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Susto sufferers may be unable to fulfill their social obligations.

Hispanic Ideologies of Diabetes: The Role of *Susto*

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Causes of *susto* in the U.S. often include relationship troubles, financial difficulties, or witnessing tragedy.



Images.hispanicwire.com/5716_1_5.jpg

Abstract

Susto is an illness often referred to in Hispanic tradition. Often considered a classic example of a culture-bound syndrome, *susto* is frequently discounted in Western biomedical practice. Recent research has centered on discovering Hispanic explanatory models for disease and bridging the divide between the explanatory models of Hispanic patients and their medical practitioners. While progress is being made toward successful negotiations of explanatory models between patients and practitioners, *susto* may have more significance than previously realized. Hispanic patients diagnosed with diabetes often believe that a previous case of *susto* caused their condition. Such a common belief may underlie a relationship of deeper significance.

Study participants are recruited from a population of 300 patients under treatment by a local non-profit group providing free health visits and medications to Hispanics with diabetes. Patients wishing to be involved in the study participated in a focus group and currently ongoing one-on-one ethnographic interviews.

A relationship found to exist between the two illnesses will have implications for biomedicine, for early diagnosis and treatment of diabetes, in addition to effective negotiation of explanatory models in the treatment of *susto* and validation thereof as more than just a "folk illness."

What is *Susto*?

There is no single definition of *susto*. For some, *susto* refers to both cause and effect. In these cases, the illness of *susto* may be the result of soul-loss while the experience of a *susto*, or fright, may in turn cause soul-loss (O'Neil 1975). Still others may think of *susto* as a stressed state due to a fright or a traumatic event. For Hispanics who have lived in the United States for some time or are second generation Hispanic Americans, a case of *susto* is a state of anxiety or stress caused by an upset in their lives such as relationship troubles, financial difficulties, or witnessing tragedies (Lumeden, Personal Communication).

A *susto*-causing event may occur immediately prior to, or twenty years before, the onset of symptoms. Its symptoms are loss of appetite, nervousness, social withdrawal, and sleeplessness (Andrews & Boyle 1999). If not treated, *susto* is sometimes believed to be potentially fatal. A family member or folk healer often treats *susto* using magico-religious techniques (Rubel 1960) in which the soul is returned to the body, or through ethnopharmacological techniques in which *susto* is cured by taking indigenous medications (Trotter 1982). A case of *susto* often requires social support from friends and family, as *susto* sufferers may feel overwhelmed and are often unable to fulfill their usual social obligations (Bolton 1981).

Literature Review

Studies of *susto* and related illnesses trace back to the mid-twentieth century. Since the early 1980s, the literature has considered these illnesses from the standpoint of socio-psychology, physiology/biology, psychiatry, and from a holistic point of view. Previous research on *susto* has indicated the causal role *susto* plays in the Hispanic folk model of diabetes, as well as described *susto* as a culture-bound syndrome, or CBS (Hughes 1985; Simons 1985). As a CBS, *susto* would be an illness experienced only by Hispanics. The culture-bound syndrome concept is a Western one, however, and considerable debate exists as to its usefulness (Kleinman 1980).

When hearing of their diabetes diagnosis, many Hispanic individuals are able to think back and identify a past experience that caused the illness. They may view *susto* as a precipitating condition causing diabetes rather than an illness in itself (Jezewski and Poss 2002:848). These ideas about illness are part of their explanatory models (EMs), or the individual beliefs they hold about diabetes and *susto*. Recent research has centered on discovering Hispanic explanatory models for disease (Jezewski & Poss 2002; Weller et al. 1999) and bridging the divide between the explanatory models of Hispanic patients and their medical practitioners (Baer & Bustillo 1993; Reimann et al. 2004).

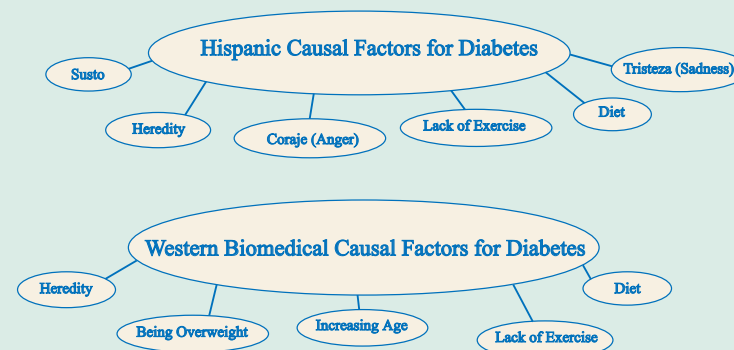
Diabetes and *susto* appear to overlap in the medical anthropological literature consistently. It is possible that this overlap is significant enough that it has implications for the diagnosis and treatment of diabetes among some Hispanics at risk for diabetes. Medical anthropological literature on Hispanic EMs for diabetes clearly illustrates this intersection of diabetes and *susto* (Coronado et al. 2004; Poss & Jezewski 2002; Jezewski & Poss 2002; Weller et al. 1999). In descriptions of the Hispanic EM for diabetes in one location (Jezewski & Poss 2002; Coronado et al. 2004) and in research conducted in multiple sites thousands of miles apart (Weller et al. 1999), diabetes and *susto* are causally linked in Hispanic explanatory models for diabetes. This intersection between the two illnesses, however, is for the most part briefly mentioned and has not been considered as a research topic in itself. *Susto* is mentioned as a cause of diabetes from an emic (insider) perspective sufficiently enough that further investigation is warranted. Such an investigation will better illustrate the apparent connection between the two illnesses and may positively affect patient/practitioner interactions by increasing effective communication.

The purpose of this project is to qualitatively investigate the relationship between diabetes and *susto* by eliciting the Hispanic explanatory models of diabetes and *susto* from participants and investigating how they intersect.

What is the relationship between diabetes and *susto*?

Excerpts from Focus Group Questioning Route (Conducted March 9, 2006)

- How long do you think you had diabetes before you were diagnosed?
- When did you first feel the symptoms of diabetes?
Prompt→Did you feel the symptoms of your diabetes two years before you were diagnosed? Or was it after the doctor told you that you have diabetes? When did you start feeling badly?
- What sorts of things have you all heard doctors, nurses and other people at the clinic say that leads to diabetes?
Prompt→What do they tell you about that causes diabetes? Things you eat? Or inherit from your parents?
 - Are there things besides these that family members, friends and other people in the community say about why people have diabetes?
Prompt→When you talk with one another, do you ever talk about anything else that you think might cause diabetes?
 - Are there things that might make someone's diabetes worse that doctors and nurses don't usually talk about?
Prompt→Do you know of anything that can make your diabetes worse, but your doctors don't talk about it?
- If people in your family have diabetes, is there more of a chance that you'll have it too? Or is it more a matter of chance?
Prompt→Can diabetes run in families, or can it happen to anyone?
- Please tell me more about *susto*. What is it?
- What happens to you when you have a *susto*? Please give me an example.
- Are there times when you might feel uncomfortable talking about *susto*? Can you talk about it with anyone?
- Are there people who are more likely to get *susto* than others? Why?
 - Who gets diabetes or high blood sugar due to *susto*?
Prompt→Are some people more likely to get diabetes from *susto*?



Focus Group Results (Interviews Incomplete)

While this project is only half-complete, results from the focus group are a good indication of consensus among the study population. Participants unanimously described a causal relationship between diabetes and *susto*. A case of *susto* is more effective at causing diabetes, they believe, than any biomedical causal factor (such as poor diet or lack of exercise.) Cases of *susto* were brought on by traumatic personal events which shocked participants' systems, affecting them so greatly that they felt diabetes was a direct result.

Additionally, participants included *coraje* (anger) and *tristeza* (sadness) as causes of diabetes, equally capable of causing diabetes as *susto*.

It is expected (though not assumed) that data derived from one-on-one ethnographic interviews (expected completion June 2006) will substantiate these results.

Significance

An improved understanding of ideological relationships between *susto* and diabetes among Hispanic Americans in Las Vegas may have important applied implications: In clinical settings, it may mean earlier diagnosis and treatment of diabetes when Hispanic patients mention cases of *susto* to inform biomedical practitioners. Additionally, the results of this study may lead to the effective negotiation of explanatory models in the treatment of *susto* and the validation of patient complaints, as biomedical practitioners are encouraged to be informed and respectful of illnesses that are not formally recognized in biomedicine. There may be implications for Public Health in regions with large Hispanic populations. As local biomedical practitioners become better informed about Hispanic ideologies of disease, many may realize that their own EMs and those of their patients may differ. Communication between patient and practitioner is crucial for the potential of economic and human savings to become a reality.

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