

## Health Risks to Latinas: An Indictment of *Marianismo*

By Gisela Norat

In the Americas, centuries of Catholic evangelization exerted its moral teachings among vast territories and peoples, cutting across social, class and racial differences. Church doctrine guided female populations to emulate the Catholic icon of motherhood. In striving for the saintly perfection of the venerated Mother Mary, mortal mothers were to be selfless caregivers, tolerant of human flaws, slow to anger, accepting of suffering as a woman's lot, and fiercely devoted to her family and religious doctrine as mainstays in life.

More than four decades ago, political scientist Evelyn P. Stevens coined the term *marianismo* to describe a set of behaviors expected of and practiced by women who adhered to the religious tradition that models *la virgin María*, the Virgin Mary, as icon of the ideal woman and mother<sup>1</sup> (91-92). In *Massacre of the Dreamers*, Ana Castillo traces *marianismo* and its male counterpart, *machismo*, back to the Islamic faith tradition of the North Africans who invaded and ruled the Iberian Peninsula for 800 years (63). Castillo reminds us that Spain had managed to expel the North Africans, *los moros*, from its territory only shortly before the Spanish exploration and conquest of the Americas (63). Consequently, the extended Arab domination of Spain had tremendous influence on the relations between genders in the mother country and its colonies. As it pertains to interactions between men and women, gender is a culturally-specific social construct that is perpetuated and preserved by members of a community who abide by a code of conduct distinct for males and females. *Marianismo*, deeply rooted in ancient Arab tradition and imbedded in Spanish Catholic conventions exported to the Americas, can serve as a practical lens through which to examine what Latina writers are recording about a code of female conduct still holding sway in the daily lives of many of their women kin<sup>2</sup> (Castillo 63).

In the writings discussed in this essay, Latinas of Mexican, Puerto Rican and Cuban ancestry coincide in their portrayals of women as self-effacing and tireless caregivers who demonstrate a great capacity for sacrifice in subordinating their own desires or needs to the demands of family. These writers expose how women routinely compromise their own welfare and assume serious health risks. My reading suggests an indictment of *marianismo* as the cultural agent that prompts Latinas, as a group, to disregard their well-being. The behavior analyzed in this essay cuts across socio-economic-racial differences and "complex realities" among Hispanic female populations in the United States (Levins Morales 65). However, it is not a coincidence that all the writers are daughters of immigrant or minority women from struggling working-class families. The self-sacrifice associated with *marianismo* may be aggravated in the female immigrant community because these women typically leave behind a supportive network of extended family. And unlike women in their home countries, who despite modest middle class standing may afford hired help such as nannies, housekeepers, cooks or washer services, immigrant women must take on full responsibility for their family's needs.

To compensate for their sacrifices, as an implicit social contract, *marianismo* promises to guarantee women upright standing and respect within their family and community if they model the behavior expected of an obedient daughter, faithful wife, devoted mother or compassionate neighbor. Some feminist social scientists may dismiss *marianismo* as flawed when applied to their scholarly field work, but as a Latina from a traditional household, I have witnessed and experienced *marianismo* as it affects the daily lives of our mothers, sisters, and *amigas* (Navarro 257). In the texts examined here, Latinas who attempt to uphold their end of this social contract

suffer from a variety of mental and physical ailments. Their symptoms typically are overlooked and go untreated because their upbringing instills caring for others despite any consequence to self.

In *The Maria Paradox*, psychotherapists Rosa Maria Gil and Carmen Inoa Vazquez point out that Latinas do not resist *marianismo* as the mandated gender script within their family or community because they are afraid of “being considered *una mala mujer*,” a bad woman (3). It is common for “good women” to cope quietly with mental and physical disorders, sometimes with fatal outcomes. Latinas, themselves daughters, privy to such female behavior, tell stories of women living in distress because a “good woman” should not complain nor dwell on herself. Doing so diverts her attention and energy from caring for others. As regulators of gender-appropriate conduct, family and community members tend to interpret female silence as a normative cue that “all is well,” and hence the failure to recognize when medical intervention is warranted in women’s lives. This essay examines contemporary Latina writings to argue that adherence to *marianismo* as basic gender directive can jeopardize women’s health and the stability of the nuclear family, paradoxically, the very social unit essential in perpetuating Hispanic culture.

Starting in the 1960s and spanning over two decades, the Women’s Liberation Movement in the United States pushed for gender equality and the legitimacy of choice, a legacy that American women continue to take for granted today. However, as a group, U.S. Latinas experience a different “gender” reality because traditional Hispanic family values, especially among the working class, reject reproductive, career and lifestyle choices that undermine motherhood as a social expectation for women. A married woman who circumvents motherhood may be regarded as incomplete or self-serving. Once a woman becomes a mother, she is expected to demonstrate self-sacrifice for the good of others and moral superiority in the face of adversity.

In *Woman Who Glows in the Dark*, Elena Avila, a registered nurse with a master’s degree in psychiatric nursing, describes growing up in El Paso, Texas, with Mexican parents. Avila’s mother had been born into an upper-class family in Mexico, but as a married woman and mother of seven, she saw her life across the U.S. border turn into a demoralizing struggle with poverty and domestic abuse. In Avila’s account of her childhood, the reader gleans the mother’s internalized *marianismo* as her moral compass. By contrast to the weaknesses of an alcoholic and abusive father, whose behavior was deemed excusable as male privilege under *machismo*, the mother modeled steadfast decency for the children. She kept the family together despite suffering domestic violence. She taught them social graces to distinguish them from Mexican “peasants” segregated from mainstream Anglo society (89). For Avila’s mother, poverty was no excuse for filthy or disheveled children. Not only did she demand cleanliness of them but also took pride in their clothes. Despite her husband squandering his mechanic’s salary on alcoholic binges, Avila’s mother stretched every dollar he brought home.

As Avila recalls, “She somehow found the money to send all six of her daughters to private schools and to sew us beautiful wardrobes that lived up to her expectations of how children should be dressed” (89-90). By Avila’s account, her mother modeled exemplary moral conduct. However, she could not control a husband whose alcoholism not only undermined her expectations of home life but also put the family’s well-being at risk. The years of domestic abuse and the constant effort to uphold moral superiority “took its toll on her spirit,” Avila admits (90). Deeply surprised and wounded as a daughter, Avila recalls how “Tragically, three weeks before my graduation [as a nurse], my mother committed suicide by taking an overdose of antidepressants. This was devastating for me, because I had wanted more than anything in the world for her to see me

graduate . . . My graduation ceremony . . . was one of the most miserable nights of my life” (95-96).

Her mother’s death corroborates statistics that “[Latinas] experience depression at roughly twice the rate of Latinos . . . and Latinas are more likely to experience depression than Caucasian or African American women (NAMI). The health profile of Avila’s mother points to several high-risk factors for depression among Latinas, including the mental stress of acculturation, a large family, poverty and a strained marital relationship. Latina daughters are very familiar with the silent suffering mother or mother figure who takes pride in not burdening others with personal troubles. This common behavior handed down from mother to daughter can easily mask depression and other grave health issues.

Avila’s biographical account shows evidence that she, too, internalized her mother’s *marianismo*. Notably, Avila sought self-worth in becoming a wife at sixteen and a mother at seventeen. She confesses marrying in order to escape a turbulent home life and spending “the next decade and a half trying to give my children everything I felt that I hadn’t received myself” (94). The reader can appreciate Avila’s sacrifice as a young mother who, while working on her GED and going to night school, took her children “faithfully to mass on Sundays, celebrated holidays and birthdays with *piñatas* and traditional meals for the whole family and . . . friends, and chauffeured them to Brownies and Little League” (103). Besides coping with physical exhaustion, in her attempt to model the Virgin Mary as ideal wife and mother, Avila does not complain. Rather, she keeps in check “the tremendous amount of pain” carried in connection to her mother’s suicide, her father’s alcoholism and her near drowning experience—scars that go untreated for years (99). Total devotion to four children and working “hard at being a very traditional Chicana wife and mother” eventually ends in divorce when Avila furthers her career in nursing and begins to practice the healing tradition of *curanderismo* of her Mexican heritage<sup>3</sup> (103). The satisfaction and joy Avila finds in discovering her life path is met with “teasing, head shaking, and bewildered reactions [from] friends and family” (101). Avila endured tremendous pressure to resume the “traditional” role for a Latina. In choosing to honor “her-self,” the family unit disintegrates, but Avila survives. Unlike her mother, Avila was able to overcome the pitfalls of *marianismo* she had witnessed as a child and practiced as an adult. She relinquishes the cultural mandate of self-sacrifice and recognizes that personal and financial autonomy, rather than a self-serving flaw, are key to a woman’s well-being and sense of self-worth.

In another autobiographical book, *Bag Lady*, Sandra Benítez recounts the stages of chronic colitis that led to a colostomy, the surgical removal of her colon. The need to wear an ostomy “bag” after the procedure, and for the rest of her life informs the title of her memoir. On first appearances, the subtitle of the book, “A triumphant true story of loss, illness, and recovery,” reflects coping with and overcoming physical illness. However, upon closer reading, the book also depicts Benítez’s lifelong struggle with upholding the moral superiority demanded of good women at the core of *marianismo*. The value of Benítez’s writing her personal journey with illness corroborates the work of Professor of Medicine Rita Charon, who founded the field of narrative medicine as a tool for understanding ailments and unlocking healing. Dr. Charon believes “The powerful narratives of illness that have recently been published by patients reveal how illness comes to one’s body, one’s loved ones, and one’s self. These narratives, or pathographies as they are sometimes called, demonstrate how critical is the telling of pain and suffering”<sup>4</sup> (66).

In Benítez’s determination to maintain a normal family life, she constantly hid her symptoms and pain. “The flare-ups came and went,” she recalls; and “When they hit me, I kept the news to myself, because an illness like ulcerative colitis is not exactly a fashionable topic of

conversations; it is an unmentionable illness” (Benítez 87). As a wife and mother, Benítez felt morally bound to protect her husband and sons from her symptoms of inflammatory bowel disease and the debilitating side effects of medications that disrupted home life and strained her marriage. To compound the medical condition, Benítez broke her back when a patio deck collapsed at a party. After months in the hospital, she was released in a body cast and addicted to painkillers. During this crisis, her husband files for divorce. Unable to care for their sons without his physical and financial support, Benítez had to relinquish their custody to her husband. At a time when her sense of identity was inextricably tied to mothering, the need to suspend her caregiving role for the good of the boys exacerbated her guilt over the collapse of the marriage. For Benítez, as also demonstrated in Avila’s account, the supreme obligation of a mother is to overcome any adversity for the sake of her children. Despite enduring physical pain and while “encased in plaster,” Benítez continued working, even traveling as her job required (101). Rationally, she knew that supporting herself was challenge enough and that allowing her sons to grow up with their father, who worked from home and could provide stability, was the best she could do for them in her condition. In keeping with *marianismo*, by giving up the boys she acted in a morally superior way, in contrast to her husband who had filed for divorce when she was physically disabled and financially disadvantaged. Yet Benítez internalized her decision as “abandoning” the boys. To numb this psychic wound she turned to hard liquor, easily disguised as social drinking. For decades she had suffered silently from colitis and the side effects of prescription drugs, then alcoholism became a silent vehicle for self-destruction rooted in her feelings of unworthiness as “the betrayer, the breaker of precious bonds” (132).

Imbedded in the text, readers uncover the parallel story of her own mother’s grief, separation from a child and illness. In the 1930s Marta Benítez, a Puerto Rican living in Washington D.C., met and married an Anglo man, James Quentin Ables, who worked for a senator and later would go on to join the Foreign Service. In 1941, twins were born prematurely to the couple. One of the twins, the author Sandra Benítez, survived while the month-old sister, Susana did not. Sadly, Marta Benítez had to leave Washington D.C. soon thereafter, and was not able to visit and tend to the child’s grave due to her husband’s career assignment. Once a mother herself, Benítez the author understands that “having to leave her [child] behind in a Maryland cemetery was heartbreaking. To Mami it must have been tantamount to abandonment” (15).

In contemplating her own feelings of abandoning her sons as the root of the alcoholism that aggravated her bowel disease, Benítez realizes that her mother’s untold clinical history poses a powerful generational thread. “Mami rarely mentioned the loss of her child, but it caused her many ailments, the intestinal kind topping the list. These ailments often prompted a change of diet . . . In fact, at one time and for a few months, her nourishment consisted of meals that looked a lot like baby food. A revelation in and of itself” (21). Clearly, the young mother’s psychic wound went untreated. But not seeking help and coping with personal suffering in silence corresponds perfectly to a Latina’s internalized *marianismo* that models the Virgen Mary as *mater dolorosa*. Not surprisingly, Marta’s last wish was to be buried next to her baby Susana. The lifelong separation from her deceased newborn had ravished her health in the form of rheumatoid arthritis, diabetes, osteoporosis, heart disease, breast cancer and anorexia.

Notably, in the author’s case, once her adult sons re-assure her that they had understood her custody predicament, and that they never had felt abandoned, only then is Benítez able to release her guilt, make peace with herself and begin to heal a wound more excruciating than the persistent bouts of colitis. Only then does she commit to and succeed at rehabilitation for her alcoholism. For Benítez, healing of mind and body was inextricable from her role as a mother.

Reconciling self-identity and motherhood paved the way to sobriety, and once sober, Benítez underwent the colostomy that would finally free her from chronic bowel disease. The cultural weight of *marianismo* is apparent in the visual Benítez gives readers of her waking up in her hospital room after the surgery: “A candle with the image of the Virgin Mary, her hands at her sides, palms up and emitting rays of hopeful light” (139).

Religion and faith play a major role in resolving a Latina’s woes with conception in the partly autobiographical novel, *The Accidental Santera*. Irete Lazo is the pseudonym of a former Ph.D. from University of California, Berkeley turned practicing *santera* and freelance science journalist.<sup>5</sup> In the novel, the married Gabrielle Segovia mirrors the author’s experience of juggling a demanding profession and her desire to become a mother. As a minority assistant professor and researcher working towards tenure, Gabrielle contends with the stress of having to navigate the predominantly white-male world of science. Additionally, at work she must avoid overshadowing her Latino husband, Benito, also a rising scientist, with whom she shares an academic post. As if the couple’s professional goals and job situation were not challenging enough, as a married Latina, Gabrielle feels the pressure to become pregnant, birth a child and still keep house. Feeling overwhelmed, her thoughts reveal a growing bitterness: “I searched [Benito’s] sleeping face, looking for the feelings of adoration it used to inspire. I found only hurt that had solidified into resentment . . . I couldn’t shake the feeling that I was a career woman *and* a housewife. I had grown up believing women were one or the other—not *both*.” (57).

As a first generation professional, Gabrielle is learning that gender inequities at work spill over into home life in the form of a woman’s double day. Despite the implications of that realization, she feels morally obligated to become a mother, not only for self-fulfillment but also to please her husband and meet the social expectations of extended family. Throughout the novel the protagonist grapples with feelings of angst as she is torn between pleasing others and doing what is best for her well-being. Gabrielle, the traditionally raised Latina, has internalized *marianismo* and believes she should put family first, which entails agreeing to the infertility treatments her husband advocates. However, Gabrielle, the professional woman and assistant professor, knows a pregnancy at this stage of her career will compromise her chances for tenure.

Gabrielle’s ambivalence is evident when broaching the subject with her husband: “I opened my mouth to speak, but nothing came out. I looked back down at my hands and said, I think we should put the whole baby-making thing on hold for a while” (56). When Benito complains that she had “promised to see the specialist,” Gabrielle finally asserts herself: “I know, but it’s my body and I don’t want the stress of pregnancy, much less the joy of being poked and prodded, while I’m trying to crank out papers for my tenure packet” (56). Benito’s flippant response --- “Fine. It’s your body, but you have got to get over this thing with doctors and needles” (56)—makes it apparent that he is unsympathetic to the female body’s distress during the course of fertility treatments. But why is Gabrielle so reticent to confront Benito on a procedure that is sure to wreak physical and emotional havoc on her? Why does she not speak up about the devastation she has endured with multiple miscarriages? Doesn’t her behavior appear spineless for a minority woman who has beaten the odds on several fronts? After all, she has not only graduated from college but holds a doctoral degree. These achievements in and of themselves make her a “minority” within her own family and Latino community. Within the dominant Anglo society, she is a trailblazer as a Latina in the field of science. She is employed in academe and is on track to securing tenure and promotion. However, subordination to a husband and self-sacrifice are powerful cultural tenets of *marianismo* not easily disregarded by a Latina, even if a scientist and career woman. As noted previously with respect to Avila’s mother and Sandra Benítez, silent suffering as a “good

woman's" moral duty in the face of adversity cannot be underestimated when analyzing the health risks Latinas are willing to tolerate to ensure the well-being and happiness of others.

In the novel, Gabrielle contemplates her aversion to painful and expensive fertility treatments versus a childless marriage that she fears will unravel: "I felt the . . . emptiness of my . . . womb and wondered if my infertility was a reflection of our relationship" (55). In a move that gambles both husband and career for the chance at motherhood, Gabrielle is true to herself and adopts the faith tradition of *santería*, rooted in African worship and, as she discovers, with practitioners in her own extended family. Eventually, much like the author's life story, Gabrielle is initiated as a *santera* or priestess in the practice of *santería* and eventually overcomes her infertility. On the road to embracing an ancestral religion and achieving maternity, Gabrielle wrestles with deep-seated gender and cultural issues that at times leave her emotionally drained, depressed and physically ill under the weight of debilitating, self-bashing guilt. Fortunately, she manages to reject those tenets of *marianismo* that undermine a woman's prerogative to act out of self-interest. Once Gabrielle determines that selflessness as cultural value conflicts with her sense of worth and self-respect, she begins a journey to become a *santera* and a mother.

The stories discussed so far are either outright or veiled biographical accounts of each author's lived experience. But it is through the lens of fiction that Latina writers first began recording the ailments that put their women-folk at risk. In the short story "Nada" found in *The Latin Deli* by Puerto Rican-American author, Judith Ortiz Cofer, the protagonist's sole identity is tied to her role as wife and mother. Doña Ernestina is a well-respected Puerto Rican woman and long-time resident of an apartment building set in a *barrio* of an American city. When her husband dies unexpectedly, the neighbors know how to console the grieving widow. But a year later her only son is killed in Vietnam, and they are dumbfounded by Doña Ernestina's odd behavior. She shows up in the basement laundromat dressed "in black from head to toe," the formal attire of *luto* traditionally worn on the island as public display of deep mourning (50). While the outfit is as strange as Doña Ernestina washing and folding a stack of men's shirts, the neighbor women are even more baffled by her dry-eyed account of how she has refused to bury her son in "full military honors," and adamantly declares, "'No, gracias,' to the funeral" (51). What's more, "she sent the flag and medals back marked *Ya no vive aquí*: Does not live here anymore. 'Tell the Mr. President of the United States what I say: No gracias'" (51).

At her husband's funeral, Doña Ernestina had been "impressive in her quiet strength and dignity" (52). Barrio culture expected that her "full mother's duty then" was to support the distraught son, and in this regard, "it was a normal chain of grief, the strongest taking care of the weakest" (52). At the time, Doña Ernestina had a son to live for, and she devotedly played the role of caregiver, sent the young soldier off to war, and stayed busy keeping house until his return. But her world unravels when she is left without husband or son to give her life meaning.

Although it does not go unnoticed that "something is wrong with the woman," no one in the building volunteers to intervene when even the parish priest becomes concerned that Doña Ernestina has withdrawn from all her usual activities (55). "Maybe she just needs a little more time, Padre," one of the female tenants tells the priest (54). Understandably, the barrio women are not immediately alarmed by Doña Ernestina's isolation because silent suffering is in keeping with the ways of *marianismo* for their female lot: "We agreed that we should be there for her if she called, but the decent thing to do, we decided, was give her a little more time alone" (54-55).

As Doña Ernestina plunges into depression, she neither complains nor reaches out for help. No longer wife nor mother, she has been stripped of the caregiver role tied to her self-identity. This *mater dolorosa* feels she has nothing, *nada*, as the story's title adumbrates. To unfetter her

descent to self-destruction she divests herself of all her worldly possessions. What she does not manage to give away, she throws out the window: “kitchen chairs, stools, a small TV, a nightstand, pieces of a bed frame. Everything was splintering as it landed on the pavement” (59). Doña Ernestina is a broken woman just as her household belongings strewn on the street below. The story ends as the police sirens approach, and the neighbor ladies enter the apartment to find Doña Ernestina “curled up in the farthest corner of the living room, naked . . . She had left nothing behind—except the bottles of pills, the ones the doctors give to ease the pain, to numb you, to make you feel nothing when someone dies. The bottles were empty too, and the policemen took them,” but not before the women-folk dress Doña Ernestina “like the decent woman that she was” (60). The tenants’ disbelief surrounding the mental breakdown they witness, suggests it is out of character based on the cultural expectations for a “decent” Latina like Doña Ernestina.

In a semi-biographical story, in the same collection, author Ortiz Cofer calls the female code of conduct “‘the martyr complex’ in Puerto Rican women, that is, the idea that self-sacrifice is a woman’s lot and her privilege: a good woman is defined by how much suffering and mothering she can do in one lifetime” (“The Witch’s Husband” 43). Doña Ernestina’s heartache, suffering, and depression were supposed to be her badge of honor, not cause her undoing—hence everyone’s incredulity in “Nada.” Moreover, the text suggests a muted discourse of blame imputing the female neighbors for inaction. During the rumoring about Doña Ernestina’s situation, one barrio lady acknowledges that outreach and caregiving is culturally women’s domain: “It isn’t unusual for men to . . . act as if they don’t understand it and usually leave us alone to deal with our ‘woman’s problems’ . . . [T]his is a fact: when a woman is in trouble, a man calls in her mama, her sisters, or her friends, and then he makes himself scarce until it’s all over. This happens again and again. At how many bedsides of women have I sat?” (58-59). The story presents Doña’s Ernestina’s case as exceptional, precisely because the building’s tenants share a collective cultural experience rooted in *marianismo* and do not anticipate that an undiagnosed and untreated “woman’s problem” can put a Latina at serious health risk.

Dangers from self-harm and domestic violence are averted for one Latina at risk in “Woman Hollering Creek” by Mexican-American Sandra Cisneros. In the story, Cleófilas, an uneducated, impoverished Mexican bride crosses the U.S. border with Juan Pedro Martínez Sánchez, an expatriate she hastily marries and barely knows. Cleófila’s understanding of gender relations is filtered through the lens of the *telenovelas* all her friends in the pueblo watch. The soap operas model beautiful women “having to put up with all kinds of hardships of the heart, separation and betrayal, and loving, always loving no matter what, because *that* is the most important thing . . . Because to suffer for love is good. The pain all sweet somehow” (44-45). Soon after marrying, however, suffering on account of a man turns into a hellish experience for Cleófila. Juan Pedro no longer resembles the prince who had promised a better life in the North, and instead turns into an increasingly demanding, abusive, unfaithful, lewd man who squanders his pay on alcoholic binges with equally depraved drinking buddies.

As a non-English speaking, unemployed immigrant without a network of family or friends for support or succor, isolated in a house with no means of transportation, and solely dependent on an abusive husband for her welfare, Cleófilas demonstrates traits that have helped generations of women survive. When Juan Pedro verbally and physically abuses Cleófilas, she is at first stunned but takes it silently: “She could think of nothing to say, said nothing. Just stroked the dark curls of the man who wept and would weep like a child, his tears of repentance and shame, this time and each” (48). Cleófilas does not lash out when she finds evidence of his infidelity in their own home while she had been at the hospital giving birth to their first-born son. While her silence,

as a trait of *marianismo*, could be interpreted as a display of moral superiority, in reality she has little choice but to accept and rationalize Juan Pedro's unfaithfulness as a man's privilege. After all, "this man, this father, this rival, this keeper, this lord, this master, this husband till kingdom come" holds power over her (49). Trapped in a bad marriage, Cleófilas continues to suffer in silence, modeling the subordinate wife, and caring mother.

Paradoxically, "silence" may be the universal female strategy women most commonly use to avoid harm, but it likewise inhibits them from securing the help they need (Weldt-Basson 9). Cleófilas reflects how her marriage does not resemble the plot of any *telenovela* because the episodes in her life "got sadder and sadder . . . And no happy ending in sight. She thought this when she sat with the baby out by the creek behind the house" (52-53). The signs of depression surface "when she and Juan Pedrito sat by the creek's edge," and her thoughts linger over "how when a man and a woman love each other, sometimes that love sours" (43). Given that the creek's name is the story's title, "Woman Hollering Creek," the juxtaposing of the baby and the creek alludes to the popular Mexican myth of *la Llorona*, the wailing woman. Legend tells of her suicide after drowning her children in a river as revenge for her husband's betrayal. Cleófilas' contemplation of the creek insinuates looking for a way out of her emotional and physical pain. The young mother is pregnant for the second time and covered in "black-and-blue marks all over" from Juan Pedro's beatings (54). In keeping with a good woman's behavior, she does not complain nor think to report him or seek medical care for herself. However, Cleófilas, the mother, is willing to offer an alibi for her battered body as long as Juan Pedro allows maternity screening for the sake of unborn child: "No, she won't mention it. She promises. If the doctor asks she can say she fell down the front steps or slipped when she was out in the backyard, slipped out back, she could tell him that" (53).

Luckily for Cleófilas, the sonogram technician turns out to be a Latina who recognizes the signs of domestic violence and the precarious situation of a recent immigrant, "one of those brides from across the border. And her family's all in Mexico" (54). And since the female code of conduct calls for women-folk to assist each other in a crisis, the technician enlists the help of another Latina to drive Cleófilas and her son to a Greyhound bus with a one-way ticket back to Mexico. Cisneros leaves readers to fill in between the lines about the extent to which Cleófilas had to be convinced before accepting the women's plan for the clandestine border crossing. After all, abandoning a violent marriage, and fleeing to Mexico penniless with a child and pregnant takes courage and a willingness to suspend *marianismo* for her own welfare and that of her children. Critical in Cleófilas survival story is the intercession by other Latinas who identify her troubles.

Sadly, there is no such rescue for Zoraida in Nicholasa Mohr's "Aunt Rosana's Rocker." The women in her life, much like those in the story "Nada," do not recognize her odd behavior as a manifestation of physical and mental trauma. The story begins with the husband, Casto ("chaste" in Spanish), literally cast from the marriage bed to the domestic space of the kitchen. As of late, Casto routinely waits for Zoraida to stop "panting and breathing heavily," emitting "moans of sensual pleasure" while asleep (9). Casto, feeling cheated by a phantom lover, can hardly contain his *macho* vitriol "as he helplessly watched her . . . stretched out on the bed pulling at the covers; turning, twisting her body and rocking her buttocks sensually. Her knees had been bent upward with her legs far apart and she had thrust her pelvis forward forcefully and rhythmically" (10).

Confronting his wife does not provide Casto with answers because "the next day, Zoraida seemed to remember nothing. In fact, during the day, she was normal again . . . [Although] lately she had become even less talkative with him, almost silent. But . . . remained a wonderful housekeeper and devoted mother" (11-12). Zoraida's withdrawal from intimacy and dialogue turns



into a marital problem that Casto is determined to fix. He summons the aid of his mother and in-laws in a joint consultation, and “confessed that it had been a period of almost two months since he had normal and natural relations with his wife. He reminded them that he, as a man, had his needs, and this would surely make him ill, if it continued” (12). Casto’s *machismo* is evident. His focus is on restoring his manly privilege, not on understanding Zoraida’s behavior. The lack of pretense in caring for anyone but himself is especially disturbing because the change in his wife is extremely out of character for her.

A profile of Zoraida reveals a woman who has internalized *marianismo*. She is a superb mother and housekeeper; she is never flashy, provocative, nor draws attention to herself; she is quiet, shy, and respectful; she never complains, argues, talks back or initiates confrontation. In fact, “ever since she could remember, any attempt that others made to intimate conversations or long discussions created feelings of constraint, developing into such anxiety that when she spoke, her voice had a tendency to fade” (16). Beyond modesty, “Zoraida was ashamed of her own nakedness with Casto and would only undress when he was not present. When her children chanced to see her undressed at an unguarded moment, she would be distraught for several days” (16). Zoraida’s reserved nature stands in stark contrasts to her husband, “a macho, master of his home,” who demands that his needs be met (12).

Neither husband, immediate kin, nor the spiritualist hired to rid Zoraida of the bizarre nightly episodes takes into account that her physical traits and overall health provide clues of the malady. Zoraida “was born prematurely, weighing only two pounds at birth . . . [and] the doctors had called her. ‘The miracle baby’” (23). She was slim “like a toothpick,” pale, with a “frail and sickly appearance” that made her look “much younger than her years” (16-17). Zoraida has “borne four children (three living, one still-born) and had suffered several miscarriages” (16). But even after the most recent one, she “appeared to recover quickly, and with her usual amazing resiliency, managed the household chores and the children all by herself” (18). Given the young woman’s delicate constitution, it is remarkable the degree of physical and emotional trauma she has sustained in her pregnancies. Moreover, the lack of psychological support for her losses or even adequate time to grieve suggests an outrageous gender inequity. Mohr highlights the husband’s disregard by depicting Casto as a self-centered *macho*, oblivious to his wife’s distress because he “was, by nature, hypochondriacal and preoccupied with avoiding all sorts of diseases. He was tall and robust, with a broad frame; in fact, he was the picture of good health” (17). The portrayal of the unsympathetic husband and the silent suffering wife critiques the existence of *machismo* and *marianismo* in family life.

Zoraida’s acting out in the marriage bed is an expression of her “passion,” in the sense of both burning desire and Christ-like torment. While a dutiful wife would not refuse a husband’s sexual advances, rejection is possible in the realm of the subconscious. Zoraida’s exhibition of erotic passion during sleep satisfies her sexual appetite without risking pregnancy and the distress of yet another miscarriage or stillborn birth. The fact that neither Zoraida’s own mother, her mother-in-law nor Doña Digna, the spiritualist, diagnoses the root of the young mother’s behavior suggests Mohr’s indictment of cross-generational *marianismo*.

As noted previously, when family or community members fail to recognize a woman’s distress, lack of treatment results in a deterioration of health. After Casto subjects Zoraida to an embarrassing family tribunal that elects to put her through a spiritualist’s cleansing, her condition worsens: “I didn’t figure you were gonna get so . . . so depressed,” he scoffs (18). Since *marianismo* circumvents direct language with which to publicly voice female bodily functions (ovulation, menstruation, pregnancy, breast-feeding and menopause) and its disorders, Zoraida is

mute to express what troubles her, and instead she withdraws further from any contact with Casto. After the spiritualist's failed cure, whenever he approaches Zoraida in the bedroom, she retreats to an heirloom rocking chair and endlessly rocks to sooth herself. The story ends with the family removing the rocking chair from the couple's apartment. Misunderstood, judged and without prospects for treating her depression, the outcome for Zoraida does not bode well.

As observed in the narratives discussed here, a Latina's self-worth is often linked to cultural attitudes that expect women to sacrifice for the interest of others. These attitudes persist because family and community admire and respect such behavior. Whether the Latina is a poor immigrant or a credentialed Ph.D., the practice of selflessness manifests in a variety of health issues that may go unnoticed because the "good woman" rarely voices distress. The desire for approval of family or community trumps a woman's self-interest, and that is why Latinas tend to disregard their own mental and physical well-being. Ironically, in doing so, the stability of the very family that women consider morally bound to protect may be threatened.

Notably, all the writers in this essay are daughters of mothers who are immigrants or ethnically members of a minority in the USA. Given the precariousness that comes with immigrant or minority status, and in keeping with the behavior associated with *marianismo*, it makes sense that women would disregard personal health and instead focus on the welfare of the family. As living witnesses to their mother's sacrifice, Latina daughters are prone to, albeit unwittingly, play out the same gender script. These daughters, turned writers, expose the pitfalls of cross-generational *marianismo* and call attention to cultural expectations that put Latinas at risk. From their unique insiders' perspective, Latina writers contribute to a body of "resistance" writing that proposes women as change agents for themselves and their group (De Shazer 2). Their writings cast off the cultural muzzle of female discretion and silence in order to question cultural attitudes and practices that disregard the importance of personal well-being in the preservation of self and family. As border-crossers able to straddle two cultures (Mexican-American, Puerto Rican-American, Cuban-American) and navigate each competently, these Latina writers call for the next generation of mothers, sisters, and *amigas* to resist deep-seated cultural values that undermine their sense of self-worth, compromise their health and may put their very survival at risk.

## Notes

<sup>1</sup> As employed in this essay, *marianismo* broadly encompasses the conduct expected of women as pillars of decency. Upright women should display: moral behavior in all aspects of life, a capacity for self-sacrifice and silent suffering, subordination to patriarchs, forgiveness of human weaknesses, and utmost discretion in all things sensual and sexual. Its counterpart, *machismo* (from the Spanish word for male, "macho"), popularly denotes male dominance, the imposition of men's will (often by force) in the world and on women. *Machismo* is associated with physical strength, acts of bravery, aggressiveness, honorable conduct (except in sexual conduct), sexual prowess, hypervirility, emotional repression, and the privilege of moral weakness with respect to worldly indiscretions. *Machismo* has come to be used interchangeably with "sexism" or male chauvinism.

<sup>2</sup> In this writing, "Latina" refers to a woman of Spanish heritage living in the United States. Spanish may remain the mother tongue for Latina immigrants, while most often English is the dominant language for those born, raised or educated on the U.S. mainland. "Hispanic" may also be used to refer to a person or group of people whose ancestry and cultural practices can be traced to Spain or *Hispania*, the Roman name for the Iberian Peninsula.

<sup>3</sup> *Curanderismo* stems from the Spanish *curar*, to cure. As Margarite Fernández Olmos explains at length, "Although usually associated with Mexicans and Mexican-American culture, *curanderismo* is in fact a complex cultural healing system with roots common to healing modalities found in the Caribbean and throughout Latin America. It combines—in varying degrees—Hippocratic humoral (hot-cold) theories of disease with Amerindian herbal medicine and diverse spiritual traditions, ranging from African-based systems to the nineteenth-century spiritualist/spiritist philosophy of Allan Kardec, which inspired the creation of spiritual healing centers throughout

Mexico and the Caribbean. It is the ‘integrative’ medical resource of the people, sanctioned by the community” (10-11).

<sup>4</sup> For a collection of Latina illness narratives see Angie Chabram-Dernersesian and Adela de la Torre.

<sup>5</sup> *Santera* refers to a female adherent of *santería*, a religious practice originating in Cuba. It developed from the sixteenth to the nineteenth centuries “out of the encounter of the religious beliefs and practices of African slaves, the Roman Catholic Church, and French spiritism as interpreted by Allan Kardec” (Lefever 319). Prohibited by their masters from native religious practices, slaves figured out that Roman Catholic saints acting as intermediaries between humans and God paralleled the Yoruba orishas to whom they appealed as intercessors with the high god, Olodumare (Lefever 320). Hence “under the constraints of their oppression, the slaves began to fuse the intermediaries of the two religions and to identify a specific orisha with a corresponding specific saint. Out of this syncretism there developed a highly complex form of religion known as *santería*, or the way of the saints” (Lefever 319). Although *santería* remains important in Cuba today, its adherents are found in many other countries, including the United States where large numbers of Cubans settled following the Revolution of 1959 and communist takeover of the island.

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