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CROSSING TO CARE: MOVEMENT AND FLEXIBLITY IN MEXICAN MASSAGE HEALING

A THESIS APPROVED FOR THE

DEPARTMENT OF ANTHROPOLGY

BY THE COMMITTEE CONSISTING OF

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ABSTRACT

Transnationalism and border studies have often rightly focused on the movement of people, materials, and ideas across national lines as well as issues of migration such as along the U.S.-Mexico border. This thesis examines the concept of border crossing from a different angle, where rather than looking at the movement of people across a national border, I examine the social borders crossed within the context of massage cupping therapy, a medical form that itself has traversed borders. My research revolves around a Mexican massage therapist, who frequently travels between the state of Texas and her home in the state of Nuevo Leon. She maintains a large pool of clients in both places. The Texas clients are mostly working-class migrants from Mexico, while the Mexican clients are wealthy Mexican citizens, most of whom own multiple businesses. My findings primarily focused on the interactions during the massage encounter, and acknowledge Teresa's unique approach of communicating with her clients. Additionally, in examining these interaction, I also found that this massage healing practice, which literally crosses the U.S. Mexico border, also crosses social and metaphorical borders of class, intimacy, mind/body, and traditional/modernity. My overall argument is that in crossing different social borders, this practice emphasizes the massage healer's flexibility in being able to fit in and create meaningful experiences for clients in two very distinct social contexts. This argument can be extended out to consider the benefit in flexibly crossing border and social categories that structure hierarchies. This thesis adds to existing bodies of anthropological literature on transnationalism, and border crossing, by reaffirming how borders are complex and demonstrating how different, more metaphorical borders can all be crossed within a single cultural practice, in this case massage healing encounters.

CHAPTER 1: INTRODUCTION

Border Crossing:

It was my second time ever riding a bus from Mexico all the way to my home in Texas. Thankfully, I was travelling with Teresa[1] so I was not completely alone. Our bus was set to depart at 9:00am. Teresa's son had dropped us off at the bus terminal, which resembled a small airport complete with a variety of restaurants. Temperatures had been boiling all week, but now as we loaded our luggage onto the bus, a refreshing, misty rain poured down around us. As we boarded the loud, gray bus, I noticed a third of the seats were empty. We took our seats and had a brief conversation before Teresa drifted off into a long nap. The rest of the bus ride, I kept busy organizing notes on my phone, and watching movies.

A couple of hours later, we crossed into the Mexican border town of Nuevo Laredo. As we passed signs for the international bridge and drove alongside the rushing Rio Bravo (as the Rio Grande is known in Mexico), I couldn't help but ponder how different this journey could be. How many migrants, including my own family, had arrived at these waters before, desperate but determined to cross? This fleeting thought always comes to my mind every time I travel to Mexico to see my relatives.

When we finally arrived at the border, everyone on the bus was instructed to come down and take their luggage and documents inside a small glass building. Bilingual signs briefed us on what was allowed to pass and what was prohibited. We had to present our passport and other documents to an immigrations officer at a counter and then placed our suitcases on a conveyer belt that went through an X-ray machine. Teresa and I were first in line, so in total this process

[1] All names in this thesis are pseudonyms.

took about 10 minutes. From there, all of the passengers loaded back onto the bus to finish the rest of the trip. The bus stopped once more in San Antonio for a restroom and food break, and did not stop again until we reached our destination in North Texas.

In depicting this simple return trip, I want to reflect on different versions of border crossing. Depending on circumstances, the process of crossing the U.S.-Mexico border could consist of the 10 minutes spent showing documents at the border, or the 10 hours spent on the bus ride. Or 10 days walking across the Sonoran desert or several weeks traveling by boat, car, and foot, depending on your starting place and exact destination. For instance, in Jason De Leon's book, *The Land of Open Graves*, he describes different narratives of people's border crossing journeys (2015). One section of the book focuses on two characters, Memo and Lucho, and the multiple attempts to cross the desert. De Leon explains the preparation that goes into these attempts but more importantly the various obstacles working against them, which De Leon describes as the hybrid collectif. This consists not only of animals, harsh terrain, and exhausting temperatures but also run-ins with border patrol. In presenting Memo and Lucho's experiences, as well as several others, De Leon highlights the difficulty and level uncertainty migrants face in each journey attempting to cross, since reaching the U.S. or even making it out of the desert alive cannot be guaranteed (De Leon 2015). These more perilous crossing experiences should not be reduced or ignored as they are bring to light pressing issues in today's immigration debates. In any conversation relating to migration between the U.S. and Mexico, it is important we keep in mind all of these different experiences of crossing that take place at the border.

My question, extending from this topic, is how does border-crossing extend beyond passing across a physical boundary? Moving from one side of the Rio Grande to the other represents one form of border crossing, but here I will examine other borders are traversed by

those who build their lives on the borderlands. I will focus on other marked differences and the way they are attached to the U.S.-Mexico border.

In his book, *Sounds of Crossing*, Alex Chavez examines meaning in crossing experiences (2017). While he opens the book acknowledging literal crossings of the U.S.-Mexico border, the main focus of his book studies crossing through the lens of huapango arribeño. Chavez explains how the performative practices within this regional music style metaphorically "resonate" across material, social, and cultural borders (2017, 9). In a similar sense, this thesis describes the practice of ventosas and massage healing, but this practice is meant to serve as a lens onto the issue of transnationalism and border crossing. My data and findings presented here are based on ethnographic fieldwork I conducted by working with Teresa, a Mexican massage therapist who treats people in the U.S. and Mexico. Throughout the following chapters I will explore how here notion of border-crossing extends beyond the literal physical division between countries.

In her seminal book *Transborder Lives,* anthropologist Lynn Stephen describes the lives of Mixtec migrants from Oaxaca who migrate to California and Oregon periodically for work (Stephen 2007). Stephen elaborates on the transnational networks and surrounding contexts in these different settings. To frame her work, Stephen presents the concept of "transborder" as an alternative to the concept of transnational. She explains how this concept extends the idea of "crossing" embedded, to include other types of borders, such as the regional class, racial, and ethnic borders that Mixtec migrants are made to cross (Stephen 2007, 6). For Lynn Stephen, "transborder" offers a fuller picture of the different types of complex social boundaries that are crossed. My work here follows Stephen's model in considering other kinds of borders that Teresa crosses besides national ones. Also helpful is Glick-Schiller's perspective on migration, as an interconnected process retaining links. Glick-Schiller differentiates between migrants and

transmigrants, explaining how transmigrants are individuals "whose daily lives depends multiple and constant interconnections across international borders," (Glick Schiller et al. 1995, 48). This shows consistent movement and connections across border forms an important aspect of one's identity, and is also useful in understanding immigration as more than just a one directional process. I found this perfectly described Teresa's situation as her frequent migration across the U.S. enables her to maintain strong ties in both countries.

Anthropologists Ruth Behar's view of border crossing in *Translated Woman* demonstrates how stories can metaphorically cross borders (Behar 1993, 7). Even though Esperanza herself could not travel across to the U.S., her story, translated by Ruth Behar, was able to "cross" into the country. In another way, this story also served as a bridge connecting Behar to her *comadre* (close friend) despite them coming from very different positions in two distinct societies. Additionally, Behar like Stephen, nods towards the layers of existing borders between the U.S. and Mexico, including class, and types of work (Behar 1993, 227-228). This view beyond the international border crossing by people, is what I want to apply here to understand Teresa and the significance of her practice.

We can also stop to think about that parts of ourselves cannot be scanned by X-ray machines, such as our knowledge, our experience, and our privileges. As individuals with papers, Teresa and I are both in a position of higher privilege compared to other individuals that cross the U.S.-Mexico border undocumented. Teresa is also privileged in other ways. She has immediate family members who live in the United States that she stays with during her visits. Also, even though Teresa is not nearly as wealthy as her clients in Monterrey, she is financially stable enough to be able to afford to travel a couple of times each year. On top of that, she is also experienced in having traveled several times to the United States. This means she knows what to

expect at the border revision, what documents she needs to have on hand, and what type of things will cause unwanted delay.

Other scholars like Jason De Leon (2015), and Seth Holmes (2013) have delivered border crossing stories from the perspective of undocumented migrants in more desperate positions and situations. In *Fresh Fruits, Broken Bodies* Holmes looks at the lives of Triqui migrant workers who travel from Oaxaca to Oregon and California to work in farms (2013). He describes how these individuals exploited due to their undocumented status. They work is labor intensive, as people are bent over picking fruit for long periods of the day but only get paid little based on the quantities picked. One interesting dimension in Holmes "embodied" approach to studying migrant lives is that he actually attempts to physically cross the U.S.-Mexico border with a group. This literal crossing is intended to show the suffering and dangerous passage undocumented frequently make in trying to reach the United States. Holmes approach is critiqued by De Leon for putting migrants in greater risk. His own ethnography, *The Land of Open Graves*, also focuses on migrant's journey but rather than physically crossing with migrants, he interviews migrants on both sides of the borders, who have been at different stages in the process of crossing into the United States (2015). De Leon's account depicts how U.S immigration policy has pushed out migrants attempting to cross into the U.S. further the ruthless environment of the Sonoran desert. De Leon then uses a four field anthropological approach to examine how the conditions of the desert, such as the intense temperatures, and animals work against migrants which explains how it is able to claim so many migrant lives.

These accounts focus on the serious, urgent immigration issues surrounding the U.S. border. De Leon describes the harsh realities of lives taken by the Sonoran desert, while Holmes examines the exploited lives of people who make it across and live as undocumented farm

workers in the Pacific Northwest. Like these, most anthropological accounts of the U.S./Mexico border focus on the experiences of undocumented migrants traversing a hostile terrain to enter the U.S. in search of a better life, or else the lives they piece together after arriving. Less attention has been paid to other aspects or perspective of border-crossing, such as medical forms that travel from one place to another, the healers that bring them, or people with the privilege of migrating with documents. In this thesis, rather than just seeing border crossing as the demarcated built and natural border between nations, I consider even the international border as a social. Since she comes from a positon of a relative privilege, I examine Teresa's experience border crossing as it can further uncover the complexities of "the border." Teresa's privilege grants her a degree of flexibility in crossing back and forth.

This flexibility is comparable to that described in Aihwa Ong's *Flexible Citizenship*, which looks at transnationalism during the era of intense globalization in the context of Asian-Pacific countries (1999). Specifically, Ong examines how elite business people from Hong Kong partake in fluid transnational communication and travel, and how they have assumed a "flexible citizenship" in relation to other nations. Their flexibility through transnationalism gives them opportunities and helps them keep up with and take advantage of the global economy. Although Teresa's privilege is not nearly as great as these transmigrants, like them she has some privilege degree of privilege that allows her easier mobility across borders that are dangerous or inaccessible to those with less privilege, such as the migrants described in De Leon's book.

That being said, one main concept throughout this thesis is movement. My goal is to show how crossing borders should not be conceptualized as a single moment, it cannot be reduced to the act of scanning a passport. Instead, I want to explore crossing as a continual flow through different types of literal and metaphorical borders. As Chavez outlines his theoretical

framework in, he makes a distinction between border studies, which focus on "material conditions" of physical land borders, and the study of metaphorical borderlands, which examine "liminality" in peoples transnational experiences, (Chavez 2017, 11). One area of study focuses considers symbolic division, with the other looks at concrete environment of the border, yet both of these areas draw from each other. Chavez explains how scholars cannot fully understand conditions of physical borders without considering embedded ideologies and symbolism (2017). Border policies and divisive ideologies related to class and race reflect and shape each other. The use of both of these perspectives constitutes the anthropological study of borderlands. I intend to use this complementary framework in this thesis as I describe the transnational practice massage healing.

Cupping and Massage:

Two years ago, I was suffering from severe pain in my lower back. I got muscle spasms that made it painful to walk or conduct daily activities. This was an issue I had since I was a teenager, but the pain had become much worse. After every two or three steps, the muscles in my back suddenly tightened, and I could feel a hot pain run down my leg. I had seen doctors in the past who only suggested I take pain relief medicine (Tylenol or Advil) because I was "too young" and seemed "too healthy" to have anything seriously wrong with me. I also tried seeing a chiropractor for a month, which helped dull the pain some, but I still felt stiffness in my back and leg.

After some time, my mother told a church friend that I had been having back pain for several weeks. Her friend recommended that I immediately go see Teresa, a woman from Mexico who was in town at the time and did massage therapy with ventosas (where a cup is placed over a lit match on the skin, creating a suction force thought to draw out inflammation

from body). I had received massages before, but had never heard of cupping. My mom explained that the method involved using fire to remove pain, and I became very nervous that it would hurt. Thankfully, I did not get burned as I had originally feared and after one session, I felt immediate relief. It was not a gentle massage by any means. It was intense and I felt a lot of pressure as Teresa tried to remove all the inflammation I had in my back, but in the end I felt better. Teresa told my mother and me that I would probably need another massage in a few months and that by then she would be in town again so we would be able to reach her. I was relieved that I could finally be active again after weeks of having horrible pain. The stiffness in my back was completely gone, I could take more than ten steps without having any shooting pains, and I could sleep better at night without having any discomfort in my back. Overall, I was grateful not only to Teresa, but for the practice of cupping and massage itself. I wished I known about it sooner. It was from this experience, that I became interested in learning more about ventosas and massage, and how they affect people's lives.

Mexican fire-cupping, or ventosas, is commonly practiced throughout Mexico and even in parts of the United States with large Mexican populations. Traditional ventosas consist of using alcohol, matches, and a cup to draw out inflammation from the body. Like with any practice or custom, there is great variation on how cupping can be done, depending on the individual practitioner. For Teresa, the therapist on whom I based my research, the technique consists of first having the client lie face-down on a massage table or floor, wearing only shorts and a towel draped over the part of their not body not being treated. Next, she begins massaging the affected area on the client using oil. As she does this, she identifies which areas have more inflammation and assesses the overall condition of the client. During this time, Teresa usually

assesses the clients' condition, focusing on what specific parts of the body are inflamed or need more attention.

Teresa then proceeds to applying the cup. First, she lights a small bundle of match sticks, which sit neatly within a metal cap. This cap helps the flaming match sticks stay standing up, so that they do not tip over and burn the client. After putting the cap of burning sticks on the clients back, she then quickly covers the flame with a glass cup or small glass jar. As soon as the cup is placed over the burning matches, the flame goes out and the suction created causes the client's skin to rise up within the cup. Teresa then moves the cup around the entire area, slowly and carefully releasing the suction. She moves the cup around as it draws out inflammation so that she does not bruise the client too much. As soon as the cup is lifted off of the client's skin, Teresa removes the cap of match sticks and applies oil to the area and firmly massages the area. With her hands she pushes out any remaining inflammation up the back, down the shoulders and out the arm. This process of lighting a match, applying cups, and drawing out inflammation through suction and massage is repeated several times, on the back, waist, legs, arms, neck, and any other affected area.

There is limited information on the exact origin of ventosas, or how the practice emerged in Mexico. Most sources explain simply that cupping has been practiced for centuries in places like China, Mexico, and throughout Europe and Latin America. Interestingly, during an interview with one of Teresa's clients, a man from Monterrey, Mexico, it came up that his mother, from Peru, applied ventosas to his father when he would complain of back issues. This is just another example of how widespread the practice is. Of course, cupping looks very different in each of these places.

When I asked Teresa if she knew where the practice came from and how it began. She explained that ventosas came from Chinese cupping, and that the practice had originated there. When I asked more about how it came to be so popular in Mexico she went on to explain that when people migrated, they continued to practice Chinese medicine. She admitted she was unsure exactly how it began spreading. Regardless, this is a clear example of localization, as it shows how specific cultural practices get passed down and spread to other places, eventually developing into new locally recognized practice.

Teresa also explained that the most common form of ventosas involve burning alcohol. The alcohol burns better and thus makes for a stronger suction. However, there is also more risk involved as there is a greater chance that the alcohol could burn the client. This was a risk that Teresa was not personally comfortable with. Instead, she opted instead to burn matches, which she argued could be just as effective if administered properly. Apart from not using alcohol, there are a few other ways Teresa's practice is different from traditional healer's work. In chapter 6, I will go more into detail about how Teresa's practice differs from that of traditional healers.

During one conversation with Teresa, she described her inspiration to do her work. Teresa discussed how she had originally gotten interested in the practice from her grandmother. Reflecting on her childhood, Teresa commented, *"She would massage my feet, when I would twist them or my hands, and she would bring relief to me. I would say how beautiful that power was, to take away pain, and give alleviation to the pain in people's bodies*." Growing up, Teresa's family lived in small rural town, and her grandmother was known as the town's curing lady. Teresa explained that this is common in rural places, especially back when there were fewer doctors available in smaller remote area. Her grandmother not only treated people using massage and cupping, but was also a midwife for pregnant women in the town and took care of

them before and after delivery. Although she was quite popular in the town, Teresa described her grandmother as very shy person who did not discuss or share her work much with her family. This means she did not actually learn how to do massage or cupping from her grandmother, but instead took away an appreciation for healing others.

Literature on Traditional Healing

The labels, such as "traditional," or "folk," commonly used to describe alternative medical practices can be problematic as they are charged and associated with backwardness. Often these labels are used to indicate how medical practices sit in opposition to conventional biomedicine, which is perceived to be objective and modern. A key difference between biomedicine and cultural medicine, is firstly the idea that biomedicine is strictly based on science and therefore objective. Another important difference that sets biomedicine apart is the idea that biomedicine is based on standardized knowledge and procedures, unlike cultural medicine which consists of great variation in terms of conceptualizations and practices (Joralemon 2017). Traditional Mexican healing is hard to narrow down since it is so diverse and complex. Traditional healing falls under many names such as *curanderismo* (traditional healers), shamanism, or folk medicine. Under each of these general names there are a various specializations. Some of the more common healing specializations include herbalists, midwives, bonesetters (healers from rural places in Latin American, who are usually male, and treat people by manually adjusting their bodies) and *sobadores* (which are informally trained healers in Latin America who treat people by massing their body) (Dow 2001, 66).

Folk healers are sometimes viewed quite negatively, by people from outside Mexican communities who see them as con artists who deceive superstitious people for money (Trotter and Chavira 1981, 20). Additionally, Western biomedical professionals like doctors and nurses,

fail to acknowledge healers' methods and perspectives, and think truly sick people waste time visiting them. Others may be fearful that healers use black magic or sorcery to harm people, (Trotter and Chavira 1981, 20). Moreover, many people see traditional healers as unenlightened and backwards and propagate negative images of Mexicans in the United States (Torres and Sawyer 2005, 5). Thus, curanderos or healers must deal with criticism and ambivalent attitudes from their own communities. In some contexts, however, traditional methods are absorbed into U.S. biomedicine. For example, in the rural Rio Grande Valley, a culturally mixed buffer area between the U.S and Mexico. There folk healers, such as sobadores, have been present a long time, since at least the 1700s, (Hinojosa 2008, 195).Historically, curanderos were important in early small settlements, since Mexican Americans were scattered across rural areas, and lacked access to other forms of medicine. Today they continue to be sought after as important sources of care for people, alongside biomedicine (Hinojosa 2008, 195).

In other areas, traditional healing is more separated from western perspectives. For instance, throughout Mexico, such as in the municipality of Hueypan, Nahua healing practices are rooted in indigenous traditions. Dow, in his research into traditional medicine, makes a distinction between traditional shamans and curandero shamans (Dow 2001). Traditional shamans derive from pre-Christian indigenous frameworks. Often these traditional shamans are upheld as religious authorities that mediate between this world and the spirit world. Curandero Shamans, on the other hand, lack the same type of formally organized authority or higher prestige that traditional healers have in indigenous societies. Curandero tend to vary in term social position, some are highly admired while others are ostracized. Curanderos are divided into various specializations, but generally are more associated with religious ties, (Dow 2001, 67-68).

Folk healers employ a variety of non-biomedical methods which can consist of "herbs, medications, massage, prayer, holy objects, incantations, penance for sin, proverbs, scriptures, and sacred words" (Lopez 2005, 26). These healing techniques are often used in combinations. For instance, midwives may use herbs as remedies for ailments as well as massage. In the context of South Texas healers, Trotter and Chavira describe three levels of healing, including the material, spiritual, and mental levels. These levels each use a distinct "gift," technique, or power. The material level manipulates objects, for examples healers may prescribe herbs to fight illnesses, or use an egg to cleanse clients' energy, or use more symbolic devices like amulets to defend people against malevolent forces (Trotter and Chavira 1981, 89). The spiritual level involves curers who are believed to have healing powers and bridge this world and another (Trotter and Chavira 1981, 102). Since these individuals risk having illness transfer to them, they need strong minds to navigate between worlds. The most abstract level of the three is, the mental level, which requires concentrating "mental energies" and using them to alter "a person's physical or mental condition (Trotter and Chavira 1981, 161).This shows how healers often employ various methods when treating clients, and that these levels of healing are not mutually exclusive.

Also, individuals do not necessarily need to visit a curandero to use traditional healing methods. Often many individuals engage in this form of alternative medicine on their own by using widely known homeopathic methods. For instance, parents may give their children *Manzanilla*, or chamomile tea. Other times people use healing techniques passed down from family members or learned on their own after seeing curanderos. For example, one mother reported that she massaged her own kids when they suffered from stomach aches or "*empacho*,"

using massage methods she learned from her grandmother and aunt to heal them (Andrews et al 2013, 395).

One example of a popular type of curandero is the sobadores, or sobadores. Servando Hinojosa reports that in south Texas sobadores are usually older retired individuals who live off retirement. They commonly see clients in their homes, usually in late afternoon or evening, after clients get off of work (Hinojosa 2008, 195). As the name implies, these curers primarily use "*sobadas*" or massage to treat clients, relying on their hands as "primary instruments of diagnosis and therapy" (Hinojosa 2008, 197). Sobadores understand the body to be a system of "tendons, ligaments, and tubes" meeting a certain ends or pressure points, and use massage to disentangle these tissues (Hinojosa 2008, 200). In addition, sobadores commonly use ointments or creams when massaging, may recommend herbal remedies, or use "ventosas" or cupping therapy (Sandberg *et al*. 2017, 1199). As such, sobadores work more on the material level, than the spiritual level, as they are physically manipulating bodies and objects.

The exact type of treatment sobadores give depends on the illness diagnosed, many of which are culturally specific illnesses. Folk illnesses are aliments understood in a specific cultural context, and differ from other illnesses in that they are traced back to "personal transmission" or "supernatural origin" (Lopez 2005, 24). For example, if sobadores need to treat "empacho," an intestinal distress linked to food accumulation in the stomach, they will massage the client's abdomen. Or if a client complains about general muscle pain, the sobador may link the pain to having air trapped in the body, in which case he would use ventosas by lighting "small candles", placing them over "painful areas" and cover them with a small porcelain or glass cups to suck air out of clients' bodies (Sandberg et al 2017, 1200).

Sobadores may also be used for other chronic issues. For example, in an article, Juan Carlos Belliad and Johnny Ramirez-Johnson describe a woman who stated that she had gone to see a healer when she was suffering from infertility issues. The sobadora diagnosed her with "matriz caida" or having a fallen uterus, and performed a series of massages to treat her condition (2005, 275). This is similar to midwives, who also treat this condition with massage, which shows how related healers and techniques are.

Visiting a healer for medical assistance involves a long process of diagnosis and treatments. Traditional curers will use their knowledge and spiritual communication to asses each individual client's body and soul. The framework healer's use resonates with many Mexican-Americans and other immigrants, who recognize the relation between physical and spiritual illnesses and seek folk healers to treat their conditions. These conditions range from diabetes and headaches to alcoholism, or infertility and suspected hexes or bewitchments, (Trotter and Chavira 1997, 16). This is clearly seen among clients who visit sobadores, who express that they are able to "relate" and "recognize" the ways sobadores talk about bodies and disease (Hinojosa 2008, 199). Sobadores explanations are relatable both because they use laymen's words (unlike biomedicine emphasis on technical language), and since their conceptualization of the body takes is more holistic, which I will elaborate on in chapter 5.

As mentioned earlier, these shared perspectives between clients and healers explain why curanderos are sought after. Along with this notion of familiarity is the fact that most curers come from the same lower socioeconomic status as their clients, so they are able to provide affordable care and have flexible schedules compatible with clients' work schedules.

Methodology and Thesis Outline:

In this project, I worked with two client networks connected to one healer, Teresa. One consisted of a network of clients from North Texas and the other consisted of clients from the city of Monterrey, Mexico. Teresa is a woman in her early 50s, who lives and works in Monterrey, Mexico, but travels often, coming to the north Texas area every few months to visit her daughter and grandchildren. Over the summer of 2019, I stayed at my parents' house in Texas to conduct fieldwork among clients there. Additionally, I traveled to Monterrey and interviewed Teresa's clients there. In total, I spent about a week in Monterrey attending appointments, conducting interviews, and writing notes.

In both Texas and Mexico, I would ask Teresa a day or two in advanced about what appointments she had lined up. From the list she gave me, I would then call ahead to explain my project to the clients. After briefing them on the potential risks and reassuring their privacy, I would ask if I could attend their appointment to better explain the project and possibly collect data (through interview and observation). In Texas I drove to appointments to meet up with Teresa and the clients. In Monterrey, however, Teresa drove me from appointment to appointment. Once we had arrived, I asked all participants for their consent to participate in the project. I made sure to explain my research, my reason for studying this topic, and how I would use their information while maintaining their privacy. I also emphasized that it was okay if they decided not to participate, or they could skip or chose to not answer any question they did not want to answer. I tried to be as transparent and flexible as possible, making sure I did not pressure anyone to participate.

Contacting participants from the Texas pool of clients was less intimidating as they were not total strangers. The people I asked to participate attended the same church I had attended as a

teenager. I felt like I already had some rapport established with them. However, I was admittedly more nervous about approaching the Monterrey clients, since I had never met them. Teresa passed on their contact information through WhatsApp, which was less personal than a phone number, I would then reach out to them by calling them. Thankfully on the phone, most of the clients seemed nice and sounded eager to participate as I explained that I was a master's student working on my thesis. No one refused I talked to refused to participate.

This research was mainly qualitative. I sat in during massage appointments, taking notes on how client's interacted with Teresa. I also conducted open-ended interviews with 9 participants, including Teresa. Most questions focused on clients' previous massage experiences, their familiarity with cupping, injuries, stress, and use of other alternative medicines.

In the next chapter, I will expand on my position throughout my fieldwork, and also provide more context on Teresa, and the participants in my thesis. Moving into chapter 3, I examine how the national border is more complex than just a division between countries. I cite Lugo, Chavez, and Stephens who have all written about "the border" as being layered, dividing not just nations but people in creating racial, ethnic, and class hierarchies. From there, I focus specifically on how Teresa, in moving across between the U.S. and Mexico, also moves across class boundaries by treating two very distinct groups.

Next, in chapter 4, I look at the communication between Teresa and her clients. Teresa's unique approach in communicating with clients allows her to operate in a space that is both intimate yet respectfully distant. This therefore establishes a sense of trust between herself and her clients, which is helpful in ultimately challenging a hierarchy between doctor and client.

Then in chapter 5, I discuss how western biomedicine has often ignored the social aspect of illness, and overly relied on objective views of the body. In ignoring the social aspect of illness, the client's own account or description of their experience is minimized. Doctor's do not take clients seriously, as they confide more in their "objective measures" to find what is wrong with clients. This otherizes the client, limiting their sense of power in these doctor-client relationships. However, the separation between the mind (social) with the body (physical self), is something Teresa's theory and practice work to challenge. She effectively links mind and body in way that validates the client's pain and suffering.

Finally, in chapter 6, I describe how tradition and modernity have been conceptualized in Latin American and more specifically Mexico, as distinct opposing categories. Historically, modernity was attached to nationalism and promoted heavily in society. There was preference for urban life that excluded rural life and tradition for being too backwards. These otherized indigenous groups and lower peasant classes in Mexico, who were not viewed as "true" Mexicans. However, Teresa's practice incorporates both modern and traditional elements, which not only makes her practice unique but also shows how arbitrary the border between tradition and modernity is. She blurs this boundary and in some ways challenges the notion that traditional is too backwards to be linked to the modern.

CHAPTER 2: PEOPLE IN THE PROJECT

My position as "La Niña"

Since the 1980's and 1990's, there's been conversations in anthropology on reflexivity and representation (Zenker 2014). One work that helped spark debates over issues of representation is Clifford and Marcus' *Writing Culture*, which critiqued the discipline for its imposed authority and sense of objectivity (1986). Since then, it has become more common for anthropologists to explain their positions in research. However, important aspects should not be reduced to merely checking boxes. For example, I could say that my positionality is that I am a second-generation Mexican American, Christian woman. This only checks off the boxes concerning my demographic information. While these are important parts of my identity, they in no way begin to explain what my research experience was like, interacting in very different contexts. These categories do not provide insight into how I was perceived or able to accomplish my research. This set is incomplete, misses so much of the overall story, and reduces me to these very general categories. When discussing our positionality, our focus should be on explaining how we were able to fit into a new context, how we were read, how we interacted with others, and how these interactions allow us to come to our specific findings (Maher & Terteault, 1993). In the next few paragraphs, I explain my positionality in these particular research contexts.

As I mentioned earlier, it can be challenging or intimidating when entering any field context. Weeks before traveling to Monterrey to conduct my research, I stayed up late at night worrying over how I would go about everything, navigating the area, and meeting new people. Truthfully, this field site seemed especially intimidating since I would be asking people who I had not known for very long if they would give me permission to sit in on such a personal and private event, a massage session. In the massage session the clients are required to disrobe to

shorts/ or underpants. It is a setting where one is getting treated and should be able to relax, and yet there I was, asking to intrude and possibly interrupt or throw off their typical massage setting. I was worried people would not want to participate, or they would find the whole idea of the project odd, or that if they did agree their interactions would become unnatural or especially quiet due to my presence there. I was even nervous. Thankfully, Teresa kindly offered to let me stay with her. She opened up her home to me, and helped me get around the large, bustling, overwhelming city. Besides helping me physically get there, Teresa also helped me find a standing in both contexts, Monterrey and North Texas, in her labeling me "*la niña*," the girl. More commonly this label would be used with a child, and a young woman would be addressed as a "*muchacha*" or "*senorita.*" I took the preference of "*niña,*" as a term of endearment, especially since most of them were much older than me (50's and 60's). It was similar to when older adults call a younger adult "junior" or "dear," in English.

Altogether, I can think of a couple times Teresa referred to me as "la niña" in front of different groups of people. One of the first times was at her church in a village on the outskirts of Monterrey, during my second day in Mexico. We arrived at her church, a brown-tiled two-story building, near the center of the pueblo. The church rented the second story of this building, and we climbed up cement steps to get there. I followed closely behind Teresa, and felt a little shy as we walked through the white iron doors. The enticing aroma of *café de olla* (a sweet, spiced coffee made in a clay pot) along with the warmth of the yellow painted walls and colorful floral arrangements around the room made the small space very inviting. The service had not started yet, but several members were already there. I went around the room with Teresa, shaking the hands of several individuals, many of whom were middle-aged and older adults, and the majority of whom were women. Teresa led me to the front of the room, up the aisle dividing the two

seating sections. The preacher, who was an older man dressed in a yellow button-up shirt and black slacks, came forward to greet us. Teresa shook the preacher's hand as she introduced me, "*Ella es Krystalynn, viene desde Dallas*" (She's Krystalynn, from Dallas), and she explained that I was staying with her to complete a project. The pastor shook my hand and asked Teresa a follow up question about an upcoming event. She then replied, "*no se si voy an estar aquí para entonces, me iba a regresar con la niña pa' Dallas*" (I don't know if I will be here then, I was going back to Dallas with the girl), clearly referring to me.

Another memorable time was during Roberto's massage session in Monterrey. Roberto's appointment took place immediately after his wife's. He came into the dim, cool room, and set up his iPad to play breezy woodwind instrumental music. As he did this, Teresa turned to him and formally introduced us (though we had already spoken over the phone prior to the appointment): "*Ella es Krystalynn, la niña que le hablo el anteayer, and que esta haciendo su tesis*" (She is Krystalynn, the girl I told you about yesterday who is doing her thesis). I appreciated Teresa's politeness in taking initiative to introduce us. Interestingly, later on in the massage, Roberto, in trying to make small talk referred to me the same way Teresa had. Teresa was applying the ventosas at this point, carefully lighting the matches and placing them under the cup, filling the room with a burnt, smoky scent. At this point, Roberto casually asked Teresa, "¿y cuánto tiempo va estar *la niña* aquí contigo?" (So, how much time will the girl be here with you?).

One last example of an instance where I was characterized as a child came was in Juanita's massage session in Texas. In this instance, since both Teresa and Juanita primarily knew me through the church, we all called each other *hermana* (sister). This massage took place in the home of a mutual friend from church, Hermana Lupe. Before actually entering the

massage room, Juanita, her husband, and Teresa were all gathered in Lupe's small dining room, around a long wooden table. The dining room was painted a cozy blue gray like the rest of the house. A few Christian wall posters were hung, one saying "In this house we serve the Lord". The children's TV show played loudly in the nearby living room, the sound carrying over into the dining room. I shook Juanita's husband's hand and greeted Teresa and Juanita with a hug and kiss on the cheek, which is how church women usually greet each other. Teresa invited me to sit down, and as I did Juanita offered me water. "*Le sirvo agua hermanita?"* (Can I offer you water, little sister?) While here I wasn't exactly called a girl, there was still the -ita that Juanita added to hermana, suggesting youth.

In each of these examples, I remember pausing for half a second at Teresa's description of me as a *niña*. Initially, I wasn't quite sure how to feel about it or how to interpret this label. However, I ended up deciding to just go with it. Reflecting back on it now, it's clear that this view of me ended up helping me be able to carry out the project. This literal infantilization in referring to me as a child was how Teresa and her clients decided to make sense of my presence and in many ways it proved advantageous. Children wouldn't make people feel uncomfortable in a private setting. This label suggests a veil of innocence, by which I mean people likely did not feel threatened or judged by my being present during their massage appointments. Their interactions with Teresa didn't seem to shut down or become awkward like I had originally feared. Another possible dimension to this may be that because many of the clients were much older, their label of me as a young girl might have made them feel that they were occupying the adult role of passing down knowledge and experience to me. Of course, this would appeal to a lot of people, since it located them as experts on whatever information they shared. Finally, this role of "la niña" that I occupied in the field relates to other aspects of my personality. I am

generally pretty quiet, modest, and speak in soft voice, all of which (along with the infantilization) support this view of me as non-threatening. Being non-threatening in the field setting was critical because massage settings are so quiet and intimate. I don't know how I would have been received if I had had and bolder, extroverted, or booming personality, or had not been tagged with that infantilized label. Even my demographic position becomes important, since my being a student made people sympathetic with helping me carry out my research. The fact that I am a Mexican American woman and speak fluent Spanish helped with the way I was received, but did not solely determine my success. This being said, I think describing positionality in terms of interactions is much more accurate than relying solely on checking categories, because they leave out so much of the story. Overall, these combined aspects provided me with a means to connect with the people in my project.

Sketch of Teresa

I also want to thoroughly describe the individual around which this project revolved. My fieldwork for this project was all made possible by collaborating with Teresa. She kindly allowed me to study her work as a multi-sited massage therapist, permitted me to accompany her on appointments, and even generously allowed me to stay with her during my time in Monterrey, Mexico. I remember nervously asking if she would be okay with me observing and learning more about her work, and I was pleasantly surprised and relieved by her humble and enthusiastic agreement to help me. *"Lo que tu necesites, hija cualquier cosa na más déjame saber."* (Whatever you need, daughter (in the sense of endearment not literal relation), anything just let me know). This project focuses on her knowledge, talent, and work in healing and curing people through massage therapy, as well as the relationships she develops during massage sessions and the meaning they convey.

Teresa is a short, stocky woman in her 50's. She has olive-toned skin and shoulder-length mahogany brown hair, which she usually keeps up in bun or pulled back in a neat ponytail. Teresa is usually dressed in monochromatic scrubs (all navy blue or all black) and tennis shoes when she is at work, but at home and in her leisure time, she is most often dressed in patterned knee-length skirts and dresses. She went to the university in Monterrey to study rehabilitation therapy.

Teresa is very open to talking about her family, especially her grandkids. Throughout the many conversations I had with her, it was a rare occasion that she didn't mention one of her daughters or grandkids. The way she fondly described them makes it obvious that she loves them and that her family is tightly knit. I felt privileged in that she was willing to open up about her personal life with me, but I eventually realized that Teresa was a fairly transparent person in general with almost everyone.

I first met Teresa in Texas the summer before I entered graduate school. The first few times I met Teresa, I thought she seemed extraverted and outgoing, because of her transparency. There are people like me who struggle with thinking of things to say during an awkward silence, which makes me admire people like Teresa, who just seem to breeze through conversations. She is especially animated around children, which may be due to her being a grandmother. I remember on our bus ride from Monterrey to Texas, there was a toddler crying and kicking her poor, tired mother in the seats diagonal from us. Teresa, who sat on the aisle, noticed the child and was able to distract her by pointing towards the window. In a high, enthusiastic, voice, she made up that there was a dog following us outside the bus. The child, out of curiosity, sat up and stopped crying to look out the window. I thought it was interesting that Teresa was willing to put on this miniature performance for this child, who she did not know, in an attempt to help the

young mother. It reaffirmed my perception of her being pretty outgoing. Of course, I also do not want to generalize her behavior. For example, living with her at her home in Monterrey meant I also saw moments when Teresa was quieter. There were a few evenings, after we ate dinner, that she would just sit in front of the television and invite me to watch an action movie or some cheesy dating show. This quiet TV time was a relaxing way to simply recharge and showed me a quieter side of her when she wasn't in public.

Initially, Teresa came across slightly intimidating for a few different reasons. First, her serious facial expressions were hard for me to read. She also has a dry sense of humor, which would sometimes go over my head. Another, more important quality is her regular speaking voice. The first time my mother called her on the phone to make an appointment, as soon as they hung up, my mother commented that she hoped she hadn't bothered Teresa, since her tone sharp and firm. Of course, once we met Teresa in person, we saw that she was actually very kind. She just happens to have a harsh sounding voice. A few different people, including my mother and Teresa herself, have pointed out that this apparent harshness is due to her Monterrey accent. It is well known in Mexico that people speak differently depending on their state or region; for example, people from Chihuahua pronounce their state name with the "sh" in the beginning, (SHee-huahua) instead of a "ch" sound. Apparently, people from Monterrey or the northern region of Mexico (*norteños*), in addition to using distinct slang words, talk in a choppy or crisp way, which can give the impression of a harsher or coarser tone.

However, once you start talking a little more to Teresa, this intimidation quickly fades. It is interesting that Teresa is well aware of her strong tone, and even apologizes for it. When I met her for the first time in person, she was almost laughing when she told me and my mother "I know I have a strong voice, please don't think I'm angry, that's just the way I sound." This was

one of the reasons I paid close attention to the sound of her voice during the massages. At the start of her massages, Teresa maintains a quiet calm voice, but as the massage progresses to the point of casual small talk and conversation, Teresa eases back into her firm voice. Only at the very end of the massage, when she is instructing clients on stretches, does she return to a semi-soft tone. It is soft in that she speaks at lower volume, but it still maintains some of her regular firmness. I will describe this in greater detail throughout the following chapters.

As I got to know Teresa more, I realized how the directness in her voice conveyed confidence, which should not be automatically assumed to be intimidating. While she definitely is not afraid to disagree, she is also very respectful. In fact, this respectfulness was a quality that a few different client pointed out as something they admired. The longer I spent with Teresa, the more I became aware of the different ways she demonstrated this confidence.

For instance, she was very firm and strong in her faith. Teresa and I both belong to Christian churches, which are quite conservative. I want to be clear that by conservative, I do not mean politically conservative, since this word is usually attached to a particular political party in our society. Rather I mean conservative in that her branch of Christianity promotes modesty, in dress, in music, in language. Women wear skirts past the knee, men do not wear shorts, members of the church only listen to soft gospel music played with acoustic instruments or piano since dancing is discouraged, and the church preaches against cursing. Teresa takes her faith very seriously, which I got to see first-hand when I visited her church on the outskirts of Monterrey. There were a couple different things Teresa did that showed her leadership at church. For starters, she sat right in the center of the front row, which made me uneasy since I usually prefer to shyly sit in the back of the room at my home church. She also offered to read scripture out loud as the informal preacher, asked someone to find a particular verse. She also did more

behind-the-scenes work, like cleaning up the kitchen after breakfast, which was right before Sunday morning church started, and bringing milk for the children's church snack.

However, by far the most impactful element of Teresa's confidence in her Christianity came out through her singing. Being able to stay with someone, at her own private home, makes it possible to see different sides of them. During my stay with Teresa, I quickly learned how much she loves to sing, specifically some cheerful church hymns and a few slower worship songs. She sang in the warm mornings as she prepared breakfast, she sang in the afternoons over the sound of the oscillating fan while sweeping the tile floor, and occasionally she sang along to music in her car, especially on the way to church. Teresa was even confident enough to voluntarily sing a solo in her church acapella, which sounded very pretty. Her self-assurance flowed out through her steady voice as she sang. Hearing her brightly sing a church hymn in front of the congregation was like hearing her sing at home doing chores, as she sounded equally comfortable in both settings.

Teresa's confidence also came out in the way she explained things to her clients. She spoke in a clear, firm, matter-of–fact tone, which conveyed intelligence and self-assurance. In one of our conversations, Teresa explained how her faith in God was essential to her work as a healer. Teresa did not explicitly use or call upon God to help her in curing clients, so she did not consider herself a spiritual healer. Instead, she explained how before going to an appointment, she would often pray to God, asking that He give her the strength and ability to help her clients.

Since her faith seemed to be such an important aspect to Teresa's job and sense of self, I asked her if she ever found it appropriate to talk about God or her faith with her clients. I expected this to be fairly common with her clients in Texas, since most of them also attended the same church that she did when there, which she confirmed. However, I was surprised to learn

that her faith was something that she shared even with her Monterrey clients, most of who were not religious as a group. She explained that while she tried not to force her faith onto her clients in an obnoxious way, she did usually bring it up in one small way or another, even if it was just casually. *En algún momento, siempre voy a tocar el tema de Dios. "¿Usted cree que quede bien?' si Dios quiere. ¿Usted podrá hacer esto? Con la ayuda de Dios. Así, Siempre mi fe en dios es primero.* (At some point, I'm always going to bring up the theme of God. 'Do you think I'm going to be okay?' 'Yes, God willing' 'Will you be able to do this?' 'With the help of God.' So my faith in God is always first.) This points to the level of transparency she maintains with her clients, which I will elaborate on in further chapters, but for now, all of this is to emphasize that Teresa takes her faith very seriously and uses it as a resource in her work.

The confidence Teresa gathered from her faith is important and very necessary to her work in a practical way. Being able to go and visit clients at their homes, sometimes at night, as a single, older woman requires a strong degree of confidence. Not to mention the fact that one wrong or hesitant move could make the difference between curing a client and worsening their pain. Of course, there is also the matter of frequently traveling alone across the U.S. and Mexico. This certainly indicates how independent Teresa is.

One of the Christian values Teresa seemed to strongly embrace and consistently display was compassion. Expressing compassion through the act of healing others, was something Teresa admired in her grandmother, who was a sobadora in her small rural hometown. Teresa explained how this concept of compassion later intensified after she converted to Protestant Christianity from Catholicism. She described being moved by compassion to both share her faith in God with clients while also healing them:

"Ósea eso fue mi propósito de dar masajes, compartir con la gente acera del amor de Dios. Como un simple toque puede ser sentir bien, y como Dios toca nuestras vidas con situaciones o circunstancias, él nos hace sentir bien. Entonces, que es lo que me lleva hacer esto, que muchas veces perjudica mi salud… ¿qué es lo que me lleva pensar como es la compasión que tuvo, pues ya es religión verdad? La compasión que movió a Jesús para sanar a la gente de su dolor, ósea les afectaba verlos de dolor, y eso lo conmovía a el…" (That was my purpose to give massages, to share with people the love of God. With a simple touch they are able to feel better, and how God touches our lives with situations or circumstances, He helps us feel better. So that is what motivates me to do this, which often affects my health…which brings me to think about the compassion He had, but that's getting into religion right? The compassion that moved Jesus to heal the people of their pain, he was affected by their pain, and that moved him…)

Obviously, Teresa's not trying to imply that she is a healer in the same way Jesus was, but rather that she is motivated by this image of Him. Idealizing Him as a person who served and helped others out of compassion, or empathy, is what motivates her to do her work. Again, to clarify, she is not invoking God or His powers during these massages, in order to claim that God directly healed her clients. Rather she uses her faith more personally to give herself a sense of purpose, and is also transparent enough to share her faith with clients.

During the time I stayed with Teresa, there were several instances when I realized how she put this value of compassion into practice, besides alleviating people's pain. For instance, in my first few days in Monterrey, I got a sore throat. I never complained or mentioned this, but she noticed it since I would often clear my throat or cough. After two days, she became more concerned since it hadn't gotten better, and gave me a bottle of throat spray, which I felt was very thoughtful of her to do. Another action that demonstrated empathy, was how she treated

clients, even when she knew they would not be able pay her. She mentioned how often there were brothers and sisters at her church in Monterrey who were injured and could not afford her prices. In these situations, Teresa would go out and see the clients anyways. Whenever they asked what they owed her, she would tell them not to worry about it, and then if they insisted, she would tell them to pay her whatever amount they wanted to. In these cases, she definitely wasn't just thinking about herself and how to make a profit, but instead looked out for her clients, their livelihoods, and their health.

Clients

Finally, I would now like to introduce the clients and specific differences in their types of pain. Here I touch on class borders which is something I will outline in greater detail in the next chapter. As an introduction to the clients, I want to very briefly describe on how socioeconomic class and geographic location among the clients contribute to different sources of pain.

Claudia and Roberto were an older couple, probably around their 60's. The couple was from Monterrey and quite wealthy. During their appointments, I found out Claudia's health issues were mainly genetic, however, her husband, Roberto's problems were more related to both his age and his work. Roberto was a short man with thin silver-grey hair. He had a crisp, nasal voice and would speak in long, winding sentences, moving from topic to topic. When I interviewed Roberto, he said that the massage helped him a lot, especially at his age, 67 years old. When he brought up his age, I initially thought he would go into an explanation about his body being tired physically. I thought maybe he'd bring up an issue with his joints or weakened muscles. Although, he did mention that once on a trip to Petra, Jordan, he had a fall. "*Pise una piedrita y se me fue el pie, y esto de aquí*" (I stepped on a stone and my leg went out from under me) (pointing to his leg). Besides that injury, he actually pointed out that a lot of his issues were

more due to his accumulated stress from work. He explained that he worked in business management. He specifically described working Monday through Friday and how every little thing during the week filled up his head, to the point of exhaustion. "*Trabajo de lunes a viernes por decir, y ya el viernes, ya tengo cosas en la cabeza…A veces lo mental me cansa más que lo físico*" (I work Monday to Friday, and on Friday I still have things in my head…Sometimes the mental tires me more than the physical). This shows how for Robert his work and the mental stress that it entailed was what affected his health and drove him to get massaged. He talked about how getting massaged put him in a state of relaxation. "*Necesito a Teresa*" (I need Teresa).

This was different from the source of pain described by the Texas clients, such as Juanita. Unlike most of the Monterrey clients, who were wealthy individuals, most running their own companies, the Texas clients were mostly working class and worked in more labor-intensive jobs. In my interview with Juanita, she talked extensively about the terrible physical pain that drove her to get massaged in the first place. She explained that she suffered from back pain for twelve long years before getting massaged by Teresa. "*Me dolia mucho mi espalda. Tenia el disco alli de la cintura, con cualquier cosita o movimiento malo me dolia*" (I had a lot of pain in my back, I had my disc in my waist, that would hurt with any little thing or movement). "…*aveces me pegaba Como medio fuertecito pero lo soportaba*" (Sometimes it would hit me kind of hard, but I would manage it).

Juanita also went on to explain how this physical form of pain was directly caused by an accident at work. She had gotten a job at a nursing home when she had first migrated to the United States. This job entailed a tremendous amount of physically intense labor, as Juanita described having to frequently carry old folks as part of the job. "*dure, muchos anos con el dolor en la espalda, muchos anos! Te digo que dure trabajando como doce años, pero cuando empecé*

a trabajar, como estaba inexperta, di un mal movimiento con una señora, y allí fue que luego sentí el dolor, casi llore allí… el dolor cada rato el dolor, me dolía, es más ya hasta caminaba media a corovada." (I spent many years with back pain, many years! I'm telling you that I spent about twelve years working, but when I started working, since I was inexperienced, I made a wrong movement with a woman (picking her up), and that was when I felt the pain, I almost cried right there… the pain, all the time the pain, it hurt, I even started walking kind of hunched over). As Juanita told me all of this, she winced, as if having a flashback of the awful injury. She leaned over and put her hands over her lower back, showing me exactly where the pain had been most intense.

This severe long-term pain was finally alleviated when Juanita was treated by Teresa the first time. After twelve years, Juanita finally felt relief. However, since she continues to work in physically exhausting jobs, she suffers from chronic pain. Therefore, Juanita's pain has been consistently tied to her type of work.

For this reason, she regularly sees Teresa every time she is in Texas, which is every few months. Juanita went on to explain "*Como trabajo de limpiar casas, pues te descompones y todo verdad, como…la ultima vez que me desacomode, como dos meses, que agarre una bolsa de basura grande me noquie (hurt) aquí y en esta vez ya me compuso, me quito el dolor y todo, ya ando bien*" (Since I work in cleaning houses, you get *broken down* (descomponer) and everything, right, like…last time I got hurt (desacomode, literally translating to misadjusted), like two months ago, I had picked up a big bag of garbage and hurt myself here (pointing to hip) and this time (meaning her last appointment with Teresa) she *fixed* me. She took away my pain and everything, now I'm fine).

In this description, what stood out to me was how Juanita twice used metaphor in describing her body getting injured and healed. Juanita uses the words "*descomponer*" which literally translates to coming apart, and in Spanish is usually used to refer to something like a machine or appliance that wears down over time, like a clock or a car. So, in saying that her work "descompone" or breaks her down, as opposed to a word like *lastima* (which means injure or hurt), it is like she is referring to her body as a machine. Additionally, in describing how Teresa heals her, Juanita uses the same root word "compone," which drops the prefix *des*, to mean "put together" or "fix." Again, typically this word is associated with fixing things like machines. It's interesting that Juanita chose this word over a word like "*sana*" which means "to heal." Both of these verbs make it seem as if Juanita is metaphorically calling herself a machine as opposed to a person. While these expressions are sometimes used (they're not totally incorrect or unheard of), they still seem significant. Dehumanizing possibly goes along with the low status and exhaustive aspect of her work.

Comparing these two examples, of Roberto and Juanita, it is clear that how class differences affect pain. Clearly both of them have issues that result from working, but it manifests very differently since they work in different types of jobs. Roberto lives in a higher-class position, which was reinforced when he mentioned vacationing in Jordan. His higher status is also evident in the type of work he does, in an office overseeing others, while Juanita has worked in comparatively lower level jobs like in nursing homes and cleaning houses. Roberto explained how his line of work caused him mental stress, which is distinct from Juanita's experience, whose type of work results in immediate physical pain. These differences in class translate into different types of pain altogether.

Status, which goes along with class also plays an important role in this comparison. By this I mean we can consider why both Juanita and Roberto find themselves in different jobs. Roberto is older white man who lives in a huge home in newly developed gated community in Monterrey. It's clear he doesn't work in a typical mid-level office job, and that his is a high-level position within the company. The fact that he is even able to work in such a position means he has likely had some advantages, such as the opportunity of education, which gives him higher social status. In contrast, there are a couple of aspects to Juanita's status that explain why she is forced to work in difficult lower-wage jobs. She described how she came from a rural community that didn't have a lot of economic opportunity, and that she did not receive education beyond middle school. So, from this we can understand that not only do the two have different types of jobs but they each hold very different social statuses.

This distinction between mental and physical stress as related to class and status was also reflected in other clients I talked with. Letty, for instance, was a client from Monterrey who owned a large company that refined and exported fine woods to several Mexican states. She, like Roberto, discussed the mental toll and stress brought on by her work. Similarly, in Texas, many of the other individuals from the church network also work in labor intensive jobs like Juanita. Cleme, for instance, who is a hermana in her early fifties from Juanita's church, talked to me about how she worked cleaning houses and then as a custodian in schools. This type of work caused her to have frequent injuries in her arms and hands. In asking Teresa about these differences between her clients, she explained that she'd come to realize that there were "two different levels of stress because the level of life is different." What is significant about this is the fact that through massage Teresa is able to help both sets of clients, each suffering from different sources of pain. She is able to identify pain, and through communication get her clients to open

up about their specific sources of pain. In this next chapter, I will explore how this conversation deepens to more holistic explanations of pain.

CHAPTER 3: DESDE DALLAS Y MONTERREY – FROM DALLAS AND MONTERREY

During my fieldwork in Monterrey, Mexico, I was able to follow Teresa on a few appointments. Going into this project, I incorrectly assumed that her clients in Monterrey were fairly similar to her clients in Texas in terms of working-class status, familiarity with the practice, and similar network structures around Teresa. However, it was not until I got to Monterrey and went to my first appointment with her that I realized how different these two contexts were. The more I weighed these differences, the more impressed I became by the fact that Teresa was able to work in both so fluidly and seemingly effortlessly.

This chapter focuses on the overall context of both places. In the last chapter I described key people in my research, while here I describe the specific places. I will first describe my observations from an appointment in Mexico and an appointment in Texas. From there, I explain the notable class differences between the two, and give an overview of the larger class context of the two places. Finally, I will look more closely at the differences in networks through which people know Teresa.

In this chapter I compare the contexts of my fieldwork, not just add background to the rest of the thesis, also to consider the different types of borders attached to the physical land division. Since this thesis centers on crossing borders, the analysis here will demonstrate the complexity of the borders that Teresa is crossing. Drawing from scholars who work on US-Mexico border studies, like Stephens, Lugo and Aldama, I hope to show how the borders being crossed are layered. I use the concept of social fields to understand how Teresa networks span across these two different layered social contexts.

Monterrey Appointment

I rode with Teresa to the first appointment I would observe in Monterrey. Teresa's home is located in a town about twenty minutes outside the city. In Mexico, she typically goes to her clients' houses to treat them, unless they arrange to meet her at the clinic where she sometimes works. Teresa explained that she does not go into work unless she has more than a few appointments already lined up at the clinic, since the clinic is a good 45 minutes from her house and often it is a short distance to just drive directly to her client's home.

This first appointment was with a couple, namely Roberto and Claudia, discussed in the previous chapter. Teresa usually knew what appointments she had lined up a few days in advance, so she had given me the couple's contact information the day before the actual appointment. This meant I was able to contact Claudia in advanced and inform her and her husband of my project and ask permission to tag along with Teresa to observe their appointments. When I explained that I was a Master's student her voice over the phone seemed to brighten. I think the fact that I was a student conducting research for my thesis made her more open to participating.

The couple's house was only fifteen minutes from Teresa's home. The neighborhood was next to a small lake, one which Teresa explained was a popular tourist attraction. We pulled into the neighborhood, which to my surprise was a gated community. Many of the houses in the new neighborhood were actually still under construction, along with part of the entrance. There were piles of sand, bricks, and stone on many of the lots. I noticed that the houses that were finished, however, had very green yards and landscaping. We drove down a windy road deeper into the community and arrived at a huge, beautiful two-story house. The house had a cream-colored white stucco exterior, with a burnt orange Spanish tile roof. There was even a small water feature

near the front door. The house stood alone on a large plot of land, with lush green shrubs and a few fruit trees around it.

Unlike in the United States, stand-alone homes in Mexico, especially in urban areas are not very common. In the United States most houses are separated from each other, each on their own lot, regardless of whether the house itself is small or large, unless the building is a duplex or part of apartments or a townhouse of some sort. I frequently travel to the Mexican city of San Luis, where many of my relatives live. There in the city, and even in many of the small pueblos I have been to, the houses are usually connected and have shared walls. To own a stand-alone or separated house meant that the people owned a plot of land large enough for the house to sit on far from any surrounding homes. In my part of Mexico, there were a few stand-alone houses in the pueblo that had always stood out to me because they been custom built. Also in the city, stand-alone houses were often found in richer, upscale neighborhoods, much like this gated community where Teresa had come to treat her clients. Therefore, stand-alone or separated homes, signal a higher socioeconomic status in Mexico.

We rang the doorbell. Just the walk from the car to the front door had already left me with large streaks of sweat running down my face. I had come to Monterrey in the beginning of June, and while I knew Oklahoma and Texas weather to be usually hot, humid, and extraordinarily thick this time of year, I hadn't expected it to be quite this hot in Mexico already. In fact, when I had initially arrived Teresa apologized for the heat in her home and explained that she had gotten rid of her air conditioning unit a while ago, since it made her electricity bill very high. She had jokingly commented, "We're going to send you back to the U.S. thin from sweating so much." I did not stop sweating the entire time I was at her house. Thankfully, she had fans which made it comfortable enough, but it was still very hot. That being said, I was

relieved the moment we stepped into Claudia's elegant house. I instantly felt the cool breeze of the air conditioner sweep across my face, for which I was very grateful.

The client, Claudia, was a petite, fair- skinned, older woman with strawberry blond hair. She received us politely, dressed in soft, pink silk pajamas. Teresa introduced me, simply saying "this is the young woman you spoke with over the phone." Claudia nodded and commented, "You picked a horrible time to come to Mexico, the weather is just awful." She spoke strongly, not in rude way, but just in an assertive tone. She led us to a room down a long hallway, where Teresa would treat her and her husband. As we entered, she offered to bring us cucumber water and told me to take seat wherever I felt most comfortable. She returned moments later, with her husband. I explained my project to both of them, handing each of them a copy of the consent information sheet. Neither of them had questions specific to their participation but made general comments about how interesting my project sounded.

The room was dimly lit and was very neatly decorated and furnished. I quickly noted that there was already a massage table set up in the center of the room. There was also a dark wooden chair and desk on one corner of the room, where I sat down to make my observations, while in another corner of the room there was a small twin bed with light blue-green sheets. In the top corner of the wall, I noticed this room had its own long air conditioning unit. The walls were painted a light creamy color and lacked any decorations besides a few simple framed paintings. The soft lighting combined with the gentle minty fragrance of essential oils from the diffuser on the desk, made the setting overall very calming.

This entire arrival scene, my first glimpse into the lives of the Monterrey clients, the gated community, the elaborate grand house, and the dark, cool room, were all very different from the settings in which Teresa treated her clients in the United States. I was admittedly

surprised when I realized the majority of Teresa's clients in Monterrey was from a higher economic position. I had incorrectly assumed that Teresa's healing was sought out by working class or impoverished community members looking for a more affordable form of care than conventional Western medicine. Upon further reading of Monterrey's historical and sociopolitical context, I came to realize how diverse and segregated Monterrey is in terms of economic classes, which I will partly discuss below.

Texas Visit

Teresa had been in town for a few days, and I had arranged to observe an appointment with Hermana Juanita. Juanita was a woman from the church that Teresa attends during her U.S. visits, and because of this, both women referred to each other as *hermana*. Like in Monterrey, I also contacted Juanita the day before, to both inform her of my project and ask if it would be okay for me to observe her appointment with Teresa. She generously agreed and said she was okay with letting me sit in on the appointment. Teresa sent me the address of where the massage appointment would take place and said it would be in the afternoon around four. It was about an eight-minute drive from my parents' house, where I was staying, so I already had a general idea of the area where the house was located. I drove to address, which was in the older, historic part of my suburban hometown.

The neighborhood sits behind a large African American Baptist church which has been there since the 1950's, and across from an old middle school building that was under reconstruction. The houses were all smaller ranch-style homes and laid out pretty closely together. Some homes had siding, and others were mostly of brick. The house I pulled up to was a modest size, with a small front yard and a chain link fence that wrapped around the back yard. It was made of both an orangey-tan brick and white siding. The driveway was full, so I parked on

the narrow street, hoping I wasn't taking up too much space. Noticing that there were several potted plants around the porch, I rang the doorbell.

No answer, I tried again, and this time I noticed the beige lace curtain on the window closest to the door move. Seconds later a young teenage girl, who I recognized as a member of Teresa's church, shyly opened the door. She told me her parents were in the dining room, and let me in. The inside of the home was painted a blue gray and there were several family portraits and pictures of kids all along the walls and on the tables. As I walked past the living room, there were two boys, one looked about twelve and the other maybe eight, sitting on the couch; they hardly saw me as they were paying more attention to SpongeBob on TV. From the corner of my eye, I noticed a few plastic Lego pieces scattered under the coffee table and sofa. In the dining room, Teresa, Juanita and her husband Hugo, and the teenaged girl who had let me in, sat around a light wood table. Teresa invited me to come sit with them and Juanita offered me some water.

I sat down at the table and discussed my purpose and research project again with Juanita. I would have asked her husband to participate, but I was not aware that he was going to be there at the appointment with his wife, and so he had already gotten his massage before I even arrived. Having gone over the consent form, I reassured Juanita that I would maintain her privacy and that the observation and interview would be used to support my thesis. Her personality made me feel at ease given my own reserved personality. This helped make the nervous, potentially awkward first step of participant observation easier.

I should explain that I grew up attending a Spanish Christian church in Texas that was similar in faith to Teresa's church, which was another Spanish church in the same town, so the two churches were somewhat connected and invited each other's members to events. This meant I knew Juanita and Hugo before their appointment, since they were members of Teresa's church,

and had often visited my neighboring church for conferences and other special events. I wouldn't say that I was close with them, but we were friendly. I would wave or greet them if I bumped into them at Wal-Mart, but our families also were not close enough that they regularly got together. However, just the fact that I knew them beforehand made it a little more comfortable than having to sit down with complete strangers.

It is also important that I point out that this couple, Juanita and Hugo, did not live in this home where the appointment was being held. They, along with the teenager and one of the boys, were actually guests in the house just as Teresa and I were. Teresa explained that Hermana Lupe, the owner of the house, had stepped out to run some errands and would be back soon. Lupe and Teresa were very good friends, and because Teresa usually stayed with her daughter whenever she came to Texas, her church friends, people like Lupe, would offer their homes for Teresa to massage people. This made things easier for Teresa so she didn't need to waste time driving from appointment to appointment and setting up her massage table at each house. By staying at one place and having clients come to her, she was able to save time and see more clients during her brief U.S. visits, which usually lasted two or three weeks.

After sitting at the table for a few minutes, Juanita, Teresa, and I, headed to a room down the hall to start the session. It appeared to be Hermana Lupe's youngest son's room. The walls were painted a dark blue color, and there were crayon doodles on the walls. Colorful plastic building blocks spilled out of the half-open closet. Teresa already had her massage table set up in the center of the room. Although the lights were turned off, the curtain-less window in the room allowed in a soft natural light, creating a dim but not completely dark ambiance. I thought this lighting to be important because even though this massage was being received in a little kid's room, at a mutual church friend's home, as opposed to a formal massage clinic or at least in the

privacy of one's own home, the lighting nevertheless helped create a calm, tranquil ambiance during the appointment.

Class

There are various notable differences between the settings I have just described. One main difference is socioeconomic class, which I will explain in greater depth in this section. One massage setting was in Monterrey, Mexico with a wealthy client, and the other was a massage setting in the Dallas metro in Texas with a working-class client. This section will first describe some context of each place, and then focus on comparing the differences between each place.

Monterrey is a globalized, industrial city, and while this position has many advantages, as it appears to be a thriving economic center, it also has many critical drawbacks. In a 2002 *New York Times* article, Tim Weiner describes how Monterrey has been idealized as highly urbanized modern city, and while it is home to "many millionaires" it is also home to "many, many more poor people." Many of these poorer individuals come to Monterrey from rural pueblos where work is severely limited, in hope of finding economic opportunities. This is not unique to this region as several other anthropologists who have worked in Mexico have also described this same trend, where people from rural farming towns are practically forced to look for economic sustainability in other, more urban parts of the country. Ruth Behar, Seth Holmes, Jason De Leon, and Lynn Stephen, are just a few of the scholars who have written about rural to urban migration in Mexico. This pattern is an area of studies that I unfortunately do not have enough space to properly address in this work.

However, I do want to briefly mention that the effects of the North American Free Trade Agreement (NAFTA) have worked against rural farming communities in Mexico by making U.S.

crops like corn cheaper to buy in Mexico than domestically grown crops (Stephens 2007; Holmes 2013). At the same time, in 1994 NAFTA also caused many U.S. and Canadian companies to open in urban areas in Mexico, including Monterrey, which has contributed to the city's economic growth (Weiner 2002). This policy is one explanation as to why individuals from rural places were practically forced out of their hometowns and into large urbanized areas. Along with this, Monterrey has also seen an increase in migration due to economic structural changes from 1960-1980, which shifted towards emphasizing its service industries (Fitch Osuna and Chavez 2011).

Being in Monterrey definitely had a different pace or feel from some of the other Mexican cities I have visited. Just driving around, I immediately took note of all the different American and international brands like Cadillac, BMW, and Samsung. Some online news and magazine articles label Monterrey as Mexico's "most American city," (see for example Nearshore Americas 2014). Weiner writes about how Monterrey's "wealthy suburbs could be in San Diego or Houston, along with its air-conditioned malls, Pizza Huts, McDonald's and KFC" (Weiner 2002). Unfortunately, the globalized industries of Monterrey have not helped the poor and working class move up. Although, the government's hope was that the jobs from these companies would reduce poverty in Monterrey, the gap between the wealthy and the poor and increased over time. This gap was something I noted while driving down Monterrey's busy highways. Most of the city's houses sit along the sides of mountains. As I drove around, the stark separation and difference between the classes could be seen from the landscape of neighborhoods. I would see colorful, rundown homes along the mountain side, then suddenly I spot a wealthy area that had crisp white cookie cutter homes neatly arranged. Overall, the city's economic prosperity seemed to be represents the condition of only a small section of the city's

population. Monterrey's large gap between the rich and the poor must be understood in order to appreciate just how high in social position Teresa's wealthy clients are situated.

The class context in North Texas is of course structured differently than in Monterrey. One study conducted looked at how low-income areas near Dallas consisted primarily of first- and second-generation Mexican Americans (Smith-Morris 2007). This is also true for the most other medium-sized municipalities in North Texas where Teresa works in North Texas, with a population that is 40% white (non-Latino), 30% Latino, and 10% Black. The median household income in similar town are reported to be around $65, 000, however about 10-20% of the town's population lives below the poverty line (U.S. Census Bureau 2019). Of that percent under poverty, Hispanics often make up 20% (Welfare.org 2019). This means that Hispanics are the largest group living in poverty in North Texas predominantly middle-class towns. Some explanations for this fact may be related to issues like legal status, language barriers, limited job opportunities, or other structural barriers (Smith-Morris 2007). These statistics help to explain the setting of Teresa's practice in Texas, among Mexican migrants.

In considering class differences among Teresa's clients in both Monterrey and Texas, one example of this substantial difference was the different homes exteriors I described above. On the one hand, we see Teresa *going to* her wealthier clients in Mexico. The neighborhood itself had many indicators of its higher socioeconomic class. Not only did they reside in a private gated community, but the stand-alone home itself signals higher status. The significance of a stand-alone home is something that is specific to Mexico, and does not carry the same meaning in the United States. Hermana Lupe's home in Texas was also free standing, but this is common in the U.S. for the vast majority of homes, regardless of how nice or expensive a home may be. The fact that the Monterrey couple could afford a large free-standing home near such a busy, heavily

populated city was indicative of their wealth. In contrast, Lupe's house was located in the older part of town. Although free standing, the houses were on much smaller lots, and thus a lot closer together. Cars were parked all along the narrow street, and rather than having two stories and being made of expensive materials, the houses were all one story and mostly covered with siding or brick. In comparing the two houses, I am not trying to judge or rank the houses as better or worse; in fact, Lupe's house and neighborhood resemble my own family's house nearby. Instead, I am trying to describe both places to emphasize the different contexts.

Another aspect to compare was having air conditioning. Many of the homes in the middle class town in North Texas have air conditioning, including the ones I visited specifically had central a/c. This is an especially valuable commodity to have given the extremely high temperatures of Texas summers. Unfortunately, in the U.S. there are still many homes that do not have this luxury, and this is also often the case in Mexico. In Mexico, many places, including Monterrey also reach high temperatures in the summer, for a lot of people there, having a/c is an expense that is simply out of their reach. I pointed out that Teresa herself lacked air conditioning in her home, and she is what I would consider middle class in Mexico, since he owns her own home and has a regular source of income.

Then there were the interiors of the homes. The Monterrey clients had a very organized home that felt calm yet formal. The nice wood furniture, the neutral color scheme of the walls and sheets, the aroma that filled the room from the essential oils, all of this felt staged or designed to create a calming space. This aspect of interior design relates back to class in that these clients were wealthy enough to be able to exercise an extra degree of control over their experience. The wealthy Monterrey clients take a different approach to this practice from the Texas clients, as I will continue to describe in the following chapters, and their class position is

just one aspect that affects their approach to massage and cupping. The Texas clients on the one hand, lack the same extent of control, as their appointments are not usually held in their own homes. They cannot arrange to make the room where the massage will take place extra calming because their appointments often do not take place in their own house, and the actual home owner might lack the space or resources to make a formal "massage room." The details of the room, such as the marker drawings on the walls, the toys spilling out of the closet, the furniture suited for a smaller child, all suggested there was more active living that went on in this space when compared to the formal room used by the Monterrey couple. The Texas massage space seemed less formal and calming, although, as mentioned the natural lighting did help add a calming effect. This description is not meant to draw attention to either Lupe's or Juanita's individual class status, because many of the church members (who make up the overwhelming majority of Teresa's Texas clients) have the same economic status. No one is exceptionally wealthy.

Another detail in the homes' interior highlighting the difference in class position between Monterrey and Texas clients can be seen in the massage beds. In Monterrey, the couple was wealthy enough to be able to afford their own massage table, which also meant they were wealthy enough to pay to see Teresa more frequently. In Texas however, Teresa provided the massage table, and took it with her to wherever she would be conducting appointments. Again here, the point I would like to stress is that class seems to affect how much individuals are able to control or shape their experience with Teresa. Although, this is not to say Texas clients have no control or as they are still making the active, conscious choice to go out and get treated by Teresa in the first place.

I remember a comment Teresa once made when we were in the car driving to go buy some street tacos for dinner. She was explaining how most of her clients in Monterrey were wealthy because they were the ones who could pay the fee she charged. However, she said that there were people, hermanos, from her Monterrey church that were very humble and who she would often treat for free or just accept whatever they offered her, because she knew they were suffering from pain, but could not afford to be treated even by biomedical doctors. "We sometimes complain that we don't have money, but those hermanos…they worry about feeding their families, they aren't even able to just go down the street and buy some taquitos, like you and me right now." This conversation shows the different class tiers in the Monterrey context. Teresa is at a higher or more privileged class position than many others in Monterrey, and yet even still, she admitted that having a/c was a commodity she found too expensive and thus got rid of altogether. Her Monterrey clients on the other hand, did not just have an air conditioner, but rather were able to afford several air conditioning units. Therefore, there is also a notable difference between Teresa's own class position and her Monterrey clients.

My interest in focusing on class differences was influenced by Stephen's work and her concept of transborder, which takes into consideration at how the migration of people, in these cases across the U.S.-Mexico border, implies the crossing of social borders as well. Her book *Transborder Lives*, looks at how movement across social and national borders affect indigenous people both in Oaxaca, Mexico (San Agustin and Teotilan Del Valle) and in the U.S. (California and Oregon). Stephen discusses the complexity of the border and argues for a "reconceptualization of the border itself," specifically in relation to migrants' experiences (Stephen 2007, 153). Throughout the book, Stephen emphasizes racial and ethnic divisions, but in this discussion she cites Arturo Aldama, who adds the important dimension of class in

thinking about how people can and cannot "cross" the multidimensional, U.S.-Mexico border (Stephen 2007, 154). (In this discussion she also examines Lugo's conceptualization of the border and how it continuously marks certain people as "peripherals"—however this is a point to which I will return in my conclusion.) In considering class, one conclusion Aldama makes about the border is that even after having crossed, people continually face barriers (Aldama 2001, 135).

This claim he raises influences my thinking about the differences between Teresa's two client groups. At first glance, the fact that Teresa treats people in the U.S., a presumably prosperous country, and people in Mexico (the United States' presumably economically inferior neighbor), might lead to some misconceptions. It could be assumed that the clients in the U.S. are better off economically than the Monterrey clients, since they have the advantage of being on the northern side of the border, that by having crossed, they have made it, and achieved economic prosperity. Aldama's point clarifies why we should not jump to those sort of oversimplified conclusions, by explaining many social barriers migrants face. Altogether, I want to emphasize here that class is a hugely important social aspect to keep in mind when comparing these two contexts. It is not enough to say that Teresa's clients are different because they are in different countries. Without discussing how these two groups are economically positioned within their respective countries, our picture of these two places would be inaccurate.

Networks

Another important distinction between these two groups of patients is in their networks that surround Teresa's practice. In Texas, the patients came to see her at the house of a mutual church friend, whereas in Monterrey, she usually drove to see her patients individually. Conceptualizing the structure of transnational communities or connections can be approached in a few different ways. One concept that I find particularly useful and which a number of scholars

have come to prefer, is the idea of viewing transnational networks as social fields. Glick Shiller expands on Bourdieu's concept of social fields that views people's positions in relation to other's and structured forces (Benson 2005 et al 30), emphasizing the "simultaneity" of people's connections across national boundaries, focusing on individuals "economic, religious, or political" engagements that extend beyond a particular location (Glick Shiller 2003; 107) Along these lines, Stephen also presents the concept of transmigrant, which she distinguishes from migrants, in that they "live lives across borders and maintain simultaneous social relations" (Stephen 2007, 19). This idea is particularly useful in understanding Teresa's connections since she hold simultaneous connections with people in both Texas and Monterrey. Even if her patients don't actually migrate across the border, her movement and communication allow those connection to persist even when she is not in the same locality.

Goldring give an example of social fields, which describes how Mexican migrants in the U.S. maintain simultaneous connections with villages in Mexico (in this case, mainly in the state of Zacatecas) in order to improve their own social standing (Goldring 1998, 168). Goldring explains how individuals track their economic progress and elevation in status within the context of their social fields. He goes on to say that this is partly because transnational communities or social fields "interpret status based on shared histories, and understandings of practices," (Goldring 1998, 168). However, Goldring also points out that this gets complicated as meanings between migrants and people in the community do not always match exactly, as their views change over time of living in different places. Regardless, this example not only shows how by sending back remittances to their home countries, going back to visit, and measuring personal status are all relative to social fields, but more importantly it demonstrates how people shape their lives through transnational connections. While the conditions Goldring describes are all

distinct from those described in my research, the overall conclusion that transnational connections are crucial to understanding migrants' experiences is relevant to understanding Teresa and her work. Here I especially want to focus on how Teresa is a part of multiple transnational social fields.

Apart from this, Teresa is very active at the church and has become close friends with several members. She is even great friends with members from a neighboring church (that I mentioned earlier). These close friendships are evident from the fact that they feel comfortable enough to let Teresa use their homes to treat clients. Inviting a friend from a neutral place, like a church, to your home, is already indicative enough of friendship. However, many members like Lupe, go the extra step and also permit Teresa to treat other people in their homes. The first time I went to see Teresa for my own back pain, I went to Hermana Melissa's house. Melissa let Teresa use her guest bedroom that had once been the garage. Besides Melissa and Lupe, there are a few other people from the two churches that give Teresa space in their home to treat people.

This church network in Texas seemed to have stronger connections than the Monterrey clients' network. In Monterrey, Teresa works at a holistic clinic, which was where I expected to conduct most of fieldwork until I found out Teresa saw most of her clients at their homes. However, I still got the chance to visit the clinic space and meet Teresa's coworkers. The clinic was located at the corner of a row of connected business spaces. I noticed that besides the clinic, and one other business, all the other office spaces were vacant. The entire building from the outside was painted a grayish white, and there was a chain-link fence around part of the parking lot. The clinic's interior had a cool, calming atmosphere. The walls were a soft, sky blue with flower and butterfly decals, and there were potted plants on the shelves. On display were tall

wooden shelves stocked with different health products like oils, dietary supplements, raw honey, salts, and beauty products, like colognes, shampoos, and lotions.

Teresa introduced me to Ana, the receptionist and Regina, a nutritionist. According to Ana, whenever new clients came in seeking treatment for a health issue, they were first examined by Gemma, the medical doctor (and owner of the clinic), who would then refer the clients to either Teresa, Regina, or the other therapists that worked there. This clinic was the place where almost all of the Monterrey clients I interviewed had originally met Teresa. The clients had first gone to the clinic, gotten examined by Gemma, and were then treated by Teresa, who as I have described now regularly sees them at their own homes as opposed to treating them in the clinic. Even though she may not treat them at this specific space, the clinic setting is still very important because it is where this network between Teresa, her clients, and the other therapists, is grounded. Gemma's clinic acts as a channel linking clients to Teresa in Monterrey.

Again, this network was quite different from the Texas clients' connections to Teresa. The Texas network is grounded in churches, and people access Teresa through word of mouth, whereas in Monterrey, clients access Teresa through the recommendation of a doctor at the clinic. Even though these two distinct networks do not directly interact, both are still affected by her movement and in some ways have a connection through her. For instance, one couple donated children's toys and clothing, which Teresa said she distributes evenly between her church in Monterrey and in Texas. It is particularly interesting to look at how Teresa is able to be a part of two networks that are set up in entirely different ways and in completely different contexts. I used the term social fields before to describe Teresa's simultaneous connections, but another way of explaining her place in these network might be to say that she is a part of two communities.

However, Robert Smith explains how this concept of transnational communities has been critiqued by scholars like Glick-Schiller as a "bounded concept" that obscures larger "processes like nation building, racial hierarchization, and global capitalism, while others view transnational communities as being free or separate from the state" (Smith 1998, 201-202). However, Smith says the concept of communities should neither be totally rejected nor blindly accepted. He argues instead that communities should be examined in how they are formed and how they are "situated within" social hierarchies and context. Smith's argument relates to connects back to the points raised in relation to Stephen and Aldama regarding the importance of acknowledging class. Stephen, Lugo, and Aldama all push us to think about the U.S.-Mexico border as layered, meaning it implies more than just a physical boundary between two states (Aldama 2001; Lugo 2000; Stephen 2007). The U.S.-Mexico border is layered because it also implies various social borders and hierarchies as well.

Looking at social fields helps we see past an oversimplified binary division between the U.S. and Mexico, but at the same we should look to see how groups are position in each state's context. The driving point of this section has been to establish the setting and context of my project. The Monterrey clients live in a major urban city, which has significant gaps between the wealthy and the poor, and they come from the wealthier segment in society. They are educated, and work in higher status jobs. Teresa, who grew up near Monterrey and lives minutes from the city, is well aware of the city's class disparity and acknowledges the higher social position many of her Monterrey clients occupy. These clients have also come to know her through a well-organized clinic located in close proximity to their rich neighborhoods, so they have come to know Teresa through this elite, professional setting. Meanwhile, her clients in Texas live in a suburb of Dallas where there is a large middle class, and the gap between rich and poor, while

large, is less apparent than in Monterrey. These clients consist mainly of migrants from Mexico many of whom came from rural areas as opposed to urban. Many of them only speak Spanish, and work in lower status service industry jobs. They have come to know Teresa through the church community, which is less formal and allows these relationships to be more friendly and comfortable from the start.

It is clear from the scenes and examples described in this chapter, which in her work Teresa navigates between two very different contexts, where her clients are situated in almost opposite positions within their societies, while also connected to Teresa in distinct ways. One important takeaway from this chapter, a point which Stephen, Lugo, Aldama, and Smith each emphasize, is the need to acknowledge social borders among transnational project. The differences between the two settings described go well beyond the specifics of place. It is not just that Teresa is traveling between two different countries, but that she is moving between totally different social spheres as well. Assessing these differences in social contexts, by looking at class borders, and network structures, makes it all the more impressive that Teresa is able to move in and out of these contexts so frequently. It serves as proof of her flexibility. Throughout the following chapters, I will continue to point out more examples, emphasizing differences in contexts, but more importantly discussing how this affects Teresa's and her clients' understanding of her practice.

CHAPTER 4: "¿*COMO ANDO TERE?*" – HOW AM I DOING TERE?

I want to now shift into describing the actual massage itself. I decided to sketch out only one setting here as opposed to described initial interactions in both Monterrey and Texas, because Teresa is pretty consistent in how she treats both sets of clients. As will become evident throughout the chapters, Teresa does not change her practice to fit any certain type of client. I will break down the entire massage session into three separate stages in the next few chapters. In this chapter, I describe the beginning stage, both the treatment and the communication going on. I go further to discuss borders of intimacy, and how Teresa fluctuates between being personal and professional. Specifically I examine her healing speech register and the formal way she addresses clients, both of which contribute to establishing trust. This trust is then reflected in a particular question I often observed clients asking Teresa, which is the highlight and title of this chapter: "how am I doing?"

Beginning of Claudia's appointment:

Claudia's appointment took place in her house in an outer Monterrey gated community. As her appointment began, I sat in a black leather swivel chair, facing Teresa and Claudia. Claudia and her husband Roberto already had a massage table set up, and Teresa prepared for the massage by taking her materials out of her purse. She pulled out a small glass cup, a metal cap holding a clump of 10-15 matches, a pink bottle of massage oil in, and a bright yellow pack of new matches. In a low, soft, calming voice, which is very different from her regular tone, Teresa instructed the client to disrobe and lie face down on the table.

Very carefully Teresa held up a towel as Claudia disrobed, and then as Claudia laid down, Teresa placed the towel over the lower part of her body. It seemed that Teresa was trying

to maintain the client's privacy by holding up the towel and looking away. In this intimate space, the towel worked as an added measure of respect or possibly distance, to ensure that the client felt comfortable. Another part of Teresa's reason for putting up the towel as a curtain may have been because I was there. It is uncomfortable enough disrobing in front of a medical professional, even if you have been treated by them for a while, let alone a stranger. I looked away, trying to be as respectful as possible towards the client. It was interesting to note how Teresa uses certain actions, like the towel, in trying to be respectful and professional in this very private, personal setting.

Once again, in a tranquil, low voice Teresa instructed Claudia, saying "*Acuestese boca abajo, y ponga sus brasos a los lados*" (Lie face down, and put your arms at your sides).

After Claudia lay down, Teresa took some oil from the pink bottle and began applying it all over the client's back. As I jotted a few notes in my tiny notebook, Claudia asked me a few general questions about myself. How old are you? Where are you from? Clearly, I did not sound like I was from there. At first, I was disappointed because I know my Spanish is not as smooth as I would like it to be, but then I realized she might also have been detecting my lack of Monterrey or *Norteño* accent. She also asked about my school. Claudia's voice brightened up when I told her that I was halfway through my Master's. "That's right, that's good you're pursing that, especially in such an interesting field." She asked me one more question about how anthropology could incorporate the type of study on massage that I was doing; she thought it had more to do with bones, like archaeology. Getting to explain a little bit about anthropology, the different fields, and the types of question each subfield includes, not only broke the ice between the client and me, but also eased my nerves. Claudia's calm demeanor and positive reaction made me feel

like I could relax enough in this space and focus on the interactions. It made me feel like a little more than just a fly on the wall.

Teresa continued to apply the clear oil onto the client's back. At this point the massage was more gentle and diagnostic in nature. Teresa later explained to me how at this stage in the massage, she is mainly trying to "feel" the client's body and detect what areas need more attention. She used her touch to feel for areas of inflammation along the body. With Claudia, she started on the upper back, using the oil, and pressing down on the skin. Teresa was quiet at this point. She slightly knit her eyebrows and wore a straight face, which showed her level of concentration. Teresa gradually moved down the back, pausing at certain points and going over them a few extra times with four fingers, as if feeling for any slight issue. She then began working on the client's legs, repeating that downward massage motion. She diligently worked on one leg at a time. Throughout this entire time, Teresa appeared to be applying a considerable amount of pressure in her massage, but it was much lighter than the other two stages in the massage. One indication that the massage is not too stressful or intense yet could be read in Claudia's body language. She was lying down on her stomach on the table, her shoulder dropped flat against the table. Her arms rested at her sides, relaxed, her hands lay open rather than in tight fists.

These few moments of silence were at last broken, when Claudia, using an abbreviated nickname for Teresa, cleared her throat and posed the question "*Como ando, Tere*?" (How am I, Tere?)

Retaining that calm, low voice, though not as soft as before, Teresa started to go into an explanation of Claudia's condition. Her voice was calm but firm. She spoke in a confident way,

leaving little room for doubt. It is no wonder her clients admire her knowledge, as her sure tone helps the explanation and presents her as an expert or professional.

Term of address: Tu vs Usted

One important aspect I want to consider is how Teresa and the clients address each other in the Spanish second person singular pronouns or pronominal forms of "usted" vs. "tu" (Cepeda Ruiz 2018, 1). With this, I want to look at how these pronouns are used and what they indicate about Teresa's rapport with her clients.

In Spanish, the formal *usted* often signifies some form of distance. The usted is not just conveyed in the pronouns of "usted" such as the words "sus" but also noted in the conjugation of different verbs like "acuestese" y "ponga". This might either be because the person being addressed is a stranger, or not close in relation to the speaker, or may be older than the speaker (distance in age). In her article examining the use of "tu" and "usted" in the context of Mexico City, Cepeda Ruiz opens her argument explaining how addressing someone by "usted" is formal and distant, while "tu" is commonly used in more intimate and close relationships, such as with family, friends, or if an older person is talking to a younger person, and in comfortable exchanges where you do not really need to acknowledge the other person's authority (Cepeda Ruiz 2018, 2). Jaramillo supports this interpretation in her article, which found that "tu" is used less frequently as relations increase in distance, and similarly, the use of "usted" decreases as the distance shrinks (Jaramillo 1996, 529). However, this is just one factor that affects how people choose to address each other. Both Jaramillo and Cepeda Ruiz also note that there are many different social dimensions that make this usage more complicated. Usted can acknowledge authority between a young individual speaking to an elder (Cepeda 2018, Jaramillo 1996). In sum, addressing someone as "usted" conveys a degree of respect but also a subtle note of

distance. For example, I spoke in the "usted" with Teresa, not only because she was an older person, but also since she is someone to whom I wanted to show respect.

I noticed Teresa used the "usted" form of Spanish when instructing the clients. Additionally, I noticed that Teresa used the "tu" form when talking to me, except for the first time when I met her as a client, in which case she used the "usted". Even now that I have gotten to know her better, I still will occasionally get treatments from her and in that setting she switches to using the "usted" form to talk to me. This use of "usted" seems to be something Teresa uses across the board with all of her clients. It is interesting that Teresa chooses to address clients in the formal "usted," because as mentioned before, it implies a social distance (Cepeda Ruiz 2018, 2). However, this distance might be read as a way for Teresa to build rapport with the clients. It appears that she calls all of her clients "usted" as a sign of respect. This might even be a sign of respectful distance that acts as a buffer precisely because her work is so intimate. This is use of usted by Teresa is similar to her action with the towel that I described earlier. With both of these examples she is trying to be respectful of the client, maintain a level of distance and professionalism.

It is hard to say exactly why people opt using either "usted" or "tu," but some possible explanations, including age, closeness, respect, or power differences. One clue into these different reasons might be found in social contexts. In her article, Cepeda Ruiz asserts the need to consider social context in when examining the use of "usted" versus "tu". In fact her central hypothesis explores whether there is a "strong relation" between social factors like "age, sex, and education" and pronominal addresses (Cepeda Ruiz 2018, 3). One additional aspect that I think is also related to this difference in pronominal use is socioeconomic class. Claudia addressed Teresa in the "tu" form. For example, in one instance, Claudia asked Teresa "¿cuantas veces

crees que deberia estar en estas terapias?"(How many times do you think I should be receiving these treatments?). This is just a simple question, but I highlight "crees," which is Spanish for "think" because it is expressed in the "tu" rather than the "usted" form, which would be "cree." In fact, in all of the interactions I observed, I noticed that most of the Monterrey clients addressed Teresa with "tu," while all of the clients in Texas addressed Teresa with "usted." Age does not seem to explain this use of "tu" since other younger Monterrey clients also used "tu." Genuine familiarity does not seem likely either since Claudia had only known Teresa for a few months. Instead it's more likely that Claudia's choice of addressing Teresa with "tu" was related to a difference in role or position, since Claudia is Teresa's employer. Wealthy individual individuals like Claudia and the other Monterrey clients, tend to have several employees working at their home, like maids or gardeners. Even though Teresa may know the clients better, than for instance a maid, since she is having more personal interactions with them, Claudia's act use of "tu" could serve to reinforce her position as the employer paying Teresa for her work. This is subtle as "tu" can often be taken as a sign of closeness, in that one feels close enough to someone to be unformal, but her that sense of familiarity is false. Claudia and Teresa may talk openly and get along as friends, but first and foremost Claudia is Teresa's employer and her casual use of "tu," without a solid relationship or having known Teresa very long nods to that higher status and power. Claudia's class status permits her to be able to step over polite formalities.

In an article looking at the different uses of "tu" and "usted," Jaramillo offers another explanation in the context of Mexican American families in Arizona. Jaramillo explains how the increased use of "tu" in that context was partially due to the fact that younger people saw family members as "friends" rather "than authority figures deeming respect" (Jaramillo 1996, 529). Since Teresa actually lives in Monterrey, her clients there see her more frequently. This means

that they it is possible those clients view her as a peer or friend, and as a result choose to address her with "tu." It may be that at least a few of the people in Monterrey have known Teresa for so long and see her so frequently, that they feel comfortable and close enough to address her as "tu." For instance, one young couple mentioned they had known Teresa for over six years. Even though they are younger than Teresa, their closeness might explain why they use "tu".

Meanwhile, although many of Teresa's Texas clients have also known her for a few years, they still mostly addressed her as "usted." This extended beyond the setting of the massage sessions, since at church, almost everyone calls each other by "usted." While this seems like a contradiction given that I have described the church network as being very close and open with each other (including having massage in each other's homes), I do not think the use of "usted" there is meant to be distancing. Instead the use of the "usted" is based on people wanting to be respectful. When I asked Juanita why she preferred to refer to Teresa and others by usted, despite growing close with them over the years, she explained that it just stuck. "*Conoces an alguien por la iglesia, y les hablas de usted por respecto…despues ya Te acostumbres, yo sigo habladoles de 'usted' por respecto.*"(You meet someone through the church, and you talk to them as usted out of respect…afterwards you get used to it, and you keep talking to them as usted out of respect.) Juanita explains that because she met Teresa and other people through church, the initial use of "usted" was simply to be respectful. Once they were used to calling each other by "usted," they maintained its use despite growing close.

Here I have mentioned status, familiarity, and habits as possible explanations for uses of "tu" or "usted." Again though, it is difficult to determine individuals' exact reasons, their uses of these addresses may even be unintentional. However, there is more clarity on Teresa's use of "usted." Teresa used "tu" to address me as "la niña," regularly, yet, when I myself was getting

treating by her, she shifted to address me with "usted." In other words, for Teresa at least, it is clear she is making a conscious choice in addressing all clients in the same way.

My point in explaining these interactions and the use of usted and tu is simply that these means of address play a role in how the clients and Teresa connect in the appointment. Although the exact reasons why clients call Teresa either usted or tu may vary, it is most important to consider how Teresa makes a point to consistently refer to her clients by usted. The use of the address exemplifies one way she is able to move between personal and professional, because although she is working in an intimate space, she finds ways to maintain a sense of professional formality.

Register

Another important aspect of this interaction that I would like to examine is Teresa's manner of talking or her register. In my introductory chapter (where I provide a sketch of Teresa), I touch on Teresa's identifiable Norteño or Monterrey accent. Here, I will elaborate more on her accent and ordinary speaking voice and how that is different from the particular register she uses with her massage clients.

Teresa's regularly speaks with a Norteno/Monterrey accent. From Mexican Spanish speakers, this particular accent sounds harsh, and almost aggressive or choppy. Many people describe the Norteño, specifically the Nuevo Leon/Monterrey regional accent as *golpeado* (Spanish for hit or beat), to express the accent's chopped sound. One way I like to imagine this accent is like staccato, as in music, short and sharp sounding. On one online forum from 2014 (Spanish StackExchange 2014), Spanish speakers talked about how the Norteño accent is very different from other regional accents like the Southern accent, which includes longer drawn out

syllables, and carries a longer rhythm. Of course, there are always slight variations in each regional accent.

However, people from Mexico are better able to hear the regional differences when speaking to each other, especially when the Spanish accent they hear sounds drastically different from their own. Compared to the long, drawn out syllables in southern Mexican registers, the Norteño register sounds almost angry, because of the *fuerza*, or strength it carries. However, there are still instances of misinterpretation with register. Even if you are Mexican and can generally identify regional accents, it might not be immediately evident, for instance, if you are meeting someone for the first time and happen to have a quick conversation. There is the chance the Norteño/ Monterrey register might be read as just plain angry by the listener.

This happened with my mother the first time she spoke with Teresa over the phone. My mother had never met Teresa in person before, so on the phone she tried to sound upbeat and polite. However, upon hanging up, my mother told me she hoped she had not accidentally offended Teresa as her short, choppy response threw my mother off. It was not until they met later in person that my mother picked up on Teresa's' Monterrey register and realized Teresa had never actually been mad at all.

A mistake or initial misunderstanding like the one described above is more likely to happen in a context where there are people from multiple regions present, such the North Texas area where Teresa sees clients, rather than in an area like Monterrey, where that particular register would be more common. The church network in Texas consists of people from various different parts of Mexico and even different parts of Latin America. This mix of different regional accents in the North Texas contexts means that Teresa is more careful about how she speaks in that context. Teresa was actually well aware of the fact that her Norteño accent tends to

sound angry. She even warned people of the harshness of her accent or tone the first time she spoke with them, especially in the Texas setting, so that they did not misunderstand her as being angry.

For instance, during my first massage with her (where I was the client), I overhearing my mother's earlier phone conversation with Teresa gave me the impression that she was not friendly. As I walked into the room where Teresa had her table set up, it was as if she could read my tension, because she reassured me that the ventosas would not hurt and to pardon her tone. She explained, "*No estoy enojada, no más tengo la voz fuerte*." (I'm not angry, I just have a strong voice.) Teresa's seemed to explain her voice with other first-time clients as well. My father, who later was also treated by Teresa, told me that she had told him the same thing going into his massage. "*No estoy enojada, no mas soy del Norte*." (I'm not angry, I'm just from the north.)

However, Teresa did not need to explain or excuse her accent in Monterrey, since there the Nuevo Leon accent is of course very common. I never once witnessed Teresa having to excuse herself for her accent in her interaction with her Monterrey clients. I did note that a couple of her clients, like Letty, an older woman around Teresa's age, actually spoke in the same way Teresa did. Letty had a very sunny, joking personality, and spoke in a loud, choppy manner like Teresa, that was also slightly harsh but in an overly excited way.

Despite Teresa regularly speaking in this Norteño accent, during her massage sessions her voice would noticeable change as she spoke to her clients. This shift in voice can be examined as a shift in register. One way to define registers is in thinking about them as "local speech repertories," (Wilce 2009, 205). In identifying different types of speech registers among the Zapotec in Mesoamerica, Sicoli takes an in-depth look at register, explaining different types

of registers coincide with "particular social practices and social persons" (Sicoli 2010, 522). From Wilce's and Sicoli's discussions, I understood registers are particular styles of speaking which can encompass different aspects such as accent, vocal cues, or style. Sicoli primarily looks at voice features of registers, and lists different "linguistic cues" (Sicoli 2010). He examines particular types of Zapotec registers, registers through their tone, volume, and other cues, which was similar to the vocal features I paid attention to in my own observations of Teresa's register during the massage.

As I observed appointments, I noticed that Teresa seemed to correct her regular "harsh" register in the setting of her therapeutic massage practice. I identified what I call a healing register, since it was a particular form of speaking specific to her profession. Teresa used a slower paced, articulate, quiet, calm voice in the beginning and last stages of her massage. Her use of this specific register is similar to Wilce's explanation of how Waroa shamans use distinct "shamanic registers" not for everyday speaking but as a "toolkit" to perform their particular role (Wilce 2009, 205). Wilce goes on to explain how these same shaman have different registers for different roles or identities (2009). Just as the Waroa shamans, use different registers for apart from their shamanic one, Teresa also normally speaks differently from her healing register.

Register is an important element throughout the entire massage, though I focus on it more here in my discussion of the beginning of the massage. The calm, slow healing register is used mainly in the initial and final stage of the massage. In the beginning, Teresa is trying to get the client to relax, instructing them, and explaining their condition to them, her register changes from her regular harsh tone to a calmer way of speaking. This healing register is described at the beginning of this chapter where I describe Teresa's voice as being calm, low, and soft when

speaking to Claudia. There's a steadiness to her voice, which is notably different from the choppy rhythm of her regular register, and really makes the massage space much more tranquil.

Teresa uses this voice with all of her clients. It especially helps in the Texas setting with clients who could potentially misinterpret her regular register. For the Texas client's Teresa's softer sounding healing register would help reduce the chance of them mistaking her voice as sounding angry. This habit of using the healing register with all her clients, including the Monterrey clients is also an important part to Teresa's overall professionalism in her work.

This also relates back to the notion that registers change according to different roles (Sicoli 2010, 536; Wilce 2009, 205). Teresa's shift to this healing register correlates with her shifts in her role as health profession during the massage. Goffman explains how shifts in footing mean shifts in "the alignment we take up to ourselves and the others present as expressed in the way we manage the production or reception of an utterance," (Goffman 1981, 128). In other words, the changes in our roles, and how we align ourselves affects how we communicate with others, and how they interpret or respond to us.

Although footing can refer to things such as our jobs, or even our gender, Barbara Johnstone also notes how our footings can change during ongoing interactions as well (2018, 153). In her book, *Discourse Analysis*, Johnstone explains how footing not only changes in front of different people or across situational roles but also in the middle of individual conversations. Similarly, register can also shift in ongoing interactions as well. Johnstone looks at several examples of situational registers, most of which vary according to role, such as "legalese" in a courtroom used between judges and lawyers. However, Johnstone also mentions a particular example where register can bring "the situation associated with register into interactional play" (2018, 193). She goes on to explain how register can act as cue for certain parts of interactions.

One example she uses to illustrate this is how register can shift during religious services, and may indicate the "beginning, endings, or internal parts" of services (2018, 162-163). Similarly, register indicates, or at least correlates with different parts of Teresa's massage appointments.

Teresa's communication with her clients clearly shows how these shifts in footing and register can take place during interactions. In the beginning and in the end of the massage Teresa presents herself as a serious, professional massage therapist and speaks in her healing register. This footing and register specifically are used as she confidently identifies physical issues in her clients in the initial stage, and then again in the last stage when she leads the clients through stretching exercises and offers general advice, which I describe in chapter 6. However, this alignment and communication does change in the middle of her massage interactions. Teresa's register becomes friendlier with her clients, and she switches back to her ordinary Norteño accent, which I will discuss more in the next chapter. It is interesting that this footing and correlating register shift seems to be part of Teresa's therapeutic process, although not overtly. For example, Johnstone describes an imaginary interaction where a writer and editor who are friends, begin their interaction in a friendly causal manner, and then mark their change in footing as the editor states they are putting on their "editor's hat" (2018, 153-154). On the spot shifts like that happen all the time, but interestingly Teresa's shift was less explicit, that is, not signaled by an explicit declaration. Johnstone also eludes to the effects or consequences these switches can have. In Teresa's case, this aspect of her process seemed like a careful habit. Speaking from my own experience and observations, these shifts throughout her massage make going to see her seem less formal than a doctor but also more formal than seeing a friend. They work towards establishing an openness, and in the next chapter, I will explain why this openness between Teresa and her clients is important.

Returning to Teresa's healing register, the pace and tone helped reaffirm the intended tranquility of the space. It seemed to set a relaxed mood for the start of the massage. An example of Teresa's using this healing register can be seen in the following conversation. Here she is answering the central question of this chapter, "¿*Como ando, Tere?"* as she calmly explains the condition of the client's body. Maintaining that steady register, Teresa explains to Claudia:

"*Trae las piernas muy rigidas… estan muy tensas*." (Your legs are very stiff…they are very tense.)

"*O si?"* (Oh, really?)

"(confident Mhmm) *Tiene mucha inflammacion en las piernas*" (You have a lot of inflammation in your legs.)

As she continued to massage that area, Teresa shook her head and glanced at me, again repeating that Claudia had "*bastante inflammacion*" throughout her legs. She asked Claudia if her legs had been bothering her.

"*Si, en dias pasados, ah! Y se me olivido tomar las pastillas para el dolor, pero tampoco me ayudan. Aveces hasta dejo de caminar, por el dolor*" (Yes, in past days, ah! And if I forget to take the pills for the pain, but they don't help either. Sometimes I even stop walking because of the pain).

In this brief exchange, we see how Teresa begins by telling the client what she notices in her body. She explains that her muscles are stiff and are very inflamed, which then leads the client to open up a little about the pain that she had been suffering lately.

Communication and Trust

At first glance the question, "*¿Como ando*?" seems odd. Usually when we go see health professionals, like a doctor, it is more common and expected for the client to provide a brief description of their symptoms. You go into a clinic and explain you have an issue in your back, the nurse asks a few questions, sometimes using the 1-10 pain scale, takes a couple of notes, and then the doctor comes in to discuss things further.

Here, in this session with Teresa, rather than Teresa asking how Claudia, the client, was feeling, Claudia asked Teresa what was wrong with her. She was asking how her condition appeared to Teresa after having massaged and assessed her. Again, this was interesting because prior to this question, Claudia had not shared any issues with Teresa yet. There had mostly been silence up to that point, where Claudia knew Teresa was assessing her state. Unlike a doctor who forms a diagnosis based partially on what the client reports, what tests say, and his own knowledge, Teresa's diagnosis is based solely on touch. She carefully moved around the client's body, feeling for anything that would signal inflammation. Claudia was aware of this approach, since she waited until Teresa had massaged her whole body before she posed the question "*¿Como ando*?" In other words, what can you tell me about my body now that you've examined me from head to toe?

The interaction described here can be analyzed through the same framework Amy Cooper uses in her article, "The Doctor's Political Body," (2015). This article is based on Cooper's fieldwork observing doctor-patient interactions at a clinic in a barrio outside Caracas in Venezuela. While many writings on medical encounter show how clinic interactions can

reinforce social hierarchies and power difference, Cooper describes how interactions can also be empowering depending on context and circumstances. Cooper's work combines literature on doctor-patient interactions and theories of embodiment, which focus on peoples' "experiences are mediated" through their bodies that are positioned in complex social contexts, to examine how patients read into doctor's behavior during interactions (2015, 461). The author argues that these marginalized patients who have felt let down by the state that claimed to be on their side, now look to medical practitioners as figurative representatives for the state. Cooper goes further to explain how the significance of these medical encounters extend past seeking treatment or care. According to Cooper, patients read into the doctor's embodied practices to find meaning in a political sense. The doctors embodied behavior either makes the patients feel included or further marginalized.

This work is relevant to my examination of Teresa's interactions with clients, in that I am also paying attention to Teresa's embodied practices, such as her disposition, tone of voice, and touch. In the same manner that Cooper is using embodiment to explore meaning beyond immediate healing, I also aim to emphasize here, how Teresa's practices makes these practitioner -client interactions more meaningful for her patients apart from the effectiveness of the massage. Teresa's clients may not be interpret the interactions as meaningful in relation to social-political order, but there does seem to be an implication of equality that they are reading into. Patients may see Teresa's style of communication and behavior as challenging the authority of practitioners commonly seen in biomedical encounters. For the clients, Teresa's voice and behavior may indicate that she doesn't view herself to be automatically above them, and this then facilitates trust to form.

I want to emphasize the considerable amount of trust the question, "¿Como ando?" conveys. This trust might even go a little further than the trust one puts in a general doctor. There is a special trust or *confianza* that Claudia and other clients project onto Teresa, trust that she will be able to tell them about their bodies, that she knows what she is doing, and that she can actually read their bodies. To put it simply, they trust Teresa to explain the condition of their own bodies and accept her judgement. There is a trust in her knowledge that is conveyed in that question. In the next chapter I will delve into the differences in how clients in each context perceive her knowledge.

I also want to clarify that this question came up in other sessions; for example, Juanita's husband asked Teresa coming out of the massage, "¿*que tiene*?" (what does she have?), wanting to what was wrong with his wife. A similar thing happened with Alex, when his wife walked over to Teresa during the massage to check and ask Teresa how he was.

We should also consider what motivates clients to see Teresa regularly. Why do people make a point of seeking out Teresa, especially knowing her busy schedule and frequent travelling? I am convinced that trust plays a major part in people seeking out Teresa. However, the trust frequent clients have is built up over time and consists of different layers. Specifically, here in this chapter I have explained how communication, and the navigation along the border between personal (intimate) and professional (distant) in the beginning stage of the massage helps establish trust. This trust is based on the borders of intimacy Teresa carefully crosses, as well as the presentation of professionalism briefly discussed earlier. The sketch shows the delicacy of working in such an intimate environment like that of a massage space. While the emphasis on respecting the client and maintaining professionalism demonstrated through her communication may be partially part of Teresa's polite personality or even her conservative

church background, it also clearly helps her smoothly maneuver around in these intimate spaces and boundaries.

Massage treatment overall can be intimidating and off-putting for some, because it is so personal. Teresa works in the privacy of her clients' homes, and as we saw in Texas in the last chapter, sometimes even in the bedroom of their children, which is an even more private space. Most likely, people from outside this particular network would not understand or allow such a breach of privacy. Therefore, as a massage therapist, Teresa finds herself in these more private areas of the homes with her clients, who obviously need to disrobe so she can properly treat them, and then of course she is physically touching and healing their bodies. All of this demonstrates how intimate this entire interaction is, and yet Teresa still finds ways to cross into this intimate environment in a professional and respectful way. The subtle actions of using the respectful but distant "usted" form and creating a boundary with the towel, are ways of creating a professional buffer that reinforces the fact that Teresa is only crossing into this intimate border to heal the client.

In one conversation with Teresa, she stated "*no son hombres ni son mujeres, son pacientes. Entonces asi vengan con ropa o sin ropa, son pacientes punto*" (they are not men nor women, they're patients. So, whether they come with clothes or without clothes, they are patients, period.) This statement shows the emphasis Teresa places on her role as a healer who works to cure clients, and ties back into the idea of professionalism. She is very clear about defining her massage therapy as curative and labeling herself as a "massage therapist" and not simply a "*masajista*" (masseuse). I will explain more about this self-label and her practice in chapter 6. This self-label reinforces the professionalism Teresa aims to maintain in her work.

Even though she works in these intimate, private spaces, she employs this tone of professionalism to justify her being there, which in turn helps the client feel more at ease.

Arthur Kleinman hints at another way intimacy figures into care in his book *The Illness Narratives* (1988). In the first chapter of the book, Kleinman discusses how illness is meaningful for the patient's experiencing it, especially as it comes to affect all other aspects of people's lives. Throughout his opening explanation, he acknowledges a more holistic view of pain and illness, which challenges western biomedicine strict focus on the immediate physical issues (I will elaborate on this in the next chapter). In looking at this, Kleinman describes how health issues like chronic illness becomes infused into a person's daily living, affecting them in "intimate" ways, (Kleinman 1988, 8). This description can extend to the conditions of Teresa's patients, in that their physical pain affects them daily. In other words, their condition is an inseparable and intimate aspect of their live. This again reminds us that Teresa is working an especially personal space in a different sense, as she's learning about people's conditions, which I will expand on in the next chapter. Furthermore, looking at Communication, and the establishment of trust that results as Teresa crosses borders of intimacy is serves as a foundation to the effectiveness of the rest of the massage.

Altogether, the combination of the healing register in her instructions, the action of explaining conditions to clients, and her previously described navigation through borders of intimacy, all support her position as a health professional, creating trust between her and her clients, reflected in the question "*Como ando Tere?"* I have just described how Teresa's practitioner-client communication helps her cross one metaphorical border between private and professional spaces. The following chapters will elaborate on other social and metaphorical borders that her practice enables her to cross and move between.

CHAPTER 5: "*ELLA SABE COMO ES MI CUERPO*" – SHE KNOWS HOW MY BODY IS

In this chapter I focus on the middle and most intense part of the massage. This is the stage where Teresa actually treats clients with the ventosas. Below I provide an ethnographic sketch of the middle stage during Sandra's massage. During this appointment Teresa draws an interesting connection between Sandra's physical pain and the stress related to her personal life. In examining this connection, I first look at Teresa's theory or conceptual view of the body, and develop analysis using different concepts of the body described by Scheper-Hughes and Lock (1987). Next, I focus on the way Teresa puts her theory into practice. I pay attention to the conversations with the clients and explain how this social dimension is crucial for developing a holistic view of the client. Finally, drawing on work by Kleinman and Hinojosa, I describe how Teresa's theory and methods work to make her massages more effective, and how they validate the client's pain. Throughout this chapter, I compare Teresa's overall approach to that of Western biomedical doctors.

Ethnographic sketch

One of the most memorable moments from my fieldwork took place in Monterrey, when I sat in on Alex and Sandra's massage appointment. Alex and Sandra were a young couple who lived in the busy, urban part of Monterrey. Initially, they received us very warmly, and greeted both Teresa and me with hugs. The couple had a lovely, two-story home. The entry way and living room were decorated with dark wood furniture, burgundy leather sofas, and delicate antiques. They brought us tall glasses of icy water, offered us a snack, and invited us to sit in their living room, which is where the massages took place. Their three-year old daughter, who they had just recently adopted, walked around showing off her toys to Teresa, while I went over the details of my project with Alex and Sandra.

Sandra was the first one to get massaged. The massage progressed beyond the beginning stage, during which, as I discussed in the last chapter, Teresa assesses clients' condition. I noticed that as Teresa started applying the cups, the client's face became bright red. The application of the ventosas is the most intense part of the massage. While it is not necessarily painful, it can become uncomfortable as there is a lot of pressure being applied. Teresa lit a bundle of matches set within a plastic cap and set them on Sandra's back. The flame was then immediately covered by a small glass cup, 3 or 4 inches tall. Upon making contact with the skin, the cup put out the flame and started sucking up the skin. It looked almost unreal, seeing Sandra's skin rise up like dough and fill the small glass cup up almost completely.

Sitting there with Teresa and Sandra, I thought back briefly to the first time I had seen ventosas being applied, and how painful I thought it looked, though I knew it was not so much pain, but rather lots of pressure. Teresa then moved the cup around, and slowly released small amounts of air from under the cup. Once she removed the cup altogether, Teresa then quickly and forcefully massaged the area. It looked like she was trying to force the inflammation up and out of the client's muscles. Though Teresa is a small woman, she seemed to be applying all her weight as she pushed on the client's backs with her hands. It was no wonder Sandra's fair face had turned a bright pinkish red from discomfort.

Interestingly, this part of the massage is when the conversation between client and therapist becomes most lively. I had been interviewing Alex during the first part of Sandra's massage (the beginning stage), but I came over to observe just as Teresa had begun applying the ventosas. The two then started talking about the couple's recent adoption and Sandra's transition into becoming a mother. In all honesty, if the couple had not told us initially that their daughter was adopted, I would have assumed she had grown up with them. The toddler had even helped

her dad bring in the water for Teresa and me. Seeing how closely the toddler clung to her mother as we "strangers" walked inside suggested that they were a tight knit family. During this conversation, however, Sandra opened up how challenging this first month had truly been for her family.

Sandra was very transparent with Teresa about how difficult the adjustment to adoption had been. She vented to Teresa about how hard just the first week had been, in getting her child to eat or sleep. "I didn't know what I was going to do," Sandra explained as Teresa continued applying the ventosas. As the client spoke, the smoky smell of burnt matches floated throughout the room. The "ssstt" sound as Teresa lit matches and then quickly extinguished them, continued on in the background. Teresa listened sympathetically to Sandra, making comments like "*ya me imagino*" (I can imagine). Teresa also opened up herself, talking about her experience raising her own kids when they were young. She also shared lighter examples of tantrums her grandchildren had thrown, drawing a few chuckles from Sandra.

As the two continued on with this maternal conversation, shifting in and out of lighter subjects such as popular children's TV shows or comparing healthy snacks for kids, Teresa began working on an area where the client had a lot of pain. Sandra's pain was in two specific spots. One was around her womb, and the other was on left side of her upper-back. Teresa paused from the doing the ventosas and helped Sandra shift over onto her back. Teresa then worked on massaging her lower stomach, tapping around the areas with her hand in a fist. At this time, Teresa made an important conclusion. She told Sandra that her pain was related to her recent stress about her family, as well as the new physical strain of carrying the child a lot. This conversation and the conclusion Teresa draws are significant as they are crucial to deepening her clients' trust in her.

Teresa's Theory or view of the body:

To begin explaining everything going on in this middle stage of the massage, I first want to explain and examine what I will refer to as "Teresa's theory," or her model of thinking in identifying and conceptualizing clients' conditions. I am not saying that her theory is right or wrong or scientifically sound; my point is to simply show Teresa's thinking, in how she is able to take the client's information from their conversation during the massage and connect it to their physical issues. The following explanations are from a one-on-one interview with Teresa at her home in Monterrey. Throughout our conversation, she often mentioned this idea of *disequilibria* or disequilibrium, when speaking about client's issues. I was curious about how she applied this idea to the health of her clients and how she it fit in with her practice.

Teresa explained "disequilibrium" as a condition where the body is in distress, the person feels bad, and the body cannot relax itself. She also mentioned that without being able to relax, the body is then not able to diminish inflammation, calm down, release anxiety, or sleep properly. I then proceeded to ask, based on her experience treating several different clients throughout the years, what she thought caused this state of disequilibrium. "It's called stress, the evil of the century." She explained stress is caused by different factors and which ultimately affect the physical body. "Stress causes issues like insomnia, anxiety…anxiety produces shots of adrenaline, adrenaline accelerates our metabolism, our mind, our bodies, doesn't let you relax." From this, it seems like Teresa views stress as an issue that contributes to several different potential bodily ailments.

However, equilibrium, according to Teresa, depends on three aspects: the physical, mental, and spiritual aspects of a person. Each of these affect each other and a person's overall health. She elaborated on this, saying how, if a person has mental stress, this affects their

physical condition. For example, she said, a person goes to sleep to get rest, but they do not really rest if they have things on their mind. They basically sleep for hours and hours, but they won't feel rested because that mental stress is using up their energy. From there, if a person doesn't feel properly rested, they might consume more caffeinated drinks or other substances to carry on during the day. This does not solve the underlying issue, so over time a person will feel more affected and possibly accrue other health issues. In order to really rest, or more importantly, be truly healthy, a person has to be in equilibrium or in balance among these three aspects, the physical, mental, and spiritual.

Additionally, Teresa makes specific connections between pain in certain parts of the body and stress in people's lives. In Sandra's case, she associated abdominal pain with the stress of being a new mother. Even in my own experience, the first time I got massaged by Teresa, she spent a lot of time treating my shoulders and upper back and she asked if I often worried about money issues. I told her I did, especially since I would soon be moving out of my parent's house to go to graduate school. These associations are based on Teresa conceptualization of the body, which she explained, includes two "emotional hemispheres," the right and left sides of our bodies.

According to Teresa, the right half of our body is related to our feminine side, which is affected by emotions and includes issues related to our family, or issues in familial relationships. Therefore, if someone is having problems with their spouse, this would manifest in pain along the right side of the body. Then other half then, the left hemisphere of the body, relates to our masculine side, anything related to work, or science, or things we can control, including issues related to money, jobs, being a perfectionist or being anxious. However, Teresa clarified that everyone, regardless of their sex has both of these hemispheres, and can suffer from either set of

issues. With the conceptualization in mind, upon massaging a painful area, Teresa feels points or lines where the nerves or body is being affected. From there, she is able to deduce what other issues are going on with the client. She gave another example, saying that if she has a client who consistently has a particular nerve on their right side that is always strained, she would ask them if they were short tempered or got angry easily over any little thing. The person's unmanaged anger causes muscle contractures or lines that Teresa is able to feel. In all of this, Teresa maintained that massage allows the body to get back into equilibrium. Massage helps on different levels; not only does the massage relax the mind and body, but the cupping also helps remove inflammation (caused by toxins) from the muscles. From there the body can work on recovering.

In their article, "The Mindful Body," Scheper-Hughes and Lock describes different conceptualizations of the body, based on three different forms, the individual body-self (individual experience), the social body (symbolism of body), and the body politic (control and regulation of the body) (Scheper-Hughes & Lock 1987, 8). In this, they move beyond the common Western assumption of a dualism between the mind and body, asserting that this dualism is not universal across cultures. The authors maintain that moving past this dualism would be helpful for medical professions in providing better care and also be helpful for medical anthropologists in studying and understanding diverse forms of healing. This article outlines several key ideas that are useful for better understanding Teresa's theory of the body in massage.

The first view of the body discussed by Scheper-Hughes and Lock, is the individual body and the self. Here, the authors focus on an assumed opposition that Western thinking has imposed on the individual body, creating a division between the mind and the body, which reflects other related dualisms such as the real and unreal. This dualism is central to Western

medicine, in that often biomedical practitioners see mental stressors as separate or even "irrelevant" to the condition of the physical body. This opposition is instilled in Western thinking as it goes back to thinkers like Aristotle, Hippocrates, and Descartes, who formally established these ideas, as he was focused on using observable evidence to claim truths. Based on this, Descartes made a distinction between the "palpable body and the intangible mind," (Scheper-Hughes and Lock 1987, 9). In other words, Descartes separated out the self or the body as consisting of two parts, the material and the abstract, which has led Western biomedicine to solely focus on the material.

This distinction correlates with the distinction that is made more broadly between objectivity, usually associated with hard sciences, and subjectivity, usually associated with social sciences, which shows how this dualistic mode of thinking can extend to other areas. This relates to Kleinman's work, where he looks at the psychosocial dimension in illness and describes how it is often dismissed in biomedicine as "soft," or "subjective" (Kleinman 1988, 9). This again shows how Western thought tends to emphasize oppositions between hard/soft, objective/subjective, or mind/body, which in some ways are gendered (feminine = soft, emotional vs. masculine = hard, rational). In thinking about this, we might consider how these dualistic epistemologies (or ways of knowing) correspond with other types of borders or conventional hierarchies, often seen in Western stratified societies. I will come back to this issue in the conclusion of my thesis.

For now, going back to Westerns medicine's opposition between the mind and body, we can look at Teresa's perspective as blurring this boundary. My point in explaining Western thinking here is to show how biomedicine diverges from a holistic view of the individual body (Scheper-Hughes and Lock 1987, 10). However, there are other societies that do not create this

boundary, and the body, self, and other social relations are all understood to be interconnected. This reflects a holistic conceptualization which rather than seeing different bodies in opposition, instead sees them as either one within another "microcosm" in relation to "a macrocosm," or as "complementary" (Scheper-Hughes and Lock 1987, 12). These non-Western conceptualizations focus on harmony or balance between these parts. Teresa's theory follows a complementary holistic view, as she repeatedly spoke of how health is dependent on an "equilibrium" or balance. This balance was dependent, according to Teresa, on all parts of the body being well: the spiritual, the mental, and the physical. In her stress/sleep example, she hints that if one of these parts is not right, the other parts are also affected. Also related to this holistic view is the fact that she massages the entire body, even if the client is only hurt in one region. Her theory crosses a boundary that is usually made between these dimensions of the body.

Additionally, scholars like Hinojosa, Scheper-Hughes, Lock, and Kleinman all look at the differences between disease and illness, where disease pertains to physical abnormalities, and illness refers to patients' experiences (including the social). Scheper-Hughes and Lock argue, illness has been "medicalized" to erase or leave out the social aspect, and therefore disconnects "the individual and the social bodies" (Scheper-Hughes and Lock 1987, 10). Similarly, Kleinman discusses how disease "reconfigures" patients' experience and their complaints to "narrow, technical, issues" (1988, 5). In Teresa's approach, she seems to be less interested in identifying a formal disease, and more focused on locating issues within the client's body. Teresa acknowledges how pain corresponds to stress from family relationships or work, thus retaining those social and mental aspects of health

Comparing these differences in conceptualizations between medicalization in Western health and holism in non-Western health might be relevant to the context in Mexico where urban

modernity would be associated with Western concepts of the body, and rural traditions would be more associated with the non-Western holistic perspective. In chapter 6, I will focus more on the boundary between modernity and tradition, which Teresa's practice also crosses.

Also, I want to clarify, that I am not arguing that Teresa is totally free of dualisms. For example, she did mention a distinction between masculine and feminine parts of the body, which fit neatly with conventional distinctions. This relates to Scheper-Hughes and Lock's discussion of the body as a symbol in looking at the larger social body. The authors explain how cultures construct views of the body to reaffirm larger views of society (Scheper-Hughes and Lock 1987, 19). They cite Needham, who described a link often made in regard to left and right handedness, with the left being associated with the female and other things like being dirty or inferior, while the right is associated with the male and things like being dominant or holy (Needham 1973, cited in Scheper-Hughes and Lock 1987, page needed). Teresa described similar connections, where she associated the right with feminine/family/emotion and the left with masculine/work/logic. This distinction, however, might relate to Teresa's surrounding patriarchal cultural context and gender roles. However, she also explained that every person, regardless of sex or gender, has both sides to them, which can affect anyone equally. However, what I am more concerned with here is how her perspective crosses that border between the body and mind.

Another thing Scheper-Hughes and Lock discuss is body imagery, or the metaphorical representations made related to a person and their environment (1986, 16). This relates to Lakoff and Johnson's discussion of metaphors in their book, *Metaphors We live By* (1980). Lakoff and Johnson explain that metaphors are not just as creative conscious forms of language, but they can also be more unconscious and common in our daily thinking and conversations (1980, 4). Lakoff and Johnson argue that we commonly think in metaphors, without realizing, and that these

"conceptual systems" carry into our behavior and interactions (1980, 5). Related to this idea of metaphor, is the concept of somatization, somatization, which Kleinman defines as the "communication of personal and interpersonal problems in a physical idiom of distress" (1988, 57). Kleinman described somatization within the context of Chinese patients, whose depression manifested in aches in the body. Kleinman's work in his book, *Patients and Healers in the Context of Culture,* describes a connection between psychological and physical distress (Kleinman 1980, 1985). One case of this is a 26 year old man, named Mr. Wang, who suffers from anxiety and depression caused stress from work and school (1980, 151-153). Mr. Wang's depression was connected to his frequent complaints of a sore throat. Kleinman explains that somatization gives patients frames to describe inner states, by acknowledging their external condition (1980, 148). In other words, complaining of a sore throat is easier and more socially acceptable than complaining about anxiety or depression. Somatization in this sense, functions as a coping mechanism, but in my fieldwork I observed somatization functioning in another way.

A metaphor is conveyed in Teresa's somatization in describing Sandra's womb as "open." This type of description might nod at cultural knowledge or holistic perspective of viewing personal issues relevant to health. Additionally, this link to Sandra's womb may relate to Teresa's traditional understanding of gender roles. Conventionally, women are in charge of raising and caring for children, so this may explain why Teresa saw the recent adoption as affecting Sandra's health more than Sandra's husband. When Sandra's husband complained about pain, Teresa drew on another explanation, which was unrelated to his new role of becoming a father. In the same way a new mother who has just given birth would have a pain in her womb, Teresa is claiming Sandra's stress of being a new parent is manifesting into a similar pain. This is important as Teresa acknowledged the Sandra's personal stress, her gendered role of

being a mother, the family related stress of parenting her toddler, and connected it to Sandra's pain in her abdominal area, locating this issue specifically to her womb.

Teresa's theory in action/Social dimension

I now want to focus on how Teresa's theory is applied in her practice. Kleinman explains a therapeutic approach that consists of "emphatic witnessing of suffering" and "cop[ing] with psychosocial crises" (1988, 10). In carrying out this approach, the practitioner carefully tries to uncover clients' perspectives, or their experiences with illness. The middle stage of the massage seems to exemplify a similar approach. Teresa seeks out information about the client in a subtle way through casual conversation with the client, which is far less structured than filling in a form or conducting a structured interview at a doctor's office.

The conversation from the ethnographic sketch above is meaningful in many ways. First, there is a clear shift in communication, not just in the content of what is being said - from exclusively discussing surface health issues (as described in the previous chapter), to more of a casual conversation - but also in other aspects as well. Teresa's register here changes during this friendlier, transparent part of the conversation. Then she shifts back into her regular, strong, Monterrey accent, and golpeado speech pattern. This shift is important considering how Teresa uses a "healing register" in the beginning stage that I described in the last chapter, during the beginning part of the massage. In all of the massage sessions I observed Teresa used a soft, low, healing register to initiate the massage, and every time she started talking more open and casually with the clients, her thick Norteño accent came back out. I understood this as being related to her change in footing.

Between the beginning and the middle parts of the massage, Teresa's footing, or her alignment with the speaker noticeably changed. Teresa goes from the position of speaking as a health professional in conversation to speaking more as a friend (Goffman 1981). The switch in footing here functions to help Teresa connect to clients. In this case, Teresa had been friends with the couple for over six years. Through this communication, this stage of the massage almost serves as a double form of therapy. Teresa is physically releasing pressure, inflammation, from the client's body. Meanwhile, the client releases stress by venting to Teresa, in this case about the hardship of becoming a parent, which relates back to Kleinman's therapeutic model of care in helping Teresa learn more about the client. There is physical and verbal release of pressure that comes out in this middle stage of the massage.

An important point here is that treatment is not only important in its theory and methods, but also in its social dimension. One part of acknowledging this social aspect is realizing how we are socialized, as members of a particular society, which affects how we say and interpret bodily processes. Kleinman for example considers how people incorporate different idioms to express their bodily states. He argues "idioms" or set phrases (which vary between cultures), like "tension headache," have several different potential meanings that might not only be in reflecting a physical condition but social situations as well. Therefore, expression can integrate the physical, social, and mental (Kleinman 1988). This is exactly my point throughout this chapter, how an observed complaint about abdominal pain and other complaints about a family situation can be expressed and linked. Even if the client does not initially realize that link, it is significant that Teresa is able to see how the pain expressed is situated within a social problem

Zooming in closer to the social dimension, Kleinman goes on to emphasize the difference relationships a practitioner can make with a patient, which partly goes back to the borders of

intimacy and establishment of trust discussed in chapter 4. A person who knows you better is going to take your symptoms and complaints differently, beyond face value. "Understanding who you are influences how I interpret your complaints" (Kleinman 1988 11, 16). In other words, Kleinman is stating that deeper meaning of a patient's condition is dependent on relationships. This is part of why it is important for Teresa to make connections through initial communication discussed in chapter 4 and the casual conversation that emerges in this middle stage.

During these casual conversations, the transparency goes both ways. As I mentioned in the vignette above, the client feels comfortable enough to open up honestly with Teresa about her personal life. This in itself is important, but it is also important to note that Teresa is just as open about her own her personal life. From this it becomes evident, clients are not just simply venting to Teresa, but engaging in dialogue, where both are vulnerable and share personal experience, creating mutual trust. These casual conversations made with clients over time (such as some who have been going to her for years) and developing mutual trust, mean that there is a relationship being built. The better the relation, the better Teresa is going to be able to holistically understand a client's condition.

The casual conversation and relations help facilitate the metaphorical crossing between different bodies described in section above. Teresa, through a relationship and catching up in casual conversation, is able to learn about an individual's life. Kleinman puts extensive focus on this and claims that more attention should be put on the particularities and details of client's lives (Kleinman 1988, 32). This might include their stress from upcoming events, work life, or family life. In this context, it is interesting to see how Teresa and the client go back and forth sharing. For instance, maybe the client brings up the terrible tantrum her kid threw over a toy, while

Teresa chimes in about how that reminds her of something her grandchildren would do. These conversations are spontaneous and colorful, filled with emotion.

In explaining the reasoning behind their pain, Teresa takes the time to attentively *listen* to her clients in order to develop these explanations. As a healer, she paid careful attention to any potential stressors that were possibly related to Sandra's womb and upper back pain. This careful attention was evident in the way she nodded along or briefly commented (like "mhmm" or "*ay no*", etc.). Teresa responded to Sandra, as she spoke lying face down on the massage table. In other words, Teresa makes a point to hear her clients out. Rather than simply dismissing what comes up in conversation, she takes in the information shared as part of the treatment. More importantly, the holistic understanding gained from Teresa's personal approach shapes her effectiveness in healing the client and creates meaning in a different sense for the clients through validation and empowerment.

Pain Validation

Finally, it is important to look at the effects of Teresa's theory and the holistic assessment Teresa was able to make about the client's pain and health. After having heard Sandra's recent personal experience and learning about what was going on in her life, Teresa draws a connection between the pain located in Sandra's body and the family-related stress she was facing. The casual conversation was not Sandra just venting, nor two friends just catching up. The open conversation actually plays a major role in the healing process for Teresa. As I mentioned above, this conversation is how Teresa learns about potential explanations of the client's pain.

In the last chapter I discussed how clients ask Teresa what is wrong with their own bodies. Here, Teresa goes beyond simply identifying what part of their body is hurt, and answers

why that particular part of the body is hurting in the first place. With Sandra, Teresa identified inflammation in her upper back and her womb. By the end of their conversation, she proceeded to explain that pain was due to her new role of being a parent.

From one perspective, this makes the massage more effective. Kleinman argues that the "meaning communicated" can either "impede or facilitate treatment" (1988, page?). He goes on to say how exploring the *meanings* of patient's illness can help answer questions like "why me?" In this vein, Teresa's ability to link mind and body affects how helpful or effective her treatments are for her clients. Kleinman also adds that "legitimating a patient's illness experience" is a core part of care (1998, 14-17). In hearing Sandra out, Teresa was able to holistically link what Sandra was experiencing, explaining that her pain was related to both the exhausting mental stress of becoming a mother (especially a mother to a toddler), *and* the physical stress of suddenly having to carry a child around.

This notion of holistic explanations is again something that differs from formal biomedical doctors' interactions, as there the structure of communication is different. In biomedical settings, patients may be limited in what they share, unless it is directly about their physical condition, whereas the massage setting I describe permits clients to talk more openly, and allows the practitioner to learn more about the client. The practitioner's acknowledgment of clients' personal life potentially affecting their health is validating in the sense that Teresa takes her clients seriously and also provides them with explanations about why they might be experiencing pain. Even if Teresa's explanation cannot be proven, it still lets the clients make some sense of what they are going through and from their perspective makes the massage more effective because they feel like Teresa really knows their bodies. This is echoed in the phrase used by Sandra "[ella] sabe como es mi cuerpo" (She knows how my body is).

We can also think of how distinctive Teresa's overall approach is from biomedical doctors, who primarily rely on their own knowledge and tools to diagnose patients. An article by Servando Hinojosa looks at the discourses used by Mexican American sobadores (massage healers). In this article, he compares sobadores' methods to those used by biomedical doctors. While sobadores, like Teresa, converse with clients, sharing their knowing, biomedical doctors primarily rely on their observations and tests (Hinojosa 2008). As I described before in the discussion of Teresa's theory, this is because Western thinking and biomedicine favor objectivity and focus primarily on the physical body in front of them. Hinojosa describes how doctors rely on things like X-rays rather conversation or even attempting to hear out the patient (2009).

The biomedical perspectives that I have discussed throughout are problematic. Scheper-Hughes and Lock describe how the tendency to overemphasize physical symptom and pathologies, and practice of medicalizing human conditions, reduces patients' humanity and disempowers them. This idea of disempowering patients is also discussed by Kleinman. The hierarchical aspect that I attributed to biomedicine, will be expanded out to in my final chapter.

However, here crossing the boundary between mind and body, looking at social dimensions of client's experience of illness, and thus validating the client's pain, all enable Teresa's clients to feel empowered. We have seen in this chapter how in this middle stage of the massage, clients maintain some degree of authority and dignity. There is a dialogue and a more balanced relationship between practitioner and client which not only facilitate an effective form of healing, but also work to challenge the hierarchy between them.

CHAPTER 6: "*UNA TECNICA MUY SEGURA*" – A VERY SECURE TECHNIQUE

Now that I have sketched out the beginning and middle stages of the massage session, I would like to focus on Teresa's interactions with her clients as the massage comes to an end. I will begin the chapter by sketching out what this last stage of the massage session looks like, describing how Teresa gives clients advice while also adjusting them and leading them in exercises. Next, I will discuss some of the clients' perspectives, and how both groups feel about Teresa's specific practice. Finally, I will explain how Teresa's practice crosses a border between tradition and modernity. In recognizing how Teresa's practice really exemplifies a middle space between tradition and modernity, also means that her practice has accomplished something else. It has allowed these two groups to find a similarity, they both come to find this alternative practice (whether perceived of as old or new) and use it as a legitimate form of care. Realizing how two almost opposite groups depend on this form of care destabilizes different social divisions that assume alternative medicine is for uneducated or gullible people (which in Mexican society may be connected with race, class, and region prejudices) and that these practices are inferior to Western biomedicine.

Here, I hope to fully explain what distinguishes Teresa's specific technique from that of many other sobadoras. My argument in this chapter is that this last stage of Teresa's massage is what allows her technique to cross another kind of border, a border between tradition and modernity. This dimension therefore allows clients trust in the practice itself, because it is new yet "*segura*" (reassuring). Teresa's technique goes beyond traditional sobadoras' work because she does not just stop at massaging or cupping, but also adjusts clients. This additional aspects sets Teresa apart from other sobadoras' who may only do ventosas or massage, and her overall technique was appreciated and praised by both groups of clients.

Ethnographic sketch: Adjustments and advice in last stage of massage

After having treated the client with ventosas throughout the body, Teresa moves on to the last stage of the massage appointment. In this final stage, Teresa both returns to a more calm, instructive tone to give clients certain commands, and also gives them general health advice. She also stops massaging the client at this point and adjusts them. The following sketch took place during Roberto's appointment at his grand house in Monterrey.

As Teresa slowly removed the last ventosa, carefully moving it around and simultaneously lifting up, Roberto's back flushed red, which Teresa massaged out. The casual, open conversation ended, and Teresa became quiet while putting the matches, oil, and cup back into her black leather bag. Meanwhile, Roberto lay still, face down on the massage table, head down, and relaxed. His hands which had been clenched during the intense ventosas, were now at ease. Soft instrumental flute music played in the background, filling in the brief silence during this transition.

Switching back into that calm, healing register, Teresa explained to Roberto that she was going to adjust his back. In a calm, but firm tone, Teresa instructed Roberto to follow the breathing directions she was going to give him. "*Cuando le diga que agarre su aire, respire, y cuando tenga la respiración, la detiene hasta que yo le diga cuando puede soltar su aire*." (When I tell you to, breathe in, and when you have breathed all the way in, hold it until I tell you when you can release it). Roberto didn't say anything to this, but it didn't seem like any response was needed. I thought it was interesting that even though this wasn't Roberto's first massage, Teresa still gave him the same instructions she gives to all of her clients. Regardless of how long clients have been seeing Teresa, her massage practice, including the instructions remained the same.

Teresa proceeded to adjust the client. "*Agarre su aire*" (hold your breath). She placed her hands over areas along the spine, starting from the top of Roberto's shoulder blades. Each time Teresa adjusted Roberto, her arms stuck out as she forcefully pushed down, in a swift down-up-down motion. Some of the adjustments at first didn't produce any sound. Roberto jokingly commented on how his back wasn't popping, "*hora no me quiere truenar*." (///) His tone seemed slightly disappointed.

Teresa said she would try once more. Having asked permission, she pulled out a stool from beside the bathroom door and got up onto the massage table. Since Teresa is a short woman, she got on the table by placing one leg up first and then brought the other leg on the other side of the client. Once she was up, she paused for half a second, putting her arms out slightly, trying to gain her balance. She looked over to me, making a jokingly nervous face, and I smiled back. She had mentioned earlier that occasionally she has to get up on massage tables to properly adjust clients, but until this point, I hadn't actually seen her do this.

Roberto continued to lie in the center of the table. "*Agarre su aire*," (hold your breath) Roberto drew a deep, slow breath. "*Sueltelo*" (Release it.) As he exhaled, Teresa pushed down twice on the center of his back, one hand over the other, almost pushing the last bit of breath out of him. The wooden framed bed squeaked slightly, but it was hardly noticeable compared to the loud "cccrrunchh" that came from Roberto's back. It sounded like someone had cracked a plastic water bottle. The sound pierced through the low instrumental music playing in the background. I cringed for a second because it sounded like it really hurt, even though I knew Roberto wasn't really in any serious pain.

Unlike me, Roberto's response to adjust was very enthusiastic. He commented on how much he loved when he could hear the "truenos" or pops. Teresa adjusted his back in two more

places near the lumbar. Again, audible crunching noises came out of Roberto's back. While Teresa, carefully climbed off of the table, Roberto seemed content that his back was able to adjust after all. "It's my favorite part" he said referring to adjustments in a light, laughing tone.

Before moving on, Teresa walked to the front of the massage table, near Roberto's head. Roberto appeared even more relaxed now, his hands were completely open, and his shoulders were down. Teresa took the client's head and gently tilted it side to side. Roberto remained at ease. In a quick, sudden motion, she pulled his head down, on both sides, causing his neck to crack and release the last bit of tension. Teresa tugged on Roberto's head once more straight out. I noticed Roberto's eyes were closed during this, which to me again showed how relaxed he was. Teresa made her way around the dim room, this time going towards the foot of the massage bed. Throughout these adjustments, she didn't say much other than to give Roberto instructions. She looked over Roberto, instructed him to breathe in and then out, and briskly pulled on both of his legs as he drew out his breath. Finally, Teresa came back beside Roberto. She lightly tapped along his spine, like she was diligently double checking her work, making sure it was properly aligned.

Besides adjusting her clients after the cupping and massage, Teresa also leads them through specific stretches and gentle exercises. She proceeded to instruct Roberto to lie on his side, bend one leg, and look back over his should. This helped stretch his neck and torso. A few silent seconds went by, and Teresa instructed Roberto to repeat this stretch on his other side.

"Ahora, acuestese boca arriba" (now lie on your back). Teresa had Roberto do three circles in the air with each leg. Lastly, Roberto was instructed to sit up on the table for the last few exercises. Following Teresa's directions, he moved his head in a circle, calmly and slowly. The peaceful flute music continued to play in the background as Roberto did three big arm

circles. As Teresa was instructing him, she would also do the exercises herself, demonstrating for her client how they should be done. The last exercise Roberto did was punch straight out with each arm.

Teresa concluded by reminding Roberto to follow these exercises every morning upon waking up. She explained to him that doing these exercises repeatedly and consistently would help reduce the accumulation of inflammation overall. Teresa also told Roberto it would do him well to continue doing the pool exercises they had talked about during their previous appointment. In a raspy, enthusiastic voice, Robert began sharing that he had in fact been trying the pool exercises, but that his only issue was that the chlorine dried out his skin. As a solution, Teresa recommended using coconut oil before swimming and told him he could find it at the H-E-B (an American brand grocery store). Thinking back to chapter five, these explanations reinforce the idea that Teresa is quite knowledgeable and confirms once again, how open she is about sharing her knowledge with her clients.

Without straying too far off topic, this brief exchange brings back up the issue of class from Chapter One. Teresa was recommending specific exercises for this client, taking into account his access to certain luxuries, like having a private pool or how rather than suggesting any local "abbarotes" or small local grocery store (which is where a lot of people in Mexico go to for quick, everyday needs), she referred him to a larger American grocery store. This signaled to me that Teresa keeps in mind her clients' class position when she is working with them.

This leads me to another point about consistency and individualization in Teresa's practice. I mentioned earlier that Teresa's practice, including the instructions she gives, remains the same with all her clients. She delivers the same structure and quality of care with all of her clients regardless of their class position or location. By this I mean that the structure of the

practice is consistent throughout in terms of massaging while locating pain in the beginning of the appointment, applying ventosas while explaining pain in the middle, and adjusting while giving advice to clients at the end. The only aspect of the massage that is different is the specific recommendations she gives clients, because it is tailored to them individually, for example, telling Roberto to try pool exercises, or giving Sandra parenting advice. I believe these differences are because of her conversations with clients. As I mentioned in the last chapter, through communication with clients, Teresa is able to take into account their unique living situations. These conversations are what tailor the appointments to fit every client, making a consistent practice personal.

Clients' Projections

I now want to discuss how Teresa's clients perceive this modern version of a traditional practice. As described in Chapter 3, Teresa works in two very distinct contexts, among wealthy clinic clients in Monterrey *and* among low income church members in Texas. As a result of their own social positions, both groups frame or conceptualize Teresa and her practice in very different ways. Since Teresa's practice is consistent between both groups, the two client groups' different backgrounds and positions in society affect how the read Teresa as a healer. They are effectively attaching different meanings on to her.

In my interview with Teresa, she explained how only a small portion of Monterrey clients had known what ventosas were before meeting her. I initially thought this lack of knowledge from this primarily urban and upper-class group, might be due to the fact that ventosas and massage are more common and relied on by people in rural places, due to limited access to biomedical care, while massage less dominant forms of care in urban centers like Monterrey, where there is better access to biomedicine. While many of the Monterrey clients were unable to

identify specific differences between Teresa and traditional sobadoras, all of them did discuss how Teresa's practice stood out from other massages they had received in the past. Many of these upper class clients had the financial ability to travel and receive massages at spas and hotels in other places, or had hired other massage therapists in the past to treat them at home. This means that there were able to compare Teresa's practice to other massages, despite not being as familiar with traditional Mexican healing practices. In each of their descriptions, they repeated the theme of the curative aspect of Teresa's practice, but attributed that to her formal education, training, and professionalism. What these descriptions seemed to emphasize was how Teresa's practice resembled modern medical practice. Here I will explain how they project modernity onto Teresa's practice from her Monterrey clients.

In this section I will mainly focus on explaining the background of the concept of modernity. I will also examine how the concept of tradition is perceived as opposition to modernity. I conclude this chapter offering a clearer definition of tradition to explain how Teresa's practice sit in the middle of both. Modernity is a weighted term requiring proper contextualization given our setting of a Mexican city as large as Monterrey. Anthropologists Eduardo Kingman Garces and Víctor Bretón Solo de Zaldivar look at the border between rural and urban in Latin America, specifically in the context of Andean cities like Quito and La Paz. They describe this "arbitrary border" as part of a larger division between tradition and modernity, with rural relating to traditional and urban relating to the assimilation of modernity. The authors emphasize the important of taking into account historical contexts of modernity and urban culture in Andean cities, which I would extend to the rest of Latin American cities, given the effects of colonization. In the context of Quito specifically, elites have associated modern with civility, drawing on ideas of civilization from European standards, which has contributed to

racism in the city particularly against indigenous cultures (Garces and Solo de Zaldivar 2017, 237). The authors explain how in cities people were historically classified based on origin and cultural aspects like ethnicity, language, and dress. This classification emerging from the establishment of this border was then used in various political and social institutions, such as market zones, or neighborhoods. This process of classification and sets up lines of division along dimensions such as modernity, is relevant to my overarching argument strongly. I will discussion how this process figures into hierarchies in my conclusion.

The perceived distinctions described here are important to keep in mind, as I want to pay more attention to the construction and conceptualization of modernity and tradition and how it impacts Teresa's perceptions of her practice. Claudio Lomnitz also examines the dichotomy between tradition and modern, and has written extensively on the way ideas of modernity have been intertwined with nationalism and national culture context in Mexico. Lomnitz writes about how modernity has been a goal of Mexican nationalism, as there have been various political pushes towards modernity, such as moving from agriculture to industry, and moving towards democracy (1996, 56, 59). This relates very closely to the setting of my fieldwork, as in chapter 3, I described how Monterrey in particular has come to be seen as a highly urban, modern, globalized city because of its industries. According to Lomnitz, the aim of this older view of modernization was to make Mexico culturally modern enough to compete with countries like the U.S. and Canada (1996, 56).

Additionally, Lomnitz gives background on how modernization through nationalism has historically taken place in Mexico, describing an intense period from 1940 to 1982. During this time, the President, media, science and education from universities played major roles in instilling nationalism and were centralized in Mexico City. There was also a period of urban

growth later around the 1970s-1980s, which meant an increase in local migration as peasants from rural areas found work in cities. Throughout all of this, there was a focus on making indigenous people into "Mexicans" (Lomnitz 1996, 59-61). Again we see another example of how rural and urban fall in line with the division between tradition and modernity. Mexico City and other urban areas were able to create modern citizens through schools and other institutions. Meanwhile, regions outside of urban cities, especially Mexico City, were homogenized and dismissed as traditional. These perceived distinctions described here are important to keep in mind as I draw out how clients read and are drawn to Teresa's practice.

One Monterrey client who spoke at length about her views of Teresa's technique was Patti. Patti was a tall, middle-aged woman, who had bronze hair and wore large colorful jewelry. Patti had been Teresa's client for almost six years and had come to be a good friend of Teresa, so she was one of the first people Teresa suggested I reach out to. After getting Patti's contact information from Teresa, I connected with her through WhatsApp, prior to meeting her in person. Over the phone, I explained that I was an anthropology student from the University of Oklahoma doing research on massage and ventosas. Teresa and I went to a breakfast café with Patti during my time in Monterrey, and the interview was set up as a more informal conversation over brunch.

For Patti, Teresa's technique stood out from other massages because they healed her, as opposed to just relaxing her. Patti shared how she had been diagnosed with fibromyalgia and she attributed this problem to the accumulation of stress from owning and managing two lumber businesses. Despite getting treatment from conventional medicine, Patti explained that it was not until she started seeing Teresa that she finally felt a sense of relief after living with pain for so

long. She emphasized the healing aspect of massage, saying: "The result in my body, the result of what you call massage, I call a professional therapy."

This seems to relate to another point Patti made about admiring Teresa's "preparation," referring to her formal education. Other upper-class Monterrey clients also primarily emphasized Teresa's professionalism and education. For example, Alex, stated "Teresa is a person who has given us a lot of confidence (trust), very *professional*." He further explained that he relied on Teresa above other massage therapists because it is not always easy to find people who "realmente lleven una *preparacion*," or who *really* have a preparation (synonym for education). Both of these clients stressed the fact that Teresa went to a public university to study rehabilitation therapy and were enthusiastic about her consistently taking courses on massage techniques. While literature on traditional healers describe how their effective healing ability is often attributed to having a "gift" (don) or coming from a family of healers (Trotter and Chavira 1997, Huber and Sandstrom 2001), the clients here did not acknowledge or project those views onto Teresa at all. Instead they attribute Teresa's success to her credentials. This seems to echo Lomnitz's description of how education has historically been a vehicle for modernization. The idea is problematic as it suggests education brings one out of ignorance, out of backwards, rural tradition or indigeneity, and makes one into a modern citizen.

To further explain this connection between modernity and education we can look more closely at language. As Garces and Solo de Zaldivar discuss, historically "tradition" and "rural" have been associated with indigeneity and labeled as backward. Lomnitz describes how these same negative associations show up in Mexico, for example through discourses around the slur "*naco*." In the past, "naco" was used against indigenous people or peasants to refer to their rural or traditional backwardness (1996, 56). However, more recently the use of *naco* has shifted, and

it no longer applies to one particular racial or class group, but instead it can be used against anyone (including upper-class) who fails at being modern. The author argues that the old use of the slur upheld the historical view that traditional peasants were not modern and therefore not Mexican, while the new use of the word lumps Mexicans as a whole as not modern.

One aspect that stood out to me in this example, was how language plays a part in circulating around the views of modernity. Additionally, it to me it seemed that even though the discrimination is being extended out to other less specific groups of people, the notion that modernity should exclude any close to tradition still persists. Similarly, language seemed to draw a line between tradition and modernity in the clients' explanations, for instance, in Patti's label of Teresa's practice. Until that point in our brunch conversation, I had referred to Teresa's practice as massage, but here Patti explicitly stated how she felt the term "massage" does not fully explain what Teresa does. There were other words she could have chosen to explain this notion of healing such as *sanar* or *curar*, words for healing, but she specifically chose "*terapia*" which sounds more conventional and she even added the "professional" to the end of it.

This wording, "professional therapy" minimizes Teresa's connection to traditional sobadoras, and seemed to legitimize her technique as a reliable form of care, up there with conventional medicine. Although Juanita had also called Teresa a "therapist" when explaining the difference between her and other sobadoras, I noted that throughout our conversation, she used this word far less consistently than Patti, and also used other words to like masajista or sobadora to describe Teresa. It is interesting that clients like Patti put emphasis on the label, almost as if without that certain label the technique would not be taken seriously. In Patti's opinion, other sobadoras who are uneducated are not professional because they do not know the precise workings of the body. Therefore, Patti was not admiring traditional massage and cupping

as a whole, but rather, esteemed Teresa's style that incorporates adjustments (like modern chiropractors) with the ventosas. Looking at language shows how people can be subtly complicit in upholding modernity as a superior standard over tradition.

Texas patients' familiarity with massage and cupping allows them to recognize Teresa's technique as legitimate, without needing to ask for her education and training. They did not bring up Teresa's formal education or professionalism explicitly in their interviews. Juanita did not directly attribute Teresa's effectiveness specifically to her education or stress professionalism. Her interpretation seemed more open, simply admiring the fact that Teresa adjusts in addition to the traditional method. Their lack of concern with Teresa's credentials might be related with them already having previous knowledge of traditional medicine. They already knew about ventosas and even described how they were familiar with people who were traditional sobadores/as (men and women massage healers) in their own hometowns in Mexico. For example, Juanita talked about how she relied on people like this when she lived in Mexico and would get injured. "There are a lot of people that adjust (referring to massage). Over there it is easy to find people like the hermana (Teresa), who adjust you." Juanita also mentioned that her uncle was a sobador, and that her husband had taken her a few times to see a local woman who also massaged. This sense of familiarity helps explain why Mexican American populations in general often seek out traditional forms of healing. At least what they understand to be traditional to Mexico. In their perspective, cupping counts as traditional even though it destabilizes the division between local and transnational, as it originated in other countries before becoming localized in Mexico. The clients from Texas, who have used massage healing in the past, and have growing up in a cultural context that relied on massage rather than biomedicine,

see the familiar practices as legitimate and effective, and as a result, are likely to continue seeking the practice out.

Lopez (2005) explores the persistence of traditional health beliefs among Latinos in the United States. While some cultural practices are certainly changed or forgotten as immigrants and their families stay longer time in the United States, Lopez discusses how surprisingly, health care practices seemed to be strongly "retained." (2005, page). In fact, even many highly assimilated bilingual Mexican Americans, who did not personally grow up in Mexico where the practice would have been used more popularly, were still reported to commonly use "traditional" care methods (2005, 30). This conclusion is supported another study that found the use of traditional Mexican medicine to "remain consistent" among families who had lived in the U.S. for different amounts of time (Andrews et al. 2013, 400). This view is very different from the Monterrey clients who did not emphasize Teresa's similarity to traditional healing.

Additionally, this difference between the Monterrey and Texas clients relates to an argument by Leo Chavez, where he points out that differences in perceptions of traditional Mexican healers may depend on whether individuals come from a more urban or rural background. He points out that immigrants from rural parts of Mexico may have higher esteem for healers because they have had to "rely on the care of folk healers" due to lack of biomedical resources, and therefore, "learned" to have "faith in their abilities" (1984, 35). This in one part shows how immigrants in the U.S. should not be homogenized, as they are diverse in various aspects, including the specific contexts they came from (not just in a national sense but also regional).

Another important aspect was how the Texas clients' association of Teresa with traditional healing did not stop them from acknowledging how her technique was also different

in some ways. One Texas client, Cleme admitted that she had only gotten massages before Teresa, because she had always felt nervous about ventosas. She mentioned being fearful but after seeing how Teresa's practice of the technique was different, she felt more comfortable. Another example was how Juanita acknowledged that her technique went beyond typical healers. In comparing another healer to Teresa she even used the same wording as Patti: "She is not a therapist like [Teresa], she is lady that just fixes you like that, like the ones from the ranch that give you a massage and ventosas. She did the ventosas too… but she didn't adjust you like that, she never fixed my back like [Teresa] fixes it, [Teresa] really is very good."

Monterrey patients viewed Teresa's training as modern because university degree), while Texas clients viewed her as traditional because she worked outside the dominant biomedical institutions, but also because of the different location. Living in the U.S. changed the values and referents of "tradition" and "modernity." Teresa's practice in the U.S. is marked as Mexican, and it seemed that for the clients this mark was connected to ideas of tradition, even though Teresa is actually from a city that is perceived as modern. Meanwhile, the clients in Monterrey are already in Mexico, so the practice lacks that label of Mexicaness, which also partially explains why they fail to associate it with traditional healing.

In Lomnitz's analysis of contemporary Mexican nationalism, he distinguishes between two forms of Mexican nationalism which have created a cultural dialectic, working as contradictions to each other. The older view of nationalism upheld that push towards modernity (as I mentioned above) as a source of national pride, as it would hopefully give Mexico a place among other developed nations. However, the newer view of nationalism emphasizes a sense of "intrinsic superiority," resting on local traditions and local products (Lomnitz 1996 66). Rather than national pride resting on modernity and assimilation to global standards, this new

nationalism admires Mexico's particularities and thus it resonates more with regional populations, especially people from rural, middle/lower socioeconomic backgrounds.

Although Lomnitz describes this idea of nationalism on a larger scale, and focuses more on various products like Mexican movies or Mexican scholar's research and written works, I think this sense of nationalism is helpful for understanding the Texas clients' perspective on tradition. From this, I do not mean that the Texas clients simply seek Teresa out to demonstrate their national pride. Rather, based on my interactions, the Texas clients were not as concerned with playing up aspects like Teresa's education, and were also less worried about make an overt distinction between Teresa and sobadoras in general. The reason for this, for not needing to emphasize the modern nor be distant from tradition, might be that their idea nationalism is not threatened by tradition. If the Texas clients subscribe to a mentality that accepts traditional practices, it may make them less inclined to diminish Teresa's connection to traditional healing, unlike the Monterrey clients

My point in bringing up modernity, tradition, and nationalism is to provide context and a possible explanation as to why the two groups who see the exact same practitioner and get treated in the exact same way, have such distinct ways of framing their experience. Given Mexico's history of nationalism and their upper class status, the Monterrey clients would be more likely to want to reinforce modernity and therefore stress Teresa's formal university education and professionalism. In doing this, they also suggest Teresa's technique is modern because of its differences from traditional massage healing. In contrast, the Texas clients were familiar with traditional healing, and viewed Teresa's practice as an extension of traditional healing, rather than as a completely separate, alternative practice. These views align with newer ideas of nationalism that center on regional Mexican traditions. A main difference we can draw

from this discussion is that Monterrey clients view tradition and modernity as separate, opposing categories, while Texas clients put considerably less emphasis on this differentiation. In reality, there seem to be a few ways Teresa's practice actually challenges this border of tradition/modernity, and it's imposed hierarchy.

Traditional vs Modern

I would now like to clarify how Teresa's practice is different from traditional healers, but not necessarily in opposition to them. In other words, Teresa's practice, in my view, seems to resemble something in between tradition and modernity. She challenges this imposed dichotomy. Garces and Solo de Zaldivar discuss how the division between indigenous people, who were considered rural and traditional have also been viewed as distinct or intended to be excluded from urban/modern life. There are still various connections between the places and people. However, they argue that tradition and modernity are not necessarily oppositional. For instance, in Quito, the city's markets are supplied by Indian and Mestizo agrarian products (2017, 238). The authors use this economic example, of how the urban and rural are connected through markets, as well as the fact that indigenous people constantly move in and out of this space, meant to exclude them, to show how the category of modernity is fuzzier than it seems. Their main argument is that rural and urban, which can be extend to tradition and modernity, are not necessarily exclusive from each other.

To examine how Teresa's practice illustrates that tradition and modernity are not mutually exclusive, we can use Hobsbawm's concept of "invented tradition" (2012). This idea refers to practices that may be ritualistic or symbolic, which incorporate "values or norms" and include aspects of the past that continue through it (2012, 1). These invented traditions do not necessarily require a long history behind them and these practices are repeated in ideological

reference to the old traditions. Invented traditions demonstrate continuity in being tied to the past while fitting newer settings. This shows traditions are not necessarily confined to the small scale, traditional societies, but also often occupy space in places perceived as modern. Given this explanation, we can think of Teresa's practice as an example of an invented tradition, since she is using a technical that channels a traditional form of medicine, yet she is practicing it in the modern setting of Monterrey. Despite have "new" aspects like a formal education, she "references" the old through the actual cupping, her holistic view and her explanations (discussed in chapter 5) show continuity from past traditions. Meanwhile, her lack of objective measurements and modern technology are reminiscent of healing forms that took place in small rural places before access to biomedicine. This practice of massaging in a modern setting also is not completely specific to her as there are other sobadoras who treat clients in modern contexts like urban Mexican and U.S. cities.

One aspect that distinguishes invented traditions from other customs that have simply changed or developed over time is flexibility. Hobsbawm explains that invented traditions are less rigid that customs with precedents (2012, 2). This idea of flexibility initially stood out to me, as Teresa's technique is flexible in including other things ordinary sobadoras do not regularly use. In the introduction, I briefly explained how Teresa's cupping differed from other more traditional sobadoras, since she does not use alcohol. However, there are few other ways Teresa's technique and overall practice is flexible and goes beyond traditional forms of healing, which do not necessarily exclude her ties to traditional forms.

In my interview with her, Teresa discussed different ways sobadores learn or train, which mainly consists of experience, education, and talent. According to Teresa and works by Trotter and Chavira, and Huber and Sandstrom, traditional massage healers primarily rely on experience

to develop their knowledge and refine their technique (Trotter and Chavira 1981; Huber and Sandstrom 2001). Teresa explained how often traditional healers learn the practice from a relatives and through perfecting their technique over time through different experiences. For example, Teresa described how over time her own grandmother learned how to best cure or fix certain injuries, just by consistently massaging the same affected areas on different people. Another component of becoming a massage therapist also involves "*una buena mano*" or having a good hand. By this, Teresa means having a talent for massage, which is harder to objectively describe. These three aspects: experience, education, and talent are each important.

Those traditional forms of training and preparation are very different from Teresa's. While Teresa was inspired by this traditional form of massage healing she saw her grandmother perform, her grandmother did not actually teach her how to massage or apply ventosas. Instead Teresa's training came through college education and experience over time. This shows how her own approach differs from that of traditional healers in that she received formal training on massage manual therapy and rehabilitation at the university level. This educational background equipped her with the knowledge on how to manually adjust her clients, which she applies after the massage and cupping. However, this difference does not completely cut Teresa's link to traditional sobadoras, as the Monterrey client's perceived.

The literature on traditional healing also suggest that it was mostly practiced in rural areas, and that traditional healers often occupied important roles within communities (Trotter and Chavira 1981; Huber and Sandstrom 2001; Chavez 1984). Both of the participants I spoke with in Texas knew people in their own rural pueblo in Mexico who fit this traditional model of sobadores. Although Gonzales-Vasquez et al. also describe how healers from rural places move around and treat people transnationally. Regardless, Teresa primarily works in an urban Mexican

city, and she often travels to work in a suburban area in Texas. This is another example of how her practice goes further than traditional healing, because her practice is not limited or confined to a small rural pueblo.

This concept of invented traditions is not exclusive to "traditional societies" but also modern ones as well (Hobsbawm and Ranger 2012, 5). The authors talk about how the process of inventing traditions is more likely to happen in times or places where the "social patterns" of where "old traditions" take place have been changed or weakened. This may apply to Teresa's case, since Mexico has seen different social process, including colonialism and nationalism, which have affected or possibly discouraged old traditions including traditional forms of healing. Hobsbawm and Ranger also point out that the invention of tradition does not mean older traditions and customs are totally inflexible, nor should we assume that new traditions are made because old ones are no longer useful. My explanation for why Teresa's practice makes more sense as an invented tradition than as a genuine tradition is that Teresa is not situated in a place where old ways are "alive," not in Texas and not in Monterrey. According to Hobsbawm and Ranger, for this to be a genuine tradition Teresa would need to be situated in a rural, small, community in Mexico, connected to an established line of healers (2012, 7-9).

Additionally, Hobsbawm explains three types of invented traditions. Invented traditions can "symbolize social cohesion," authenticate institutions and their power, or normalize the practice, beliefs, and values of the invented tradition (Hobsbawn 2012, 9). From these forms, I think Teresa's practice promotes social cohesion. My reason for this is that even though massage is an individual experience, it links or connects two very different groups. Despite the fact that the groups interpret Teresa differently, these two distinct groups of people seek out the same practice. There is cohesion among each group of clients, who share views of Teresa's work.

However, on a different scale, Teresa's practice itself shows how past and present can be interconnected. Her cupping technique invokes tradition while incorporating new aspects, which challenges the dichotomy so popularly held between tradition and modernity that has historically be used to divide society. Her challenge to this dichotomy implies a challenge to that social division and established hierarchy.

Overall, this chapter has served first to contextualize ideas of modernity and tradition, explaining how Monterrey clients project modernity onto Teresa, while the Texas clients connected her practice to traditional Mexican healing. Furthermore, I covered how these views of modernity versus tradition have been dichotomized, so that the two categories are viewed in opposition, ultimately creating hierarchies, or as Lomnitz says "fissures" in society (date, page). This last section of the chapter is intended to show the ways Teresa's practice exemplifies flexibility as an indicator of an "invented tradition," which bridges or links tradition and modernity in a non-oppositional way. From this analysis, I suggest that if a dichotomous view of tradition-rural and modernity-urban has divisive effects on society, then perhaps "invented traditions" like Teresa's form of care could function to bring some social cohesion. This is an overall point I will further build on in my conclusion, as the idea that destabilizing dichotomies to challenge hierarchies could extend to the several other social borders that Teresa's practice crosses.

CHAPTER 7: CONCLUSION

I began this thesis with a story about traveling, more specifically crossing a border. At the time there was the literal crossing of a national border, between the U.S. and Mexico. However, as I have illustrated throughout this work, crossing can be applied to other borders as well, such as the metaphorical divides between personal/professional, mind/body, and tradition/modernity. I have drawn on Stephen's idea of transborder, which extends the theory of transnationalism to include other social borders such as class, race, and ethnicity. I have also drawn inspiration from Behar's *Translated Woman*, where she explains how social relations can act as bridges that do not necessarily erase borders but connect distant locales. My point is that through her practice and relations with clients Teresa is able to not only move back and forth across these national and social borders but her work with her clients can also be seen as a bridge.

From the arguments made in each of these chapters, we can see that Teresa is working in a lot of in-between spaces. When reflecting on her work one passage that comes to mind is from Stephen's introduction to *Transborder Lives* in which she explains what the results of migration and movement are in the lives of the people she worked with, who she are able to "construct space, time, and relations in more than one place simultaneously" (Stephen 2007, 5). Similarly, Teresa has been able to make a living in more than one place simultaneously, so it is not one or the other, not the U.S. or Mexico, not solely intimate nor purely professional, not looking only at the mind nor at the body, not traditional nor modern. Everything in her work, her knowledge, practice, and relations is simultaneously both and neither.

Furthermore, a common pattern we see in the chapters, especially in the last two, is the idea that dichotomies or imposed boundaries in most social aspects create inequalities or

hierarchies. These distinctions tend to exclude and other one set of people. This process of othering in over-emphasizing difference and division largely has the effect of dehumanizing people. As Garces and Solo de Zaldivar express, the establishment of boundaries and adherence to classification loses the "human scale" (2016, page). The experiences of people, who are put into social classifications, are minimized. This raises an in important point or goal of anthropology in general, to share others' perspectives.

In examining other cultures' practices and worldviews we can see beyond the strict categories our own culture imposes. For instance, Scheper-Hughes and Lock look at how dualisms such as mind/body, or nature/culture, have generally become naturalized in Western thinking coming from lines of Western thinkers like Descartes (1986, 10). Their discussion makes clear how this ingrained dualistic mentality also relates to borders and consequential hierarchies that are seen so commonly in Western nations and cultures. These borders extend to the national borders imposed between U.S. and Mexico and the "racially coded" and "alarmist" anti-immigrant sentiments in the U.S. (Stephens 2007, 151), and also to the borders imposed around religion and the othering of "non-Christians" that led to forced conversions in the colonial era, or the borders imposed on sexuality and the othering of other sexualities.

Unfortunately, I do not have space to fully elaborate on the different examples of hegemonic categories. One of the main works that came to my mind in this discussion of how people become otherized was Foucault's History of Sexuality and Herculine Barbin, especially because he talks a lot about the role of power and how it is used to enforce certain rules and regulations, in his case on sexuality. Foucault's works are helpful in demonstrating how borders and hierarchies are policed and enforced in society through different institutions. Drawing on Foucault, Stephen also describes how the consequences of rigid borders include "stricter

surveillance" (Stephen 2007, 152). In the case of sexuality, norms are reaffirmed through institutions like medical encounters or religious establishments. In *Herculine Barbin*, we see the extent to which these institutions can reduce individuals to mere categories. This case, that Foucault presents, provides an examples of how borders can be ideological as well as physical, and borders affect other social issues besides immigration.

Chavez's *Sounds of Crossing*, also describes how borders created "social differentiation," which contributes to exclusion of groups (2017, 10). In regards to his own work looking at migration through music, Chavez discusses an ideological border between music and noise. He explains how in the U.S., Mexican music such as huapango arribeño, is marked as noise, and this imposed border is one example of how migrants and their culture are otherized (2017).

This relates back to my point that the naturalizations of borders of any kind, be it physical, national, metaphorical, conceptual, or social (based on class, ethnicity, or gender) often lead to division, social stratification, and dehumanization. This is why it is so important for ethnographers to acknowledge other views that challenge the naturalness of these categories. Ethnographies like De Leon's *Land of Open Graves*, or Behar's *Translated Woman*, present the perspectives and lived realities of individuals, thus humanizing those who have been marked as "other."

Here, I have tried to depict how Teresa's ability and success as a healer allows her to cross between several "borders," beyond just national ones. I started this thesis thinking about Stephen's transborder concept as a way to consider not just the national boundaries migrants cross, but also the social boundaries they cross, such class, region, and/or race. This fundamentally changed my concept of crossing and allowed me to see the broader divisions Teresa "crosses" through her work. From there I was able to realize that her flexibility and

ability to bridge dichotomies help destabilize different distinctions including class divisions, the hierarchy between clients and doctors, and the opposition between modernity and tradition. In a way, we can think of Teresa's practice and her relation to her clients as a bridge. Similarly, Behar describes her relation to Esperanza as a bridge (1993, 9). Behar clarifies that the closeness does not erase boundaries or distinctions, but does create a connection across racial, class, and national borders. In other words, in hearing Esperanza's story, Behar was still aware of the stark differences between her and her comadre, but what is important is that there is still a link or solidarity created despite these differences.

This idea of bridges is also reflected in Chavez's book (2017), as he describes hupango serving as a bridge for migrants since it connects them to their home countries. This connection through music can be grounding for migrants facing "uncertainty" due to their status in the U.S. context (2017, 320). This type of bridge may be similar to how the Teresa's Texas clients sense of familiarity to ventosas, which they to their rural hometowns in Mexico. Chavez goes on to explain how the concept of bridges may be more helpful in theoretical frameworks than the idea of liminality. Framing transnational experiences as "liminal" or in-between is limiting in that it can potentially lead to a static, "essentialist" view of migrants. However, the bridges facilitate constant movement, which towards a fuller understanding of transnationalism. This concept of bridges is useful to understand Teresa's experience, as she is consistently and flexibly moving across different contexts, spanning physical and metaphorical borders.

The point of all of this is emphasize interconnectedness over opposition. The implications of this ethnographic project extend beyond massage, and beyond medical anthropology altogether. The overall point of my thesis is to show the humanizing aspect in crossing, and reinforce the notion that bridging dichotomies and rigid categories should not just be tolerated

but encouraged. Whereas dichotomies, borders, and categories reinforce opposition and aid dehumanization, the act of crossing, challenges division, allowing a more empathetic perspective which helps humanize people previous marked as "other."

Again, that interconnectedness, would perhaps then give people a more empathetic lens to examine social issues. Maybe an undocumented student's concerns would interest more people. Maybe LBGTQ+ rights would be demanded by more people. Maybe that interconnectedness found through the movement across borders could establish solidarity across underrepresented communities, thus furthering momentum in different social movements. I realize that by now this most likely all sounds idealistic or even over simplistic, but I feel this is one of the underlying strengths of anthropology. In sharing people's stories, we unleash the potential for understanding, empathy, and unity. It is through this potential that we can then begin to envision and build towards a brighter, better future for ourselves and newer generations

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