adverse social and economic circumstances or personal tragedies of a loss of a child or parent, are more susceptible than men to pathogens and other impairments (Finkler 1989:85).

The gendered dimensions of illness tend to be multifactorial. The overall vulnerability of girls and women to illness has been identified in many studies that look at power relations and socio-cultural and political structures. Meanings ascribed in bodily, emotional, family, and social terms articulate individual and shared notions of suffering within the larger contexts of social dislocation (see Scheper-Hughes and Lock 1987; Davis and Low (eds) 1989; Finkler 1989; 1994; Jenkins and Valiente 1994; Oths 1999; Mattingly and Garro 2000; Farmer 2005; Darghouth et al. 2006; Yarris 2011). For instance, Oths (1999) found that cases of *debilidad* among Andean peasants were more frequent in households where there was an imbalance in the ratio of men and women; such an imbalance made the allocation of work roles problematic in those households. *Debilidad*, is viewed in the Andean context, as the result of the embodiment of life's accumulated hardships interacting directly with stressful experiences linked to gender, age, and life cycle. Darghouth et al, (2006) explores the personal and collective meanings constructed around women's headache experiences in Peru. Their findings suggests that headache is often comprehended in a polysemic framework, where meanings ascribed in bodily, emotional, family, and social terms articulate individual and shared notions of suffering within larger contexts of social dislocation. More specifically, the ways in which meaning of experience with headache is articulated has roots with Andean concepts of identity, gender, illness and healing.

Along these lines of research, James (2008) argues that Haitian women articulate their subjective experience of emotion, illness, or suffering through the epistemology of Haitian Vodou, even though many of these individuals were active practitioners of many evangelical denominations. The person or individual, as conceived within Haitian Vodou, is situated in a nexus of relationships that not only includes the living, but also the ancestors and the divine spirits as *lwa*. Within each relational web there are reciprocal sets of duties and obligations that

112

maintain balance within the individual, family, and larger community. The social relationships between the *lwa*, the ancestors, the family, and the individual are multifaceted and to some extent, these links can be described as "embodied". However, the concept of the body and suffering that arises within the Haitian context challenges Western conceptions of trauma, and even chronic pain.

Ideas of sexuality and behavior associated with Miskitu women have been traditionally associated to *Grisi Siknis*. Dennis (1981; 1985) argues that "hysterical" behavior among the Miskitu is a normal way to express frustration and stress and they learn that about super natural spirits who cause *Grisi Siknis* behavior, thus relieving the individuals of responsibility. A number of complementary interpretations of *Grisi Siknis* consider it in terms of the stress associated with psychosexual development in Miskitu culture. Dennis (1981) suggested that it was a result of the inability of young women to cope with stressful situations related to ambiguities inherent in sexual maturation. He considered the illness to be stress-related because of the subordinate role of women in Miskitu society and because hysteria is a normal and accepted cultural mean of expressing frustration, protest, and resistance. Jamieson (2001) interpreted *Grisi Siknis* as a ritualized form of behavior associated with individuals' transitions from childhood to adulthood. He explained that, among the Miskitu, adolescence is a liminal phase where sexual intercourse becomes a device with the potential to turn girls into women. Jamieson (2001) describes *Grisi Siknis* is a performance that allows women to be both sexual and to place blame on to male demons.

The description of "hysterical behavior" has been a term associated with Miskitu behavior, in particular with female behavior. Recently, the biomedical institutions of the region have redefined *Grisi Siknis* as a collective hysteria complicating the general conceptions of the

113

illness experience. The sexual aspect of *Grisi Siknis* can also be understood as a public discourse on sexuality and gender. During attacks of G*risi Siknis,* it is common to hear men explaining that the affected "*quieren hombre*" (have a desire for men) as the cause for their illness thus giving them permission to disrespect or assault the victims. While the majority of the affected are still mostly young Miskitu women, most of those afflicted report having experienced stressful situations such as domestic violence, structural racism, discrimination, or poverty. Specific aspects of gender, sexuality and health among the Miskitu are further analyzed in Chapter 5. I situate the experience of *Grisi Siknis* as "sites of struggle and meaning" (Lock and Nguyen 2010) rather than focusing on structured idioms of distress as discrete expressions of some sort of deeper disturbance or disease. This approach allows for deeper understanding on the experience and meaning of illness in the context where it occurs and how individuals interact with and negotiate different structures of meaning.

4.7 CONCLUSION

Grisi Siknis has come to be understood as many things to many people. There are explanations that link *Grisi Siknis* to biomedical understanding of the illness, as a pathology linked to parasitic infestations to psychiatric conditions and drug addictions. The local and lay explanations link the experience of *Grisi Siknis* with the eating habits of the sick and the compromised immune systems of most Miskitu.

One important institution that has been involved in "treating" and reconceptualizing *Grisi Siknis* experience has been the biomedical institutions of the region. The local biomedical establishment in the Puerto Cabezas has redefined *Grisi Siknis* as a collective hysteria legitimizing the phenomenon as an epidemiological emergency and changing the understanding of the illness by the population and by the sufferers. While the local biomedical system is not the

114

only one redefining *Grisi Siknis*, academic scholarship has fought to maintain a "traditional"

view of *Grisi Sikni*s. Views of *Grisi Siknis* that are not seen as traditional or move away from the

scholarship approved by URACCAN agenda are seen as unimportant and thusly ignored.

While the local biomedical health care institutions have been trying to accept and

rationalize *Grisi Siknis*, treating it as a collective hysteria and using epidemiological tools to

quantify suffering, for many, *Grisi Siknis* is seen as part of the political discourse in the region.

Grisi Siknis has been a tool through which citizens or social movements frame their demands and

challenge the state authorities for the enactment of policies or through appeals for access to basic

health care and political representation.

In this chapter, I traced the history of *Grisi Siknis* and its political, cultural and social

implications in terms of experience and how Western biomedical language plays to the changing

conceptions of the illness. The dominant representational theories of meaning employed in

medicine psychiatry, anthropology, and cognitive science have tended to consider only those

aspects of thought that make sense within the presumption of rationality and ignore salient

aspects of the individual experience as socially constructed and historically informed.

I approach *Grisi Siknis* as an illness experience grounded and constrained by individual

local worlds and the local and larger social and political context where it occurs. In this chapter, I

explored past and current approaches to *Grisi Siknis* that have treated this illness experience as a

culture bound syndrome or an idiom of distress. Next chapter I explore the importance of

considering individual life story and subjective understanding of illness experience. This

approach corroborates with past and current literature in the anthropology of illness that argue

for a vision of health and illness that cannot be reduced exclusively to psychiatric or somatic

processes but that must take into account the social, political and cultural milieu.

5.0 ILLNESS, GENDER, SEXUALITY AND EXPERIENCE

Ana is a 22-year-old Miskitu female who lives with her parents and five siblings in the Cocal barrio of Puerto Cabezas, the capital of the North Atlantic Autonomous Region (or RAAN by its Spanish acronym) on Nicaragua's Caribbean coast. She has experienced attacks of Grisi Siknis for over two years, most recently in September of 2014. Several of Ana's close friends and schoolmates also experience attacks of Grisi Siknis. Most of Ana's attacks of Grisi Siknis have occurred at home and within her neighborhood; some took place at college. Ana's first attack of grisi siknis happened shortly after being in the bush cutting wood with her sister. She reports being frightened by an encounter with a small, elf-like demon with large eyes, a wide-brimmed hat, gold teeth, and outstretched four-finger hands offering her money. Ana attributes her affliction to the fright from this first encounter and explains that she lives in constant fear of encountering the duhindu, who also commonly appears in her dreams.

Prior to her last attack and her attacks in general, Ana feels anxious, easily irritated and unable to concentrate or control her emotions. During an attack, which lasts anywhere from 20 to 60 minutes and can spread to others, Ana reports a strange or uncanny sense of self and awareness and then she remembers very little other than the presence of the duhindu and/or darkness. Ana becomes destructive and aggressive towards others and herself by pulling at her hair and biting her arms. She also acquires what her mother describes as supernatural strength, requiring up to six men to restrain her. When she wakes up from an attack, she is often tied down

116

to the bed. She describes feeling weak, exhausted, nauseous and with a bitter taste in her mouth. To counter the affliction, Ana's mother prepares a mixture of aromatic herbs and agua florida (water perfumed with flowers) which is thought to dispel the duhindu.

At first, Ana's attacks of Grisi Siknis were frequent, sometimes occurring several times a day; but these have decreased due to use of traditional remedies and better emotional self-control. Ana suggests that if she does not control her fear and anger, the illness will overcome her. She quit school because of the illness and for being unable to focus and concentrate-- but also because she was sexually harassed by a college professor and received unjust treatment for rejecting his advances. In connection with this experience, she recalled that during high school, a gym teacher had molested her, and she likewise feels that there was no justice and that being quiet was a better option. It was in an elementary school setting that Ana first witnessed an attack of Grisi Siknis. Ana remembers that several of her classmates were affected by Grisi Siknis caused by a male worker at the school using witchcraft.

Ana's account of the causes, social dynamics, and remedies for her attacks points to the diverse ethnic and linguistic elements of *Miskitu* language and society. Ana's narrative is also a representative case of *Grisi Siknis* among most of the afflicted during my research. Ana's illness narrative emphasizes how specific events and experiences are constructed and mediated through her social position and access to power. *Grisi Siknis* has been constructed, reinterpreted and redefined by several social and institutional processes. Individual illness narratives such as Ana's account provide evidence of the counter discourses generating from the experience of *Grisi Siknis* and the meaning changing of the illness within the changing political and social context of Miskitu society.

Specifically, the experience and history of *Grisi Siknis* helps to illuminate aspects of political and social practices that are interrelated to identity, sexuality, gender relations and emotional responses to everyday lived experience of social hardships. The experience of *Grisi Siknis* carries multiple meanings and it is utilized by different actors for different reasons and purposes at the different levels of society. This chapter shows forms of sexuality, status and gender roles are negotiated through the experience of *Grisi Siknis. Grisi Siknis*—as a social and gendered experience shifts between multiple ways that the sick role could be constructed. These constructions of sick roles carry the potential for affecting strategic changes in terms of the broad context of their lives. Witchcraft is an idiom through which *Grisi siknis* is explained and it is also interrelated to discourses of sexuality and ethnicity. Along with Ana's illness narrative, I present three narratives that explore how *Grisi Siknis* illness experiences create counter-hegemonic discourses that allow sufferers (women in particular but also men) to negotiate their status, to challenge the discourse surrounding sexuality in the experience of *Grisi Siknis.* These discourses allow sufferers to forge alliances, and deal with difficult situations such as marital problems, domestic and sexual abuse, demeaning or debilitating labor. These narratives exhibit a strategic use of their illness stories in which the afflicted have found legitimacy for making sense of their current situation and of the ongoing negotiation over their particular experiences and conflicts. Finally, I show that the ideological, moral, historical, and emotional components of *Grisi siknis.* I demonstrate that while the narratives and experiences associated with the illness are actively created and distributed by the social order itself, the individual experience remains alienated from the sources that produced and legitimized this affliction.

5.1 STRATEGIC SUFFERING: TURNING OUTSIDERS INTO INSIDERS

The following outbreak of *Grisi siknis* and its consequent account occurred during the month of April 2014 at BICU (Bluefields Indian & Caribbean University) college dormitory. The outbreak lasted two weeks, from first episode to its resolution. All the students living in this compound come from rural communities or cómunidades[14] (communities) and towns miles away from Bilwi. All identified as indigenous, either Miskitu or Mayangna and they were all granted full scholarships to live and study at BICU. Most of the students come from rural communities and Honduras. I learned about the outbreak of *Grisi siknis* at the dormitory through a friend whose wife teaches classes at BICU. I was present at the dormitory the last two days when the treatment and resolution took place. I met the young Miskitu healer, Lilia, who later became a friend of mine[15]. Lilia was only 20 years of age at the time of the outbreak. She is a slim Miskitu young woman. Her face however, seemed more mature and confident. She was wearing a light pink tank top and pink tight jeans and flip flops, hair up on a hair bun. She was also carrying a small purse. When we arrived at the dormitory, the same people who I met yesterday were there. They were also very surprised to see the young healer's power because of her young age to which

---

14   Community refers to a Costeño settlement or village, it is also a category that carries highly charged associations as small, poor and isolated settlements from larger towns and cities (See Pineda 2006).

15   I interviewed Lilia days after the outbreak. Lilia's lives her mother and since approximately a year ago, she has been offering her healing/divination services to the public. Her office is her own bedroom, a small wooden room, with a bed, a small closet where her clothes are nicely folded and organized by colors and types of clothing. She also has a small table with several objects on it: three candles, a bible, a piece of paper with some names on it, two small white round rocks and cards. On a small stand right above the table, she had a bottle of agua florida (water perfumed with flowers), a black candle, garlic, religious images (Virgin Mary and Jesus Christ), baby oil, a bottle that read "good luck potion," a bottle of ginger beer. Julia treat illnesses such as muscular complaints, nervios, tumors but she focus on witchcraft related cases.

her sister, Marlen, responded "how disrespectful it was to assume that because of her age she has no healing power. The young healer went upstairs to see the victims, she only took her nephew who according to Marlen, he has been learning traditional healing practices. While the healer went upstairs, I stayed downstairs, in the patio, waiting with Marlen. I was not allowed to see the ritual nor the victims at that moment.

During my wait outside, I had the opportunity to talk to other members of BICU, students, and a Mayangna traditional healer as well as to observe what was occurring at the dorm. The students were gathered outside their rooms, in the patio and by the stairs. The professors seemed much more ressed out and did not know how to deal with the situation. I learned that there were at least two suspects blamed for the outbreak. According to Marlene, since her sister can see things in her dreams, she was informed via a dream that the guilty person lives in the dorm and is a young man. Marlen also made a comment about the dorm set up, that she did not think that women and men should live in the same building. Although men and women do not live in the same floor (women live upstairs and men downstairs) there still not enough control of the students since the doors are open.

One of the male students brought a bench for us and we sat quietly waiting to hear any news. Marlene asked a male student who sat with us on the bench if he was worried. He replied he was scared. "*El que nada debe nada teme*" (who owes nothing fears nothing) Marlen responded. He got up and left. I thought he was genuinely worried about the female students' wellbeing. Marlen's presence at the dorm made the situation tenser. The Mayangna healer came from the dorms downstairs and seemed worried. He sat down and stayed quiet for a while. After a while, Lilia, the young healer came downstairs too. She explained that she cannot proceed with the healing ritual because some of the girls have their period and that interferes with the ritual.

Within Miskitu cosmology, illness is understood as spirit possession and the human being is treated as a symbolic space located with the domain of culture. Access to spiritual force and power is constrained by the fact that human essence is hot and spirit world is cold (Perez-Chiriboga 2000). Dennis (1981, 2004) described three basic treatment counteragents: seeing or being around a dead person; being around a pregnant or menstruating woman; and eating certain kinds of fish or meat (particularly turtle and lobster).

Lilia told the Mayangna healer that she knew the *practicante* (witchcraft doer) was a young Mayangna male student. The Mayangna healer seemed very distressed and told Julia to come with him to talk in private. After their conversation they went into the men's dorm and held a meeting with the students. Marlen told me that Mayangna healer probably knew the young Mayangna student was guilty but since he is from his same ethnic group, he was trying to cover up for him. After the meeting with both girls and boys, the professors were trying to see if they could bring a Pastor to deal with the problem. Both healers were offended and claimed that no Pastor can cure an illness of this nature. As we waited until the professors made a decision regarding the cure, screams from upstairs got our attention. *Grisi Siknis* attacked one of the female students. Three of the male professors ran upstairs and asked the help of some of the male students. The two healers went upstairs as well carrying buckets of water. All the eyewitness were extremely concerned because of the screams and struggle coming from upstairs. Two male students left their dorm carrying backpacks. One of them, a short, shy young man left with the other male students. He was accused of practicing witchcraft and causing *Grisi siknis* in the dorm. Marlen pointed out that he is the only one who refused to leave his room and refused to attend the dorm meeting.

Contextually, there has been a historical animosity between Miskitu and Mayangna.[16] Recently, there has been a greater integration and migration of Mayangna to larger towns looking for employment and educational opportunities. They have slowly integrated into the Costeño society and fighting for their indigenous rights as well. While Marlene and I waited for the attack of *Grisi siknis* to be contained, a Miskitu female pastor joined us. We discussed why male students would practice witchcraft and afflict females with *Grisi Siknis*. Marlen and a Miskitu pastor replied that it is just men trying their magic to control women. The male students' rooms were checked looking for evidence of witchcraft which is usually in the form of a piece of paper with the names of the victims. Although nothing was found, Marlen believes the Mayangna young man is very powerful and has the names on his mind.

Days later during a conversation with Lilia, the young Miskitu healer that solved the social drama at the dorm, assured me that the Mayangna men at the dormitory were to blame. She asserted that the Mayangna practice witchcraft on the Miskitu, and that the students at the dorm were found with the evidence of black magic. According to Lilia, the Miskitu male students were carrying magic rings for protection and good luck but she knows that the main source of problem were the Mayangna. Overall, her view of *Grisi siknis* is that it is caused by witchcraft where humans have the power to manipulate magical forces, even Miskitu spirits such as the duende (*duhindu*). According to Lilia, men are the ones who practice witchcraft on women for revenge or just hate in general. After two days of treatment and resolution of the problem at the dorm, I met all the female students affected by *Grisi Siknis*. The case chosen for detailed examination in this section provides a narrative representation of ongoing negotiations over social roles, their identity and legitimacy of their suffering.

---

16   See chapter 2.

Consider the story of Isabel, a 19-year-old Miskitu young woman from Puerto Lempira, Honduras, majoring as medical technician. Isabel came to Bilwi-Puerto Cabezas with her two cousins who are also enrolled in the program and shared the same room in the dormitory. It was the first time for Isabel to live away from her family and her adopted child[17]. She also finds Bilwi very different compared to Puerto Lempira. It was hard for her to adapt to life in Bilwi especially to the tense political relations among ethnic groups in the area. During our interview, Isabel was hesitant and scared to talk about the details of her illness. She was afraid the symptoms might come back and she would succumb to the illness. The first time she witnessed a case of *Grisi Siknis* was in Honduras during mass when two girls were afflicted by illness. She believes the cause of *Grisi Siknis* is related to directly to witchcraft but there are also spirits like the dihundu that possess the body. "*Sometimes I wonder if it is something sent by God or the devil.*"

Isabel's cousin was one of the first ones to become afflicted with *Grisi sikins* and she was also given the role of interlocutor or "*Lider*" (Spanish for leader) among the afflicted by the illness. She would call on names of the next affected women in the dorm. She also claimed to have visions of the guilty party and premonitions of bad omens. As Isabel was restraining her cousin; the *lider,* during an attack of *Grisi siknis*, Isabel's cousin warned her to not go to school because she would be struck by the illness. On that day, eight more girls at the dorm were stricken by the illness. "*I was very afraid and nervous and could not sleep all night. I kept thinking of my son and my family.*" The next day, Isabel went to classes and as her cousin, the

17   During my fieldwork many young single Miskitu women claimed to have "adopted" children usually from close kin or from neighbors. In the case of Isabel, she adopted her sister's child while her sister relocated to Tegucigalpa, Honduras looking for economic opportunities. Herlihy (2012) similarly argues that motherhood and having children (even if adopted) are highly valued in Miskitu society. Young girls are socialized to become mothers and to bond together in matrigroups in which they raise children, share food and invent strategies to gain access to resources.

Lider, predicted it, Isabel experienced her first attack of *Grisi Siknis* at school. When they arrived

back to the dorm, Isabel was terrified to go into her room where the *lider,* her cousin was resting

in bed. "*When we arrived to the dorm, the Lider said something intelligible, her face turned pale*

and she started moving her hands uncontrollably with closed fists like fighting with someone she

could only see." Isabel describes the boys from dorms downstairs being extremely helpful and

understanding since the attacks of *Grisi Siknis*. Most of male students volunteered to help out

restrain the afflicted since they acquired super natural force and must be restrained. Isabel claims

that her cousin, the lider, blamed the male students downstairs of practicing witchcraft and

afflicting the females with *Grisi Siknis.*

The University tried to solve the situation by bringing a Moravian Pastor who provided

spiritual guidance and prayers. Then, a Mayangna healer, a male in his 30s prepared a mixture of

aromatic herbs and agua florida (water perfumed with flowers) to dispel the duhindu and steam-

bath the afflicted with the herbs which also had a calming effect. The treatment by the Mayangna

healer did not seem to work since more outbreaks were reported the following days. Finally, the

University hired a young Miskitu female healer, Julia, who was able to identify the cause of

Grisi Siknis and the party involved for practicing witchcraft on the affected individuals. Four

young Mayangna male students living in the dorms downstairs were identified as practicing

black magic on the girls. Isabel claims that after the Miskitu healer asked the students to stop

inflicting pain on the female students and the university threatened with suspending the students

indefinitely, the *Grisi Siknis* attacks stopped. The Miskitu healer came once more to cleanse the

dormitory and pray for the afflicted. Isabel asserted that after the healing ritual and the talk with

the young Mayangna men, their relations with the boys seem to be better. She also claims to be treated now as *taya nani*[18] or family.

Most of the cases of *Grisi Siknis* in Bilwi have been reported in schools and college dorms. Similar outbreaks of group and mass possession appear in the anthropological literature typically occurring at institutional settings such as schools (Sharp 1993) and factories (Ong 1987, 1988). Outbreaks of *Grisi Siknis* in institutional settings, mostly university dorms, have been reported since the year 2000, where most of the students affected come from rural villages. These outbreaks appear to be a new phenomenon in Bilwi but it also correlates with the establishment of institutions of higher education in the region and the temporary migration of rural students. Social and cultural dislocation along with social differentiation among and between urban and rural students might contribute to the cases of *Grisi Siknis* among these students. As such, it is through *Grisi Siknis* which troubling aspects of social life are negotiated and transformed.

Recent migrants to Bilwi-Puerto Cabezas, rural migrants from indigenous communities, are treated differently for their "apparent" status as being "real Indian" which translate into being less modern, less educated and for their lack of Spanish or English speaking skills. "Porteños, regardless of all ethnic identification they may adopt, associated Indianness with rurality, backwardness, poverty, unsanitary and violence" (Pineda 2006:166). It is also common in Bilwi to blame rural indigenous people as practitioners of witchcraft but more specifically Miskitu from Honduras are usually stigmatized as black magic *practicantes.*

---

18   Miskitu fictive kinship term to refer to family and non-family members who live in their village, neighborhood or dorm. Taya nani has become a popular and strong concept within youth Miskitu gangs who engaged in violence and crime. However, Taya nani still refers to someone as close as a blood relative.

In my interviews with most Miskitu about their experience with *Grisi Sikins* either as witness or afflicted by it; most of the adults recalled seen *Grisi siknis* for the first time in Honduras, when they were living in a refugee camp during the Sandinista-Contra war. Isabel Pérez-Chiriboga (2000) studied the *Bla Kira* or *Grisi siknis* episodes in the refugee camps (in 1988-1989) and noted the serious and "tense atmosphere" in camps where ongoing outbreaks were keeping residents anxious and wary. Like the upper Rio Coco outbreaks, and perhaps signifying the spiritual burdens of war related death and displacement, the running and destruction were focused on the cemeteries. *Bla Kira*, as such, spread from the refugee camps to nearby Honduran Miskitu villages and even to Miskitu-Contra military camps. A local Miskitu researcher (see Davis et al. 2005) claims that *Grisi Siknis* has become a psychological trauma due to the war and refugee camps conditions transmitted from parents to offspring. I disagree that the trauma of war times is experienced by younger generations who never experienced the war, although stories of the war are transmitted through generations; the experience of *Grisi Siknis* is more subjective. Honduran witchcraft is associated with memories of suffering, danger and uncertainty and thus; it provides a local logic explanation of wrongdoing and evil practices coming from outsiders or learned by deviants.

The narrative of Isabel's illness experience along with her cousins provides a strategic negotiation and transformation of their identity as Honduran Miskitu to become *taya nani*, insiders. They became victims of witchcraft inflicted by another ethnic group and at the same time reverse the discourses attached to *Grisi Siknis* along the lines of gender, sexuality and ethnicity. Thus, this experience helped them forge social alliances and turned their suffering into a form of social empowerment and acceptance. Another important aspect observed in some of the *Grisi Siknis* cases among women it is that *Grisi Siknis* usually affects close friends as a form

of collective, un-conscious complicity and emotional support. Garro (2000) argues that narrative accounts convey the effort to make sense of the past from the perspective of the present and the already culturally available knowledge about illness and its causation can also be seen as a resource that may guide the interpretation and reconstruction of past experience. *Grisi Siknis* narratives, such as Ana's and Isabel's not only show how the individual understands their illness but it reflects how they construct their reality, make sense of their current situations, and circumstances. Very importantly, their narratives demonstrate that through their experience with *Grisi Siknis,* Isabel and Ana reconfigure social ties that change them from outsiders to insiders of the group.

5.2 *GRISI SIKNIS* AMONG MEN: NEGOTIATING STATUS THROUGH ILLNESS EXPERIENCE

Most of the studies of *Grisi Siknis* have focused on women's experience and narratives. Although females represent the majority of victims of *Grisi Siknis* in most outbreaks, some recent outbreaks have involved exclusively young males[19]. Many of the cases among men are associated with hard labor, forced duties as in the case of military draft and at schools. While most of the cases of this illness are disproportionally women, cases of males have been associated to homosexuality (Dennis 1981; 1985) responses to stress (Wedel 2012) and as contagious hysteria (Interview with the Regional Health Ministry, November 2013). In Scheper-Hughes' analysis of impoverished shantytown dwellers in Northeast Brazil, she interprets an epidemic of nervosa or *nervios* among men as related to demeaning and debilitating labor

---

19   See Martin and Nahel 1987; Perez-Chiriboga 2000; IMTRADEC 2004; Stamp-Lackwood 2006.

(1988). Along similar lines to Scheper-Hughes, I argue that *Grisi Siknis* also speaks to the social

reality of men; to experiences with migration, economic and social inequality and fulfillment of

gender roles. The experience of *Grisi Siknis* is at times unconscious, sometimes partially

articulated, and at other times fully conscious responding to everyday life inequalities. As in the

case of Isabel, the following narratives show that men turned their suffering into a social asset.

Ong (1987) argues that issues of political and economic domination provide a structural

backdrop for the disempowered to find and use whatever resources are available to them in order

to gain some ability to deal with oppression.

5.2.1 Kupia pihni[20]: Turning into changed men

In the following cases, the experience of *Grisi Siknis* legitimize these young men's

complaints, renegotiate their status and are allowed a break from social expectations. During my

fieldwork in 2008, I witnessed dozens of *Grisi Siknis* cases among men and women. The case of

Genaro, a 19-year-old man from Arang Dak was particularly exemplary of *Grisi Siknis*

experience as a strategic tool to negotiate his position and status in the community. Genaro was a

tall young man with a bright smile, shy and quiet. He was considered by his neighbors as

awkward and not a good hunter, a skill valued in the village. Genaro's father Oscar is a Miskitu

man from Honduras who met Genaro's mother during the war in the refugee camp. His father

spends most of the time working as cayuquero[21] guiding merchants along the Rio Coco and

---

20   Refers to a good person, a different status given to someone who has changed their life styles for good.

21   Usually indigenous men who direct the cayuco, the small native fishing dugout of Central America.

tributaries. Genaro's father has not been quite assimilated to the community because of his "assumed" connection to black magic and sorcery. However, three members of Genaro's family were afflicted with *Grisi Siknis*.

Genaro's illness experience and narrative is quite similar to the cases presented in this chapter, with physical symptoms prior to an attack accompanied with visions of blood, violence, the duhindu and aggressive behavior and running towards the river. One night Genaro and his younger brother suffered from an attack of *Grisi Siknis.* Because of their strength and destructive behavior many men tried to restrain them but lack of electricity in the village made it an ordeal for everyone. Finally, Genaro's father went after Genaro and his brother; however, his father was severely injured with a metal barbed wire fence that slashed his right cheek. After that incident, the village residents were more sympathetic towards Genaro's family. Genaro was given the job of village policeman; he was responsible to look after the women and elders while men were absent working in the fields or during hunting expeditions. Genaro's illness resumed after his father's accident and mainly after he was giving an important role in the community. Four years later when I went back to Arang Dak, I was informed that Oscar have left the village to find work with merchants. Genaro was no longer affected by *Grisi Siknis,* he was still single but providing for his mother and siblings. Of key importance is how Genaro's family, because of their experience with *Grisi Siknis,* transitioned from outsiders to accepted community members.

In 2013, I met Mario, a Miskitu man from Krukira, a village north of Bilwi-Puerto Cabezas. Mario migrated a year ago in search of better employment opportunities. He speaks some Spanish but feels more comfortable speaking his native language. He started working as waiter and catering services for a Creole owned restaurant in Bilwi. Mario was recommended by a friend from Krukira that works at the restaurant for years and is friends with the owners. The

Creole[22] family is known in Bilwi as one of the most prominent and successful families. One hot afternoon, he was sent to deliver chairs to another locale. Mario had to pull a horse cart with the chairs and had to make several trips. After the last trip, he was extremely upset and protested that he was not an animal, a beast, to be pulling a horse cart. The next day, Mario did not come to work. I heard from his boss that he suffered from *Grisi Siknis* and stopped working. He went to his family, to his native community a few miles north of Bilwi to be treated and cared for by his family. A week later, he came back to work and he told me about his illness. He started by telling me that *Grisi Siknis* is a bad evil thing that even when he is cured, he is trying to control himself. He avoids getting stressed out or angry because that's when he sees it *[Grisi Siknis]* coming. He explained that his affliction was caused by witchcraft, something someone sends you for evil reasons. Mario's illness experience reveals that its employment can be empowering and served an everyday form of protest working conditions. Sharp (1993) analysis of the responses to possession sickness among young people in a Migrant town in Madagascar are remarkably like the cases with *Grisi Siknis* presented in this chapter. She claims that "possession illness involving evil spirits, *njarinintsy*[23], provides the victims with a powerful vehicle to express their own experiences within the context of migration, and with a means of integration into the local community" (Sharp 1993:143).

Mario's narrative as well as Genaro's account of *Grisi Siknis* shared the link to witchcraft as the main cause for their affliction. Neither Mario nor Genaro pointed out the "evil"

---

22   At the turn of the century, Bilwi attracted a consortium of New Orleans companies (lumber and banana) the brought in many Black workers from the West Indies and US south, many whom possessed skills that put them at a rank above Nicaraguan and Costeño (mestizo and Miskitu) workers. These black workers served to reinforce and transform the Creole category in the region (See Pineda 2006). This perception still prevalent among Costeños, many creoles perceived themselves as perceived by Miskitu and other ethnic groups as more cosmopolitan and successful. Although it is not the case for the entire Creole population.

23   See Sharp (1993:224-231).

130

person who caused their illness nor any details about their experience with the illness. In Mario's narrative, the context that triggered his anger and the reason to quit his job are intrinsically associated to *Grisi Siknis*.

Grisi Siknis has come to represent the unequal relationships in Miskitu society. Differences in life strategies among Costeños have always existed[24]. The changing economic and political reality of the coast has also changed the position of power or lack thereof, among the Miskitu[25]. These unequal relationships have been evident on witchcraft accusations and perhaps the increase of *Grisi Siknis* cases. In terms of ethnic tensions, many Miskitu have a sense of being treated as second class citizens within the Costeño society. Competing local founding myths of Bilwi among Miskitu and Creoles also creates tense relations about legitimacy and land ownership. Many Creoles claim that Miskitu people are recent migrants to Puerto Cabezas, that mass migration from rural and riverine communities started during and after the war in 1979 due to forced relocation and evacuation.

In my interviews and conversations with Costeños about the current social and economic situation of Puerto Cabezas, many lament the high levels of unemployment that resulted from the flight of the foreign companies. They talk about "company times" with nostalgia and firmly described the current situation as sad or "*palmado*," which means slow, dead and lamentable. As

---

24   See chapter 2 for a historical account of the Miskitu economic and social domination on the coast and their loss of status after the British protectorate ended.

25   Mary Helms (1971) portrays the Miskitu people in Asang, a community along the middle Rio Coco, just after the bust in the pine-lumbering industry. Dennis (2004) describes Awastara, a coastal Miskitu community where men participate in the green-sea-turtle industry and have access to other wage earnings jobs. Herlihy (2012) describes a Honduran in the Rio Platano Biosphere Reserve relying on deepwater lobster-diving industry. In Bilwi-Puerto Cabezas, informal jobs are available and a great portion of young men and women have migrated to Managua, Panama and the United States in search of a better future. Many young men, especially bilingual (English/Spanish/Miskitu) work for the Caribbean cruise services.

I have mentioned earlier, associations with migration from rural Miskitu villages has in some context become ideologically associated with backwardness, violence, drunkenness, and uppity. These ideologically associations make it extremely hard for Miskitu men and women to find decent paying jobs in Puerto Cabezas.

Most migrant Miskitu men engaged in a variety of informal and formal forms of employment. Many are hired as deepwater lobster-divers, fishermen, restaurant services and heavy labor such as uploading merchandise from loading trucks. It is common in Bilwi to see men suffering from decompression sickness caused by diving deepwater without the proper equipment. Bilwi-Puerto Cabezas hospital is the only health care center in the North Caribbean that has a decompression equipment; thus many injured and disabled divers come to Puerto for health care. "Lobster diving is a life-threating occupation—about 15 percent of the divers (around a hundred men) have been injured or killed on the job, mainly due to decompression sickness or bends" (Herlihy 2012:16). Lobster diving is a lucrative yet dangerous job. Divers continue working in this job because many have no other option.

There is a general sentiment of prejudice and distrust against Miskitu which makes it harder to find employment and create tenser ethnic relations. It is not uncommon for Pacific Nicaraguan migrants that have established business in Puerto Cabezas to discriminate against Miskitu depicting them as lazy, drunks and thieves. Puerto Cabezas' commercial street is divided by ethnic identification. For instance, the Miskitu market is dominated by Miskitu vendors but there is a section of Pacific Nicaraguan vendors that offer a diversity of products from the Pacific (handmade corn tortillas, fresh cheese, shoes and electronics). There is also the Ispel/Pacific market dominated by Pacific Nicaraguan merchants which only hire mestizos and Spanish is the only language spoken.

For the Miskitu women who became my friends and to some who participated in my project, work opportunities are more diverse but less formal. Many women re-sell fish, lobster and shrimp that they buy directly from fishermen at lower prices to be sold at the Miskitu market or at the muelle (dock). Many women sell garden grown fruits and vegetables at the market, homemade bread and dessert, they work as maids, restaurant services, washing clothes, and some engage in transactional sexual relations "where women are given a gift of cash (*mairin mana*) in exchange for sex"[26] (Herlihy 2012:15). Another important aspect of Puerto life that many migrant Miskitu lament about is the lack of reciprocity among kin and neighbors.

In her study of a matrigroup in Kuri, Herihy (2012) demonstrates that while sharing of subsistence items has decreased, cash resources have been incorporated into reciprocity networks where men have access to wages yet women control social relationships and make household economic decisions. However, Herlihy argues that instead of Miskitu women participating in the cash economy, women "bond together in matrigroups in which they raise children, share food, and invent strategies (sexual magic and sorcery) to gain access to the men's cash resources" (2012:83). While strategies such as sexual magic and sika or witchcraft (potions to control men's emotions and behaviors) to beguile men into giving women cash are often heard of in Bilwi-Puerto Cabezas, they are not as common and I argue that many of these discourses of love and witchcraft have been associated with *Grisi Siknis* reversing gender roles among Miskitu.

Grisi Siknis speaks to the social reality of individuals who question everyday inequalities, social disparities and sense of dislocation. I am not arguing; however, that *Grisi Siknis* can be reduced to an idiom of distress but that this illness does provide the language of experience to negotiate status, build alliances and make sense of everyday life perceived injustices. Just like

---

26   See Herlihy 2012; 2013 Dennis 2004; Jamieson 1999

Nervios (Low 1981; 1985; Scheper-Hughes 1988; Davis and Low eds 1989; Finkler 1989; Guarnaccia et al. 2003), *Grisi Siknis* is a social illness. It speaks to the social and political ruptures, contradictions, experiences that informed and produce suffering. In the following section, I will provide an analysis of the discourses of sexuality and witchcraft attached to *Grisi Siknis* experience.

5.3 SEXUALITY, WITCHCRAFT, MARGINALITY AND POWER

Traditionally, ideas of sexuality and particularly sexual behavior associated with Miskitu women have been traditionally related to *Grisi Siknis*. Phillip Dennis (1981) was the first to provide an anthropological interpretation of *Grisi Siknis* and its causes. He interpreted the causes of the illness as related to the ambiguities inherent in the sexual maturation of young women. His argument was that young women were victims of *Grisi Siknis* because they were undergoing a change of status in life that causes them stress given the socio-cultural expectations imposed on them. He proposes two sources of this stress: the fear and risk involved in the change of status in life by moving from the sphere of her parents with her dependence mostly on her mother, to a role of wife and family provider; and the second source as he saw it came from the desire, typical of teenagers, to experience liberty of movement and action and to have sexual partners. Dennis (1981) states that his interpretation of sexual desire by women also accounted very well for the sexual content expressed in most visions experienced by individuals during an attack (images of sexual encounters with the spirit or being forced into having sex with demons).

Jamieson's (2000) analysis of gender relations among the Miskitu, gives a more nuanced view of the tensions experienced by adolescent girls. Jamieson argues that young Miskitu women

134

are expected to abide by a culturally constructed concept of "shame" that requires them to avoid

any contact with men and are therefore meticulously observed by their parents and adults. At the

same time, however, young Miskitu women are "expected to use their charms and sexual skills

to attract their future spouses" (Jamieson 2000: 268). In a subsequent publication that deals with

Grisi Siknis, Jamieson (2001) builds on his previous article, arguing that the vulnerability of

young women to suffer from *Grisi Siknis* arises from conflicting expectations of women. Here,

Jamieson analyzes *Grisi Siknis* as a rite of passage and adds the role of social status in Miskitu

communities. Miskitu girls have the lowest status in the community by virtue of being women

and young. Adolescent girls; therefore, find themselves in an ambiguous position in which they

are trying to find their voice in the community.

      Grisi Siknis is considered by Jamieson (2001) as a performance that is meant to convey

girls' changing status but also represent their concerns with particular aspects of their lives.

While I agree with the association of stress and the vulnerabilities of women to *Grisi Siknis* (due

to cultural and social expectations) the aspect of sexuality is more complex than using an illness

to gain access to sex or the idea that men affected by *Grisi Siknis* can be explained by their

presumed "homosexuality[27]." For most people I engaged in conversations with and eye

witnesses I encountered during and after *Grisi Siknis* episodes in Bilwi-Puerto Cabezas, this

illness has come to represent an excuse for girls to sleep with men and those men presumably

sent to catch them[28]. Although I do not discard the possibility of some individuals manipulating

their sick role to engage in sexual relationships or to hide pregnancies, I contend that this illness

---

27   See Dennis (1981;1985)

28   According to Dennis (1981: 453, 482) during an attack of *Grisi siknis*, the boy chases a girl to the bush and rapes her, attempting to get the devil out her, with multiple boys often chasing and gang-raping the girl. Although I have heard of rape cases during Grisi siknis attacks, these tend to be unplanned by the afflicted as Dennis and Jamieson have argued.

experience has multiple meanings. Maintaining a broader perspective centered on gender differences and inequalities can provide a grounded understanding of gender relations grounded in power differences (Padilla 2007) enacted in the experience of illness.

Grisi Siknis has affected entire communities regardless of sexual orientation, sex and ethnicity. I have argued earlier that *Grisi Siknis* is context specific where social relations and ideologies encourage different experiences of suffering and illness experiences among men and women. Although *Grisi Siknis* is associated with witchcraft and supernatural beings, there has been no research on how these discourses can be explained in relation to socio-economic transformation, growing inequalities, gender relationships, isolation and lack of representation from the regional and state government, illegal land occupation by mestizos, and lack of land titles.

Though early anthropologists and others had written a good deal about African witchcraft from the turn of the nineteenth century, none of these writings matched in clarity of exposition or eloquence of Evans-Pritchard on the Azande (Evans-Pritchard 1976 [1937]). Evans-Pritchard used the Azande people's own distinctions between what he translated as witchcraft and sorcery in his exposition of Azande beliefs. His analysis functioned as a means of witchcraft and misfortunes that were difficult to explain in other ways. Witchcraft gave shape to people's moral worlds and it was a reasonable way of explaining things. Witchcraft accusations were a means of expressing and discharging tensions between people within a particular social structure. This approach to witchcraft and sorcery tended to focus on social processes and the maintenance of mental order within a social structure (Steward and Strathern 2004). Victor Turner added to the functionalist paradigm his notion of the social drama in which conflicts exposed the weaknesses of lineage organization and caused fission in social groups (Turner 1996 [1957]). In his view,

136

witchcraft accusations were seen as the surface indicators of underlying conflicts over land and power. His processual models of social dramas remain valuable to this day. The difference between the two approaches, insofar as they are distinguishable, is therefore to be found less in the kinds of explanation that each provides than in the object of analysis. For structural-functionalist authors, this is the methodologically isolated community, where representations of such phenomena as witchcraft might be understood, for example, as indicators of growing social strain (Turner 1957).

Contemporary anthropologists, however, have moved out of small, methodologically isolated, rural communities and have focused instead on translocal relations, understood variously in sociological, cultural, and discursive terms. As they have abandoned specifically village-level studies to range freely from one level of analysis to another, from local-level politics to rural-urban linkages to the nation- state and the global system (Moore and Sanders 2001), it has become increasingly difficult for authors to maintain theoretical coherence, a function of having to do 'ethnography on an awkward scale' (Comaroff and Comaroff 1999: 282). In recent years much has been made of the apparent relationship between 'modernity' (or 'modernities') and the growing significance of occult representations of the economy and economic activity. Early theories of social change in places described as the Third World tended to assume that in the process of "modernization" witchcraft ideas would disappear as they supposedly did in Europe earlier. This was a superficial view; people feed their own ideas into new circumstances. They do not simply abandon all ideas from the past even if they say they are doing so.

Witchcraft ideas have become a prominent way of conceptualizing, coping with, and criticizing the very "modernity" that was supposed to have done away with them (Steward and

Strathern 2004). Witchcraft has been associated with production, circulation, and consumption represented more than ever in terms of such occult practices as witchcraft, sorcery, vampirism, zombie labor, the sale and use of blood and body parts, and so forth (Geschiere 1992; Nugent 1996; Shaw 2001; Taussig 1977; Jamieson 2008). Many of these reports argue that the progressively greater opacity of the processes of 'modernization', particularly those relating to greater penetration of exploitative relations of production and circulation, and concomitant inequalities in degrees of access to consumables, is largely responsible for these developments. Envy by the economically disenfranchised, fear of envy by the newly enriched, and alienation from the individual's labor, from the products of labor, from the conditions of labor, and from fellow human beings (now viewed as de-individualized 'units' or hostile competitors in the context of the labor market) are often equally held to account.

However, Ciekawy and Geschiere (1998) argue that different perspectives on modernity and witchcraft must be balanced with awareness that in everyday life, people try, often quite desperately, to deal with the uncertainties evoked by occult hidden forces. For example, many studies focus on how people in African societies conceptualize witchcraft as a problem and help to locate witchcraft discourses in everyday contexts in which they acquire their meaning and relevance. It also emphasizes human agency by drawing attention to the ways that individuals and groups attempt to define their moral and social universe and then act upon those definitions in a rapidly changing world (Bastian 1993; Geschiere 1997; Mayer 2001). Thus, witchcraft can be seen as a set of discourses on morality, sociality, and humanity frailty. Far from being a set of irrational beliefs, they are a form of historical consciousness, a sort of social diagnostics. They strongly resemble other forms of social, economic and political diagnostics, originating in the

138

academy and without, that try to explain why the world is the way it is, why it is changing and moving in a particular manner at the moment.

In Latin America, witchcraft has been traditionally seen as an idiom for cultural anxieties from a moral and colonial imagination that reflects local structures of power, enshrined in class and ethnicity (Taussig 1987). More recently, Raquel Romberg (2003) study of witchcraft in modern-day Puerto Rico argues that what practitioners now call ''brujería''or witchcraft is a form of vernacular culture emerging out of the sum of strategic, individual defiant moves made through time in response to imposed official and religious laws and symbols. Romberg suggests that this reflects a long-standing cultural logic where witchcraft has always managed to find ways to bypass the constraints of economic systems or the imposition of a disempowering social order by taking advantage of structural possibilities, such as demographic isolation or the ambiguity of laws or symbols, or by appropriating the very symbols that were meant to marginalize it. Jamieson (2008) in his study among a Miskitu community, argues that societies and villages involved in cash economies more acts of related sorcery and the development of *Grisi Siknis* with its increasingly violent manifestations, reflects a development of Miskitu society at large, marked by tense social relations and a competitive economic system. The experience of *Grisi Sikins* in relation to sexuality, gender and witchcraft has remained unproblematized.

In this section I illustrate first, public and institutional understandings and discourses of *Grisi Siknis* among the youth. The outbreak at this school provides additional information on the public discourses of gender, sexuality and illness politics. I approach "discourse" as a culturally mediated human encounter in which active agents work to negotiate meaning with material given to them by the cultural milieu and the larger institutional ideologies and practices that inform and

139

constrain their individual agendas (see Kirmayer 2000). Second, narratives of *Grisi Siknis* and gender violence provide new local understanding of *Grisi Siknis* experience and convey commentary and counter-discourses of sexuality and gender.

5.4 SCHOOLYARD SOCIAL DRAMA

Figure 3. Miskitu Cosmology Mural

Since my arrival to Bilwi Puerto Cabezas many directed me to visit several schools where *Grisi Siknis* have affected many of the students. One school, Normal School Luxemburgo for teachers, caught my attention not only by its history with the illness but by a mural that many residents described as bizarre and as the possible cause of *Grisi Siknis* at that specific school.

140

The mural was sponsored by a known indigenous writer, poet, and leader of the region, who is also an expert on indigenous cosmology. On one of the walls, the mural depicts the Miskitu cosmology and how it is divided by different spirit owners of the Miskitu landscape. It also depicts the duende (dihundu), the short spirit figure associated with *Grisi Siknis* attacks. The other mural depicts the deforested landscape of the region and the image of two young indigenous women fighting for a piece of meat on a dead crocodile along with two vultures devouring the crocodile.

The murals have enormous significance in terms of political, cultural/ethnic and gender discourses given the current political context of the region. In particular, the mural about the vultures and women devouring a crocodile portrays the current natural, social and political context of the region where the environment/the forest is being destroyed and Miskitu fighting for scarce resources. However, this interpretation holds a more social and political message which is linked to *Grisi Siknis* and the construction of sexuality and gender among the Miskitu. For one, it puts Miskitu women at the same level of scavenging birds fighting for meat. The meat might as well be interpreted as a phallus which depicts the "uncontrollable" urge for sex and the insanity of fighting for it.

The public display of these murals represents an imposed ideology on women. It is a discourse that obscures the sexuality and to certain extent, in practice, naturalizes sexual violence. The mural also links the Miskitu cosmology and the different kinds of greater and lesser spiritual beings that dwell in, 'own,' and protect parts of the natural world and the world of the deceased (Dennis 1984; Dennis 2004; Cox 2011). Some of these beings appear, intervene, or are invoked when social mores are not observed or when the equilibrium between the natural world and society is disrupted, as when resources are over-exploited (Cox 2011). This narrative

informs and defines the illness experience of the afflicted. It also displays the way illness is produced at different levels of Miskitu society. *Grisi Siknis* is defined, legitimized, produced and experienced at three interrelated levels: 1) at the individual level of experience, 2) biomedical health care and 3) indigenous politics/movements.

5.4.1 *Grisi siknis* Outbreak at the Bilwi Public School

Bilwi-Puerto Cabezas' public school was stricken by an outbreak of *Grisi Siknis* during the months of September and October 2014. I was informed by the department of epidemiology that 42 cases of *Grisi Siknis* were reported. Most of the afflicted by this illness were ninth grader female students but there were 6th and 3rd graders (both male and females) affected as well. Data collected focused on three areas: informants' accounts[29], informal conversation with eye witnesses, personal observations, and interviews with teachers, school administrators and parents. Puerto Cabezas has several private schools and parents send their children where they can afford the school fees. The Public school is free of charge but also the least popular among the youth since it would denote their family's social and economic status. There are parents who threaten their children to send them to public school if they do not obtain good grades. Public school is seen as a punishment and a symbol of social status.

The public school holds primary school (1-6) and middle school and high school (1-5). Although few cases occurred among first and second graders (both male and female), the most affected were the female high school students. The school is located near the Regional Government building along one of the most congested streets. It has several one-floor buildings that hold each grade. There is an "outdoor" classroom/structure, where only the ceiling protects

---

29   I did not interview any of the Grisi siknis victims at this school since most of them were minors (under 16 years of age). I had permission from teachers and parents to talk to one of the students who was 16 years old. Her insights will be included in this section as part of the narrative along with teachers and administrated interviewed during the outbreak.

the students from the heat and rain. The school playground is a squared space of gravel and dust. The school is surrounded by a wired fence and street vendors. This mass outbreak illustrates the responses at social level, medical and political levels of the illness but also the meaning construction and discourses around the experience of *Grisi Siknis*.

On a hot and humid afternoon, a friend calls me to inform me about a mass outbreak of *Grisi Siknis* taking place at the public school. I walked over immediately to the school; unfortunately, when I arrived at the scene, the cases were over and students were walking out of the school. I decided not to go in the school but instead to talk to eyewitnesses who were still gathered outside the school ground. I approached one of the bystanders, a mestizo man employed at the ice cream shop across the school. He informed me that the cases were over and school was canceled again as the day before when the outbreaks occurred around the same time. He has seen most of the cases since the outbreak started. He believes there were approximately 30 female students affected by *Grisi Siknis*. He was upset that teachers do not seem to do anything about the cases, they let the affected run amok, and their classmates are the ones who control the outbreaks. Teachers and administrators' only response is to cancel classes and dismiss students. He told me that some of the affected are taken in cabs by other male students, "who knows where" suggesting that they might not go home. This suggestion is common among the general population, that *Grisi Siknis* victims, especially females, "use" *Grisi Siknis* as an excuse to engage in sexual relations with males. This explanation linked to the idea of young girls looking for sexual encounters has served to minimize the illness experience of the affected and has serve to maintain a view of young females as lacking sex morals.

Another eyewitness of the events at the public school, a female Miskitu/Creole, Doña Mirna who works at a restaurant I frequented often during my fieldwork, nearby the public

143

school, told me that those cases will keep occurring until someone finds the person who practiced witchcraft at the school. She told me about one male student, her neighbor, who was blamed as the witch who was causing the *Grisi Siknis* attacks at the school. She described him as "*dundo"* (usually refers to someone stupid or mentally challenged) and keeps to himself but he is innocent. Doña Mirna told me that the mother one the affected by *Grisi Siknis* faced the young male and chased him with a machete threatening to killing him for causing so much pain to her daughter and family. The police were called and the boy was taken to the police station where he was interviewed. He had to prove his innocense and he was left alone. Parents, however, want to find the guilty party who caused the *Grisi Siknis*. Doña Mirna told me that the rumor is that one of the teachers allegedly planted the evil curse on the women's bathroom. In all the cases of *Grisi Siknis* I have analyzed, parents and victims are always concerned about finding the witch or witchcraft apprentice who caused *Grisi Siknis* and punish him (usually the witch tends to be a male according to most informants).

During the onset of the *Grisi Siknis* at the public school, I attended the gathering of students, teachers, school administrators, parents and pastors held after a spiritual cleaning took place. A meeting was organized by the director of the board of education with the goal of bringing pastor to pray for the *Grisi Siknis* victims. It has been more than a month since the first attack started. Parents have been concerned and angry for the lack of attention and resolution about the issue. Classes have been canceled because it is very hard to contain the victims at the school. I was standing among the parents, many who were angry about the problem and did not think the prayer by the pastor would solve anything since they claim *Grisi Siknis* was caused by the practice of witchcraft and they want to find the guilty person.

During the "spiritual gathering," a women pastor talked about the evil forces and evil spirits that have possessed the students and compared them to the bible story about possession when Jesus encountered humans who had been so controlled by evil forces that they were completely out of control. She uses the expression "demon-possessed" to describe these folks, because the demons took control of their faculties and tormented and twisted their lives out of control. But when Jesus came to their area, he brought deliverance for them from the powers of darkness by sending the demons to pigs and drowning them in the sea.

The school principal called the students who have been victims of *Grisi Siknis* to the podium so the people at the gathering can pray for them. A mother sitting next to me claimed that those were not the victims of *Grisi Siknis*, they were told to not come to school and that was just a show to appease the parents and administrators. A group of girls went up front while mostly the parents were praying for them. The rest of the students were distracted talking to each other. The pastor encouraged students to fight against evil arguing that a spiritual education is needed.

After the prayer, parents moved to another classroom where a meeting was to be held to discuss their concerns and treatment choices. The purpose was to decide how exactly to solve the problem. I talked to an epidemiologist from MINSA who was also present at the meeting. The principal, teachers and IMTRADEC sub-director were leading the meeting. The conversation was mostly in Spanish but Miskitu was spoken too. A teacher complained about Miskitus and how meeting are impossible because everyone want to talk at the same time. Parents seemed angry about the situation and everyone started talking at the same time such as it was impossible to understand a word. A barrio leader and concerned parent lead the discussion reminding everyone the objective of the meeting and told everyone to calm down. He was outraged that no

145

one from the regional government, any other state institution or NGO's were present at the gathering. He claimed that they should care and provide support for the victims. He specifically talked about the need for support since *Grisi Siknis* is a social problem and institutions must care about the problem. Although everyone agrees that the entire Costeño community is Christian they do not believe that religion is the only answer to cure *Grisi Siknis*. The parents also requested from MINSA the support from psychologists. They think that even if the cure works, the students will be left with psychological issues that must be solved. The epidemiologists from MINSA told the parents that they will provide free psychological help for the victims and he made sure to clarify that *Grisi Siknis* it's a health problem for the region and that is why MINSA-SILAIS will work along IMTRADEC to solve the outbreak.

There was not much debate about the topic, two men talked to the audience about the need of having traditional healers involved in solving the problem and everyone agreed. A prayer daily would not be enough to heal the victims. IMTRADEC agreed on bringing together a team of healers. MINSA would provide funding for the treatment and IMTRADEC will ask other institutions and Bilwi governor to help the victims. Traditional healing and treatment is costly and the public school has not funding to pay for it. The school principal asked the parents to contribute with some cash or to help raise funds for the treatment. She reminded the parents that the public school has no funds but will raise funds to solve the problem. They will ask the entire school parents to contribute to the cause because it is a community problem and all the students are vulnerable to *Grisi Siknis*.

Several of the teachers who identified as Miskitu complained that the school principal, a mestiza woman, did not understand the Miskitu cosmology nor did she try to be more sensitive about the *Grisi Siknis*, thus making the situation worse among the teachers and students. The

146

school vice-principal told me that *"the school principal thinks the students are faking the attack and they are just trying to run away with the boys. It is disrespectful to our students and our culture."* One of the students affected by *Grisi Siknis,* Silvia, angrily told me that *"we are suffering, we are not lying and the principal does not do anything to solve the problem."* Silvia described her experience with the illness and problems it has brought to her family and herself. She claims there is a male teacher who planted "cochinada" (dirty witchcraft) in the girls' bathrooms. I was told this P.E. teacher will be transferred to another school, he was accused of presumably molesting some of the female students.

Common themes and interrelated issues emerge in the outbreaks of *Grisi Siknis* at school yards and dorms: witchcraft accusations, issues underlying political and social tensions in the region and suffering experiences related to gender ideals and sexuality. First, the witchcraft accusations by concerned parents and teachers can be seen as indicators of underlying conflicts (ethnic tensions, economic and social uncertainties) and as a means to discharge tensions on scapegoats.

During my fieldwork I heard stories of witchcraft accusations where parents and neighbors took justice into their own hands. Jamieson (2008) in his study among a Miskitu community, argues that societies and villages involved in cash economies more acts of related sorcery and the development of *Grisi Siknis* with its increasingly violent manifestations, reflects a development of Miskitu society at large, marked by tense social relations and a competitive economic system. During my fieldwork I hear two specific cases where neighbors took justice into their own hands both involving witchcraft accusations; however, none were related to *Grisi Siknis*. One of the cases took place in one neighborhood of Bilwi-Puerto Cabezas, a migrant family from the upriver Rio Coco region, neighbors complained of seeing a black figure at night

147

and other of sudden misfortunes and sickness. The neighborhood judge ordered the family to leave and the neighbors forced them to relocate and threated them to kill them.

In some cases, witchcraft accusations are used as a way to explain their misfortune as in the case of Mario and Genaro where there was no specific accusation but *Grisi Siknis* was related to an evil source, thus helping the victims and their families acquire meaning and relevance to their illness experience. Second, in this case of *Grisi Siknis* in the school yard, the parents and teachers of the affected students wanted to solve the social drama by involving and expecting help from different levels of society and thus making their claims and demands for treatment and finding the witch who caused the suffering in their households. Chapter 6 and 7 explore the dynamics and responses to *Grisi Siknis* at different levels of Miskitu society.

One common frustration from parents is the lack of response and understanding from the regional and state government and other regional institutions. Although MINSA and IMTRADEC attended the meeting, there is a sense of lack of interinstitutional cooperation. There is also a sense of not being taking seriously because *Grisi Siknis* is not a "real" illness in the biomedical sense and that IMTRADEC, a traditional medicine institute, not having enough funding to pay for traditional healers. Miskitu teachers voiced their frustration against the school principal who according to them was unable to understand the situation because of her ethnic identity.

Finally, the responses to these episodes are linked to the internal logic of Miskitu cosmology, public expectations of gender roles and the inversion of the discourses relating to women sexuality. While most of the general population thinks of *Grisi Siknis* as an excuse for women to have sexual relations, the experience and accusations points towards gender violence against women and public discourses about Miskitu sexuality in general. In the following section

I bring together stories and narratives of *Grisi Siknis* that contest and subvert the dominant social order.

5.5 STORIES OF ILLNESS, SEXUALITY, LOVE AND PAIN

In her publication, *The mermaid and the Lobster Diver: Gender, Sexuality and Money on the Miskitu Coast*, Laura Hobson Herlihy (2012) argues that in the rapidly expanding global economy, Miskitu women make use of potions and witchcraft to control men's sexuality and wages. In other words, Miskitu women's sexuality is commodified and cash economy provides women with power making men vulnerable. There are contradictory narratives in the literature when it comes to perceptions and discourses of manhood and womanhood among the Miskitu. For one, Miskitu women bodies are described to be controlled by husbands, family, community, supernatural and spiritual forces (Jamieson 2001; Herlihy 2012) and on the other hand, Miskitu women are depicted as "putting their energies into becoming mothers and heads households and accessing cash salaries of men" with the use of sexual magic and transactional sex (Herlihy 2012:15). During my fieldwork in Bilwi-Puerto Cabezas, I witnessed and was told of many stories where women had to rely on their charms to attract men. Many young women exchange sexual favors for money and food for their families and many times were encouraged by their parents to date older men (especially foreigners) if they provide some economic gain for the whole family (see also Jamieson 2001; Herlihy 2012).

A consequence of current economic changes, the traditional uxoriocal post-marital residence and bride service practice among many Miskitu have shifted. In terms of conceptualization of love among Miskitu, Herlihy's (2013) study on the discourses of romantic

love among the Miskitu of Honduras/Nicaragua border, explores three types of love relationship: Involuntary love, commodified love, and violent love. Love for Miskitu means helping each other and it is linked to notions of body pain and lack of control (Herlihy 2013). Involuntary/magic love forces feelings of love, make you out of control and are induced by witchcraft and other magic practices. Sexual magic, according to Herlihy (2012), is used by women as a method to control men's behavior and money. Her research focuses mostly on Miskitu women in Honduras who have no access to cash economy and cash based commodities. Her research demonstrates that Miskitu women utilize sexual magic to contest the male dominated lobster economy. However, I do not agree that Miskitu women do not want to participate in the cash economy. Many of the Miskitu women I met in Bilwi-Puerto Cabezas were single working mothers employing different strategies to make ends meet (engaged in the formal and informal economy). Also, all the young women affected by *Grisi Siknis* interviewed during my fieldwork were students working towards their education and in search of a better future.

The idea of Msikitu women as predators for men's salaries is not a generalization of the whole Miskitu society. Commodified love or "Mairin mana" which is a woman who exchanges sex for money, it is not seen as a prostitute but a woman reciprocating a favor. She provides sex and the man provides a small "gift" in the form of money. Herlihy (2012) argues that it is a common in the Cayo Miskitu where the fishermen arrive to rest, drink and pay for sexual favors. She argues that it is part of the political economy of love and Miskitu women's desire for cash and cash-based commodities. However, women have had more access to economic and social opportunities changing the traditional gender roles. Witchcraft accusations, especially related to

150

Grisi Siknis outbreaks among women, tend to point to men as the doers and as trying to control women's love and sexuality.

Herlihy also talks about the violent love, how love is an embodied emotion usually related to pain. She theorizes gender violence as a normal part of loving relationships among the Miskitu (Herlihy 2012b). In her research, Herlihy (2012) found that Miskitu men and women regard violence as a normal part of marriage, as a way that men both reprimand and show love to their spouses. Love and pain are mutually constructed in Miskitu discourse; thus, pain and suffering are viewed as normal parts of loving relationships (see also Jamienson 2000) but also given the traditional idea of bride service, men are thought to have right over women. During my fieldwork I heard these kind of discourses about couples who fight a great deal and scar each other's bodies are considered to be most in love "*si te pega, te quiere*" (if he beats you, he loves you) or "*Miskitu love*"—a Creole English expression that refers to the violent, possessive nature of Miskitu romantic relationships.

Local and cultural meanings and practices of sexuality are not stable, what were once "traditional" notions of sexuality are continually shifting as they accommodate and adapt globally circulating ideas of what it means to be a sexual subject or engage in specific sexual practices" (Padilla 2007:6). For instance, ideas of "Miskitu love" are also attached to ideas of sexuality, personhood and class. Miskitu men are considered to be violent, dominating and overly sexual. It is common to hear stories of non-Miskitu women referring to Miskitu men as the best lovers but terrible partners. It was also common among my Miskitu and non-Miskitu friends to point out the Miskitu men who would engage in same sex sexual relationships with other men, also linking the idea of men natural sexual urges to race and ethnicity. Although not

151

referred as "chochon[30]" but *ganso[31]* (goose) these men are usually married and tend to be the dominant partner in the sexual relations with other men. There are also the rumors of homosexual men seeking Miskitu men (mostly from the communities) to pay for sexual favors.

Many homosexual men in Bilwi-Puerto Cabezas are described as aggressive, assertive and direct towards their partners or prospects. However, when it comes to Miskitu women, depending on their status as Porteñas or born and raised in the communities, Porteña Miskitu women are described as savvy, modern, jealous, possessive and sexually active. Miskitu men jokingly express their desire to marry women from rural communities because they are 'good wives' described as submissive, docile and hard workers. Although sexual behavior and norms change depending on the setting, in Bilwi-Puerto Cabezas for instance, it is more common to hear about sexual encounters without being frowned upon. Yet, men do tend to speak about women they sleep with if it is a one-night stand, they tend to speak badly about those women and treat them as "whores". Men are praised by their sexual encounters while women are looked down upon.

Among the Miskitu, virginity is not an obligation in a relationship. Many Miskitu women engage in sexual relations (either with consent or without) at an early age. In the streets, most men and Miskitu would talk to women sometimes in a very disrespectful manner to call their attention. Some men would take it as an offense if women do not respond or accept their invitations and flirtations. It is said that when that happens, men who practice witchcraft would

---

30   Cochon is a derogatory name referring to homosexual man and comes directly from the word "pig"

31   Ganso Spanish for goose. This concept is quite interesting because it is still identifying a male who have sex with the same sex as a pajaro-bird but due to the nature of a goose (larger and more aggressive bird, also anatomically, male geese have penises) is related to an active lover, the one who penetrates.

take revenge on women who reject them. Women are the victims of men's desire and evilness. Similar to the idea of the duhindu spirit who falls in love with women and sexually harass them. Relatively little research has been written about the intersections between structural inequalities and local expressions of gender and sexuality among the Miskitu. Furthermore, these dichotomies of Miskitu men vs Miskitu women/rural vs. urban provide a glimpse into the complex local categories of sexuality as well as discourses of gender, personhood and power.

5.6 CONCLUSION

Herlihy (2012) argues that indigenous Miskitu women have traditionally experienced gender violence within their families and communities through their own cultural perceptions of love and through their own cosmology. Herlihy (2012) further argues that despite the cultural based perceptions of love and violence, Miskitu women are beginning to view gender violence as criminal behavior, especially when their children are the victims of aggressors. Building on Herlihy's work on gender and sexuality among the Miskitu Coast (2012; 2013), I show that the traditional and public discourses about Miskitu sexuality are contested and reversed through the experience of *Grisi Siknis* among women. As men are blamed for practicing witchcraft or sexual magic as a method to inflict suffering on the victims, the illness experience reveals the cause of their illness but also the context related to their suffering.

The narratives of G*risi Siknis* presented in this chapter, in particular, women's narratives of the illness, share one particular feature, men are seen as causing the harm and inflicting pain onto women's bodies. These narratives explore how *Grisi Siknis* illness experiences create counter discourses that allow sufferers (women but also men) to challenge the discourse

153

surrounding sexuality and the experience of *Grisi Siknis* and to expose specific situations such as marital problems, domestic and sexual abuse.

Ana's illness narrative at the beginning of this chapter describes several encounters with a male teacher who sexually harassed her and one teacher accused of using witchcraft to afflict students with *Grisi Siknis.* During a group interview with Ana and three of her friends, reported to had been molested by a male before their illness outset. One the interviewed, mentioned how her first episode of *Grisi Siknis* coincided with her experience at the university where a professor wants to have sexual advances with her so that made her leave school. Another participant also claimed that her episodes were related to anxiety and fear she felt when the father of her child would call her or visit her. She claims he forced her to fall in love with him with the help of witchcraft and black magic. A third participant, who chose to be interviewed in Miskitu, did not comment much on her personal life but her closest friend, who was also interviewed, both suffered from *Grisi Siknis*. Perhaps her recent move to Bilwi and the difference/social dislocation, her experience with *Grisi Siknis* could be related to a form of camaraderie, a language that is shared, a way to communicate in a collective and gender based way to express their anxieties and fears.

The insistence of "controlling illness" or "controlling oneself" is a recurrent expression among the afflicted with *Grisi Siknis*. Expressions *Grisi Siknis* overcoming the body, a sense of not being in control one's body and emotions reveals the vulnerability of those afflicted by the illness. To be in a disorderly world of anxieties, fears, poverty, inequality and sexual and physical violence--*Grisi Siknis* experience becomes the medium (a product of history and society) where the afflicted make sense of their realities. It is also subtle commentary of Miskitu social order contesting and reversing discourses linked to sexuality and gender roles. *Grisi Siknis*

is not an idiom of distress but it does provide the language of experience to make sense of a world at times out of control and contradictory and it can serve as an everyday form of protest.

Kirmayer points out that our "aching bodies remind us there are at least two orders of experience: the order of the body and the order of the text." He discusses the body's "insistence on meaning" and gives emphasis to how it presents itself in substance and action rather simply being an implement for reflection and imagination. Kirmayer suggests that the body provides "a structure of thought that is, in part, extra-rational and disorderly," inevitably related to emotional, aesthetic, and moral worlds (Kirmayer 1992:325). In this chapter I showed how *Grisi Siknis* as an illness experience grounded and constrained by individual local worlds (trying to carve meaning out of their illness experience) and the local and larger social and political context where it occurs.

The several cases presented in this chapter provide evidence *Grisi Siknis* experience is articulated through language, images of suffering and violence that are grounded and constrained by different social sources of suffering. The narratives presented in this chapter exhibit a strategic use of their illness stories in which afflicted have found legitimacy for making sense of their current situation and the ongoing negotiation over their experiences and conflicts. *Grisi Siknis* illness experiences create counter-discourses that allow sufferers (women but also men) to negotiate their status, to challenge the discourse surrounding sexuality and the experience of *Grisi Siknis*, forge alliances, and deal with difficult situations such as marital problems, domestic and sexual abuse, demeaning or debilitating labor.

The relationship between poverty, inequality, gender and ill health is well established. Miskitu from the communities, women, and students are vulnerable individuals. Social, economic, and political vulnerabilities to everyday life place them as indigenous peoples in the

155

bottom of the social ladder. Inequalities as social insults are reflected into the social and politic bodies. Further, gender and sexual discourses linked to the experience of *Grisi Siknis* help to perpetuate and create vulnerabilities among men and women but mostly women who occupy the bottom ladder of social and cultural hierarchy. Finally, the politicization of *Grisi Siknis* by both leaders and biomedicine in the region further exacerbates their alienation from the grounded experiences because their redefinitions exclude the sexual dimension of the illness. As such, sexual violence and targeting of women continues to be unaddressed by the State and political initiatives. The individual and collective cases of *Grisi Siknis* experience demonstrate the growing social disconnect between the different levels of society that construct, redefine and produce *Grisi Siknis* as politicized illness experience. These macro-processes that are linked to the illness experience such as local politics and institutional and state practices will be discussed and explored in the last two chapters of this dissertation.

6.0 BIOMEDICINE AND THE POLITICAL PRODUCTION OF ILLNESS

In this chapter, I examine the politicization of *Grisi Siknis* experience by the biomedical institutions of the region. I explore the process that has reclaimed and redefined *Grisi Siknis* as a collective hysteria with the goal to be legitimized as a biomedical health problem. I show that *Grisi Siknis* is reconstructed in biomedical terms to push the intercultural policies of the region, yet in practice, *Grisi Siknis* became an alienated affliction. In other words, interculturality in health care is a political project that involves medical and indigenous activists but dismisses the individual experience of suffering of those afflicted by *Grisi Siknis*. The medical activism guided

by the rhetoric and discourses of interculturality have only helped increase the persistent ethnic

tensions and health care provision. These processes speak of the complexity of politics and the

role of the local biomedical establisment in the reconceptualization of illness and citizenship in

the region.

Biomedicine is a distinctive domain within a culture that features both specialized

knowledge and distinct practices based on that knowledge (Lock and Nguyen 2010). However,

biomedicine is not always a rational, objective, and driven by the truth of science. In this chapter,

I will show the politics of the biomedical practice in the region and how *Grisi Siknis* became a

vehicle to pass social and health policies in the region. Nicaragua's RACCN developed a Health

Model policy in which health and social programs are guided by the following principles of

interculturality: integrated health care, social participation, cultural and ethnic revitalization,

reciprocity, and equity (Ruiz 2006). While this health policy has been recognized by Nicaragua's

recent National Health Plan 2004–2015 (MINSA 2004), it has not been fully implemented

because of the lack of will and financial and political support from the central government.

Biomedicine practice and medical practitioners have become political actors by linking health

policy based on intercultural discourses and other aspects of political autonomy. For this reason,

Puerto Cabezas MINSA (SILAIS)[32] has played the role of promoting an intercultural health

model with the goal to decentralize state power and institutions in the region.

The politicization of *Grisi Siknis* by the local health care system involves the

participation of medical personnel and the enactment of programs, workshops and political

activism. In this chapter, I demonstrate the political and institutional production of *Grisi Siknis* as

---

32   SILAIS is local system of attention of integral health developed by the Sandinista government in
1990. It was implemented with the goal to decentralize health sector by regions and in order to provide
health services with an emphasis on preventive medicine, health promotion and rehabilitation to low
income citizens in urban and rural communities.

a condition that affects a specific group of the population. As such, this medical political

activism has transformed *Grisi Siknis* into a politicized and alienated illness experience. I start

my analysis by setting up the context of politics and health with the following narrative by a

doctor and political leader.

6.1 "THE AUTONOMY WE FOUGHT FOR"

During a meeting of Puerto Cabeza's business women organization, a politically

active physician came to our session as a special guest to talk about her political campaign. Dr.

Florence Levy Wilson[33], born and raised in Bilwi-Puerto Cabezas, Creole and a well-known

doctor in the region, introduced herself as a running candidate for the regional council election.

As it is customary in most of the meetings I attended in the region, we started with a prayer and a

moment of silence. Soon afterwards, Dra. Florence started by sharing her upbringing and her

political vision for all citizens of the RACNN. Dra. Florence Levy identifies as a creole, she was

born and raised in Puerto Cabezas. Her mother was both Miskitu and Creole. Herfather was a

Moravian pastor and her mother was trained as a nurse. Both of her parents were involved in

many social and political movements during the revolution. Her mother was part of

ALPROMISU[34] (Alliance for the Progress of Miskitu and Sumu) and participated in the literacy

crusades that took place right after the Sandinista government took over. Dra. Florence's parents

---

33   Dr. Levy is a public figure, she won a seat at the regional council during March 2014 elections
where she still serves. We met several times in public events and once during a private interview.

34   The role of Miskitu and Sumu-Mayangna organizations started in the late 1960s and was
different from the role of the Moravian church in that they were explicitly Indian organizations that did
not attempt to create a separate parallel organization among Creoles (Pineda 2006:137).

saw the great need and suffering in the region and that's one of the reasons she decided to

become a doctor. *"I wanted to give back to our community. I joined the army and was trained as*

a nurse but then went on to college to become a doctor. I moved to Managua and after much

sacrifice I finished medical school and was happy to do my service at the Rio Coco communities

where I knew there was and still is a lot of need for doctors."

Given her family history of political activism and health care service in the rural

communities, Dra. Florence followed the same path. *"I have been an active defender of*

indigenous rights and health and held different jobs in the health sector at regional, national,

and international level. I served as the director of MINSA-SILAIS when I was still a practicing

as a general surgeon. I believe than in the RACNN there is a lack of opportunities for the natives

to develop and to live the AUTONOMY we so much fought for, an Autonomy we dreamed of" .

After a long absence working abroad, Dra. Florence came back to Puerto Cabezas and served as

health care manager. *"The health of all individuals should be most important issue in the*

RACNN, nutrition and access to food are the main problems in the RACNN. We are trying to

accomplish the goal to provide health access and health equity to the citizens of the RACNN."

Although Dr. Florence Levy claimed not to belong to any political party, she joined the

Sandinistas (FSLN) in order to receive an education when she was young; however, she is not

affiliated to a specific political party. She claims that divisiveness among political parties is the

main problem when it comes to leadership in the region. People vote for their political party but

not for the leaders. Political involvement from medical professionals is not uncommon in the

history of the RACNN. The first Miskitu doctor in the region is Myrna Cunningham[35], a famous

---

35   Myrna Cunningham Kain has risen to become one of the most important political leaders on the
Nicaraguan Atlantic Coast and of international recognition. Mrs. Cunningham was born in the Miskitu
community of Waspam and raised in a mother-centered extended family. Attended the nursing school
of Bilwaskarma ran by the Moravian church, later became a surgeon. Myrna served several political and

indigenous activist, political leader and role model who was also the first governor of the RACNN until 1979. She was involved in the peace negotiations during the war and set the path for the Autonomy Law and helped to establish the first regional government. Mrs. Cunningham is known nationally and internationally for her work with indigenous women and for her role during the Sandinista war. There are mixed feelings among many Costeños about her fame and her family. Many claims of corruption circulate among Costeños, and a general feeling of dissatisfaction are common when people talk about the Cunninghams who have made a fortune and have acquired many positions of power in the region.

The current provost of URACCAN, a nurse by practice and regional government official for many years, Alta Hooker was also in charge of region health commission during the 90s. Hooker has been an active leader in the movement of regional Autonomy and a supporter of the Health model. She argues that "our needs, concepts, and realities are different from the realities of the Pacific of Nicaragua" (*las necesidades, los conceptos y las realidades Costeñas son diferentes a las necesidades y realidades nacionales*) and continues to argue that in order to strengthen and to implement the Autonomy law, "regional institutions and governmentality must work for our people and our realities."[36] Medical professionals have advocated political and social change under the banner of regional autonomy and recently under the rhetoric of interculturality. In the following narrative, Dra. Florence Levy explains the goal of the region health model, the challenges, and the promises. It also show the direct link of health and politics

---

institutional roles and after the Sandinista-Contra war was appointed to serve as the firs governor of the RACNN, also founder of the regional university URACCAN (University of the Autonomous Regions of the Caribbean Coast of Nicaragua. Currenly, Mrs. Cunningham is a leading social activist for indigenous peoples, working for indigenous women's rights and serves as the permanent member of the United Nations Forum for Indigenous Issues for Latin America (see Herlihy 2011:224-225 for more details).

36   Hooker, Alta 2006 "Aspiramos a que el Gobierno Nacional Respete a los Costeños" Revista Envio (288). Electronic Document.

in the region, in particular issues of political, social and economic autonomy materialized in their

Health Model.

"Our Health Model is guided by the concept of interculturality that pays attention to our reality as Costeños, to our beliefs and culture. Unfortunately, the implementation of the health model has not happened fully yet. The health model has not been implemented because there is no one that knows how to use their brains in this region. "Del discurso al hecho hay mucho trecho" (discourse is easier than taking action). It has been seven years since we designed the model and it has not been accomplished, everything is always partial in the autonomous regions, the two parties (YATAMA vs FSLN) has slowed our progress. YATAMA and FSNL have not been able to work together. There is not an interlocutor between the central government and autonomous regions. There is also a big and recurrent (historical) problem of inter-ethnic hate and conflict. Many blame the Miskitu for the problems but it is an inter-ethnic conflict. No one gets along, there is no unity. I am pro-autonomy of our region, an autonomy how we dreamed of not how it was imposed to us by the state. We must rebuild our autonomy and keep our governament accountable, we muststop the corruption, they are spending and enjoying what belongs to the people ("reparten lo que no es de ellos, lo que le pertenece al pueblo"). There has been no transfer of power from the state to the region."

In terms of state health institutions, since 1979 after the triumph of the Sandinista

revolution, the government consolidated all health agencies into a unified health system under

the leadership of the Nicaraguan Ministry of Health (MINSA). Health care was declared to be a

basic right for all citizens, to be provided free-of charge by the government (Barrett 1995).

Medicine in the autonomous regions is promoted as an intercultural health model that

incorporates aspects of traditional medicine and indigenous cosmology. However, its main goal

is to decentralize and transfer power from central institutions to regional institutions. In the

Atlantic Coast, the health care system is administered by a respective regional office which is

part of the autonomous regional government. Bilwi-Puerto Cabezas MINSA is the regional

office for the RACCN and it oversees three hospitals, four municipal health centers, and several

rural health zones as well as health brigades and health councils. State health care at the regional

level, in the RACCN in particular, is seen as unequal and insufficient and as a hegemonic form

of state domination. Furthermore, in the multiethnic context of the Atlantic Coast, collective

161

rights are adjudicated on the basis of possessing a distinct group identity defined in cultural or

ethnic terms (Hooker 2005), and thus different ethnic groups are claiming cultural and collective

rights based on indigeneity. MINSA and IMTRADEC have been promoting their intercultural

health model by offering academic, professional and grassroots training in intercultural medicine

and intercultural communication to nurses, students, indigenous healers and community leaders.

In the next section, I briefly describe the politics of health, intercultural policies and discourses

to provide the context that justified the politicization of illness in the region.

6.2 HEALTH CARE AND INTERCULTURAL HEALTH DISCOURSES IN THE RACNN

Biomedicine throughout the 20th century has come to be understood as a universal and

scientific account of the human body and illness, thus changing our relation to health and illness

(Lock and Nguyen 2010). The role of medicine has been crucial in the political and social

constructions of personhood; from official discourses of health promotion via narratives of the

experience of disease and suffering, to redefinitions of citizenship and nation building projects.

Adams (1998) argues that medical policy and development interventions can be instruments of

governmentality where medical practice and knowledge are seen as political in part.

In the RACNN with the development of Health Model policy, health and medicine have

become important political symbols among the indigenous peoples and political leaders (Ruiz

2006). Within this context, *Grisi Siknis* has been redefined by the regional biomedical health care

system with the goal to be included in their budget and to be officially registered in the national

registry of diseases as a symbol of cultural difference and for the purpose of implementing their

162

intercultural health policy. I build on Ruiz (2006) findings, specifically how *Grisi Siknis* epidemics provided regional health officials with a way to validate the Health Model in that the epidemic dramatically displayed the cultural difference on which the promotion of the Health Model rests (162).This strategy it is only one tactic to move a kind of governmentality[37], ironically along the lines of state multiculturalism[38], but with the rhetoric and discourses of interculturality to forge a new politics of autonomy and a new citizenry. In this section I provide a brief summary of the literature on interculturality and the discourses and processes behind the logic of politicizing *Grisi Siknis* experience. The purpose is to provide evidence on what interculturality in health means in practice and to illustrate the process of *Grisi Siknis* as the tool to legitimize the intercultural model of health.

Interculturality has become a popular concept among scholars of Latin America and part of rhetoric of health provision to Latin American indigenous peoples. Interculturality is a concept guided many political struggles for the recognition of their ethnic identity, languages, territory and the reconfiguration of state policies (Fuller 2002; Walsh 2002b; Ribeiro and Escobar 2006). For indigenous organizations, interculturality holds a central place as a political and epistemological project (Walsh 2002b) in which the struggle for the recognition of indigenous peoples' ethnic identity, languages, territory, and the reconfiguration of state policies creates confrontation, entanglement, and dialectical relationships (De la Cadena 2006; Fuller 2002; Juarez 2006; Tubino 2005). However, interculturality can also be used as a political device to

---

37   Drawing in Foucault, Fassin (2011) defines governmentality as "the institutions, procedures, actions, and reflections that have populations as object. It exceeds the issue of sovereignty and complicates the question of control. It relates the power and administration of the state to the subjugation and subjectivation of individuals. It relies on political economy and policing technologies" (p. 214).

38   I use" Multiculturalism" as defined by Deborah Yashar (2005) to refer to public policies that recognize ethno racial diversity and that allocate some goods/resources along those lines.

quell demands from increasingly powerful indigenous movements (Díaz-Polanco 1987) as well as to decentralize civil government and to challenge the unequal structural relations of indigenous and Afro-Latin American groups and the State (Johnson 2010).

As the concept of interculturality has come to dominate the rhetoric of health provision to indigenous peoples in Latin America, it is assumed that the State's use of this concept in health policy will reduce discrimination and improve health outcomes of indigenous peoples (Juarez 2006). In RACNN, more than twenty years have passed since the recognition of political autonomy for the region in 1987, and the configuration of all regional institutions is still hotly contested (Hale 1994). In a publication by two academics and activists from the region, claim that "multiculturalism and health stems from a double right: the right to maintain and cultivate our practices of traditional medicine and the law established in the constitution. The participation of health is not homogeneous in the population and the actions and State institutions are not valued nor understood by the different ethnic groups" (Hooker and Ruphilis 2001). Health care is a contested and political field in the region. Although both Nicaraguan and RACNN health officials agree that the health system of the region should be guided by the notion of *interculturalidad*, the concept and process it represents is interpreted differently by the actors involved. For national health officials *interculturalidad* is simply recognition that culture is an important variable in health and that indigenous medicine should be accepted. For RACNN'S health officials *interculturalidad* is a political concept that also refers to the transfer of decision making of power to the region. *Grisi Siknis* provided the evidence to justify their cultural difference as a region.

The process of how *Grisi Siknis* became a politicized illness is directly linked to the justification for an intercultural health policy and programs in the region. Health has become the

political medium through which leaders are attempting to revitalize their culture and to negotiate power. Interculturality is not my topic of study but the discourses of interculturality have guided many decisions at the health care level and what sector of the health administration in the RACNN have politically organized to define and legitimize *Grisi Siknis*. Good (1994) argues that medical facts, social practices and meaning interact in the construction and production of illness as social object and lived experience. At the level of medical practice, new meanings, interpretive discourse and frames emerge to produce distinctive forms of illness experience in relation to local power relations.

6.3 REDEFINING *GRISI SIKNIS* EXPERIENCE

The process of redefining *Grisi Siknis* was a political and local biomedical effort to legitimize the cultural difference of the region and to attempt to contest State power by moving the RACNN political agenda. I fully agree with Ruiz (2006) who found that the outbreaks of *Grisi siknis* support the promotion of the Health Model, and the advancement of the autonomy and decentralization process of which it is part, by asserting in a dramatic way the cultural difference that legitimizes these claims. Ruiz (2006) concluded that *Grisi Siknis* epidemics provided regional health officials with a way to validate the Health Model in that the epidemic dramatically displayed the cultural difference on which the promotion of the Health Model rests. I further argue that collective outbreaks of *Grisi siknis* attracts regional and national attention and it also involves different sectors of the society. It is also the ground where demands and frustrations are expressed through a humanitarian language (see Fassin 2007; 2009; 2012). In other words, humanitarian discourses replace the politics of rights and justice with an ethics of

165

suffering and compassion appealing to the morality of an audience, and in some cases, it forces a

response from the state. I also add that this form of cultural politics from the health care

institutions of the region are not only a questions of governmentality but also of meanings and

inequalities expressed through the bodies of those afflicted by *Grisi Siknis.* In the following

narrative I describe the process, the goals and tools through which an illness experience becomes

politicized and redefined.

According to the director of MINSA-SILAIS, *Grisi Siknis* can be considered a cyclical

affect, "*afectación*" that has historically affected most adolescent women but that has changed in

contemporary outbreaks. *"Any kind of "afectación" either social or organic, that impacts the*

population, the health ministry must care and get involved. Our regional health model requires

the biomedical health system to include illnesses like Grisi Siknis as part of the disease registry,

there was resistance from our mestizo colleagues, we are still tying to include the traditinal

health system" The MINSA director, further explained to me during our interview that "

Grisi Siknis has been defined as collective hysteria and can be identified in any health

care center and it is clear that we can't do much about it unless the patients require medical

attention for lesions during the attack, we want a true intercultural health care, regional, and

decentralized." Redefining *Grisi Siknis* as a collective hysteria has serious implications on how

the illness is seen as a gendered and psychiatric experienced rather than a grounded in power

asymmetries and social process. In cross-cultural psychiatry and anthropology, what used to be

called hysteria, a condition of women, is often discussed under the label of culture-bound

syndromes or disorders presumably unique to local cultural traditions. Even when *Grisi Sikis* was

classified as a health problem, its "nature" as a cultural syndrome did not change.

MINSA director explained that outbreaks of *Grisi Siknis* have been more prevalent in the

Rio Coco communities and that MINSA has contributed with financial resources to support

traditional healers with their travel expenses housing, and curing materials. Biomedical trained

doctors tend to go along with the traditional healers in case a patient requires immediate

biomedical attention. During our conversation, she also told me how there are other health

problems that must be addressed and are of highly importance for MINSA, for instance dengue,

child and maternal mortality and AIDS. In the context of poverty, health care providers face

several challenges and frustrations on trying to address existing infectious diseases and emerging

chronic diseases affecting the population. In the following conversation with a biomedical

doctor, elaborates in depth, the dilemma of articulating interculturality in health care and health

education.

During a conversation with a Dr. Salas[39], general surgeon and director and founder of a

new Intercultural Medicine program at the regional university, explained that from a Western

point of view:

> *"Grisi siknis, is understood as a somatization process to a stressful emotional, social and community state. The causality could be many from our point of view. From the perspective of indigenous cosmology, it is caused by a "desequilibrio" (unbalance) between the spiritual and material world that causes disorder in the affected person. It makes the sick act in aggressive manner; it has unexplained clinical manifestations such as the "super natural" strength many victims acquire during the attack. We can give them anti-convulsion and other meds but there is no response. Only the sukia (traditional healer) can cure the illness. The fact that I can't understand the process of curing by the sukia or the psychopathology of Grisi Siknis; it does not give me the right to invalidate the cure or to believe that the illness is not real. Not everything is based on physical evidence because if someone recovers their well-being, what more evidence is it needed to believe the healing process worked? That's the objective of medicine".*

---

39   Dr. Salas is a Miskitu surgeon, educated in the UNAM-Leon and with a broad range of experience in pedagogic tools, problem solving and social policy from several institutions around the world (Honduras, Colombia, Brazil, US, Japan).

Dr. Salas also explained that when patients affected by *Grisi Siknis* arrive at the hospital, students of intercultural medicine or nurses identify the illness and refer the patient to a traditional healer. According to Dr. Salas the balance and respect of both medical systems represent the process of intercultural medicine, the articulation of both medicines.

In terms of the role of *Grisi Siknis* in the Health Model of the RACNN, the accounts presented in this section, conflicting and inconsistent in the sense that the first one, the director of MINSA tried to define *Grisi sinis* as an ambiguous "sickness" that should be addressed by public health and still seen as a hysteria or collective anxiety. For Dr. Salas, *Grisi Siknis* is understood and conceived by the two medical systems differently. He approaches the illness within a cultural sensitive approach in health and has a clear understanding of the role of both medical systems; however, he clarified that "*juntos pero no revueltos*" (alongside but separate) that the traditional medicine can't be institutionalized otherwise, "*we would have taken the traditional elements away from it. If we institutionalize traditional medicine, we will not be favoring the cultural revitalization of our ancestral practices and will be against our intercultural principles*".

Literature suggests that both physicians and patients engage in *boundary crossing* or *boundary work* to transition between different sets of professional and epistemological axioms (Shuval 2012). However, at the level of practice, Dr. Salas sides with the perspective of biomedicine which is characterized by rationality, objectivity, positivism, determinism and whereas its methods emphasize logic, controls, measurement, and deduction (Shuval 2012:1318). *Boundary crossing or boundary works* it's only practiced by nurses who most of the time are indigenous and are able to identify "traditional illnesses" and refer patients to alternative traditional medicine. These borders demarcate identity, epistemology, and social and political

168

elements in the treatment of *Grisi Siknis*. Even when doctors are trained to identity ailments that

do not belong to the realm of biomedicine, physicians do not blend their epistemology, methods

and treatment towards the understanding of patient's complaints. For Dr. Salas, the articulation

of both medical systems refers to "*the ability of our doctors to identify socio-cultural illnesses*

common among our ethnic groups, the doctor will facilitate and refers the patient to either a

traditional doctor or a biomedical specialist but also when traditional doctors identify an illness

that pertains to biomedical health care, to refers those patients to us. He explains the there is a

risk of absorption in the articulation of biomedicine and traditional medicine. He fears that

biomedicine could absorb traditional medicine because biomedicine has more economic

resources and support from state institutions while traditional medicine follows other protocols

and procedures.

Both doctors are interested in the implementation of intercultural health programs and the

political goal of decentralization of power. One of the challenges is precisely the articulation of

both medical systems. In practice, Dr. Levy states that *"we are trying to sensitize the personnel*

to make them understand that in this region we have several health system and one of them is the

traditional medicine." One of the challenges to implement or to articulate both medicines is

precisely in the implementation stage. "There is a rumor that we [State biomedical practice] must

have a space for the traditional healers at the hospital but that must be consulted with them

first..." She further argues that "*Si se requiere que enfermeras y doctores aprendan sobre plantas*

medicinales y que las recetemos, yo no estoy de acuerdo" (If it's required that medical doctors

and nurses prescribed medicinal plants, I do not agree). "*I, a biomedical trained doctor don't*

have to know how to prescribe guava leaf tea for treatment. In the process of intercultural health

articulation I must know how the traditional medicine system works and what would be my role

to facilitate the patient's treatment and the two medical systems articulation ("*flujo de atención de la persona entre los dos sistemas"*). Although she was not very clear about her own thoughts about the idea of having both healers working together she claims that at least "*I am happy that the opportunity to debate this option has been given, one system cannot define everything."* She also asserts that the patient must also play a role in the decision making and must have the health care choices. *"Both medicines must accept the reality of the region, that's why interculturality is a key concept in our health model."*

It is within this context of interculturality in health care that *Grisi Siknis* is redefined, legitimized and used as an instrument to exemplify the need for their Health Model. The conversation with the Director of RACNN MINSA and Dr. Salas illustrates that biomedical practitioners are placed in a highly moral and ontological dilemma. For one, they must address the health problems, epidemics, and public health issues of the population with lack of financial and human resources. Second, they must work with the traditional health care of the region. Also, their participation in the political autonomy goals of the region, place the biomedical institutions of the region in a crucial role of this political process. *Grisi Siknis* is not a health problem that causes human loses but it is an embodied manifestation of social and structural inequalities as demonstrated in chapter five. In the following section, I present the process that turned *Grisi Siknis* into a biomedical problem.

6.4 SCIENTIFIC AND EPIDEMIOLOGICAL FACTS: REDEFINING *GRISI SIKNIS*

Concepts of health and illness stand at the core of the social values of human society because they give expression to many of our fundamental assumptions about the meaning of life

170

and death (Turner 2000). Western medicine's classification and quantification of disease and mortality allow for a sense of emergency. Epidemiological facts, employing mathematical formulas and statistical models of disease distribution provide a fundamental and scientifically perceived truth about health conditions in a population. Thus, the perception of disease or a health problem as a collective phenomenon becomes subject to control by state and scientific intervention (Wemrell et al. 2016). The use of statistics to quantify the outbreaks of *Grisi Siknis* and its redefinition as a public health problem due to its contagious form provides the evidence to legitimize this illness experience in the national registry of diseases of Nicaragua. In the following account by Dr. Levy, she describes the process of redefining *Grisi Siknis.*

"Grisi Siknis was not in the national budget. We were asked to defined Grisi Siknis as ("enfermedad[40]") disease since it is not defined as such in the international classification of disease (ICD). What it does not appear in the ICD, it is not recorded and cannot have a legitimate category." In terms of the process, Dr. Levy describes that a group of researchers worked on the definition of *Grisi Siknis*, *"they worked with traditional healers to document the curing/healing treatment and cost for the budget. We had statistics of the cases per year, the cost, and the location. We defined Grisi Siknis as an epidemiological emergency for budget purposes."* She explains that with that information, *Grisi siknis* was part of the "planificación" planning area and consequently in the manual for budget and planning.

The process of defining and including *Grisi Siknis* in their budget and registry of diseases was an organized and internationally supported effort. *"It was a huge effort, we had the support from URACCAN (regional university) and international cooperation to organize a national symposium."* Phillip Dennis among other anthropologists attended the event which was held in

---

40   Enfermedad can be translated as illness or disease in Spanish but in this particular narrative, the interviewee refers to as disease in the biomedical sense.

Managua. "*We wanted to convince Nicaragua that we ought to include Grisi Siknis in the registry as a frequent disease in our region.*" She argues that witchcraft and sorcery explanations take away legitimacy from the State/Central government "*nos siguen viendo como locos y que eso no es enfermedad*" *(they keep seeing us as insane and do not acknowledge Grisi Siknis as an illness); however, once Grisi Siknis had documentation, statistics and was defined as disease (enfermedad), it was easier to include it in the disease registry.*" Dra. Levy explains that the process of including *Grsi siknis* in the disease registry was initiated with the community vigilance control. It is important to note that *Grisi siknis* is not the only illness included in the registry; other traditional illnesses such as insigni[41] and empacho among other went through the same process. All these illnesses are reported at the community level to the regional level. *Grisi Siknis* for its collective nature has caught the attention of academics and news reports and it has been used as an example for the implementation of the region's health model (Ruiz 2006). "*We have the legal framework and the systems that allow for its registry, now we have to coordinate with traditional healers to report these illnesses to our regional health system.*" Thus, *Grisi Siknis* became part of the health care system although it was only in the area of control since there is no evidence that it can be prevented nor there is scientific knowledge of its mode of transmission.

During a conversation with a MINSA epidemiologist from the Pacific but "*Costeño at heart*" as he describes himself, he was optimistic about interculturality, and mentioned having received workshops on interculturality along with traditional doctors. Roberto believes that it is

---

41   Isigni or spirit of the dead. Traditionally, the insigni was though to hover about the bed of the deceased after the body was buried. To put the spirit to rest a shaman/sukya was commissioned to drive the insigni to the cemetery (Helms 1971:198-199). Avelino Cox Molina (2011) indica que la acción del insigni generalmente es maligna, por lo tanto se debe prevenir el mal que en ocasiones se relaciona con los vivos por medio de sueños.

very important to keep track of "cultural" illnesses since this region is a multi-ethnic and pluricultural region. When I asked if I could have access to the epidemiological data of *Grisi Siknis,* Roberto explained that since the illness has been included into the epidemiological system just recently (only a few years ago) that only 43 cases reported in the last 5 years. There are other 10 cultural illnesses also included in the national registry but *Grisi Siknis* for its nature and its "contagious" form is the one that grabs more attention by media and health care institutions. Roberto believes that community leaders and traditional healers are the one who keep track of *Grisi Siknis* cases with more accuracy than his. The way Roberto learns about cases of *Grisi Siknis* it's by ear, if he is informed of cases at a school, he goes to the school, characterizes the cases and reports them. Sometimes, cases are reported at the hospital but that rarely happens because most doctors (from the Pacific) do not see *Grisi Siknis* as an illness and most victims of *Grisi Siknis* do not go to the hospital to treat this illness. Roberto sees *Grisi Siknis* as an illness but not from the domain of biomedicine because it is caused by super natural forces and witchcraft. However, it must be integrated into the system because it is a padecimiento/ affliction that affects the population and it should be considered a public health problem.

The health system of the region recognizes *Grisi Siknis* as a registered health problem. Health care in the Atlantic Miskitu Coast is deficient and most indigenous people who live in rural villages have little access to basic health care. Until recently, *Grisi Siknis* and other cultural illnesses have been registered in the national system of disease control under the new Nicaraguan National Health Plan, as an effort to promote an intercultural health model incorporating indigenous traditional medicine and Western biomedicine (Ruiz 2006; MINSA 2008). Since 2004 to 2014, when the plan went into effect, only 43 cases of *Grisi Siknis* were reported to the national epidemiological center. So far in 2015, 17 cases have been reported to epidemiological

center in Puerto Cabezas. All the cases occurred at a technical school where all the affected are female. Out of the 17 victims, 11 come from Barrio Kocal, averaging 15 years of age. 6 out of the 17 victims come from other villages and towns outside of Puerto Cabezas averaging 17 years of age (Epidemiological surveillance Puerto Cabezas, 2015). Generally, if victims of *Grisi Siknis* go to the hospital for attention, a nurse or doctor is available, who subsequently relays the report to the regional epidemiology department. However, at most rural and small communities, cases of *Grisi Siknis* are not reported since they lack health centers and even in urban regions, most cases are not reported unless they are collective and cause enough outcry from the affected community. When victims do access clinical care, providers review the patient's health history, treat her for any minor injuries suffered during the attack, and then refer her to a traditional healer.

There is not an established system of traditional healing/healers. IMTRADEC has a group of identified traditional healers with whom they work and invite to workshops and intercultural dialogues with the biomedical system. There are other healers not associated with IMTRADEC (here I am referring to the diversity of healers and their specialties) who are not part of this network and thus, have not had the opportunity to be part of the attempts of "health systems articulation." Traditional healers charge for their services, some healers assure they ask for money just to buy the curing materials and their payment is seen as a gift from the seeker. This is one of the obstacles at the health care level, since health care in the region is part of the social security and the State and traditional medicine is not.

At the level of practice, nurses have been more successful into cooperation and articulation of both medical systems. Nurses served as liaison between the two systems, often they must translate from Miskitu to Spanish and from Miskitu's understanding of body, illness

174

and healing into biomedical terms and language. I visited a health post located in the Cocal neighborhood where I had a conversation with a nurse practitioner and two nursing students. One of the nurses, Rosa, works full time at the health post, she is from Puerto Cabezas, Miskitu and has recently graduated from nursing school. The other two nurses are still students doing their practice at the puesto (health post). The female nursing student, Laura is a Miskitu raised in Puerto Cabezas but born in a community in the Rio Coco while Tony, the male nursing student is Mayagna from a community in Bonaza. Both nursing students seemed to have the most knowledge on *Grisi Siknis* since both have been witnesses of many cases in their communities. Laura was very knowledgeable and very comfortable with herself, friendly and funny. She studied at URACCAN, so she was very familiar with intercultural health and education programs. The male student was very thoughtful andvery knowledgeable and polite. The other nurse from Bilwi made the effort to distinguish herself as Portena,a city person not a rural immigrant like the other nurses. They agreed that *Grisi Siknis* is not an illness; at least not an illness that can be treated by biomedicine but agreed that it deserves a different understanding by MINSA and other authorities and that there is a lack of understanding and attention from regional authorities and lack of financial support for the victims. During our conversation, about their understanding of *Grisi Siknis,* they cited witchcraft as the main cause of *Grisi Siknis* outbreaks.

Both Miskitu participants assured that Mayangna indigenous peoples are the ones who practice witchcraft against the Miskitu. The Mayagna student remained quiet but I noticed his disapproval. He moved a few steps back from the group interview and looked away in a pensive way. The nurses agreed that *Grisi Siknis* belongs to a different level of understanding. To them, it is not a cultural illness because it affects everyone. Laura, the Miskitu nurse student, told me

that *Grisi Siknis* occurs more among the Rio Coco due to envy and just plain evilness from people. She added that this envy comes out of the inequalities and poverty in the region; "If someone has more than the rest, there is envy and witchcraft is the response." The three participants also informed me that another reason of *Grisi Siknis* associated with witchcraft among mostly young women is because men used *Grisi Sikins* as a punishment for woman's refusal to their courting and/or sexual advances.

In terms of treatment, the three nurses participating in the interview, do not believe that biomedicine can treat *Grisi Siknis*. Perhaps it can aid by providing pain relievers since most of the victims after the attack feel tired and pain from the involuntary movements of the possession. When we talked about intercultural medicine, they argue that it has only been possible with *parteras* (midwives) but when it comes to the articulation of both systems, it has been a challenge because both (biomedicine and traditional medicine) hold strong opinions over each other's ontologies. Rosa, the Bilwi nurse, gave me an example about the conflict with ideas between patients and doctors when it comes to shots/injections. Most traditional healers believe that if a patient has already been treated with natural and traditional remedies, they should not get shots from nurses or doctors because it will counter the remedy and it might kill the patient. The same holds for biomedical doctors who do not allow traditional remedies, special herbal remedies when a patient is at a hospital. The articulation of both medicines has not been possible yet. They also think that curanderos (traditional healers) charge high prices for their treatment and remedies, that's one of the reasons why the health care system and traditional medicine can't work at times.

Grisi Siknis is not an illness that threatens the lives of the victims and is not a priority for state health institutions. However, it symbolizes other type of inequalities represented by the

176

body of the most vulnerable in society. At a large scale, it represents identity politics and the responses from the state of vacuous multiculturalist policies of inclusion. While many of the interviewed who work at the health care level stated that an articulation of health care and traditional medicine is ideal, there still is a long way to go. Many indigenous and Costeño health providers understand the multi-ethnic and multi-cultural context as well as how Costeños medical choices (home remedies, traditional medicine, biomedicine).

Because collective outbreaks of *Grisi Siknis* are reported, narrated and controlled by public health officials, reporters and political leaders, the cultural explanation and "esoteric nature" of the illness is emphasized. The social sciences have also put too much weight on cultural and psychological explanations of diseases as I illustrated in Chapter 4 with the history of *Grisi siknis*. However, medical anthropologists have long been arguing on a shift to analysis of social underpinning of disease and suffering—such as poverty, unequal access to health resources and discrimination that affect the distribution of disease, epidemics and treatment outcomes. In this chapter, I have outlined the political and medical production of *Grisi Siknis* experience at the level of biomedical institutions of the RACNN under the premises of intercultural health policies and politics. Intercultural health has been thought to be a tool for inclusion and it is also seen by most citizens in the RACNN in the language of human and cultural rights. A right to have access to health care as any citizens but also as a way of acceptance of their cultural difference. Interculturality also was designed as a way to have more voice at the health care level and the state has complied by integrating into the epidemiological system cultural illnesses.

6.5 NUEVO AMANECER[42]: LIFE, DEATH, AND POLITICS AT THE RACNN PUBLIC HOSPITAL

On a Sunday night as I was getting ready to go out with some friends, I saw through my bathroom window a group of young men being followed by another group. They were cursing and started fighting, throwing rocks and shooting with what is known as the "hechiza" (a rustic handmade gun). We heard loud noises, shots that hit the house and after that we heard my friend Horacio yelling in pain that he was hit. We ran downstairs to find Horacio covered in blood and grabbing his neck. He was impacted by several shots from this domestic weapon. The gang members all ran away. Eye witinesses that started gathering around Horacio claimed the young men came from Cocal[43], a barrio known for violence, crime and being mostly Miskitu in composition. As Pineda describes, "Portenos regard el Cocal as a neighborhood with a high concentration of Miskitu residents, recent immigrants from rural and riverine communities. El Cocal carries a reputation of being an impoverished, unsanitary, and unsafe neighborhood" (Pineda 2006: 165). During my time in Bilwi, it became a regular and unfortunate scene to see this type of gang violence. On my Sunday morning grocery shopping, I was once caught in the middle of a fight where teenagers and children included were chasing other groups of young men out of the church with machetes and rocks. A vendor pulled me towards his shop and closed the doors behind us. I was impressed by the scene but I saw these fights becoming regular in my neighborhood. Everyone would blame the recent Miskitu migrants and the residents from Cocal.

---

42 New Dawn

43 "Neighborhoods in Puerto Cabezas are spatial divisions in the city that frequently discussed and perceived as having a particular racial composition that believed that these racial compositions determine the behaviors of its residents, as well as justify the historical and contemporary relationship between different groups in the city" (Pineda 2006:164). Other neighborhood was established during the boom and bust cycles and were racially separated.

The night my friend Horacio was injured, there was another young man bleeding, covering his left cheek with his hand. I was told by one of the eye witness, that he is a neighbor and there was uncertainty whetherhe was involved in the fight or was another unfortunate victim. A hechiza is manufactured at local welding shops; it can fire several bullets at a time. The small bullets are made of steel, like rubber bullets except that steel bullets can penetrate the flesh. Horacio owns a restaurant in the first floor on the building; I rented a room from him in the second floor. As he was closing the restaurant doors, he heard the noises of the fight, went outside, and he became entrapped in the cross-fire. 11 bullets were fired and three of them impacted Horacio's neck, shoulder and stomach. He was taken to the hospital and we later followed to take shirts and clean sheets for him. During my fieldwork, I visited the Public hospital twice, once with my friend Horacio and another time as a patient in need of urgent care. I had heard comments about the general conditions of the hospital, such as the lack of beds, overcrowding and lack of proper sanitation. Costeños joke about the name of the hospital, Nuevo Amanecer, "New dawn" as perhaps patients never seeing a new dawn or even experiencing a new dawn in heaven, as a euphemism for death.

The hospital is incredibly busy during the weekend, the emergency room and urgent care. I heard from doctors that on the weekends they tend to get the most outrageous cases, mostly accidents, violence related cases from fights, cuts from machetes, knifes, and other objects. A young female doctor told me of a case, a man who came with his nose ripped off, the cartilage was hanging from one side but the man was still conscious. He was bitten by another man during a fight. The Bilwi hospital, Nuevo Amanecer, is not a single building but several buildings linked by several paths/sidewalks. The trash cans are overcrowded with garbage and all the green areas have trash scattered over where dogs lurk searching for food. The bathrooms expelled a

loathsome smell from the lack of cleanness and lack of running water. The smell of urine and excrement is very strong and pungent. There are hammocks hanging from trees and pillars that belong to patients' relatives who come from rural communities' miles away from Bilwi and have no means to pay for a hotel or have no relatives to host them. Many Bilwi residents blame the conditions of the hospital on the indigenous people from the communities because 'they are not civilized into city life and don't even know how to use a toilet' I was told several times. These assumptions are common among Bilwi residents that equate rural life with indianness and lack of modernity, as the physical conditions of the hospital fuel these assumptions.

The hospital emergency room/observation room was overcrowded with six beds and a chair to the side of each bed. There was a strong smell of the typical smell of sterile places but mixed up with body fluids, urine and sweat. As Horacio's wife and I were waiting for a bed for Horacio, I noticed a roach slowly moved across the dirty floors overlooked by anyone while doctors moved in and out of the emergency room. It is required by the hospital that all patients must bring their own sheets and a pillow, personal toiletries, water and food. If patients are not enrolled in the national social security system, they are not prioritized and must wait until a doctor is available. My friend Horacio is enrolled and was seen by a nurse relatively fast. The other victim of the gang fight, the young man that was hit on the face, was waiting on the hall, lying on the floor. I learned later that he waited for hours until dawn and that the doctors did not want to remove the bullet from his face because it was a risky procedure and they rather would not do it. I also learned he was not enrolled in the social security program but was given a spot in the next flight to Managua where he was referred to a hospital. In the emergency room there were six patients, another bed was brought in for Horacio who was waiting sitting on a chair in the hall. It was small room with patients, relatives and medical personnel moving in between

180

patients. In the hall, there was a line of patients waiting to be seen. There was an older man, Miskitu, in one of the beds. He looked very pale and in a lot of pain. He was complaining loudly, he was given an IV (intravenous therapy) and an oxygen mask which he refused to wear. He was very distressed and his son and the son's wife seemed much stressed out as well. He was moved to another room. I saw several of the doctors from the Pacific of Nicaragua diligently working alongside Miskitu nurses who helped with translations.

Many patients complain about the long waits but also about the mistreatment many receive from mestizo doctors from the Pacific. Horacio voiced his opinion about this situation while he was in the EM, expressing that Costeños are citizens too and it's the doctors' job to treat patients. The next day, Horacio left the hospital and was taken to his house. I stopped to see him and we talked about his experience. Horacio told me that when he arrived at the hospital covered in blood, he went directly to talk to one of the doctors who pushed back disgusted and unabashed by Horacio's state. There are many stories of medical encounters where the doctors from the Pacific hold racist and prejudiced views about their patients.

My experience as a patient was quite different, even when as foreigner I cannot be enrolled in the National Social Security system yet, I was seen immediately. It was also Monday night, a very slow day with not many patients seeking urgent care. It was the second time during my fieldwork that I was food poisoned and needed immediate care. The first time I went to a private clinic, which costed me $60USD including prescribed medications, a price not many regular residents can afford for an emergency. I visited the hospital the second time because it was the only health care center open 24 hours. When I arrived at the hospital, my friend who came with me, informed the nurses about my condition and I was seen immediately and put into observation. I was given an IV, antibiotics, anti-parasitic medication and left to rest in a bed. As

I have mentioned before, the hospital conditions are very precarious and the doctors work extremely hard to treat and see as many patients as they can. The bed I was in was by the emergency room entry, only a curtain was hiding me from the outside; there was a desk where the doctor in charge of the night shift was seeing patients. In the same room, there was another sub-division by a curtain where nurses had access to the medications and other supplies. My stomach was in pain and I needed to use the bathroom. The doctor, a young woman from Managua who has been in Nuevo Amenecer hospital for three years now, knowing I was a foreigner, warned me about the toilet conditions which I was aware of through friends' stories. Several months before, I had visited the house where most of the doctors and interns from the Pacific of Nicaragua lived during their medical practice in Bilwi. I had several formal and informal conversations with some of the doctors but generally I was known by most of them as the "Mexican anthropologist" working in Bilwi.

When I returned to my bed, a patient came in. He was complaining of coughing too much, feeling throat and lung pain, being unable to sleep, and experiencing general malaise. This patient's wife was sitting with him and she interrupted several times the dialogue between doctor and patient. The young intern seemed bothered but listened to the patient's wife. I have heard complaints from many patients about doctors being rude and not tolerant enough. The female doctor sent the patient for more analysis and studies. While I was waiting, a group of doctors and interns gathered around the small "office" where my bed was located. As the only foreigner, some of doctors asked for my nationality and we engaged in conversation. They were talking about night shifts and breaks. One of the doctors, Costeño and faculty at URACCAN medical school, was explaining that it was hard for him to teach and also practice medicine but it was an

182

extra source of income. He was arguing that medical school at URACCAN was good and not inferior to the education in Managua medical schools.

There was another Costeño doctor who went to medical school in Cuba and has been practicing for a while in Bilwi Puerto Cabezas. He compared the hospital in Bluefields to the one in Bilwi and said that it was embarrassing the conditions in which they work in Bilwi Puerto Cabezas. He also mentioned how underdeveloped the RACNN was compared to all regions of Nicaragua. During our conversation, the young phisician complained of Bilwi's backwards and underdevelopment. The young female doctor who treated me, also join the conversation about underdevelopment of the region. She complained about the conditions in which they work as doctors and the abject poverty in the region. She also could not understand why there is not a highway that connects the RACNN with the Pacific. The two young doctors from Bilwi mentioned the corruption in the RACNN government, how many projects come to the region but the money is kept by corrupt politicians and other opportunistic individuals. They thought it was so ridiculous that foreign funds/projects when they come to Nicaragua they must pay a lot of money so they can implement projects to help the community. Most of those payments and funds are dealt by the regional government. We all agreed the situation is very depressing.

I heard of many tragic accident stories that linked the hospital with terrible outcomes. A few hours I became sick and came to the hospital, a friend and neighbor was telling me about an accident where I taxi driver run over a man who was allegedly walking drunk. He was hit and the taxi driver ran away. Neighbors came to assist the injured and to call the ambulance to be carried to the hospital. According to one of the witness, the injured man has his knee completely damaged, the man was not responding to the pain perhaps because of his state and the shock. When the ambulance came, the witness told the doctors to be careful with his knee and leg and

183

they allegedly responded with cynicism, "it's ok, we will cut the leg off, anyway." I have heard of many unnecessary amputations where doctors rather get rid of the problem by cutting than by using the necessary means to save a body part. This is just an anecdote, perhaps a not a factual story but one that story line is heard too often. Unfortunately, that's how many citizens see the doctors at the hospital, people with no regards over the lives of Costeños, bad-mannered, and unhappy to work there.

After having witnessed the conditions of the hospital as a patient and as a bystander, along with my conversations with doctors and patients at the hospital, I sympathize with the stories told about horrible experiences at the hospital. Yet, I also admire the work of doctors working under such conditions at Nuevo Amanecer. I know many of the patients' complaints are justified since some doctors do have racial and cultural prejudices against the indigenous and black populations of the Coast. I also understand the feeling of overwork, frustration and helplessness some doctors must experience at the hospital. The knowledge of biomedically trained doctors is challenged in this "intercultural" context.

In a conversation with a young doctor from Managua doing his service at the Bilwi public hospital, he described his unhappiness to be serving in the Atlantic Coast. Jose described the Coast as primitive and backwards place and assured me that whatever Miskitu indigenous peoples call "alternative or traditional medicine" it's just witchcraft or superstitions that do not compare to a real system of alternative medicine that according to him, has a structure of diagnosis, treatment and healing. My informal conversation with Jose happened out of a missed appointment with a different doctor who attempted to treat a case of *Grisi Siknis*. He missed the appointment but Jose was enthusiastic to talk to me out of a perceived ethnic/racial resemblance.

He told me how happy he was to talk to someone who can speak actual Spanish[44]. Many of these young doctors come from the Pacific of Nicaragua as medical interns and many of them went to medical school in Cuba and must fulfill a year of medical practice in a selected region of the country.

Many choose to work in the Coast not because they can provide a great service to the community but because they can specialize and go directly on to their specializations back in the Pacific. There are stories of doctors from the Pacific who are sent to rural indigenous communities and leave their post or only show up once. Jose told me that medicine under a socialist government of Nicaragua and Cuba are very similar in terms of practice and service. He told me that medicine in Cuba is purely biomedical and that the use of medicinal plants it is not unknown although there are schools of medicine in Cuba that have their own botanical/medicinal gardens. The problem in Cuba is the access to medicine. Many of the pharmacies do not have the medicine for many ailments to which many people go to the black market in search of their pharmaceuticals that the state cannot provide them. A similar situation is occurring in Nicaraguan public hospitals except that most private pharmacies and clinics sell the medicine hospitals can't provide patients for free.

Jose has never had to deal with "traditional illnesses". He described a case of *Grisi Siknis* that was attended by his roommate. Jose describes the case as a psychosomatic condition; the parents of the patient told the doctor that it was caused by spiritual possession. He claimed that these cases are out of his expertise as a biomedical practitioner. Jose also told me that in the hospital many of his colleagues are Miskitu and most of the nurses too, so they know how to

44   Pineda (2006) argues that this kind of prejudice against Costeños is the way in which perceptions of land and geography intersect with ideologies of race and group differences. In chapter 3 I explain in detail some of these discourses of race, ethnicity and geography from Pacific mestizos and the responses from Costeños to these discourses.

185

understand these types of conditions. One of the main obstacles that many of these young doctors encounters in the Coast are first, the economic and political conditions that affect the infrastructure or lack of at the hospital; second, the lack of doctors and clinics, and thirdly, the main problem is a cultural one. In my visits to hospitals, health centers and the Ministry of health of the region, and in my interviews and formal and informal discussions with health workers, regardless of their ethnic affiliation they understand *Grisi Siknis* and interculturality in health. The regional university has been responsible for promoting intercultural health by educating staff on respect for indigenous and multicultural worldview of the region.

In terms of definition of personhood and citizenship among Miskitus, these discourses of difference, which have been highlighted and in some way legitimized by Western medicine in the region, have helped the Miskitu propose new political practices and use this cultural difference to build a new form of citizenship in response to intercultural agenda. "We are indigenous people of the region, the true owners of the land" several groups proposing a total expulsion of mestizos and Afro-descendant groups in their region and total separation of state. There is a rejection on intercultural citizenship by many Miskitus as they feel it is not a citizenship project that benefits them, given their lived experiences in the hospital. I discuss this political practice emerging from the experience of *Grisis Siknis* and the intercultural health model in the following chapter.

Biwi-Puerto Cabezas' population is ethnically diverse and many of the patients that go to the hospital are indigenous peoples who are not familiar with the system, not speak Spanish, are economically deprived and are not enrolled in the National Social Security system because many work in the informal economy. Thus, the doctors from the pacific face cultural and language differences and sometimes do not how to deal with the situation. Many Miskitu patients have

186

reported being mistreated by the doctors. Another example of cultural misunderstandings occurs when Miskitu patients come to the hospital after having visited a traditional healer and they bring their medicinal plants and other treatment given by their healer, this is one of the aspects that doctors from the pacific find extremely unacceptable because the doctor argues it could intervene with the biomedical treatment.

Interculturality in health is an epistemological stance and strategy to achieve political leverage with the goal to have respectful and horizontal dialogue among multicultural people; however, it seems to me as an incomplete project. It has multiple meanings that are context specific and while it is a process of incorporating cultural difference, it has not contributed fully achieving goals such as successfully creating intercultural medicine program that incorporates biomedicine and traditional medicine, as my observations in Nuevo Amanecer demonstrate. Traditional medicine under the Intercultural health model will always be an alternative system apart from biomedicine. Studies have shown that interculturality poses a paradox on medical choice and health care among indigenous groups. For example, Ruiz asserts that "On the one hand, intercultural health requires the recognition, acceptance, and articulation of both ethnomedical and biomedical models. On the other hand, interculturality provides a context within which different political and social agents struggle to define and control health policy and health care based on ethnic identity, autonomy, decentralization and the granting indigenous rights" (see Ruiz 2006; 162).

In a recent dissertation by Lucia Guerra about Peruvian Birthing Policy (2013) her findings question the assertion that interculturality birthing policy is providing improved birth care services for indigenous women. Guerra argues that the democratizing ideas of interculturalidad are present only in discourse but not in the coercive and sometimes abusive

birth care practice. Interculturality, according to Guerra, does not promote intercultural dialogue, does little to create culturally appropriate birth care. I agree with her findings and along similar lines, I also argue that interculturality as a tool for political struggles serves to sustain unequal access to health care and health care practice. My observations in Nuevo Amanecer, the interactions between doctors and Miskitu patients, and the physical conditions further speak to interculturality in health as a discourse only.

State health care is a basic right to all the citizens in Nicaragua. In his study on "Ethnomedical Interactions: Health and Identity on Nicaragua's Atlantic Coast", Bruce Barrett provides a detailed history of the dramatic changes in health care in Nicaragua. After the triumph of the Sandinista Revolution, the government consolidated into one, the National Unified Health System under the leadership of Nicaraguan Ministry of Health (MINSA). Health care expansion followed the Sandinista movement achieved a dramatic increase in health care services mainly by the construction of health post in rural villages and urban centers. Another achievement was the creation of the People's Health Days and People's Health Councils that focused on health education and prevention, vaccination and sanitation programs, maternal and child care (Barret 1995). In 2006, after the comeback of the Sandinista government after years of neoliberal governments, the FSLN, with a new message "government of reconciliation and national unity" promoted a new initiative to tackle the health problems in the nation with a focus on the determinants of health with a cultural, political, and social approach and promoted the revitalization of traditional medicine (MINSA 2008). This was a beneficial initiative for the Autonomous regions of the country because it helped to strengthen their Intercultural Health Model.

Health care in Nicaragua is free and universal. However, citizens must be registered under the INSS (Nicaraguan Institute of Social Security) which through an interconnected circuit of health clinics and posts (Clinicas Medicas Previsionales) provide more efficient health care and provide on medicine. Most Miskitu citizens are not registered under the social security institute, especially those who work in the informal economy, but even those whose employer must register them under law, yet Miskitu refuse. For instance, a friend of mine, who worked at a hostel as a domestic worker, told me she refuses to register under the social security a domestic worker or a maintenance worker refused to register under the social security because her payment was already low and she did not want to give part of her salary to social security even when at the end she will benefiting from it.

Through my conversations with Miskitu, some expressed their mistrust for any state run institution, as some Miskitu believe that the State wants to steal from them when they have never received anything from the State. There are also private run clinics whose services are much better and efficient than both state clinics and hospital but are unaffordable for most of the poor working population. Acción Médica Cristiana (AMC) a non-governmental organization, part of a global ministries health initiative along with other international organisms such as Horizon 3000 offers health care related services to the population, especially rural populations in the RACNN. I had the opportunity to travel with a group of locals trained by AMC to Rio Coco communities where they were going to provide workshops on first aid and the usage of some medical supplies, preventive medicine and sustainable development programs.

Discourses about cultural difference limit the possibility of change in the health sector (Ruiz 2006). In an ideal intercultural health care program, ethnic groups should have an equal access to health care and equal participation and choice about their medical system and

189

treatments. However, traditional medicine is not given the same value as Western medicine and both medical systems refuse to work together. State institutions have always encountered tense relations in the Atlantic Coast. The Miskitu population remains the group most affected by the lack of health services, having the highest rate of infant mortality and maternal deaths (MINSA 2008). As I explained earlier, most of the outbreaks of *Grisi Siknis* are not reported to the system of epidemiology in the region because many consider that Western biomedical medicine cannot treat such afflictions. However, leaders in the communities and concerned parents do want a response and path of action from state and regional government institutions.

Most Costeños I talked to complain about the conditions of the hospital and the doctors' treatment towards them. Specially, the doctors from the pacific tend to be less tolerant and lack understanding of the cultural differences in the Atlantic Coast. Often, it is a language barrier because many indigenous people prefer to communicate in their native language and most Mestizo doctors from the Pacific only speak Spanish. These medical practitioners tend to describe the indigenous patients as difficult to deal with, stubborn, violent, dirty, and irrational. The sub-director of MINSA believes that "there is no resistance from the biomedical establishment to traditional healing unless the patient is given an oral treatment by the healer" which seems to go against the assumed rationality of biomedicine's practices. However, she acknowledges that there has been much abuse by biomedical practitioners with their patients who are often blamed for choosing traditional medicine before biomedicine. Cradon-Malamud showed that medical choice has implications for status, wealth, and political statements, *"In this medical dialogue, what people say about their social world through the idiom of medicine are statements about political and economic realities, and the meaning of ethnic relations"* (Cradon 1986: 463). This medical encounter under this new medical pluralism or intercultural medicine

does not mean that health systems are equally valued or that the population has equal access to medical care and resources, however, it disguises deeper, historical and political relations and economic and social inequalities.

6.5 CONCLUSION

Biomedical practices are designed to localize suffering in a discrete site in the body subjected to therapeutic procedures. *Grisi Siknis* resist such objectification and defeats biomedical practices aimed at localizing it in the body. By defining this illness experience as a collective hysteria associated to "culture" it becomes an annoyance for biomedical doctors at the hospital. However, it is a political tool for medical activists whose purpose is to push their intercultural policies. Intercultural health model in the RACNN has worked as a symbolic device to create an imagined vision of an intercultural citizenship and as a new form of governmentality. Boccara (2007) and Fassin (2007) argue that State multiculturalism, as a new art of government or ethnogovermentality, tends to extend the mechanisms of state intervention, as well as generates new subjectivities, new spaces of power, new fields of knowledge and new markets of symbolic goods and exotics in which social agents (ethnobureaucrats, indigenous intellectuals, leaders, state agents and state workers) struggle to define the legitimate principles of cultural authentication and vision of the social world.

The work of Briggs and Maritini-Briggs (2003) about cholera among indigenous peoples in Venezuela provides a similar situation of linking culture/race discourses and state intervention. *"By racializing cholera as an indigenous disease, the nation-state's failure to achieve modernity could be made to seem natural and inevitable. The contradiction that lies at*

191

the heart of state institutions-between the democratic rhetoric that promises equal access and treatment to all citizens and practices that enforce inequalities of race, gender, class and sexuality" (137). Furthermore, Cholera came to be seen as a "indigenous problem" and an individualized one, tieding behaviors and attitudes of the specific people it infected. Thus, Cholera illustrates the dual significance of images of social inequality, serving both as representations of how poor people of color are placed within modernity and as a means of regulating access to jobs, education, legal protection, medical treatment, and capital. In other words, in purporting to describe the lives of the poor, such discourses play a key role in shaping them (Briggs and Martini-Briggs 2003). Along the same lines, the redefinition of *Grisi Siknis* for policy purposes, embodies the discourse of power. The biomedical institutions of the region define the illness experience but it does not acknowledge the suffering of the individuals.

The intercultural programs in the RACNN, although envisioned as a form of political struggle to relocate power and political autonomy from the State, tend to perpetuate the subjugations and subjectivation of individuals and to ignore the social determinants of health and suffering. Further, feeding into the discourses of difference guided by the state project of multiculturalism, *Grisi Siknis* outbreaks only reinforce the existing ideologies of racial, cultural, linguistic difference of the Atlantic compared to the Pacific. The redefinition, culturalization and politicization of *Grisi Siknis* by regional institutions have alienated *Grisi Siknis* experience transforming it into a political fact.

7.0 ALIENATED AFFLICTION: INDIGENOUS MOVEMENTS AND THE POLITICS OF *GRISI SIKNIS*

The meaning of an illness experience and narrative is constructed and produced through an array of discourses and practices in which sufferers, families, and institutions participate. In this dissertation, I have shown that the experience of *Grisi Siknis* carries multiple meanings and has been utilized by different actors for different reasons and purposes at the different levels of society. At the biomedical and State level, *Grisi Siknis* is constructed as a collective hysteria experience to administer it, integrated it into a state epidemiology and as an instrument of intercultural health policy (that while it acknowledges the indigenous views of it, it disregards it in practice). At the ground, social level, *Grisi Siknis* experience is politically constructed to contend against the regional and State government and to make demands to address grievances.

My focus on this section is to show how locals understand, enact, and respond to inequalities that inform and produce affliction. In other words, the structural conditions of poverty, inequalities, violence shaped multiple discourses of inclusion and exclusion reshaping conceptions of suffering and political action. The indigenous peoples of the RACNN are trying to reconfigure new spaces to voice their concerns. *Grisi Siknis* collective outbreaks provide the space where suffering discourses around *Grisi siknis* experience demand a response from authorites to their social ills. Within the new political space, *Grisi Siknis* is constructed within a humanitarian rationale to make their demands against the state. These contentious productions of

a politicized illness experience have social implicati ons at the individual level of experience of those affected by *Grisi Siknis*. In this chapter, I examine the intersection between politics and illness. I explore the discourses created around identity politics, intercultural and multicultural reforms in the region. I argue that this context has created a new political practice among indigenous groups linked to a "politicized illness experience" as new political cleavage through which citizens or social movements frame their political demands or challenge state authorities. In the following section, I provide the context where local politics, health and the state interact in a "disconnected" historical relationship of the State institutions and indigenous peoples. The following narrative encapsulates the historical and contemporary contentious politics that have emerged around health inequities and the absence of the State in such an important event for the region.

7.1 INTERCULTURAL DIALOGUE: CONTESTED POLITICS AMONG REGIONAL AND STATE AUTHORITIES

During the month of October 2013, I attended a regional biannual conference that takes place in Bilwi Puerto Cabezas with the goal to have an intercultural dialogue between state, regional, civil society (International NGOs) health institutions, and traditional healers with the goal to improve the health of the population. The conference's theme was "Health and Community Participation: Intercultural Health as a Right of our Multicultural Communities in the RACNN." State/regional institutions such as MINSA-SILAIS and RACNN health commission, IMTRADEC, Acción Médica Cristiana (AMC), European Union, and Horizon 3000 organized and funded the conference. Five municipalities of RACNN were participating in

the conference, Prizapolka (40+communities), Waspam (65+communities), Bonanza (35 +

communities), Rosita (35+ communities), and Bilwi-Puerto Cabezas.

At the beginning of the conference, as in many official events, a Miskitu member of

regional council recited a prayer while the audience stood up and remained in silence. After the

prayer, the speaker welcomed us and stated that the health of the population requires dialogue

and participation from all levels of society. After the welcoming, a group of Miskitu musicians

sang a song about Miskitu identity and a group of dancer joined the show. Rural communities in

the RACNN are in a real need for basic access to health care. "*If a population experiences good*

health is a population that will develop," explained the regional council representative. He also

explained that the promotion of intercultural health has been crucial because it has led to the Law

of Traditional Medicine[45] in the nation.

The regional council representative explained that there are many obstacles towards the

acceptance and implementation of intercultural health policies and laws. He was happy to see

many institutions gathered in the same room but was disappointed for the absence of State

representatives. I could see the frustration and anger from several leaders sitting next to me for

the absence of the State. When regional council members mentioned that none of the state

MINSA representatives from Managua came to the reunion, angrily claimed: *"nosotros también*

somos Nicaraguense, también somos parte del Estado, los problemas de la region también son

problemas del Estado" (We are also Nicaraguans, we are part of this country. The region's

---

45   Ley no. 759 Ley de Médicina Tradicional Ancestral; "The law of Ancestral Traditional Medicine
approved in April 2014, is complementary to the General Health Law 423. The Traditional Medicine Law
promotes the citizenry collective participation in disease prevention and the respect for alternative
health systems. The main objective of this law is to protect and support traditional healers and
cooperate with biomedicine. See
http://legislacion.asamblea.gob.ni/Normaweb.nsf/4c9d05860ddef1c50625725e0051e506/f0b975a684d
9690e06257cde005b469a?OpenDocument

problems are also State problems). After that statement, he referred to the audience as *"Hijos*

autoctonos de la region" (as native people of the region) and proceeded to introduced Evelyn

Taylor, senator and Bilwi Puerto Cabezas mayor. She greeted the audience in Miskitu, Mayagna,

Spanish and English. Taylor also re-stated that intercultural health is a challenge and that

traditional medicine and biomedicine must complement each other. Taylor argues that we must

find ways for both medical systems to be willing to work together. She also talked about the

future improvements on the current agreements such as improving and implementing health

education for midwives and community health educators, more health posts and intercultural

health promotion focus on the health model of the region.

The conference proceeded with all the health representatives and community leaders to

present their achievements and challenges. Dra. Ivania Lopez, director of MINSA-SILAIS

presented the results of the region. She focused on main interventions dealing with malaria and

dengue prevention. She stated that most of the interventions target communities with high child

and maternal mortality, high pregnancy rates, isolation, lack of health posts. MINSA-SILAIS has

improved the maternity homes and assistance to pregnant women, has provided scholarships to

medical students, and has promoted traditional medicine. Dra. Lopez explained that the issue of

traditional healing must be discussed fully; the articulation between traditional medicine and

biomedical health institutions still pending.

One of the biggest problems in the region is the regional political corruption, there is

trouble with the resources given to some communities, and some of those never reached the

target communities. Dra. Lopez argues that regional leaders must assume responsibility because

many of the resources and materials are sold or stolen. She also argued that it is important to

improve the communication with Honduras health institutions and the border with Nicaragua for

the control and regulation of diseases such HIV-AIDS. Many of the health challenges in region

continue to be the growing and persistent infectious diseases, emerging chronic diseases and the

lack of health care access in rural communities. Dra. Lopez also urged a focus on women's health

and rights: domestic violence, eradicate machismo and promote sexual education and distribution

of contraception. She explained that pregnant women have the right to choose their way to give

birth, either through a partera (midwife) or at the hospital. She asserts that although they are

willing to have an integrative medicine (traditional and biomedicine) there is still a lot to be

done. "*No hay participación del estado y las instituciones del estado necesitan apoyar y respetar*

nuestro derecho de elegir nuestra médicina." (There is no State participation and State

institutions must support and respect our right to choose our medical system). Followed by her

presentation, questions from the audience were allowed.

The audience was upset and frustrated. At first, I thought they were angry about the

health statistics given by the director of MINSA but the anger was deeper. The audience (among

them traditional healers, midwives, community health educators and community members)

demanded answers for the lack of presence of doctors or health agents in their communities.

Many people talked about their new community problems with drugs, suicide, and HIV-AIDS

and the lack of support to help the youth. Other man was frustrated about the lack of aquatic

transportation in the communities in case of emergencies, lack of medical supplies and lack of

compromises from the region/state health institutions. He complained for the lack of medical

posts and personnel, lack of infrastructure and so much poverty and deprivation. Another man

explained that there is a cultural barrier, and most doctors do not want to live among the

indigenous poor. Others claim the discrimination experienced by many indigenous patients by

their doctors who do not understand the culture but are not willing to learn their language "*se*

*tiene que atender al paciente eficientemente, deben considerarnor y respetarnos" (*Patients must be treated efficiently with respect and dignity).

In terms of state and local institutions involvement in the health of the indigenous population in the RACNN, some of the audience participants, agreed and further explained that MINSA administrators need to go the communities where people live so they experience and see what the conditions and the poverty lived by people. Some field doctors are supposed to stay in the communities for three months but they only provide one day of service every three months. The panel of medical officials and regional representatives responded to some of the questions and claims. They told the audience that municipal leaders must follow and respect the agreements "*no hay grado de cumplimiento*" (there is no compromise) and yes, the doctors' attitude must change. They also argue that there is a lack of communication and coordination with the leaders and institutions. They asked the community leaders and regional council representatives to compromise and work together. Another doctor from the panel stated that there is a lack human and economic resources. The first day of the conference ended with people leaving the conference room angry because of the lack of compromise among community and regional leaders and a sense of hopelessness that nothing will be accomplished solely by integrating the "intercultural dialogue" in health.

The second day of the conference had as an objective to assess the health problems in the each municipality and the possible community problem solving initiatives. The conference was introduced by a leader from Prisalpolka who started by thanking AMC (Acción Médica Cristiana) and their efforts to strengthen traditional medicine and their commitment to the indigenous communities in the RACNN. He proposed a continuing partnership with AMC for the empowerment of their communities to deal with their own problems and to find ways to

coordinate with leaders of other communities to solve their health and community problems. He asks for "equidad de genero" (gender equality) to end the domestic violence and machista ideas. "Si queremos salud, organizemos las comunidades" (if we want healthy communities, we must organize) and he maintained that to promote and implement intercultural health "tenemos que apartarnos de los partidos politicos" (we need to stay away from political parties). The audience responded with loud cheers and hand clapping. There has been a polarization around two main political parties in the region, FSLN (Sandinista party) and YATAMA (an indigenous political party).

After the speech, all the conference participants were divided into groups, each group representing every single municipalities of the region. Siuna, Rosita, Waspam, Prisapolka, Puerto Cabezas. I moved around several groups, I wanted to get a glimpse of each municipality's health problems. All the municipalities received a three-page agreement with the past and current community health proposals. The goal was for the groups to report on the development and implementation of each proposal. For instance, in municipality of Prisapolka the members of the group all agreed that in terms of traditional medicine nothing was done yet, "*no se respeta la médicina traditional*" (there is no respect for traditional medicine) one person claimed. "*No hay apoyo para las parteras*" (no support for midwifery) another one yelled. Another person in the audience claimed that "*no se valora la sabiduria de los ancianos*" (no one values elder's knowledge anymore) and all the health workers are temporary, none stay long enough to provide care to the communities. Another one claimed that traditional medicine must be included in the school curriculum and that traditional healers must have a license to be legitimate as biomedical doctors. They also agreed that there must be a help/or fund for traditional healers so they can

199

treat anyone even if they do not have any money. They brought up the issue of healers charging too much money for their cures and treatments.

Each municipality selected a spokesperson who presented the top 10 priorities for their region. All the municipalities seemed to share the same community health problems. For instance, the spokesperson for Waspam talked about the following problems: 1) lack of clean water, 2) the need to strengthen traditional medicine, 3) to create medicinal plants gardens/plots, 4) to set up radio communications on each community for emergencies, 5) more health posts, 6) aquatic transportation, 7) an auditing system to inspect and supervise the distribution of funds, 8) more health workers, more resources for the existing health clinics and centers. Other municipalities emphasized the need for academic scholarships for their young people to study nursing and medicine and the need to institutionalize traditional medicine. They also talked about the lack of infrastructure and the lack of interest from the State government.

After the presentations, the sub-director of MINSA Managua was introduced. She gave what it seemed a quite inappropriate presentation given the context and topic of the conference, which only fueled the discontent of the participants. Argentina Parajo's presentation focused on the process of laws proposals and enactment at the national level by using the example of Organ Donation Law. She repeated a few times how there is no "*there is no economic and technical support to pass all the laws in the country*" and that all laws must be worked on a conceptual and technical level. She talked about the process of organ transplant and how Managua has the technology to serve patients in need of a transplant. I noticed much of the audience seemed a bit confused, some were fascinated by the presentation, while others left the room. She missed the chance to listen to the pleas, concerns and demands from community members who were mainly demanding basic health care.

Many community leaders, traditional healers, midwives and health representatives from the RACNN traveled up to two days by boat and bus to be here in Bilwi-Puerto Cabezas. The state representative continued on to talk about how there is great need of organ transplants in the Pacific of Nicaragua more than in the Atlantic. How can we know if people in the RACNN do not have a need for organ transplants when there is no basic health care among the poorest communities? During my fieldwork in Arang Dak, six years earlier, I was witness of the great need for basic health care. Children die from diarrhea and mothers from childbirth complications. In order to reach a health post, residents of Arang Dak must travel two days in a boat upriver to the nearest or largest town. Many residents depend on health brigades from NGOs and the donations (mostly first aid packages and basic analgesics) from foreigners who work in the area.

During my fieldwork, many villagers would come to visit me asking for medicine or medical advice. I remember a mother desperate whose child has been sick with fever and diarrhea. I am not a medical doctor nor have specialized knowledge on infectious diseases. My only advice was to keep the child hydrated until someone could bring professional help. That night, Petra took her four children plus the sick infant to their field hut, a few miles away from Arang Dak. Everyone in the village questioned her decision but they also knew she had to attend the fields, their only subsistence. Petra's husband was a territorial leader and was away on business trip to Waspan. The next day in Arang Dak around 10 in the morning, we heard the wailing of Petra running and carrying the lifeless body of her son. Later we learned that during the night Petra's son did not seem to get better. In a desperate act to save her child, she decided to take the boat and travel upriver to reach a health post at a different village. Petra took her children with her but unfortunately, their boat hit a rapid and everyone on board fell into the

water. She could not save her sick child, who was too sick and weak to swim. The tragic death of the child caused great commotion in the village. The night of the funeral, I witnessed several cases of *Grisi siknis* that went on until late hours of the night and continue next day during the burial.

Back in Bilwi, to listen to a state representative talk about organ transplants when the rural population has no access to health care felt like an insult. When the state representative was finally concluding her presentation, she advised the participants to avoid getting sick. *"Hay que evitar enfermarse porque la salud cuesta"* (Let us avoid getting sick because health is expensive) as if many of the participants would not know the price of getting sick. No one asked any questions. The audience was quiet. The state representative left quickly explaining she had to run to another meeting. The assembly ended with the symbolic act of the regional council members signing a document/agreement to accomplish all the goals the people stated at the conference.

I went back to the hotel where I staying and talked to two of my friends about the state representative's presentation. They were not surprised or shocked by neither the presentation nor the lack of sensitivity by the state representative. It is very common that state representatives from the Pacific of Nicaragua lack sensitivity towards the real issues of the RACNN. At the hotel lobby I saw two other people who were also participating at the conference, they were staying at the hotel and we started to chat about our impressions of the conference. We talked about the organ transplant presentation by the State representative, how confusing and irrelevant it was. Four more men join our talk and we discussed the lack of knowledge and sensitivity from many State representatives about the RACNN population, their needs, their lives, their sufferings. How absurd to be advised about avoiding sickness. One man told me that things are getting better but before the revolution, the Pacific people were racist against the Costeños, they would imagine or

picture them as exotic, savages and black. The conference and the conversation with Costeños

made me realize the actual and figurative distance between the State and the RACNN.

The relationship of the Nicaraguan state to the Atlantic Coast has been contentions,

lacking, and contradictory. The region's history of British colonial relations, the forced

"reincorporation[46]" of the Mosquitia into the rest of Nicaragua and subsequently the US

neocolonialism, and Sandinista/Contra revolutionary war has left a legacy of contentious

negotiations with the State and the Caribbean Coast. The struggle for regional autonomy in the

Coast, in addition to the increased political mobilizations since the 1980s, has proved to be a

highly contested process challenged by national institutions as well as the competing interests of

different indigenous and ethnic groups on the Coast itself.

The narrative above represents everyday politics of life among Costeños where the

current (FSLN) government has been changing from a socialist revolutionary party into a

corporatist[47] regime, economically neoliberal (pro-privatization), and socially towards political

clientalism[48]. FSLN invokes a type of direct democracy, Christian and centralized power.

---

46   Gabbert (2011) argues that regardless of the real historical significance, the Kingdom of
Mosquitia and the Mosquito Reservation have become symbols of past glory and the political
independence of the coastal population. The reincorporation under the Harrison-Altamirano Treaty
fueled the notions of regional political autonomy among Miskitu people. The Treaty recognized
Nicaraguan sovereignty over the Atlantic region and brought the Kingdom of Mosquitia to an end. See
also Helms (1969) Hale (1994).

47   According to Kaufman (1977) corporatist regime is a system of interest representation in which
certain groups are officially recognized by the state in exchange for acceptance of state control or limits
on their expression of interest and demands. FSLN government has moved the agenda of multicultural
recognition by passing laws such as Traditional Medicine Law or the Intercultural Health Model of the
RACNN without necessarily implementing the laws.

48   Clientalism is understood as patron-client dyad, an informal particularistic exchange
relationship between actors of unequal power and status. "It reflects an extensive distrust of impersonal
authority; a tendency to rely on the activation of diffuse primary relationship to accomplish assorted
social, economic, and political goals; a posture of personal dependency on superiors within the status
hierarchy" (Kaufman 1977:113).

Ortega's government is known as the "government of reconciliation". The president himself and his family own many of the largest and more prolific businesses in Nicaragua. Looking into the recent developments in the relationships with the state and the indigenous peoples in the RACNN, it has been one of recognition of cultural difference but demands have not materialized into policy. It is important to remember that neither the Somoza dictatorship nor the Sandinistas had a significant military or social presence in the region.

The boom and bust of Company Time in the region coincided with the beginning of political consciousness among indigenous peoples. By the time the Sandinista revolutionaries reached the RACNN, they encountered an ideological and cultural resistance to their socialist and nation building ideas that were construed under ideas of mestizaje and misconceptions of the multi-ethnic populations of the region. In Nicaragua, the process of assimilation is referred to as "mestizaje" miscegenation between the indigenous population and Iberian settlers that established the dominance of white, Spanish speaking mestizos. On the Atlantic Coast, mestizaje acquired a different meaning and was affected by the presence of British and US colonialism that proved minimally disruptive to established ways of life amongst the indigenous population (Baracco 2011:137). The Miskitu insurgency against the Sandinistas had its roots in the proto-nationalist imaginings awaken by invasive Nicaraguan state, the influence of Fourth World pan-indigenist ideology, literacy projects and the Moravian and Liberation Theology teachings. After the Contra-revolutionary conflict and during the peace negotiations, the FSLN government responded by accepting the multiculturalism and cultural difference of the Coast citizens.

Latin American have increasingly witnessed a turn to a "multicultural" policies on the part of the national governments that have officially recognized their "multiethnic and pluricultural" nature. Nicaragua has declared to be a multicultural country with two autonomous

regions in the Atlantic Coast. The autonomy of the Atlantic coastal region is understood as a

multicultural regime that was signed as part of an accord between the Sandinistas and Contra-

revolutionaries in the 1980s. It came at a contradictory time since the nation state developed

national ideologies of mestizaje that portrayed the citizens as overwhelmingly mestizo (racially

mixed) ancestry while indigenous and Afro-descendants where excluded from this process of

nation building and citizenship. By defining a multicultural nation, Nicaragua promotes

acceptance and recognition of historically disadvantaged ethnic groups but it does not legitimize

the autonomy decreed signed during the Contra war.

Multicultural recognition has been one the steps taken by the Nicaraguan government to

legally stipulate the juridical equality of its citizens but also to avoid resistance that would attack

the hegemony of the nation state (Hale 2002). These multicultural policies have changed the

discourse about equality and have increased the contentious relations among other ethnic groups

claiming rights based on cultural particularity and political affiliations. In the RACNN, the

political options continued to mirror the polarization between two rivals: The Sandinistas

(FSLN) and the Miskitu resistance grouped in YATAMA. Regional election results in March

2014 proclaimed the Frente Sandinista de Liberación Nacional (FSLN) as the ruling party of the

Autonomous Atlantic Regions of Nicaragua (RACNN and RACSS). Election rresults sparked

resistance from YATAMA – (Yapti Tasba Masraka Nanhi Asla Takanka-Hijos de la Madre

Tierra/Mother Earth's Children), the main indigenous political organization in the region,

claiming that the elections were rigged in favor of the FSLN. The indigenous leaders in the

predominantly indigenous region claim that the Nicaraguan government rigged the electoral

process to take total control of the Caribbean coast and of the entire nation. The state sent

militarized riots police to the region because it was expected that YATAMA followers would

cause riots after losing the elections. Many believe that YATAMA has become too corrupt and their ways of resisting and fighting against the state does not represent the multi-ethnic population of the region. However, by FSLN having total control of political, economic, and social decisions, the regions are left with no autonomy. "*Somos auto-monos, no autonomos*" (we are auto-dependants, not autonomous") many Costeños jokingly refer to their situation.

Most of the FSLN followers in the RACNN have identified with the Sandinistas since the revolution (either because clientalism and/or because they were benefited by the social programs of the revolution) also because of the current migration of mestizos from the Pacific who now are the largest population in the RACNN. The struggle for regional autonomy and for increased political and economic control takes place in everyday interaction and it reflected it what indigenous people deem as important.

The intercultural dialogue conference among indigenous peoples, state and regional institutions symbolizes the political reality of region. A disconnect between three fractions of society where facts, numbers, grievances are all expressed and not much gets accomplished. Intercultural discourses about health, inter-ethnic relations, and the relation to the state create an imagination of the region's citizenry but do not accomplish much in practice. Fassin (2007) defines social inequalities as biopolitics and its consequences. Choice or lack of choices in terms of health, social policies, on employment and housing programs, education have concrete and measurable impacts on life expectancy, mortality rates are not only statistical or anecdotal data but they mean differences in values attached to lives. Material and structural conditions have disadvantaged indigenous communities for centuries and constitute a constant source of conflict and object of change. In the next section, I present the historical antecedents of the emergence of ethnic political mobilization in the RACNN to exemplify the complex relationship between

indigenous peoples, regional and state institutions as well as the process of self-determination that continues to be a challenge.

7.2 EMERGENCE OF ETHNIC POLITICAL MOVEMENTS IN THE RACNN

Most literature during the 1970s and 1980s perceived ethnicity and political consciousness among the Miskitu as a contradictory consciousness (Helms 1971; Nietschmann 1973). According to Hale (1994) the Miskitu, Sandinista contra-revolutionary uprising were alledgely manipulated by US interests and with a historical "Anglo affinity" which invalidated the rise of their political ethnic mobilization as legitimate (Hale 1994; Pineda 2006; Baracco 2011). The complexity of ethnicity and race ideologies in terms of understanding the rise the Miskitu indigenous movements have been mostly ignored. Several factors influenced the political mobilization of the Miskitu rather than focus on ideological manipulation and lack of political agency among the group. However, several scholars in the region substantiated these perceived attributes of the Miskitu ethnic identity and identity shifting.

Charles Hale conducted research in the southern Atlantic Coast in the 1980s, presented a framework to understand the connection between the evolving political economy of the region and the rise of ethnic identities. Hale attributed the tendency of Indians to shift to Creole identification because it was perceived as a more privileged ethnic group, which he called "strategy of upward mobility" (Hale 1994, 123). According to Hale, the ethnic switch was correlated to upwardly mobile villagers. He showed that an understanding of Atlantic Coast history necessitates a grasp of the shift in inter-ethnic relations through various transitions in the Atlantic Coast's political economy.

207

The most important factor shaping social change in the Atlantic Coast was "external domination" by the British and later the United States. However, scholars have taken up these issues identified as ethnic conflicts and in particular, Hale's concept of "Anglo cultural affinity" which depicts the Miskitu's embrace of Anglo-American culture and institutions as an act of resistance to the mestizoising pretensions of the Nicaraguan national state (Baracco 2011:134). For Pineda (2006:215-216), by suggesting that the Miskitu resisted mestizo oppression by internalizing Anglo-American hegemonic beliefs that were equally subordinating, Hale's analysis hardly moves beyond that of the Sandinistas in terms of his focus on the Miskitu's "ideological confusion." Thus, Hale's analysis portrays the Miskitu as contradictory but ultimately confused and manipulated objects of imperialism instead actively creating an ethnonationalism on their own. Pineda (2006) takes a critical stand about the supposed Anglo-affinity of Costeños and the so-called ethnic distinctions. He argues for regional distinctions and status hierarchies, "a rural-urban dynamic in which urbanism is associated with civilization, modernity, and cultural and racial hybridism, while ruralism is associated with a lack of refinement and Miskitu cultural purity" (140). I have demonstrated that these rural versus urban hierarchies in this dissertation that also are linked to discourses of gender and sexuality.

Analyses of strategic essentialism or instrumentalist approaches to the emergence of ethnic political mobilizations assume that individuals have fixed preferences, are goal oriented, and act intentionally. Thus, politicization of ethnicity is largely instrumental to achieving other goals but does not explain why, when, and why ethnic movements emerge[49]. Yashar (2005) argues that political identities are historically contingent, institutionally bounded, and open to change. States (and those in power) set the stage but societies do not always conform to the

---

49   See Yashar 2005: 13

script. This cannot impose preferences or displace identities; for political identities are neither fixed nor completely malleable. In the case of the Miskitu ethnic mobilization, there were several factors grounded in the history of colonial and Caribbean race and ethnic ideologies.

Situational identity among the Costeños is shaped by the political and economic shifts in the region. Pineda (2006) argues that the situational identity shift focuses on the primacy of changes in the categorical systems of socio-racial difference versus the common-sense notion that the difference between the two regions can be taken at face value as the product of different levels of African and Indian miscegenation. The national project of the Nicaraguan state, mestizaje, was to be achieved through the attainment of greater civilization that was conceived in racial terms. The Hispanization of the Atlantic Coast was not attained because the state lacked power and resources to position itself against the British occupation and then the US neo-colonization.

Costeños ideas about race and ethnicity are intrinsically linked to political, economic and social conditions. Costeños views and construction of race and ethnicity were deeply influenced by their interaction with British and the English-speaking Caribbean world and subsequently with US neo-colonization. By the beginning of the twentieth century, Costeños associated progress and civilization with English language and North American customs and institutions, and regarded Central American nations as inferior and antagonistic, contrary to the Pacific Nicaraguans who regarded the Atlantic coast and its inhabitants as culturally, economically and racially backward (Pineda 2006:69). Herlihy (2012:34-36) argues that living in a pluri-ethnic region provides situations where the Miskitu self can take in several different social identities. The degree to which Miskitu individuals, as members of a mixed group see themselves as either black or Indian is related to the group with whom they are interacting. Honduran Miskitu

considers themselves more Indian when interacting with the Afro-Caribbean Creole and Afro-Indigenous Garifuna peoples but more black when interacting with other indigenous groups like the Sumu-Mayangna[50]. These ethnic and racial identifications have been politicized at different moments in the history of region.

7.2.1 Indigenous Uprising: Political Polarization in the RACNN

The political mobilization in the RACNN was on village-to-village basis and not related to racial identification (Pineda 2006). As mentioned in Chapter 3, the role of Miskitu and Sumu-Mayangna organizations, explicitly Indian organizations ALPROMISU (Alliance for the Progress of the Miskitu and Sumu) and ACARIC (Association of Agricultural Clubs of the Rio Coco)[51], influenced by Liberation Theology and Moravian teachings, aimed to advocate for Indian villages whose lands were being engulfed by the new forestry projects of the national government. During these mobilizations, Costeños were experiencing the "bust" or economic recession because of the closing of many of the foreign companies in the region. Social activism was on the rise among Creole population as well. Pineda (2006) links the beginning of Indian collective mobilizations to the conflicting land tenure situation product of the Harrison-Altamirano Treaty of 1905. Land tenure and land titles have become a hotly contested topic among Costeños. In the 1960s and 1970s, the issue surrounding land titles was mostly on the

50   During my fieldwork, I came across many friends and participants who frequently change their ethnic identification depending on the group composition. A friend who identified as Creole, trilingual (Miskitu, Spanish and English speaker) and who could trace her ethnic identity to Miskitu, Jamaican and Chinese descent, prefer to identify as Black Creole because of the status it carries in Bilwi. I, myself identify as Latin American, Mexican or American depending on the situation.

51   Moravian Church along with the Catholic Capuchin missionaries in the Mosquito Coast was deeply influence by the current trends in what was called progressive pastoralism. See Baracco 2011: 118-128; Hale 1994: 124-128; Helms 1969.

claims to land of having been relocated and established in the new national territory (natural

reserves created by the Nicaraguan government) still within the boundaries of what it was known

as the Mosquitia. By 1981, the Miskitu mounted a full-scale military rebellion that came as a

surprised by the FSLN. The counter-revolutionary[52] content of the Miskitu rebellion aimed at re-

establish their autonomous independentist project that challenged the image of Nicaragua as a

nation of mestizos.

The FSLN revolutionary triumph in the RACCN encountered the challenge of

accommodating indigenous demands. ALPROMISU was renamed MISURASATA: Miskitu,

Sumu, RAMA, and Sandinistas Working Together. The leadership of the new organization was

composed of Miskitu university students who had a larger political and economic project of

autonomy that defied the modernization ideas of the Sandinista project and demanded the right

of Indians to participate in the revolution on their own terms. "MISURATA claimed a legitimate

place for Indians within the revolutionary process on the grounds of being an exploited group,

regardless of their non-class identity" (Baracco 2011:124). There were three main projects that

helped cement and increase the political consciousness among indigenous people in the region:

1) The literacy project, 2) Plan 81 and 3) Map making.

MISURASATA was responsible for the implementation these policies among the Coast's

Indian communities. One of the most important political claims from MISURASATA was land

demarcation and land titles that went back to the Reincorporation and the Harrison-Altamirano

Treaty (1905) which gave Costeños with the objective to establish the historic boundaries of the

communal lands of coastal Indian communities (For more details see Vilas 1990: 79; Hale 1994-

48; Pineda 2006: 65). Further, Dennis (2004) points to the images of "communist" Sandinistas

---

52   For more detailed information of the Contra war see chapter 2 of this dissertation. See also
Baracco 2011.

in the part of the Costeños and the political pressure from the U.S. government to oppose the Sandinista revolution that contributed to counterrevolution on the Coast in the early 1980s.

The Miskitu organization, MISURASATA, was at first recognized by the Sandinista government, however; it became apparent that the organization did not support the government ideals and goals. The immediate response of the Sandinista government, led by the current Nicaraguan president, Daniel Ortega, to the contra revolutionary movement was the mass arrest of several leaders and the relocation of entire Miskitu populations from the Rio Coco region, destroying their villages and resettling them in the new inland settlement of Tasba Pri. The trauma involved in the removal of the Miskitu from their ancestral land was counterproductive since significant numbers of Miskitu joined the Contras (see Baracco 2011: 131) and many Miskitu still have negative sentiments towards the government (see also Pineda 2006:190-193). During the Contra-Revolutionary war period, mass outbreaks of *Grisi Siknis* were reported at refugee camps afflicting men and women in great numbers. After several years of violence, destruction, and displacement, peace negotiations finally ended the war in the late 1980s. An autonomy statute for the Atlantic Coast was enacted by the Sandinista government in 1987, giving legal recognition to Miskitu and Creole hopes for self-rule.

The autonomy statute of 1987, also known as law 28, was part of the larger move towards the larger wave of multicultural and legal/cultural recognition of the rights of ethnic minorities (Brysk 2000). Autonomous Regional Government was formed through the CNA (National commission of Autonomy) whose members were responsible for preparing the base that contained the fundamentals of which then would be the Statute of Autonomy principles document that were accepted through a referendum. The CNA wanted to prevent that an ethnic group could be placed in a hegemonic position over others, the concerns were justified given the

212

rapid demographic disparity where mestizos (migrants) represent most the population and the hierarchical labor relations dating back from the era of the Company Times in which the creoles had more social and economic power. In addition, the new leadership Miskitu was fueled by the armed resistance movement advocating for more political power with a populist ideology and their vision of self-determination and their claims of their "origin" as autochthonous children of the region (Garcia-Babini 2012: 193). In general, for the Miskitu, autonomy held out the prospects of freedom from a dominant other and to imagine their own terms for nation-building and citizenship.

Under the leadership of Brooklyn Rivera, one of the university students' founders of MISURASATA, the organization splintered into YATAMA (Yapti Tasba Maskira Nani or Descendants of Mother Earth). Miskitu politicians have had unprecedented success in holding political leadership positions. YATAMA remains as the main Miskitu political party led by Brooklyn Rivera who many Miskitu see as a fatherly figure and leader. The political options in the RACNN continued to mirror the polarization between Sandinistas and Miskitu resistance group YATAMA. Both political parties have different conceptions of autonomy and political goals in general. YATAMA tends to focus on ethnic self-determination and territorial autonomy. In contrast, the Sandinista government promotes the discourses of multiculturalism and celebrates the pluriculturalism of the region (Gonzales 2011). Ruiz (2006) argues that by accepting the cultural difference of the Atlantic Coast, the Nicaraguan government can therefore co-opt the discourse of interculturalidad and promote the image of a Nicaragua that recognizes its multi-ethnic character and its inclusiveness without implementing concrete policy changes that deal with resource distribution and political power.

During a social gathering, a few months before the regional elections, I met several of the

FSLN regional council members of the RACNN and the future Biwil governor, Mr. Aleman. He

is the son of Mirna Cunningham, a Miskitu leader of international caliber and the UN spoke

person for indigenous issues in Latin America. Much has been said about the Cunningham

family's fame and how that helped them become rich and gained positions of power in the

RACNN. I had a casual conversation with the future governor of Bilwi about the region and the

regional elections. During my conversation with him, I noticed his cynicism about *Grisi Siknis*.

Even when I did not ask his opinion about the topic, he went ahead and explained that *Grisi*

Siknis is a form of collective hysteria that only affects young girls. Mr. Aleman assures that when

these girls get pregnant, *Grisi Siknis* would not affect them anymore because *Grisi Siknis* is only

an excuse to have sex. Not conviced by his explanation, I asked why then have *Grisi Siknis*

become part of the epidemiological registry of the region. Mr. Alemn stated that because of *Grisi*

Siknis' nature it attracts much attention and ask for a quick response from state and regional

governments; thus, *Grisi Siknis* is a good tool to move politics, especially to push for

intercultural policies that benefit the region or leaders. There I also met with other former and

current members of the regional council; one of them was a lawyer who was a close friend with

Phil Dennis, the first anthropologist who conducted research about *Grisi Siknis* in the region. As

I was the outsider, the topic of conversation turned for some time to discuss my research topic.

The party agreed that *Grisi Siknis* is a cultural illness that only affects Miskitu young

women but that is not a serious illness and that the regional government should not consider it as

part of their agenda. They also seemed to poke fun of *Grisi Siknis* experience; some argued that

Grisi Siknis is an "illness" that only affects young and the most attractive Miskitu women. They

described it as almost the same process of "sexual selection" where *Grisi Siknis* is a sexual call

or call signaling intimacy and readiness to copulate. From the way they refer to most women and in particular Miskitu women, their reasoning about the etiology of *Grisi Siknis* was expected. When questioned about the relevance of *Grisi Siknis* at the regional health level, they explained that *Grisi Siknis* serves political benefits when it comes to elections. For instance, to please the Miskitu people concerned with the illness, they push for policy and bring traditional healers to help with the cases of *Grisi Siknis.* By politicizing *Grisi Siknis*, politicians accomplish three "perceived" goals: 1. commitment to their community as politicians, 2. cultural understanding and respect for Miskitu beliefs, 3. Support political action towards the community.

7.3 CITIZENSHIP AND THE STATE

Citizenship involves political, legal, cultural and social aspects that inform an invididual's possibilities of participation in the public sphere (Brandtstädter et al. 2012). Many countries around the world now find themselves being challenged by emergent ethnic movements rallying against the failure of states to ensure the ethnic groups cultural and political rights. These are critical, ongoing debates that highlight a contested and unfolding political process that has the potential of transforming notions of "diversity" — currently in vogue in liberal multiculturalism— into political demands for a new form of more inclusive "citizenship" (Yashar 1999).

Citizenship in the contemporary context of indigenous movements in Latin America challenge the national "homogeneity" identity of nation states and a differentiated citizenship is emerging within differentiated administrative boundaries (Yashar 1999; 2005). Scholars have argued that Latin American indigenous movements' struggle for the recognition of cultural

215

diversity has become a neoliberal strategy of governance and that it has become a project that promotes a reorganization of political society along the lines of decentralization with an emphasis on granting human rights as compensatory measures to disadvantaged groups (Hale 2005). Other arguments state that cultural struggles have re-appropriated the concept of citizenship as a political strategy using identity politics and "strategic essentialism" as conscious tools to engage in politics with themselves and with the state to ask that autonomy, collective and individual rights to be respected and granted (Hale 1997; 2002; 2005; Anderson 2007).

In the neoliberal context toward state recognition of cultural difference and identity as the basis for new forms of citizen rights, the new social/ethnic movements have pushed for integrative forms of cultural and social citizenship and the legalizing of practices central to this (Brandtstädter et al. 2012). I propose two forms of citizenship developing in the RACNN as response to competing narratives and discourses: *Intercultural and Autonomous citizenship.*

Intercultural citizenship is accepted by the State who promotes a multiculturalal agenda. It is also linked to ethnogovernmentality where RACNN activists scholars, doctors, and indigenous leaders use the culturalist approach to decentralized the power (especially through health care programs and policy). *Autonomous citizenship* is a counter response to interculturality. This kind of citizenship is linked to idea of "indigeneity" and state autonomy. It is the autonomous discourses coming from Miskitu factions who do not feel that intercultural citizenship is inclusive nor a project that benefits them. *Autonomous citizenship* is directly linked to local histories and narratives of autonomy in the region.

Within this context of contentious definitions of citizenship, the political practice among the indigenous peoples of the RACNN emphasizes ideological struggles at a more discursive level. *Grisi Siknsi,* as a collective illness experience, is transformed by indigenous leaders into a

political artifact emphasizing the suffering of its victims. As Fassin (2012) argues, humanitarian language tends to categorize and represent sufferers as individuals living at the level of "barelife" as a group of victims of poverty, discrimination, inequality and victimization.

The new politics of life, humanitarian governing and discourses in the RACN speaks to several broader and emergent debates. In other words, humanitarian discourses govern precarious lives and replace the politics of rights and justice with an ethics of suffering and compassion appealing to the morality of an audience, and in some cases, it forces a response from the state (Fassin 2007; 2009; 2012). There have been changes in the social and political context, including the integration of economies and implementation of neoliberal policies (Privatization of mining, forestry and logging companies in the Atlantic Coast and recently the approval of the Nicaragua Canal along with land colonization, drugs, lack of infrastructure; lack of access to health care and education). However, under this transnational context, it provides movements with networks, resources, information, funds (international organizations and nongovernmental organizations (NGOs), funding agencies, and professional associations). In the following section, I present a case where the politicization of *Grisi siknis* provides the grounds where indigenous peoples in the region engage in a new form of political practice than challenges the regional and state institutions and it forges new meanings about illness experience.

7.4 THE CRISIS OF *GRISI SIKNIS:* TOWARDS A NEW POLITICAL PRACTICE

During the month of September 2014, Bilwi radio news and other national news reported

an outbreak of *Grisi siknis* in Alal, a Mayangna community in Bonanza[53], RACCN. The

outbreak reached more than 80 cases within a week of initial reports. It was declared "state of

emergency" by regional authorities and by the president of the Mayangna nation among the

afflicted are children, elderly, pregnant women, and youth. The villagers described the situation

as out of control. Grisi siknis victims destroyed houses and schools. "*Se encuentra fuera de*

control, los comunitarios no salen a trabajar y la comunidad está quedando sin alimentos,

nosotros no tenemos fondos para atender estos casos y la gente que sufre son los guardianes de

reserva[54]", (the villagers can't go to work and our communities have no food, we do not have

funds to solve the cases and people are suffering, they are the reserve guardians)[55]. The leaders

said to be aware that a health team integrated by traditional healers was sent to control the

situation.

The president of the Mayangna nation and the indigenous territorial president have urged

the state government for immediate humanitarian aid. I learned that MINSA (the regional

ministry of health) along with IMTRADEC (institute of traditional medicine) sent a team of

traditional healers to control the outbreak. During times of massive collective outbreaks of *Grisi*

---

53   Bonanza is one of the three municipal areas in the Atlantic Coast of Nicaragua commonly referred to as the ''Mining Triangle''. See more at: http://nicamotoadv.com/bonanza-the-heart-of-nicaraguas-famous-mining-triangle-2/#sthash.oVFyaEX8.dpuf

54   Artola, Gilberto. September 10, 2014 Emergencia por Grisi Siknis from El Nuevo Diario

55   Bonanza is located inside the Bosawas National Reserve and is geographically divided into 5 sectors and sub-divided into 43 different communities, which are home to 19,000 people in a territorial extension of 2,049 square kilometers. 63% of their population is comprised of Mestizo people, 27% Sumo, 9% Miskita and just a little over 1% Creole. See more at: http://nicamotoadv.com/bonanza-the-heart-of-nicaraguas-famous-mining-triangle-2/#sthash.oVFyaEX8.dpuf.

Siknis, MINSA can only provide financial aid since *Grisi Siknis* is not a disease in the

biomedical sense and their personnel are not trained to treat "traditional illnesses." The

assistance from MINSA took two weeks to arrive for bureaucratic and technical issues such as

disbursement of funding and payments. It was reported in one of the news article that the State

sent $C50, 000 (approximately $2,000USD) to support MINSA to solve the *Grisi Siknis*

outbreak[56]. The indigenous leaders where the outbreak took place expressed their discontent and

sense of discrimination from regional and state government because they thought the outbreaks

have not been taken as a serious matter.

Avelino Cox, a famous Miskitu poet and indigenous leader, in an interview explained

that *Grisi Siknis* is a kind of universal illness that affect only indigenous peoples who have a

closer relationship with the spirit world: *"es una posesion de espiritus que se apoderan del*

*cuerpo humano y la mente" (*it is a spirit possession that takes control over the body and mind of

individuals). Many other explanations link the outbreak to drugs and alcohol, poverty and just

evil forces. A specialist of traditional medicine from IMTRADEC explained that *Grisi siknis* is a

socio-cultural illness and it must be treated in a way that communal leaders, traditional healers

and the ministry of Health of Nicaragua work together. During a radio talk show, the recent *Grisi*

Siknis outbreaks became the topic of conversation. Public opinion varied from their views. Some

argued that the cause of such an outbreak among Mayangna was linked to demonic spirit

possession, to witchcraft, drug and alcohol use, poverty, psychiatric conditions and parasitic

diseases. Others blamed the entire Mayangna group as being sorceres and practitioners of black

---

56   Garth-Medina, J. September 8, 2014 Brote de Grisi siknis en Alal from La Prensa

magic, their lack of faith in god and others blame the government's lack of attention to the Mayangna nation.

Days before the outbreak in Alal, Bonanza, it was reported that in a Bonanza mining area twenty-four freelance gold miners were trapped by a landslide, including twenty who have been located and have managed to communicate with emergency crews. The gold and silver mine is operated by Colombia's Hemco[57]. The trapped miners are not employees of Hemco, but rather freelancers allowed working in the company's concession with the condition to sell any gold they find to the company[58]. Artisanal mining is legal in Nicaragua where it is used as a way for more people to profit from the industry. Informal gold mining is the main source of employment in Bonanza, these informal miners are knowns as "guiriseros". Many of the "guiriseros" have migrated there from other parts of the country in a modern-day gold rush. Many of these informal miners are also indigenous Mayangna and Miskitu. Along with unemployment and the few dangerous employment options, in the past ten years, many indigenous peoples within the Natural Reserve and the surrounding communities have faced violent land invasions by colonos (cattle ranchers). Many leaders in their communities have been killed during confrontations with colonos and the struggle does not seem to have a near resolution. Although it is not certain nor there is through evidence about the direct effect the mining tragedy had among the affected by *Grisi Siknis* in Alal and surrounding communities, the experience of insecurity and danger is present in these communities.

---

57   Hemco is among the country's 10 biggest exporters. The company has the Bonanza gold-silver mine in the north of Nicaragua, which is expected to produce 67,000oz gold in 2013. http://www.bnamericas.com/company-profile/en/hemco-nicaragua-sa-hemco

58   http://www.elnuevodiario.com.ni/nacionales/329181-comal-se-ha-tragado-9-mineros/

The experience of *Grisi Siknis* carries multiple meanings and it is utilized by different actors for different reasons and purposes at the different levels of society. I have proposed before that *Grisi Siknis* creates a space for afflicted individuals to redefine their citizenship rights through the experience of illness. Through my interviews and observations, I learned that none of the individuals affected by *Grisi Siknis* actively claim any rights, resources or protections from the State. Most informants would like to have some sort of support from regional authorities and the health care service itself but *Grisi Siknis* does not serve as a medium or instrument to directly mobilize and negotiate political power for the individual sufferers themselves. Yet, when outbreaks of *Grisi Siknis* are reported, the community indigenous leaders are the first ones to speak out using a humanitarian language and reasoning about the problem. Didier Fassin has shown that humanitarianism creates a politics of life that has real and potentially problematic outcomes because it becomes a generalized mode of governing that focuses on empathy rather than the recognition of rights that concerns victims of poverty, exclusion, epidemics, and wars (Fassin 2007; 2012). In other words, humanitarian discourses replace the politics of rights and justice with an ethics of suffering and compassion appealing to the morality of an audience, and in some cases, it forces a response from the state.

A collective outbreak of *Grisi Siknis* attracts regional and national attention and it also involves different sectors of the society. It is also the ground upon which demands and frustrations are expressed. Framing *Grisi Siknis* as a disaster or social suffering creates the language of suffering, compassion and assistance and serves both to define and to justify discourses of illness and historical misrecognitions from State towards indigenous peoples. One common frustration from citizens is the lack of response and understanding from the regional and state government and other regional institutions.

Although MINSA and IMTRADEC attended the meeting, there is a sense of lack of inter-institutional cooperation. There is also a sense of not being taking seriously because *Grisi Siknis* is not a "real" illness in the biomedical sense and IMTRADEC, a traditional medicine institute, not having enough funding to pay for traditional healers. However, at the biomedical institutional level, these outbreaks legitimize the cultural difference of the region and the need to implement an intercultural health model in the region. This example also shows how *Grisi Siknis* has becomes a politicized illness experience that allows for a new political practice of indigenous movements to articulate and frame their demands. It is important to note here that the outbreak reported occurred among Mayangna. *Grisi Siknis* has been traditionally explained as related to Miskitu culture (Dennis 1981) but in recent years, though cases are still in its majority Miskitu, they have included Mayangna and other ethnicities.

The way that *Grisi Siknis* is shaped, redefined and understood by multiple, often incommensurate discourses, and multiple actors belittles the illness experience and how some of these discourses are reshaping differentiated bodies and socialties. Povinelli (2002) has showed how liberal recognition regimes demand that indigenous peoples and others meet an impossible standard of difference, accepting some cultural practices, legitimizing others and denying others. *Grisi Sikins* framed as a collective form of suffering provides a space for a new political practice where the suffering of a collective group of individuals in the public space, forces the State to respond and redress the affected. Indigenous peoples in the region have experienced what Fassin (2012) calls "precarious lives[59]", the abandonment of the region since Somoza era and then the exponential increase in the presence of the national state after the revolutionary triumph, Contra-

---

59   Fassin defines precarious lives as the lives that are not guaranteed but bestowed in answer to prayer, or are defined not in the absolute of a condition, but in relation to those who have power over them (2012:4).

revolutionary war and its effects on rural indigenous peoples along with the long history of land occupation and violence by colonos.

Mestizos farmers also known as "colonos" or colonists from the Pacific have occupied indigenous land in the Bosawas reserve, moving into the land illegally or sometimes by renting the land from the owners. Indigenous and colonists subsist on the natural resources and farming. However, most of the conflict between the colonists and the indigenous people is due to the illicit exploitation and deforestation of the land and the lack of response by the state who has allowed the illegal occupation of land by colonists thus, violating indigenous and collective land rights. "It is not that the situation on the ground has radically changed, it is rather that violence and injustice have different meaning" (Fassin 2012:7). Although the region has a history of ethnic mobilizations and a contested history with the State, rural villages are left out of the political decision process. The current state of emergency due to disasters for the dangerous work conditions and the current violence for land occupation are forcing populations to find alternative strategies to make their demands to the state and regional institutions from their position of power or lack of it.

7.5 CONCLUSION

In the last decade studies of neoliberal multiculturalism have argued that a new type of governmentality has emerged (Hale 2002; Povinelli 2002) that stresses cultural difference and strategies to a new control system which tends to create new economic policies between centers, localities and ethnic subjects bounded and controlled by state power (Boccara 2007). Boccara (2007) and Fassin (2007) argue that State multiculturalism, as a new art of government or

223

ethnogovermentality, tends to extend the mechanisms of state intervention. One the one hand, *ethnogovermentality,* generates new subjectivities, new spaces of power, new fields of knowledge and new markets of symbolic goods and exotics. On the other hand, it creates new actors or social agents (ethnobureaucrats, indigenous intellectuals, leaders, state agents and state workers) that define the legitimate principles of cultural authentication and vision of the social world.

For example, Boccara (2007) explores the program called Orígenes (Origins) implemented by the Chilean State and directed at the Mapuche indigenous communities of its national territory. This program represents a powerful device of subject-making and indigeneity. Boccara offers an interpretation of the nature of this new kind of indigenism through the analysis of the state-produced knowledge on indigenous peoples, on the one hand, and by focusing on the new power relations and subjectifying effects created by state agents in specific localities, on the other. This new form of governing indigenous peoples produces a field of study on counterhegemonic discourses, knowledges and political practice in the field of intercultural health and the political dimensions of health and indigenous responses to it. The structural conditions of poverty, inequalities, violence shape multiple discourses of inclusion or exclusion reshaping conceptions of suffering and political action; the indigenous peoples of the RACNN are trying to reconfigure new spaces to voice their concerns. Within the new political space, *Grisi Siknis* is constructed within a humanitarian rationale to make their demands against the state.

Grisi Siknis crisis provides the stage where suffering is materialized, produced and constructed to enact the inequalities and neglect that the affected population faces. Humanitarian language is more likely to generate support among listeners or readers, and to explain why

people often prefer to speak about suffering and compassion than about interest or justice, legitimizing actions by declaring them to be humanitarian (Fassin 2012). Given the history of ethnic/indigenous mobilizations in the region and the relationship with the State, I show that the process and responses from this political practice grounded in humanitarian language. In the context of multicultural and "reconciliatory" government in Nicaragua, the responses of the State to a *Grisi Siknis* crisis are monetary and political acts of ethno-governmentality. While State and regional institutions respond to the cry of help from villages affected by *Grisi Siknis,* it allows communities to voice their concerns but in the process, *Grisi Siknis* becomes a cultural indigenous problem. In other words, suffering is normalized as a condition of being indigenous and poor. However, it does not address the origin of inequality and other social aspects associated with the illness.

8.0 CONCLUSION: ALIENATED ILLNESS AND ITS POLITICS

"While the cosmologies of the powerless may hold the capriciousness of gods and sheer contingency of events to be responsible for the disorder of their lives-there is no place in the cosmologies of the powerful for chaos. If acknowledged, it would dismantle the structures of legitimacy through which suffering is imposed upon the powerless" (Veena Das 1994:140).

Grisi Siknis experience is an inherently social and complex product of history and political processes with multiple voices and perspectives interacting on its meaning. The experience of *Grisi Siknis* is at times unconscious, sometimes partially articulated, and at other times fully conscious responding to everyday life inequalities, gender violence and sexual abuse. One of the most intimate illness narratives of *Grisi Siknis* during my fieldwork involved a young woman, Yerlita, who through her experience exposes specific situations such as marital problems, domestic and sexual abuse. Yerlita was born in Suina, a mining town, where her parents met and established a family. However, her parents and five siblings migrated to Bilwi, Puerto Cabezas when she was eight years old in search of better job opportunities. Yerlita's parents divorced and his father moved back to Suina where he remarried. She was twenty-one at the time of our interview.

Yerlita's first experience with *Grisi Siknis* was at the age of sixteen about the same time when her best friend was affected by illness. Yerlita was an active member of the Moravian church and a faithful believer; she was a youth leader at her church. She recalls that during the time her best friend's illness she would go to her house every day to pray and take care of her.

226

One night during an attack of *Grisi Siknis,* her best friend called Yerlita's name several times. *"I was not afraid because I trusted the Lord,"* however, she was unable sleep that night. Nightmares of a man in black with a knife kept her waking up during the night. The next day she went to school but the images of the man in black kept her feeling anxious and frightened. *"After school I ran to church and started crying uncontrollably then I lost consciousness."* Yerlita's affliction lasted three years with recurrent attacks that would last 2-4 hours every day. Although Yerlita claims that her mom never took her symptoms and suffering seriously, her mother took her to see several sukias in Puerto and her native village. *"None of the traditional remedies were working and I was extremely sad and frustrated with my illness, I hated that men would restrain me and tied me down to the bed, I know I had extra strength during an attack and it was hard for my parents to take care of me."* She stopped the traditional treatment and decided to "control" herself through prayers and her faith. She claims that she is still vulnerable to the illness and even more because she is not as religious as she used to. She does not go to church anymore because she feels judged by church members.

During our conversations, Yerlita confessed that she was not "normal" that she had a secret that was too painful because it was straining her relationship with her family. *"Isn't obvious?"* she asked me while pointing to her clothes. Yerlita wears man's shorts, shirt and shoes. *"I was not always like this, I used like men. I was in love with my husband. I wish I could be normal again so my mother would love me and I can stop this suffering, I am afraid I would suffer from Grisi siknis again, I can't control it [Grisi siknis]."* Yerlita was nineteen when she married her husband. She lived with her husband for one year after she ran away and left him. *"We lived in his parent's household. He was an alcoholic. He abused me physically and was unfaithful, always looking for girls to sleep with."* Yerlita told me that real reason she left her

husband was because her brother in law raped her several times. "*He would harass me nonstop and threatened me to rape and kill my younger sister, who was six years old at the time. I was too afraid of him that's why I never told my husband or the police. Instead, I tried to kill myself by ingesting poison. I was in the hospital for days and when I recovered I left my husband's house. I could not deal with it. When I was eleven years old, my cousin also raped me. I never told anyone, not even my mother; I knew she would not believe me.*" Yerlita left her husband after a year of marriage; she moved back to Suina for a few months and then moved to Managua, Nicaragua's capital where she worked as a hotel receptionist. Yerlita then moved back to Bilwi-Puerto Cabezas to be with her mother and siblings. *"I am crazy. I think that all I have been through has made me crazy. [Laughs] I am not normal."*

The *Grisi Siknis* illness narratives and experiences presented in this study communicate a constellation of vulnerabilities and social conditions that remain alienated from the sources that produced and legitimized this affliction. Rather than trying to describe what illness feels like, through the narratives I focus on the dimensions of suffering attached to the experience of *Grisi Siknis,* the sources, the making sense of their affliction in their local worlds. The illness narratives also revealed the practices and ideologies that encode structures of social relations, power and sources of power (Good 1994). *Grisi Siknis* experience is articulated through language, images of suffering and violence that are grounded and constrained by different social sources of suffering. The narratives also presented in this study exhibit a strategic use of their illness stories in which afflicted have found legitimacy for making sense of their current situation and the ongoing negotiation over their experiences and conflicts.

This study explores the social origins of illness, specifically examining the social and institutional levels that produce, redefine and legitimize suffering in their own terms. *Grisi Siknis*

228

is not disease or an affliction that causes the death of ones affected nor is it a public health concern in the region. It has become a politicized illness that has play a role in legalizing cultural difference, institutionalize interculturality as a political tool to fight for autonomy, and it is also the ground through which indigenous activism articulate their demands for recognition and challenge state and local authorities. Because collective outbreaks of *Grisi Siknis* are reported, narrated and controlled by public health officials, reporters and political indigenous leaders, the cultural explanation and "esoteric nature" of the illness is emphasized. Collective outbreaks of *Grisi Siknis* create legitimacy of some sort of suffering that has an objective to be recognized by authorities and other structures of power but it dismisses the individual experiences of the illness. This study examines the individual, social and institutional levels the produce, redefine and legitimize *Grisi Siknis.*

In this study, I show that *Grisi Siknis* is a historical and social embodied illness that has acquired new meanings at different levels of the Miskitu society. *Grisi Siknis* has been historicized and ritualized (inscribed onto the body), politicized (legitimized and redefine by identity politics of the region), and redefined by biomedicine of the region. At the individual level of illness experience, through the narratives of the afflicted, I unearth the ideological, moral, historical, and emotional components of the illness experience. The experience of *Grisi Siknis* is alienated from the political construction and uses of the biomedical institutions and indigenous movements of the region. This dissertation examines the political production of *Grisi Siknis* experience and the meaning creation from afflicted individuals. I argue that the growing disconnection between the socially mediated lived experience and the institutional (biomedicine) and contentious (indigenous movements) uses of *Grisi Siknis* further feeds into the discourses of sexuality, gender violence and inequality associated with the illness experience.

Gendered Afflictions, Sexuality and Witchcraft

"Culture-bound syndromes" and folk-illnesses have been long studied by anthropologists and cultural psychiatrists who seek to understand how particular groups of people construct and experience health and illness. The term "culture-bound syndrome" was used to connote a constellation of patterned behaviors influenced by the cultural environment, recognized and named locally, and considered deviant behavior by members of the culture in which it was found (Simons and Hughes 1985). However, most of these 'maladies' have been studied with a focus on the relationship between these cultural syndromes and western psychiatric conditions (Simons and Hughes 1985; Tseng 2006). The concept of culture-bound syndrome has been criticized (Hughes1996; Littlewood 2002) because the category does not provide a meaningful perspective on illness and suffering in a society (Guarnaccia et al. 2003).

Furthermore, to essentialize, culturalize, and racialize these afflictions as medical diseases independent of everyday meanings, experience of distress or independent of everyday political context, is to render them exotic curiosities and dismisses the sources of suffering (Littlewood 2002). Recent literature sees *Grisi Siknis* as an unwelcomed and spirit possessive condition relevant to local (i.e. Miskitu) cosmology and ethnomedicine, but resistant to medical psychiatric classification, diagnosis, and treatment. *Grisi Siknis* is as much a public health problem as an individual health problem, and the social conditions and dynamics of its transmission are not well conceptualized in Western psychiatry.

Through most of the written history of the Miskitu, travelers, missioners, researchers and journalists, *Grisi Siknis* has been described and explained as an exotic malady (Bell 1989), as mass religious conversion, as extreme emotional and hysterical behavior frequent in Miskitu culture (Dennis 1985); as curse or 'jungle fever' (Gonzales Siles 2006; Ruiz-Sierra 2003; Vargas

230

2003) and as involuntary mass spirit possession (Wedel 2012). These explanations have rendered *Grisi Siknis* as a culturalized Miskitu behavior, phenomenon approached similar to susto among Hispanic and Mexicans (Rubel et al 1984); and nervios in Latin America (Low 1981).

Nervios, Ataques de Nervios, Debilidad, Dolor de Cabeza (headache) and *Grisi Siknis* are manifestations of pain and powerful emotions commonly described as "women illnesses." These afflictions are responses to stressful situations and events, powerful emotions related to gender violence, inequality, and to physical, political and economic vulnerabilities.

Ataque de Nervios among Puerto Ricans shares a close resemblance to *Grisi Siknis* experience in terms of how the affliction was racialized, culturalized, and politicized. Also, *Grisi Siknis* follows a similar pattern of symptoms and illness presentation. Ataque de nervios involves acute and dramatic episodes (seizure-like) which occur as the result of a major stressful event. "*Ataque de Nervios* occur in response to stressful social events and are commentaries on a social world out of control" (Guarnaccia et al. 2003:348). This affliction was reported mostly among women, working class and poor individuals but also recent migrants from rural Puerto Rico that migrated to New York post WWII. The history of *Ataques de Nervios* illustrates how this category was attached to the experience of Puerto Ricans but more precisely to Puerto Rican character. The early psychiatric writings on *Ataques de Nervios* and the clinical labels resulted in "othering" of Puerto Ricans instead of looking at the social experiences that produce the illness experience.

Ideas of sexuality and behavior associated with Miskitu women have been traditionally associated to *Grisi Siknis*. Dennis (1981; 1985) argues that "hysterical" behavior among the Miskitu is a normal way to express frustration and stress and they also learn that about super natural spirits who cause *Grisi Siknis* behavior, thus relieving the individuals of responsibility.

231

Several complementary interpretations of *Grisi Siknis* consider it in terms of the stress associated with psychosexual development in Miskitu culture.

Dennis (1981) suggested that it was a result of the inability of young women to cope with stressful situations related to ambiguities inherent in sexual maturation. He considered the illness to be stress-related because of the subordinate role of women in Miskitu society and because hysteria is a normal and accepted cultural mean of expressing frustration. The description of "hysterical behavior" has been a term associated with Miskitu behavior, with female behavior. The biomedical institutions of the RACNN have redefined Grisi Siknis as a collective hysteria complicating the general conceptions of the illness experience. Furthermore, by focusing on the "cultural", dramatic, and sexual aspects of *Grisi Siknis* experience, Dennis failed to unearth the social, historical and political structures that make women more vulnerable to the affliction.

Jamieson (2001) interpreted *Grisi Siknis* as a ritualized form of behavior associated with individuals' transitions from childhood to adulthood. He explained that, among the Miskitu, adolescence is a liminal phase where sexual intercourse becomes a device with the potential to turn girls into women. Jamieson (2001) describes *Grisi Siknis* is a performance that allows women to be both sexual and to place blame on to male demons. The sexual aspect of *Grisi Siknis* can also be understood as a public discourse on sexuality and gender. Gender and sexual discourses linked to the experience of *Grisi Siknis* help to perpetuate and create vulnerabilities among men and women but mostly women who occupy the bottom ladder of social and cultural hierarchy. The politicization of *Grisi Siknis* by both leaders and biomedical health care in the region further exacerbates their alienation from the grounded experiences because their redefinitions exclude the sexual dimension of the illness. As such, sexual violence and targeting of women continues to be unaddressed by the State and political initiatives.

Gender and sexual discourses linked to the experience of *Grisi Siknis* are intrinsically associated to colonial experiences, notions and constructions of race and sexuality. I contend that forms of sexuality, status and gender roles are negotiated through the experience of *Grisi Siknis*, in particular practices such as sexual magic, witchcraft and gender roles. In her study of a matrigroup in Kuri, Herihy (2012) demonstrates that while sharing of subsistence items has decreased, cash resources have been incorporated into reciprocity networks where men have access to wages yet women control social relationships and make household economic decisions. However, Herlihy argues that instead of Miskitu women participating in the cash economy, women "bond together in matrigroups in which they raise children, share food, and invent strategies (sexual magic and sorcery) to gain access to the men's cash resources" (2012:83). While strategies such as sexual magic and sika or witchcraft (potions to control men's emotions and behaviors) to beguile men into given women cash are often heard of in Bilwi-Puerto Cabezas, they are not as common and I argue that many of these discourses of love and witchcraft have been associated with *Grisi Siknis* reversing gender roles among Miskitu.

Individual illness narratives provide evidence of the counter discourses generating from the experience of *Grisi Siknis* and the meaning changing of the illness within the current political and social context of Miskitu society. In contemporary Miskitu society, the trope of witchcraft incorporates general concerns about uncertainty, unjust events, ethnic tensions and ambiguous social and gender relations. Witchcraft is an idiom of communication and resistance that has become part of the *Grisi Siknis* experience among the afflicted.

Witchcraft accusations related to *Grisi Siknis* among women share one feature, men are causing the harm and inflicting pain onto women's bodies. The illness narratives presented in this study. Traditional and public discourses about Miskitu sexuality are contested and reversed

233

through the experience of *Grisi Siknis* among women. As men are blamed for practicing witchcraft or sexual magic as a method to inflict suffering on the victims, the illness experience reveals the cause of their illness but also the context related to their suffering. *Grisi siknis* is not an idiom of distress but it does provide the language of experience to make sense of a world at times out of control and contradictory and it can serve as an everyday form of protest.

Social determinants of Health, Vulnerability and Gender Violence

The relationship between poverty, inequality, gender and ill health is well established. Medical anthropologists have long been arguing on a shift to analysis of social underpinning of disease and suffering. Factors such as poverty, unequal access to health resources and discrimination directly affect the distribution of disease, epidemics and treatment outcomes. In the past decade, public health research has been marked by a growing recognition of the broader social and environmental contexts in which individuals are embedded and how these factors shape individual risks and health (Karpati et al. 2002; Aronowitz et al. 2015). The experience of *Grisi Siknis* speaks to the social and political ruptures, contradictions, experiences that informed and produce suffering among women. The illness narratives presented in this study point toward the social and economic conditions that sustain unequal power dynamic and that deem gender-based violence as part of *Grisi Siknis* experience as acceptable.

Finkler (1989; 1994) suggests that women's unequal position in the social structure, which also results in their relative powerlessness and assaults their self-esteem, renders them more vulnerable than men to sickness in general. Miskitu women, students and recent migrants face social, economic, and political vulnerabilities to everyday life and as indigenous peoples; they occupy the bottom at the social ladder in the society. Fassin (2007) defines social

234

inequalities as biopolitics and its consequences. Choice or lack of choices in terms of health, social policies, on employment and housing programs, education have concrete and measurable impacts on life expectancy, mortality rates are not only statistical or anecdotal data but they mean differences in values attached to lives (Fassin 2007). Material and structural conditions have disadvantaged indigenous communities for centuries and constitute a constant source of conflict and object of change.

Finkler (1994) argues that women, whose lives are constantly under duress, because a chaotic interpersonal relationship with a spouse, adverse social and economic circumstances, or personal tragedies of a loss of a child or parent, is more susceptible than men to pathogens and other impairments. Gender and sexual discourses linked to the experience of *Grisi Siknis* help to perpetuate and create vulnerabilities among men and women but mostly women who occupy the bottom ladder of social and cultural hierarchy.

Most the afflicted by *Grisi Siknis* in this study are still mostly young Miskitu women; most of them reported having experienced stressful situations such as domestic violence, structural racism, discrimination, or poverty. Most of the interviewed participants in this study, reported sexual violence perpetrated by their partners, family or teachers. The misrecognition of gender violence associated with the experience of *Grisi Siknis* and the acceptance of "culturally and hysterical" Miskitu behavior justifies and dismisses women's suffering.

Gender-based violence includes a host of harmful behaviors, including physical harm, sexual assault, coercion and psychological harm, as well as structural forms of discrimination or deprivation (Garcia-Moreno et al. 2006). Violence as a public discourse of Miskitu sexuality and love maintains, perpetuates, and normalizes domestic violence against women. Gender violence

and sexuality associated with *Grisi Siknis* also pushes heteronormative assumptions and generalizations about sexuality and fixed relations of power.

The focus on the sexual discourses and imagery of *Grisi Siknis* experience further marginalizes women's status in society and diverts the attention to the real sources that make women more vulnerable to this illness. Data on the dimensions of abuse and suffering associated with *Grisi Siknis* can help to identify the idioms of distress, gain a better understanding on the social, structural sources of suffering and the development of appropriate public health interventions.

BIBLIOGRAPHY

Agamben, G. 1998. Homo Sacer. Sovereign Power and Bare Life. Stanford University Press. Translated by Daniel Heller-Roazen.

American Psychiatric Association. 1994. *Diagnostic and Statistical Manual of Mental Disorders*, 4th edition. Washington, DC, American Psychiatric Association.

American Psychiatric Association. 2000. *Diagnostic and Statistical Manual of Mental Disorders*, 4th edition, Text Revision. Washington, DC, American Psychiatric Association

American Psychiatric Association. 2013. *Diagnostic and Statistical Manual of Mental Disorders,* 5th edition. Washington, DC, American Psychiatric Association

Annual Report of the Province of Nicaragua. 1926. *Mission Report*. Moravian Archives, Bethlehem Pennsylvania.

Anderson, Mark 2007 When Afro Becomes (Like) Indigenous: Garifuna and Afro-Indigenous Politics in Honduras. *Journal of Latin American and Caribbean Anthropology* 12(2):384–413.

Aronwitz, R., Deener, A., Keene, D., Schnittker, J., Tach, L. 2015. Cultural Reflexivity in Health Research and Practice. *American Journal of Public Health,* 105(S3): 403-406.

Atkinson, R. 1995. The Gift of Stories. The Life Story Interview, chapter 6. Greenwood Publishing Group.

Babb, F.E. 2008. Nicaraguan Narratives of Development, Nationhood, and The Body. *Journal of Latin American Anthropology,* 6(1) pp. 84-119.

Baer, R. D., Weller, S. C., Garcia de la Alba Garcia, J., Glazer, M., Trotter, R., Pachter, L. and Robert E. Klein. 2003. A Cross-Cultural Approach to the Study of the Folk Illness Nervios. *Culture, Medicine, and Psychiatry* 27: 315-337.

Baracco, L. 2011. *National Integration and Contested Autonomy: The Caribbean Coast of Nicaragua*. Algora Publishing, New York.

Baracco, L. 2011. From Developmentalism to Autonomy: The Sandinista Revolution and the Atlantic Coast of Nicaragua. In *National Integration and Contested Autonomy: The Caribbean Coast of Nicaragua.* Baracco, L. Eds. Algora Publishing, New York.

Barret, B. 1995. Ethnomedical Interactions: Health and Identity on Nicaragua's Atlantic Coast. *Social Science and Medicine,* 40(12):1611-1621.

Bastian, M. L. 1993. "Bloodhounds who have no friends": Witchcraft and locality in the Nigerian popular press. In Jean Comaroff and John Comaroff, eds., Modernity and Its Malcontents: Ritual and Power in Postcolonial Africa, pp. 129-166. Chicago: University of Chicago Press.

Bernard, R.H. 2006. *Research Methods in Anthropology: Qualitative and Quantitative Approaches.* Altamira press.

Bell, C.N. 1989. *Tangweera: Life and Adventures among Gentle Savages.* University of Texas, Austin.

Bell, Charles N. 1862. *Journal of the Royal Geographic Society of London*, Vol. 32. Pp. 242 268.

Boccara, G.B. 2007. Ethno-Governmentality. The Making of the Intercultural Health Field in Chile. Chungara, *Revista de Antropologia Chilena..* Vol. 39 (2): 185-207.

Boddy, J. 1988. Spirits and Selves in Northern Sudan: The Cultural Therapeutics of Possession and Trance. *American Ethnologist* 15(1): 4-27.

Boddy, J. 1994. Spirit Possession Revisited: Beyond Instrumentality. *Annual Review of Anthropology* Vol. 23: 407-34.

Bourguignon, E. 1976. Possession. San Francisco, CA, Chandler & Sharp.

Brandtstädter, S., Wade, P., and Woodward, K. 2012. *Rights, Cultures, Subjects and Citizens*. Routledge Press.

Brekke, O.A. and Sirnes, T. 2011. Biosocialty, biocitizenship and the new regime of hope and dispair: interpreting "Portraits of Hope" and the "Mehmet Case." *Genetics and Society,* 30 pp. 347-374.

Briggs, C. and Briggs-Martini, C. 2003. *Stories in the Time of Cholera: Racial Profiling During a Medical Nightmare.* University of California Press.

Brill, A. A. 1913. Pibloktoq or hysteria among Peary's Eskimos. Journal of Nervous and Mental Disease, 40, 514–520.

Cabezas, A.L. 2009. *Economies of Desire: Sex and Tourism in Cuba and the Dominican Republican.* Temple University Press.

Caciola, N. 2000.Mystic, Demoniacs, and the Physiology of Spirit Possession in Medieval Europe. *Society for Comparative Study of Society and History,* Vol. 42(2): 268-306.

Ciekawy, D. and Geschiere, P. 1998. Containing Witchcraft: Conflicting Scenarios in Postcolonial Africa. *African Studies Review,* vol 42(3)pp 1-14.

Comaroff J. & J.L. Comaroff 1999. Occult economies and the violence of abstraction: notes from the South African postcolony. *American Ethnologist* 26, 279-301.

Conzemius, Eduard. 1932. Ethnographical Survey of the Miskito and Sumu Indians of Honduras and Nicaragua. Bureau of American Ethnology Bulletin. No. 106. Washington, DC.: U.S. Government Printing Office.

Cooper, F. and Stoler, A.L. 1989. Introduction Tensions of Empire: Colonial Control and Visions of Rule. *American Ethnologist* 16(4): 609-621.

Cox-Molina, A. 2011. *El Vuelo del Alma: Cosmovision Miskitu.* Vol. 1 Colección Histórica y Política Nacional. Nicaragua.

Crandon-Malamud, Libbet. 1983. "Why Susto?" *Ethnology,* 22:153-67.

Crandon, L.1986. Medical Dialogue and the Political Economy of Medical Pluralism: A Case from Rural Highland Bolivia. *American Ethnologist* 13(3):463-476.

Crandon-Malamud, L.1991 *From the Fat of our Souls: Social Change, Political Process, and Medical Pluralism in Bolivia.* Berkley: University of California Press.

Crapanzano, V. and Garrison, V. eds. 1977. *Case Studies in Spirit Possession.Contemporary Religious Movements.* Irving I. Zaretsky, series ed. New York: John Wiley and Sons, Inc.

Csordas, T. 1994b (Editor) *Embodiment and Experience: The Existential Ground of Culture and Self.* Cambridge University Press.

Dampier, William, 1703. A New Voyage Round The World. 5th ed. Vol. 1. London.

Darghouth, S., Pedersen, D., Gilles, B. and Rousseau, C. 2006. Painful Languages of the Body: Experiences of Headache among Women in Two Peruvian Communities. *Culture, Medicine, and Psychiatry,* 30: 271-296.

Dagnino, E. 1998. Culture, Citizenship, and Democracy: Changing Discourses and Practices of the Latin American Left. In Alvarez, S. Dagnino, E. and Escobar, A. eds. *Cultures of*

Politics/Politics of Cultures: Re-visioning Latin American Social Movements. Boulder, CO: Westview Press.

Das, V. 1994. Moral Orientations to Suffering: Legitimation, Power, and Healing. In Chen, L.C., Kleinman, A., and Ware, N.C. Eds. 1994. *Health and Social Change in International Perspective*. Harvard University Press. Boston, Massachusetts.

Davis, D. L. and Low, S.M. 1989. *Gender, Health, and Illness: The Case of Nerves*. New York: Hemisphere Publishing.

Davis, S., Marley, S., and Trubswasser, G. 2005. *Algo anda mal. El bla o wakni en el Rio Coco.* URACCAN-Horizon 3000.

De la Cadena, M. 2006. The Production of Other Knowledges and its Tensions: From Andeanist Anthropology to Interculturalidad? In Ribeiro, G, and Escobar, A. eds. *World Anthropologies: Disciplinary Transformations within Systems of Power.* Oxford, New York: Berg.

Dennis, P. A. 1981. *Grisi Siknis* among the Miskito. *Medical Anthropology* 5(4):445-505.

Dennis, P. A. 1985 "*Grisi Siknis* in Miskito Culture." The Culture-Bound Syndromes. Ed. Ronald C. Simons and Charles C. Hughes. Dordrecht, Holland: D. Reidel Publishing, 1985. 289–306.

Dennis, P.A. 2004. *The Miskitu People of Awastara*. University of Texas Press.

DeWalt, K. M., and B. R. DeWalt. 2002. Participant Observation: A Guide for Fieldworkers: Altamira Press.

Díaz Polanco, H. 1987. Neoindigenismo and the Ethnic Question in Central America. Latin American Perspectives 14(1):87-100.

Dirks, N.B. 1992. Introduction: Colonialism and Cultures. In Colonialism and Culture. Dirks, N. B., ed Pp. 1-27. Ann Arbor: University of Michigan Press.

Dozier, Craig L. 1985 Nicaragua's Mosquito Shore: The Years of British and American Presence. University of Alabama Press.

Douglas, M. 1970. Natural Symbols. Explorations in Cosmology

Ellis, W. G. (1893). The amok of the Malays. Journal of Mental Science, 39, 325–338.

Ellis, W. G. (1897). Latah: A mental malady of the Malays. Journal of Mental Sciences, 43, 33–40.

Evans-Pritchard, E. E. 1976. Witchcraft, Oracles, and Magic among the Azande, Oxford: Clarendon Press.

Farmer, P. 1997. On Suffering and Structural Violence: A View From Below. In *Social Suffering,* Kleinman, A., Das, V. and Lock, M., eds. Berkeley: University of California Press, 261-283.

Farmer, P. 2005. Pathologies of Power. Health, Human Rights, and the New War on the Poor. University of California Press.

Fassin, D. 2001. The Biopolitics of Otherness: Undocumented Foreigners and Racial Discrimination in French Public Debate. *Anthropology Today,* vol. 17 pp. 3-7.

Fassin, D. 2007. Humanitarianism as a Politics of Life. *Public Culture* 19(3):499.

Fassin, D. 2008. The Embodied Past. From Paranoid Style to Politics of Memory in South Africa. *Social Anthropology* 16(3):312.

Fassin, D. 2009. Another Politics of Life is Possible. *Theory, Culture & Society,* 26(5):44-60.

Finkler, K. 1989. The Universality of Nerves. In *Gender, Health and Illness: The Case of Nerves.* Dona L. Davis and Setha Low, eds. Pp. 79-87. Hemisphere Publishing Corporation.

Finkler, K. 1994. *Women in Pain: Gender and Morbidity in Mexico.* University of Pennsylvania Press.

Finkler, K. 2001 *Physicians at Work, Patients in Pain. Biomedical Practice and Patient Response in Mexico.* Carolina Academic Press. Second Edition.

Foucault, M. 1978. *The History of Sexuality, Volume 1: An Introduction.* Pantheon Press. New York.

Friedman, J. 1992. The Past in the Future: History and the Politics of Identity. *American Anthropologist, New Series.* 94(4):837-859

Friedman, J. 1999. Indigenous Struggles and the Discreet Charm of the Bourgeoisie. *Journal of World-Systems Research* 5(2): 391-411.

Fuller, N 2002. Introduction. *In Interculturalidad y política: desafíos y posibilidades* N. Fuller, ed. Pp. 9-13. Lima, Perú: Pontifica Universidad Católica de Perú, Universidad del Pacifico, Instituto de Estudios Peruanos.

García, C. 1996 *The Making of the Miskitu People of Nicaragua.* Sweden: UPPSALA.

García Babini, Salvador (2012) *Sangnilaya: prácticas de autonomía en una comunidad miskitu de Nicaragua.* UCA Publicaciones.

Garcia-Moreno, C., Jansen, H., Ellsberg, M., Heise, L., Watts, C.H. 2006. Prevalnce of the Intimate Partner Violence: Findings from the WHO multi-country Study on Women's Health and Domestic Violence. *The Lancet*, 3(68):2-8.

Gabbert, W. 2011. The Kingdom of Mosquitia and the Mosquito Reservation: Precursors of Indian Autonomy? In Baracco, L. 2011. *National Integration and Contested Autonomy: The Caribbean Coast of Nicaragua.* Algora Publishing, New York.

Geschiere, P. 1992. Kinship, witchcraft and 'the market': hybrid patterns in Cameroonian societies. In *Contesting markets: analyses of ideology discourse and practice* (ed.) R. Dilley, 159-79. Edinburgh: University Press.

Geschiere, P. 1997. *The Modernity of witchcraft: politics and the occult in postcolonial Africa*, Charlottesville: University Press of Virginia.

Good, Byron J., and Mary-Jo DelVecchio Good. 2010."Amok in Java: Madness and violence in Indonesian politics". Pp. 473-480 in *A reader in medical anthropology: Theoretical trajectories, emergent realities.*

Good, B. 1994. *Medicine, Rationality, and Experience: An Anthropological Perspective.* Cambridge University Press.

Good, M.J.D. and Byron Good. 1988. Ritual, the State and the Transformation of Emotional Discourse in Iranian Society. *Culture, Medicine and Psychiatry* 12: 43-63.

Gonzales, M. 2011. El Gigante que despierta: (The Awakening Giant): Parties and Elections in the life of the Autonomous Regional Councils. In Baracco, L. 2011. *National Integration and Contested Autonomy: The Caribbean Coast of Nicaragua*. Algora Publishing, New York.

Gonzales Siles, S. 2006. Otro Brote de Grisi Siknis. La Prensa, Oct. 07. Electronic Document. http://archivo.laprensa.com.ni/archivo/2006/octubre/07/noticias/regionales/148391.shtml Accessed December 21, 2010.

Guarnaccia, Peter J. 1993 Ataque de Nervios in Puerto Rico: Culture-Bound Syndrome or Popular Illness? *Medical Anthropology* 15:157-170.

Guarnaccia, P., Canino, G., Rubio-Stipec, M., and Milagros Bravo. 1993. The Prevalence of Ataques de Nervios in the Puerto Rico Disaster Study: The Role of Culture in Psychiatric Epidemiology. *The Journal of Nervous and Mental Disease* 181: 157-165.

Guarnaccia, P. Rivera, M., Franco, F., and Charles Neighbors. 1996. The Experience of Ataques de Nervios: Towards an Anthropology of Emotion in Puerto Rico. *Culture, Medicine and Psychiatry* 20: 343-367.

Guarnaccia, P.J., R. Lewis-Fernandez and M. Rivera Marano. 2003. Toward a Puerto Rican Popular Nosology: Nervios and Ataques de Nervios. *Culture, Medicine and Psychiatry* 27:339-366.

Guerra-Reyes, L. 2013. Changing Birth in the Andes: Safe Motherhood, Culture and Policy in Peru. Doctoral Dissertation, University of Pittsburgh.

Hale, C. R. 1987 Inter-Ethnic Relations and Class Structure in Nicaragua's Atlantic Coast: An Historical Overview. *In Ethnic Groups and the Nation State: The Case of the Atlantic Coast in Nicaragua*. CIDCA, ed. Pp. 33-57. Stokholm: Akademitryck.

Hale, C.R. 1994. *Resistance and Contradiction: Miskitu Indians and the Nicaraguan State, 1894- 1987*. Stanford: Stanford University Press.

Hale, C. R. 2002. Does Multiculturalism menace? Governance, Cultural Rights and Politics of Identity in Guatemala. *Journal of Latin American Studies*, 34(3): 458-524.

Hale, C. R. 2005 Neoliberal Multiculturalism: The Remaking of Cultural Rights and Racial Dominance in Central America. *Political and Legal Anthropology Review* 28(1):10-28.

Haley, Brian D. and Wilcoxon, Larry R. 2005. How Spaniards Became Chumash and Other Tales of Ethnogenesis. *American Anthropologist,* 107(3): 432-445.

Hawley, S. 1997 Protestantism and Indigenous Mobilization: The Moravian Church Among the Miskitu Indians of Nicaragua. Journal of Latin American Studies 29: 111-129.

Heise, L.L., Raikes, A., Watts, C., Zwi, A. 1994. Violence Agaisnt Women: A Neglected Public Health Issue in Less Developed Countries. *Society, Science and Medicine,* 39(9):1165-1179.

Helms, M. W. 1969. The Cultural Ecology of a Colonial Tribe. *Ethnology* 8(1):76-84.

Helms, M. W. 1970. Matrilocality, Social Solidarity, and Culture Contact: Three Case Histories. *Southwestern Journal of New Mexico*. Vol. 26 (2): 197-212.

Helms, M. W. 1971 *Asang, Adaptation to Culture Contact in a Miskito Community*. University of Florida Press.

Helms, M. W. 1983 Miskito Slaving and Culture Contact: Ethnicity and Opportunity in an Expanding Population. Journal of Anthropological Research 39(2):179-197.

Herlihy, L.H. *The Mermaid and The Lobster Diver. Gender, Sexuality, and Money on the Miskitu Coast*. University of New Mexico Press.

Herlihy, L. H. 2013. *The Discourse of Romantic Love on the Miskitu Coast*. Agenda: Empowering women for gender equity.

Herlihy, L.H. 2007. Matrifocality and Women's power on the Miskitu Coast. Ethnology vol. 216. no. 2 pp.133-149.

Holm, J.A., 1978, The Creole English of Nicaragua's Miskito Coast: Its Sociolinguistic History and a Comparative Study of Its Lexi- con and Syntax. Ph.D. diss., London: University of London.

Hooker, J. 2005. Indigenous Inclusion/Black Exclusion: Race, Ethnicity and Multicultural Citizenship in Latin America. *Journal of Latin American Studies*, 37 pp. 285-310.

Hughes, C. 1996. Ethnopsychiatry. In Medical Anthropology: Contemporary Theory and Method. Carolyn F. Sargent and Thomas M. Johnson, eds. Pp. 131-150. Westport, CT: Praeger.

Hunt, L.M. 2000. Strategic Suffering: Illness Narratives as Social Empowerment among Mexican Cancer Patients. In Mattingly, C., and Garro, L.C. 2000. *Narrative and the Cultural Construction of Illness and Healing*, University of California Press. Berkeley, California.

Instituto de Medicina Tradicional y Desarrollo Comunitario (IMTRADEC) 2004. *Reporte de Grisi Sinkis en Raiti, Namahka y Samto Tomas Umbra.* RAAN, Nicaragua: IMTRADEC.

James, E.C. 2008. Haunting Ghosts. Madness, Gender and Ensekirite in Haiti in the Democratic Era. In DelVecchio-Good, M.J., Hyde, S.T., Pinto, S., and Good, B.J. Postcolonial Disorders. Eds University of California Press.

James, E.C. 2012. Witchcraft, Bureacraft, and the Social Life of (US)Aid in Haiti. *Cultural Anthropology*, 27(1):50-75.

Jamieson, M. 2000. It's Shame that Makes Men and Women Enemies: The Politics of Intimacy Among the Miskitu of Kakabila. Journal of the Royal Anthropology Institute N.S (6):311-324.

Jamieson, M. 2001. Masks and Madness. Ritual Expressions of the Transition to Adulthood among Miskitu Adolescents. *Social Anthropology* 9(3):257-272.

Jamieson, M. 2010. Mother Scorpion: Women's Politics and Affinal Relations among Miskitu and other "bride service" Societies. *History and Anthropology.* Vol. 4, pp. 173-189.

Jamieson, M. 2010. Bloodman, Manatee Owner, and the destruction of the Turtle Book: Ulwa and Miskitu representations of knowledge and the moral economy. *Journal of the Royal Anthropological Institute, Vol*. 16 (1): 31-45

Jenkins Molieri, J. 1986 *El Desafío Indígena en Nicaragua: El Caso de los Miskitos*. México: Editorial Katun.

Jenkins, J. and DelVeccchio-Good, M. 2014. Women and Global Mental Health: Vulnerability and Empowerment. In *Essentials of Global Mental Health*, ed. Samual O. Okpaku. Cambridge University Press.

Jenkins, J. and Valiente, M. 1994. In Csordas, T. 1994b (Editor) *Embodiment and Experience: The Existential Ground of Culture and Self.* Cambridge University Press.

Johnson, B. B. 2010. Decolonization and Its Paradoxes: The (Re)envisioning of Health Policy in Bolivia. *Latin American Perspectives* 37:139-159.

Juárez, G. F. 2006. *Salud e interculturalidad en América Latina: Antropología de la salud y crítica intercultural*.Castilla: Servicio de Publicaciones de la Universidad de Castilla-La Mancha.

Kapferer, B. ed 2002, *Beyond Rationalism: Rethinking Magic, Witchcraft, and Sorcery.* New York: Berghahn Books.

Kaufman, R., 1977. Corporatism, Clientelism, and Partisan Conflict in Latin America," in James M. Malloy, ed., *Authoritarianism and Corporatism in Latin America* (University of Pittsburgh Press), pp. 109-149.

Karpati, A., Galea, S., Awebuch, T., Levins, R. 2002. Variability and Vulnerability at the Ecological Level: Implications for Understanding the Social Determinants of Health. *Research and Practice,* 92(11): 1768-1772.

Kirmayer, L. 1992. The Body's Insistence on Meaning: Metaphor as Presentation and Representation in Illness Experience. *Medical Anthropology Quaterly,* 6(4): 323-346.

Kirmayer, L. and Young, A. 1998. Culture and Somatization: Clinical, Epidemiological, and Ethnographic Perspectives. *Psychosomatic Medicine* 60: 420-430.

Kirmayer, L. J. 2000. Broken Narratives: Clinical Encounter4s and the Poetics of Illness Experience. In Mattingly, C., and Garro, L.C. 2000. *Narrative and the Cultural Construction of Illness and Healing,* University of California Press. Berkeley, California.

Kleinman, A.1980. *Patients and Healers in the Context of Culture. An Exploration of the Borderland Between Anthropology, Medicine, and Psychiatry.* Berkeley: University of California Press.

Kleinman, A. 1992. Pain and Resistance: The Delegitimation and Relegitimation of Local Worlds. In Good Et al. *Pain as Human Experience: An Anthropological Perspective.* Berkeley: University of California Press.

Kleinman, A. 1994. An Anthropological Perspective on Objectivity: Observation, Categorization, and the Assessment of Suffering. In Chen, L.C., Kleinman, A., and Ware, N.C. Eds. 1994. *Health and Social Change in International Perspective.* Harvard University Press. Boston, Massachusetts.

Kleinman, A., Das, V. and M. Lock, Eds 1997. *Social Suffering.* Berkeley: University of California Press.

Leff, J.P. 1973. Culture and the Differentiation of Emotional States. *The British Journal of Psychiatry*, 123 (574) 299-306.

Littlewood, R. 2002. *Pathologies of the West. An Anthropology of Mental Illness in Europe and America.* Cornell University Press.

Lock, M. and Lindebaum, S. Eds. 1993 *Knowledge, Power and Practice: The Anthropology of Medicine and Everyday Life.* Berkeley: University of California Press

Lock, M. and Kaufert, P. 2001 Menopause, Local Biologies and Cultures of Aging. *American Journal of Human Biology,* 13(4): 494-504.

Lock, M. and V.K., Nguyen. 2010. *An Anthropology of Biomedicine.* New York, Wiley-Blackwell.

Low, S. 1981. The Meaning of Nervios: A Sociocultural Analysis of Symptom Presentation in San José, Costa Rica. Culture, *Medicine and Psychiatry,* 5: 24-48.

Low, S. 1985. Culturally Interpreted Symptoms or Culture-Bound Syndromes: A Cross-Cultural Review of Nerves. *Social Science and Medicine,* 21(2): 187-196.

Martin and Nahel 1987. *Bla Kira o las locuras del Patuka: Encuesta psiquiatrita en la Mosquitia Hondureña*. Tegucigalpa, Honduras: Médicos Sin Fronteras.

Mattingly, C., and Garro, L.C. 2000. *Narrative and the Cultural Construction of Illness and Healing*, University of California Press. Berkeley, California.

Mattingly, C. 2000. Emergent Narratives. In Mattingly, C., and Garro, L.C. 2000. *Narrative and the Cultural Construction of Illness and Healing,* University of California Press. Berkeley, California.

Meyer, B. 2001. "You Devil, go away from me!" Pentecostal African Christianity and the powers of good and evil. In Paul Clough and Jon P. Mitchell, eds., *Powers of Good and Evil: Social Transformation and Popular Belief,* pp. 104-134. New York and Oxford: Berhahn Books.

MINSA. 2004. Política Nacional de Salud 2004–2015. Managua: MINSA.

Minks, A. 2006. Interculturality in Play and Performance: Miskitu children's expressive practices on the Caribbean Coast of Nicaragua. Doctoral Dissertation. Columbia University.

Moravian Church. 1849. Mision Evangelica Morava de la Costa Atlantica de Nicaragua 1849-1949.

Moravian Church 1883. Periodical Accounts Relating to the Mission of the Church of the United Brethren Established Among the Heathen. "From H. Peper," December, 1883, pp. 545-546. Moravian College Library, Bethlehem, PA.

Moravian Church. 1926. Annual Report of the Province Nicaragua, Mission Report.

Moore, H.L. & T. Sanders 2001. Magical Interpretations and Material Realities: An Introduction. In *Magical interpretations, material realities: modernity, witchcraft and the occult in postcolonial Africa* (eds) H.L. Moore & T. Sanders, 1-27. London: Routledge.

Moore. S. F. 1999. Reflections on the Camaroff Lecture. *American Ethnologist*, Vol. 26. (2)p.304-306

Nagel, J. 1994. Constructing Ethnicity: Creating and Recreating Ethnic Identity and Culture, *Social Problems*, vol 41(1).

Nguyen, V.K. and Peschard, K. 2003. Anthropology, Inequality, and Disease: A Review. *Annual Review Anthropology*, 32: 447-474.

Nietschmann, Q.T. 1973. *Between Land and Water: The Subsistence Ecology of the Miskitu Indians, Eastern Nicaragua*. London and New York: Seminar Press.

Nitcher, M. 1981b. Idioms of Distress: Alternatives in the Expression of Psychosocial Distress: A Case Study from South India. *Culture, Medicine and Psychiatry,* 5(4): 379-408.

Nitcher, M. 2010. Idioms of Distress Revisited. *Cultural Medical Psychiatry,* 34:401-416.

Noveck, D. 1988 Class, Culture, and the Miskito Indians: A Historical Perspective. *Dialectical Anthropology* 13: 17-29.

Offen, K. H. 1999. *The Miskitu Kingdom: Landscape and the Emergence of a Miskitu Ethnic Identity, Northeastern Nicaragua and Honduras, 1600-1800.* Ph.D. Dissertation, University of Texas at Austin.

Offen, K. 2003. Narrating Place and Identity, or Mapping Miskitu Land Claims in Northeastern Nicaragua," *Human Organization* 62: 382-392.

Offen, K. and Rugeley, T. 2014. *The Awakening Coast: An Anthology of Moravian Writings from Mosquitia and Eastern Nicaragua, 1849-1899* Lincoln: University of Nebraska Press.

Olien, Michael D. 1983.The Miskito Kings and the Line of Succession. *Journal of Anthropological Research*, Vol. 39 (2) 198-241.

Ong, A. 1987. *Spirits of Resistance and Capitalist Discipline. Factory Women in Malaysia.* State University of New York Press, Albany.

Ong, A. 1988. The Production of Possession: Spirits and the Multinational Corporation in Malaysia. *American Ethnologist,* Vol.15(1): 28-42.

Oths, k. S. 1999 "Debilidad": A Reproductive-Related Illness of the Peruvian Andes. Medical Anthropology Quarterly 13:286-315.

Padilla, M. 2007. *Caribbean Pleasure Industry: Tourism, Sexuality, and AIDS in the Dominican Republic.* The University of Chicago Press.

Pedersen, S. 1991. National Bodies, Unspeakable Acts: The Sexual Politics of Colonial Policy-Making. *The Journal of Modern History* 63 (4): 647-680.

Pels, P. 1997. The Anthropology of Colonialism: Culture, History, and the Emergence of Western Governmentality. *Annu. Rev. Anthropology.* 26:163-83.

Perez-Chiriboga, I. 2000. Ideology, Cosmology, and Illness. A Miskitu Ethnography in Time of War. Doctoral Dissertation. University of Illinois at Urbana-Champaign.

Petryna, A. 1999. Chernobyl Effects: Social Identity and the Politics of Life in Post-Socialist Ukraine. Doctoral Dissertation. University of California, Berkeley.

Petryna, A. 2002. *Life Exposed: Biological Citizens after Chernobyl.* Princeton University Press.

Pineda, Baron L. 2001 Creole Neighborhood or Miskito Community? A Case Study of Identity Politics in a Mosquito Coast Land Dispute. The Journal of Latin American Anthropology 6(1):120- 155.

Pineda, B. 2011. "A Strange Potpourri": Revisiting Sandino's Legacy in the Atlantic Coast of Nicaragua. In Baracco, L. 2011. *National Integration and Contested Autonomy: The Caribbean Coast of Nicaragua.* Algora Publishing, New York.

Povinelli, E. 2002. *The Cunning of Recognition. Indigenous Alterities and the Making of Australian Multiculturalism.* Duke University Press.

Pussetti, C. 2006. A Patologizaçao da diversidade: Uma reflexão antropólogica sobre a noção de culture-bound syndrome. *Etnográfica,* Vol. 10(1). pp. 5-40.

Ribeiro, G. and Escobar, A. 2006. Eds. *World Anthropologies: Disciplinary Transformations in Systems of Power.* Bloomsbury Academic Press.

Romberg, R. 2003. *Witchcraft and Welfare: Spiritual Capital and the Business of Magic in Modern Puerto Rico*. Austin: University of Texas Press.

Rose, N. and Novas, C. 2004. Biological Citizenship. In A. Ong and S. J. Collier *Global assemblages: technology, politics, and ethics as anthropological problems*. Blackwell.

Ruiz, E. 2006. Cultural Politics and Health: The Development of Intercultural Health Policies in the Atlantic Coast of Nicaragua. Doctoral Dissertation. University of Pittsburgh.

Ruiz Sierra, J. 2003 Miskitos, Histeria, Brujería y Abandono. La Prensa, Dec 1:Electronic document http://www.laprensa.com.ni/archivo/2003/diciembre/01/nacionales/nacionales-20031201 05.html, accessed November 23 2010.

Rubel, A.J., O'Nell, C.W., and Collado-Ardon, R. 1984. *Susto, A Folk Illness.* University of California Press, Berkeley.

Rupilius, P. 1988. *Grisi Siknis: Un Caso de Histeria Colectiva en la RAAN: Interpretacion de las Causas*. RAAN, Nicaragua. IMTRADEC-URACCAN.

Scheper-Hughes, N; and Margaret M. Lock. 1987. The Mindful Body: A Prolegomenon to Future Work in Medical Anthropology. *Medical Anthropology Quarterly, New Series,* Vol. 1 (1): 6-41.

Scheper-Hughes, N. 1988. The Madness of the Hunger: Sickness, Delirium and Human Needs. *Culture, Medicine and Psychiatry* 12:429-458.

Scheper-Hughes, N. 1992. *Death without Weeping: The Violence of Everyday Life in Brazil.* Berkeley: University of California Press.

Seligman, R. and Kirmayer, L.J. 2008. Dissociative Experience and Cultural Neuroscience: Narrative, Metaphor, and Mechanism. *Culture, Medicine and Psychiatry,* 32:31-64.

Simons, R. and Hughes, C. eds. 1985. *The Culture-Bound Syndromes: Folk Illnesses of Psychiatric and Anthropological Interest*. Dordrecht: Reidel.

Sharp, L. A. 1993. *The possessed and the Dispossessed. Spirits, Identity, and Power in a Madagascar Migrant Town.* University of California Press.

Shaw, R. 2001. The Production of Witchcraft/Witchcraft as Production: Memory, Modernity, and the Slave Trade in Sierra Leone. *American Ethnologists* 24(4)pp 856-76.

Shuval, J.T. 2012. *Alternative and Bio-Medicine in Israel: Boundaries and Bridges.* Brighton Academic Studies Press.

Stoler, A. L. 1989. Making Empire Respectable: The Politics of Race and Sexual Morality in 20th Century Colonial Cultures. *American Ethnologist* 16(4): 634-660.

Stoler, A. L. 1989. Rethinking Colonial Categories: European Communities and the Boundaries of Rule. *Comparative Studies and History*. Vol. 31(1):134-161.

Stoler, A. L. 1995. *Race and Education of Desire: Foucault's History of Sexuality and the Colonial Order of Things*. Durham, N.C.: Duke University Press.

Stephen, L. 2005. *Zapotec Women: Gender, Class, and Ethnicity in Globalized Oaxaca*. 2nd Edition. Duke University Press, Durham and London.

Steward, P. J. and Strathern, A. 2004. *Witchcraft, Sorcery, Rumors, and Gossip*. Cambridge University Press.

Taussig, M. 1977. The genesis of capitalism amongst a South American peasantry: devil's labor and the baptism of money. *Comparative Studies in History and Society* 19, 130-55.

Taussig, M. 1987. *Shamanism, Colonialism, and the Wild Man.* The University of Chicago Press.

Trübswasser, G., Davis, S. & Sasha Marley. 2005. *Algo anda mal: El Bla o Wakni en el Río Coco*. Occasional Paper. IMTRADEC. Puerto Cabezas: URACCAN

Tseng, W.S. 2006. From Peculiar Psychiatric Disorders through Culture-bound Syndromes to Culture-related Specific Syndromes. *Transcultural Psychiatry,* 43(50: 554-576.

Tubino, F. (2005). "La interculturalidad crítica como proyecto ético-político", En: Encuentro continental de educadores agustinos. Lima, 24-28 de enero de 2005.

Tuner, B.S. 2012. The History of the Changing Concepts of Health and Illness: Outline of a General Model of Illness Categories. In *Handbook of Social Studies in Health and Medicine*. Eds, Albrecht, G. Fitzpatrick, R. and Scrimshaw, S.C.

Vargas, M. 2003 La Prensa. Caos por Síndrome de Grisi Siknis. La Prensa, Nov. 28: Electronic document,

http://www.ni.laprensa.com.ni/cronologico/2003/noviembre/28/nacionales/nacionales 20031128-20.html November 23, 2006.

van Wulfften Palthe, P. M. (1934). Koro: Een eigenaardig angstneurose. Geneeskundia Tijdschrift voor Nederlandach-Indie, 74, 1713–1720.

Vilas, C. 1990. Between Earthquakes and Volcanos: Markets, State, and Revolution in Central America. New yYork: Monthly Review Press.

Wade, P. 2003. *Race and Sexuality in Latin America*. University of Chicago Press.

Walsh, C. 2002 (De) Construir la Interculturalidad: Consideraciones Críticas desde la Política, la Colonialidad y los Movimientos Indígenas y Negros de Ecuador. *In Interculturalidad y Política: Desafíos y Posibilidades*. Norma Fuller, ed. Pp. 115-141. Lima, Perú: Pontifica Universidad Católica de Perú, Universidad del Pacifico, Instituto de Estudios Peruanos.

Wedel, J. 2009. Bridging the gap between Western and Indigenous Medicine in Eastern Nicaragua. *Anthropological Notebooks,* 15 (1): 49-64.

Wedel, J. 2012. *Grisi siknis* as involuntary mass spirit possession. *Anthropology and Medicine,* 1(12).

Weller, S. C., Baer, R. D., Garcia de la Alba Garcia, J. and Ana L. Salcedo Rocha. 2008. Susto and Nervios: Expressions for Stress and Depression. *Cult Med. Psychiatry* 32: 406-420.

Yap, P. M. (1965). Koro: A culture-bound depersonalization syndrome. British Journal of Psychiatry, 111, 43–50

Yarris, K. E. 2011. The Pain of "Thinking too much": Dolor de Cerebro and The Embodiment of Social Hardship among Nicaraguan Women. *ETHOS*, 39(1) pp. 226-248.

Yashar, D. 2005. *Contesting Citizenship in Latin America: The Rise of Indigenous Movements and the Post-Liberal Challenge.* New York: Cambridge Univ. Press.

Young, A. 1982. The Anthropologies of Illness and Sickness. *Annual Review of Anthropology,* 1(1): 257-285.

World Health Organization. 1992. The ICD-10 *Classification of Mental and Behavioral Disorders: Clinical Descriptions and Diagnostic Guidelines.* Geneva: World Health Organization.