## *Ataque de Nervios*

"I felt terrible," Mariel recounted of her recent visit to a Miami emergency room. Her family brought her to the hospital after the sensation of an immense weight on her chest became more intense. By the time she was ushered into one of the examination rooms, her breath had been reduced to a shallow rapid wheezing. The attending physician took her pulse, ran a few quick tests, and gave her an Ativan, concluding, "I can't give you a diagnosis." After her breathing grew less labored, he sent her back into the waiting room. As she bent down to collect her things from under one of the coffee tables, she stood frozen for an instant and then plummeted face first to the floor, unconscious. Her mother diagnosed it as *un ataque de nervios*.

*Ataque de nervios, a* condition well known among Cubans on and off the island, frequently serves as the textbook example for what the field of medical anthropology calls "culture bound syndromes." This term is used to describe ailments that are believed to be limited to specific cultural contexts. A "traditional/alternative" Cuban medical perspective, like the one employed by Mariel's mother, would likely attribute symptoms like trembling, sobbing, labored breathing, palpitations and general nervousness, anxiety, and agitation to a case of nervios. The same symptoms seen in a "conventional" healthcare setting, like that in which Mariel's attending physician was trained, might be diagnosed as indicative of a number of distinct ailments such as depression, anxiety, or bipolar disorder, among others. A patient like Mariel could receive at least two different labels for a single medical complaint depending on the context in which the complaint was seen. So-called culture bound syndromes like nervios, which are typically not taught in medical schools, serve as a reminder of just how dependent healthcare can be on questions of language.

The complications that can arise over mismatched medical terminology are evident in the work that anthropologist Diana González Kirby conducted with Cuban immigrant women in late 20th century Miami. Diana Kirby served as an ethnographer on *Ethnography of Cuban Drug Use,* a research project that the U.S. National Institute on Drug Abuse funded from 1978—1981 to collect data on the usage of legal and illegal drugs by Cuban immigrants in Miami. I came to Diana Kirby's work at the suggestion of some of the staff of the University of Miami's Cuban Heritage Collection (CHC). I arrived at the archive with plans to examine Cuban healing-religious practices in the 20th and 21st century. More specifically, I hoped to examine the role of language in creating and reinforcing the categories of "traditional/alternative" versus "conventional" medicine. My time with Kirby's work ultimately took my research in some productive, if unexpected directions. The women's accounts challenged the fixed categories of traditional/alternative versus conventional by demonstrating the fluid ways in which healthcare functions in practice.

As one of two anthropologists on the Ethnography of Cuban Drug Use research team, Diana

Kirby was charged with recording the life histories of Cuban immigrant women in Miami. While the overall project heavily emphasized numerical data, Kirby tried to place her findings within a socio-cultural context, asking: what social and cultural aspects of being Cuban immigrant women in late 20th century Miami drove her informants to use drugs? Virtually all of the participants reported using some type of prescription medication. The women interviewed were largely middle class and overall had relatively ready access to conventional healthcare. All together, Kirby's interviewees cited over thirty different prescription drugs designed to treat a range of illnesses including depression, bipolar disorder, anxiety, insomnia, and weight gain, among others. The vast majority claimed the drugs they took were initially obtained from pharmacies with prescriptions provided by licensed MDs. While the women Kirby interviewed overwhelmingly reported receiving conventional medicines through conventional means, the usage of those medicines they described was often anything but conventional.

Though Kirby primarily focused on the types of drugs her participants used and the motivations behind that use, her work also revealed significant information on the ways in which those drugs were used. In other words, *how* drugs were used often played just as significant a role in the women's healthcare practices as *what* those drugs were and *why* they were used. Though many of the women reported faithfully following prescription instructions, a number did not use prescription medications as instructed, behavior which could present serious health risks. A number of the women confessed to taking their prescribed medications irregularly or not at all. Others described interchanging medicines with other women, at times without a clear knowledge of the names or exact uses of the pills they were exchanging. Engaging in the potentially risky behavior of not completing certain types of medical treatment regimens as prescribed often seemed to arise as much from an incomplete understanding of their healthcare providers' perspectives as from a conscious rejection of them, though both likely played some role. Linguistic-cultural factors, among others, seemed to figure into these diverging healthcare perspectives.

Many of Kirby's participants, when explaining why they were prescribed medicine, referred to their ailments as nervios, deploying the term as a catchall for what their physicians would have recognized as a number of different ailments. While nervios is an effective term for understanding and communicating ailments, its use by Kirby's participants demonstrates some of the potential risks that can arise when patients' medical terminology clashes with that of healthcare providers. Collapsing what their physicians viewed as distinct conditions into the single ailment of nervios potentially played a role in some of the women perceiving a number of distinct medications as interchangeable. The women's interchanging of medications also seemed to be influenced by the communality that many indicated as a hallmark of their healthcare experiences in Cuba. The women typically noted a sharp contrast between medical practices in Cuba and Miami, claiming that in the former, which they referred to as more traditional/ alternative, medical items and information were often distributed through informal social networks that included family, friends, doctors, and pharmacists. By informally sharing medications and information received from physicians and referring to diagnoses in culturally-

linguistically familiar terms like nervios, many women seemed to graft information and items from the conventional Miami healthcare sector onto a traditional/alternative Cuban medical framework.

The women interviewed by Diana Kirby, like Mariel, complicate the oppositional labels of conventional versus traditional/alternative medicine as their healthcare practices do not fit neatly into either category. Kirby's participants often spoke in terms of traditional/alternative versus conventional, associating the former with their healthcare practices in Cuba and the latter with their healthcare practices in Miami, but then challenged those categories with their actions, using conventional facilities, but translating diagnoses and prescriptions into alternative/traditional Cuban terms. For many of Kirby's interviewees, it was not just about the *types* of medical facilities they used, but also *how* they used those facilities. The participants' and Mariel's experiences serve as examples of how the ways in which patients and providers access and administer healthcare are largely rooted in cultural-linguistic perceptions of health.