

STRESS, DISTRESS, AND "NERVES":

A SICILIAN-CANADIAN IDIOM OF DISTRESS

BY

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ABSTRACT

The concept of "nerves" has received considerable attention in scholarly literature. Scholars agree that the concept represents an idiom of distress -- i.e., a culturally recognized and accepted means by which individuals can communicate their pain and suffering to significant others. In the dissertation, I make use of ethnographic data, including case histories of "nerves" sufferers, to examine the extent to which this conclusion applies to the Sicilian-Canadian "nerves" complex. My findings are consistent with the views expressed by other researchers.

The phenomenon, however, is much more complex; it does not serve solely as a means of expressing distress. Among Sicilian-Canadians the concept can be manipulated, in both medical and non-medical situations, to generate a number of alternative messages. My second goal in the dissertation, then, is to examine the many meanings people attach to the term within the context of Sicilian-Canadian belief and action. I argue that the "nerves" idiom also operates as an effective impression management technique. Individuals can make use of the concept to promote or maintain a positive image of themselves within the

community. At a more general level of analysis, the phenomenon allows Sicilian-Canadians to voice their discontentment with certain aspects of the immigration experience. As part of this discussion I examine how these alternative messages are linked to the "language of distress".

Since other folk concepts may also serve as idioms of distress, I have created a classificatory model that allows me to compare and contrast "nerves" with these other phenomena. The model contributes to our understanding of distress idioms by facilitating both intra- and cross-cultural comparison. Finally, the dissertation addresses the implications of my findings for both the general study of "nerves", and the provision of health-care to Sicilian-Canadian patients. The work, then, has both a theoretical and an applied focus.

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CH.1: INTRODUCTION

The concept of stress has received considerable scholarly attention. Yet, as I will demonstrate shortly, this attention has not generated a consensus concerning the nature of the phenomenon. The concept is plagued with controversy. Recent studies, however, indicate that an understanding of the stress complex must include a consideration of socio-cultural factors (Lumsden 1981; Pollock 1988; Vingerhoets & Marcelissen 1988). Anthropologists have contributed to this discussion by examining various aspects of the phenomenon. One very current area of research is the study of nerves.

Davis and Low (1989: xi; see also Low 1985, 1988) define "nerves" as "a popular illness category and idiom for emotional and social distress that exhibits similar symptoms in a variety of cultural settings". Given this definition, the concept represents what Nichter (1981) would refer to as an idiom of distress -- a culturally recognized and acceptable means by which members of a particular group communicate and interpret the experience of some kinds of suffering.

My primary aim in the dissertation is to accomplish the following goals. First, I will examine Sicilian-Canadian

conceptions of "nerves" as an idiom of distress. The phenomenon, however, is much more complicated; it does not serve solely as a means of expressing distress. For this reason, my second goal is to discuss the many other meanings attached to the term within the context of Sicilian-Canadian belief and action. Third, I will create a classificatory model that will allow me to compare and contrast "nerves" with other phenomena such as the evil eye. Once I have achieved these goals, I will address the implications the work raises for both the general study of "nerves", and the provision of health-care to Sicilian-Canadian patients.

I believe this type of study is necessary for the following reasons:

- (1) Although a number of studies have examined the concept of "nerves", "a wider sample of European and New World countries need to be studied to fill out the ethnography of nerves" (Davis & Guarnaccia 1989: 9). The study of "nerves" among Italian-speaking peoples has received very limited attention (see Chapman 1971; Cronin 1977; Ragucci 1981). To my knowledge, this will be the first study to examine Sicilian-Canadian conceptions of "nerves". Therefore, my work will help fill the vacuum and provide information that can be used at a later date for cross-cultural comparison purposes.

- (2) In an earlier study dealing with Sicilian-Canadians, I linked the evil eye to stress (Migliore 1981). I now feel that it is important to follow-up that study with an examination of another stress-related phenomenon.
- (3) Among Sicilian-Canadians the "nerves" idiom serves a number of purposes. People make use of the concept in a variety of contexts, including non-medical contexts. By examining the various ways that Sicilian-Canadians employ the concept, we can begin to move away from a one dimensional, medical or health-related, view of "nerves". This, in turn, will allow me to build upon previous work to further our knowledge of the phenomenon. I see my work as a direct response to Low's (1989: 92) suggestion that "research on nerves would benefit from a more detailed examination of the term and its implicit meanings". An understanding of these implicit meanings is essential because, although the linguistic label and the symptomatology is similar, the ideas the concept evokes may differ significantly from society to society (Low 1985).
- (4) The development of a classificatory model will facilitate future study by providing a basis for the systematic, intra- and cross- cultural examination of suffering, and the way it is communicated and explained to others.

I obtained the data necessary for my study through field research among members of the Sicilian-Canadian community in the Hamilton-Wentworth region of Southern Ontario. There are approximately 20,000 Sicilian-Canadians residing in this region. The community consists primarily of individuals who were either born in, or can trace their ancestry to, the town of Racalmuto, Sicily, Italy. I obtained additional background information during a brief field trip to Racalmuto in 1983.

As a Sicilian-Canadian who, until recently, resided in the Hamilton area, I have many kinship and friendship links with my informants. My investigation of "nerves", then, involves what scholars have labeled as "auto-ethnography" (Hayano 1979, 1982) or "native anthropology" (Jones 1970; Nakhleh 1979; Sharma 1988) -- i.e., an anthropological study of one's own people. I will address some of the advantages and disadvantages of conducting this type of investigation in the following chapter.

I began to engage in anthropological fieldwork within the community in 1977, and to investigate health-related issues in the early 1980s. My initial research experience in medical anthropology involved a study of the Sicilian-Canadian "evil eye" complex (MA thesis). Although the dissertation deals with a different topic, I will make use of previous experience, including the ideas and the research techniques that I developed in my earlier work, as a

foundation to inform the study of "nerves".

The bulk of the data relevant for the investigation of "nerves" was obtained between 1982 and 1986. The specific techniques I employed to collect this data include: participant observation; conversations with various members of the Sicilian-Canadian community; extended, open-ended interviews with forty key informants; and, the collection of forty-five case histories of individuals suffering from "nerves"-related complaints. As part of the investigation, I interviewed both laypersons and traditional healers. In fact, I worked as an apprentice with one particular healer, Don Gesualdo (a pseudonym), over a period of several years. Through these means, I was able to gain detailed, qualitative data concerning Sicilian-Canadian conceptions of health, illness, and "nerves".

In the process of data collection, and later in interpreting that data, I employed a modified symbolic interactionist perspective. Symbolic interactionism, as well as a number of other approaches, builds on Max Weber's (1864-1920) notion that "individual perceptions of the social structure (not the social structure itself) determine individual social interaction" (Teevan 1982: 8, emphasis in original). The perspective, however, borrows heavily from the social psychology of scholars such as George Herbert Mead (1863-1931). Traditionally, symbolic interactionists have focused on the role of "meaning" in the process of both

social and self-reflexive interaction; they examine how people manipulate symbols to create, maintain, or change "meanings" through the interaction process. In other words, symbolic interactionism involves the study of how people constantly construct and reconstruct their reality.

Since the dissertation deals specifically with the way Sicilian-Canadians use the concept of "nerves" in various situations, the symbolic interactionist perspective provides an appropriate basis for my investigation. In order to better understand "nerves" as an idiom of distress, however, I have modified the approach in two ways. First, I will extend the analysis to include a discussion of the role of physical and emotional factors in the communication of human suffering. The human body is capable of conveying or revealing information about an individual's state of social well-being (Kleinman 1986; Scheper-Hughes & Lock 1987). Second, my study of "nerves" is informed by the new critical approach within medical anthropology (e.g., Lock 1989; Singer 1990). More specifically, I will address the issue of the social origins of distress. To acknowledge these modifications, I will refer to my approach as critical interpretive interactionism.

I discuss the methodological and ethnographic background of the study in greater detail in chapters two and three. In the remainder of this chapter I will review the literature dealing with stress, distress, and "nerves".

STRESS AND DISTRESS: A REVIEW OF THE LITERATURE

Stress is a key concept in both the Natural and Social Sciences. It is also a popular term commonly used by the general public. A review of the literature dealing with stress and related phenomena (i.e., anxiety, anomie, nervous tension, etc.), however, indicates that scholars have not yet reached agreement on an exact definition for the term (Hinkle 1974, 1987; Lumsden 1981; Pollock 1988; Selye 1976a). Much of the confusion associated with the stress concept is that scholars have used the term to refer to: (1) the factors that may induce a psycho-physiological response (e.g., Scotch 1963; Spielberger 1971); (2) the psycho-physiological response itself (e.g., Selye 1974; 1976a; 1976b); or, (3) the entire process involving the interaction between various stimuli and the human organism, including the outcome(s) of this interaction (e.g., Lazarus 1966; Martin 1984; McElroy & Townsend 1979: 273). This confusion is complicated further by the fact that many scholars make use of the stress concept without defining what they mean by the term. In order to avoid confusion, I will utilize a distinction between stressors (the stimuli capable of producing a psycho-physiological response), stress (the psycho-physiological response to various stimuli), and distress (the pathological effects of a stress response)

throughout the dissertation.

Although the concept is plagued with confusion and controversy, anthropologists, as well as other scholars, have long relied on stress and stress-related concepts to explain or at least discuss a variety of phenomena.

Scholars, for example, have focused on the interrelationships between:

- (1) **Anxiety and Magical Thinking** (see Felson & Gmetch, 1979; Malinowski 1954; Marett 1914; Odier 1956). John Whiting and Irvin Child's (1953) classic cross-cultural study also links anxiety and magical thinking to child-rearing practices.
- (2) **Culturogenic Stress and Voodoo Death** (see Cannon 1942; Eastwell 1982; Lester 1972; Lex 1974; Richter 1957).
- (3) **Nutrition and Psycho-Physiological Distress** (see Bolton 1973, 1981, 1984; Caporael 1976; Katz & Foulks 1970; Kehoe & Giletti 1981; Landy 1985; Matossian 1982; Rohrl 1970; Wallace 1961; Zeller 1984). For a critique of some of this work see Bourguignon (1983), Foulks (1972), Lewellen (1981), Lewis (1983), Marano (1982), Spanos (1983), and Spanos & Gottlieb (1976).
- (4) **Environmental Stimuli, Desynchronization of Biological Rhythms, and Arctic Hysteria** (see Foulks 1972).
- (5) **Status, Role Stress, and Folk Illnesses** (see Lazar 1985; Lewis 1966, 1970; Morsy 1978; O'Connell 1982; O'Neill 1975; O'Neill & Rubel 1980; O'Neill & Selby 1968; Rubel 1964; Rubel et al. (1984); Wilson (1967).
- (6) **Psychogenic Stress and Culture-Bound Syndromes** (see Gillin 1948; Gobeil 1973; Kiev 1972; Langness 1965, 1967a, 1967b; Murphy 1976; Yap 1969). Examples of works critical of this type of approach include: Kenny (1978) and Salisbury (1966a, 1966b, 1967). For a comprehensive discussion of culture-bound syndromes see Simons & Hughes (1985) and Prince & Tcheng-Laroche (1987).
- (7) **Environmental Stimuli, Neurophysiological Response, and Ethology** (Simons 1980, 1983a, 1983b). This approach has been criticized by both Kenny (1983) and Murphy (1983).

- (8) **Witchcraft Accusations, Psychological Stress, and/or Social Tensions** (see Demos 1982; Epstein 1959; Evans-Pritchard 1937; Kluckhohn 1967; Macfarlane 1970a, 1970b; Marwick 1964, 1972; Nadel 1952; Offiong 1983; Thomas 1970, 1971).
- (9) **Traditional Healing Methods, Ritual, and the Relief of Stress and Distress** (see Frank 1974; Hallowell 1936; Homans 1941; Kiev 1968; Klein 1978; LaBarre 1964; Prince 1982; Scheff 1977, 1979).
- (10) **Emotional, Psychological, and Social Problems Resulting from Culture Contact, Socio-Cultural Change, or Acculturation** (see Dobkins de Rios 1981; DeVos & Miner 1959; Dozier 1966; Fried 1959; Hallowell 1971; Hamer 1965; Jilek & Jilek-Aall 1985; Lambo 1962; Lapuz 1976; Vallee 1968; Werner 1985). Scholars have also devoted attention to the means by which people attempt to adapt to, or resolve, these problems (see Aberle 1962; LaBarre 1969, 1970; Wallace 1956).

In contrast to scholars who employ the stress concept as an explanatory device, certain researchers focus specifically on stress and distress. These individuals ask the following types of questions. What is stress? What is the nature of the physiological response experienced by individuals undergoing stress? How can stress and distress be measured? And, what is the meaning of stress and distress for the victims of these phenomena? The works produced by these scholars can be discussed within four primary categories: (1) the "physiological" approach; (2) the "stressful life events" approach; (3) the "cognitive" or "transactional" approach; and, (4) the "socio-cultural" approaches (Lumsden 1981). I will make use of these categories, as an organizational device, in the review of

the literature that follows.

HANS SELYE AND THE PHYSIOLOGICAL APPROACH TO STRESS

Dr. Hans Selye, an eminent medical researcher in the "stress" field, has written extensively on the inter-relationship between physiology, stress, and distress (e.g., Selye 1936, 1974, 1976a, 1976b, 1977; see also Tache & Selye 1978).¹ He (Selye 1974:27) defines stress as "the non-specific response of the body to any demand made upon it". Central to this definition are the notions that:

- (1) Stress may occur in response to a variety of external factors or "stressors". These external factors include stimuli such as heat, cold, nutrition, disruptive interpersonal relations, life changes, culture change, etc.
- (2) Stressors produce, either directly (in the case of physiological stress) or indirectly (in the case of psychogenic stress), an identical hormonal reaction in the body. This reaction, or General Adaptation Syndrome (GAS), is "a generalized effort of the organism to adapt itself to new conditions" (Selye 1936:32; see also Selye 1976a:53).
- (3) Although a degree of stress is necessary for survival, excessive or prolonged stress often is maladaptive. A prolonged GAS response may generate distress, or what Selye (1976a:54) refers to as "diseases of adaptation".

At a general level, Selye's views are widely accepted. Scholars tend to agree that various stressors are capable of generating a psycho-physiological response in an individual, and that an excessive or inappropriate response may lead to distress (Hinkle 1987). At a more specific level, however, Selye's views have attracted heavy criticism. This criticism has focused on a number of issues. Mason (1971; 1975), for example, has challenged the validity of the "non-specificity" dimension of Selye's stress concept. He argues, and presents supporting experimental evidence to indicate, that the endocrine system generates different responses to different threatening stimuli. If the endocrine system reacts differently to different stressors then Selye's (1974:27) definition of stress as "the nonspecific response of the body to any demand made upon it" is simply not tenable. Many scholars now reject this aspect of Selye's model (see Hinkle 1987; Lumsden 1981).

A second major criticism of this approach is that Selye makes use of a simple stimulus-response model. From his point of view, various noxious agents elicit a biological response from an organism. Mason (1971; 1975), however, demonstrates that the response(s) is associated with the workings of the central nervous system, and is based on a psychological recognition of danger. In other words, "the GAS may depend on psychological mediators rather

than on physiologically noxious stimuli" (Lazarus 1974:324). Selye's model is incapable of dealing with the psychological, social, and cultural dimensions of the processes by which individuals appraise the potential danger of various phenomena (Fleming *et. al.* 1984; Lazarus 1974; Lumsden 1981). This criticism also applies to more recent physiologically-oriented research (see Vingerhoets & Marcelissen 1988).

Dr. Selye must be applauded for his determined efforts to establish stress as an important concept in the biological sciences, and for generating a great deal of research on the topic in both the Natural and Social Sciences. Specific aspects of his model, however, are no longer acceptable. Given the importance scholars now assign to the processes by which an individual appraises danger, a physiological approach to stress that ignores or devalues the importance of psychological and socio-cultural factors, such as that of Selye and others (e.g., Brown 1981, 1982), is incapable of furthering our knowledge of the topic.

THE STRESSFUL LIFE EVENTS APPROACH

The historical roots of the "stressful life events" approach can be traced back to the work of Adolf Meyer (1866-1950) and H.G. Wolff (1898-1962). For a discussion of their contribution to the development of the approach see

Dohrenwend and Dohrenwend (1974) and Holmes and Masuda (1974). Today, the approach is generally associated with the writings of Thomas Holmes, Richard Rahe, and their associates. These researchers focus on the statistical interrelationship between psychosocial stressors and illness onset (Holmes & Masuda 1974; Holmes & Rahe 1967; Rahe 1968, 1978; Rahe et. al. 1964). They argue that: "a cluster of social events requiring change in ongoing life adjustment is significantly associated with the time of illness onset" (Holmes & Rahe 1967: 213).

Scholars who employ this type of approach do not examine the physiological dimension of stress. They do, however, make a number of assumptions concerning this aspect of the phenomenon. More specifically, the stressful life events approach is based on the assumption that psychosocial stressors evoke an adaptive response in the victim. The individual attempts to cope with the problem through various psychophysiological processes. Excessive or prolonged exposure to stressors, as in the case where an individual experiences a clustering of stressful life events, places a strain on the victim. As the individual's energy is expended in the effort to cope with the problem, his or her resistance to disease is lowered. Illness onset, then, is associated with the stressful life events, although they in themselves may not produce adverse symptoms (Rahe et. al. 1964: 42). The clustering of stressful life events produces

a cumulative effect that increases an individual's susceptibility to disease.

In order to measure life stress, Holmes and Rahe (1967) developed the Social Readjustment Rating Scale (SRRS). This device consists of 43 life-event items that require some type of adjustment on the part of an individual. These items include: death of a spouse, divorce, marriage, having a mortgage over \$10,000, and minor violations of the law. Each item is ranked and assigned a mean value (LCU -- Life Change Unit). The "death of a spouse", for example, is ranked number one and assigned a LCU value of 100, while "minor violations of the law" are ranked number 43 and assigned a LCU value of 11 (see Holmes & Rahe 1967: 216). When an individual experiences a clustering of stressful life events, the sum of the values assigned to those events represents the measure of life stress. The higher the figure, the more likely it is that the person will experience negative psychophysiological effects. In fact, Holmes and Masuda (1974: 59) argue that: "a life crisis ... [can be] defined as any clustering of life-change events whose individual values summed to 150 LCU or more in 1 year".

The SRRS, and many of the ideas associated with it, suffers from a number of inherent problems or biases. These biases fall into two primary categories. The first category concerns the nature of the life-events themselves. The SRRS

places too much emphasis on acute life-events, and virtually ignores the importance of daily events (Nezu 1986; Stone et. al. 1987) and chronic life problems (Lumsden 1981; Makosky 1982). The second category concerns mediating factors. The SRRS does not take into consideration any cultural, social, or psychological factors that may mediate between life-events and stress (Dohrenwend & Dohrenwend 1978: 12-14; Lumsden 1981: 15-19; Young 1980: 140-142). The stressful life events approach, as presented by Holmes and Rahe, measures psychosocial stress in terms of the occurrence of life-events; it does not examine how people perceive those events. Recent studies, however, indicate that it is not the life-events themselves that are of primary importance, but rather: the meaning people attach to them; and, the type of support people receive from others (see Brown & Harris 1978; Cohen & Hoberman 1983; Mechanic 1983; Stern et. al. 1982).

The stressful life events approach, then, attempts to measure the magnitude of psychosocial stress, and to relate this stress to illness onset. The technique Holmes and Rahe (1967) developed to accomplish this goal, however, is plagued by various biases. To be successful, the approach must place greater emphasis on the psychological, social, and cultural factors that influence how individuals perceive the danger associated with various stressors.

RICHARD LAZARUS AND THE TRANSACTIONAL APPROACH

Both the "physiological" and the "stressful life events" approaches treat human beings as if they were passive creatures in the stress process. These two perspectives place little importance on the mental functioning of individuals. In contrast, Richard Lazarus and his co-workers approach the study of stress from a cognitive or transactional perspective. From this point of view human beings are, consciously and unconsciously, active participants in the stress process; the stress complex involves an interaction between the various psychosocial stressors and the cognitive system of appraisal and evaluation (Lazarus 1966, 1974; Cohen & Lazarus 1979; see also: Fleming et. al.; Martin 1984).

According to Cohen and Lazarus (1979: 218-219), "the process of cognitive appraisal mediates psychologically between the person and the environment in any stressful encounter". Environmental stimuli, then, do not necessarily generate stress and distress. When an individual is exposed to a particular stimulus, he or she responds by appraising and evaluating the potential danger of the situation. If the individual perceives the situation as a threat, various coping mechanisms come into operation. Cohen and Lazarus (1979: 219) define coping "... as efforts, both action-oriented and intrapsychic, to manage (that is, master,

tolerate, reduce, minimize) environmental and internal demands, and conflicts among them, which tax or exceed a person's resources". They also distinguish between two primary types of coping: (1) "efforts to cope with the threat itself"; and, (2) "efforts to regulate the emotional distress" that may arise from the stressful encounter (Cohen & Lazarus 1979: 220).

Scholars who employ the "transactional" perspective share a common assumption with those who make use of the "physiological" and "stressful life events" approaches. They all regard stress as an adaptive process, and distress as a maladaptive response to environmental stressors. The transactional perspective, however, contributes to our understanding of the stress complex by focusing specifically on the cognitive processes of individuals. Recent studies confirm that these processes constitute an important part of the stress complex. These studies demonstrate that the stress process is influenced significantly by whether an individual perceives various life-events as: (1) desirable or undesirable (Cohen & Hoberman 1983; Stone et. al. 1987); and, (2) controllable or uncontrollable (Stern et. al. 1982; Fleming et. al. 1984). They also demonstrate that factors such as the availability or unavailability of social support cannot be ignored (Cohen & Hoberman 1983).

Lazarus and his co-workers take us a step closer to understanding the meaning of stress for the individual. It

provides us with a basis for a phenomenological study of the stress complex. This is a move in the right direction. However, there is still a need to examine explicitly the socio-cultural context of stressful episodes, and the various socio-cultural factors that influence the entire stress process.

THE SOCIO-CULTURAL APPROACHES

Anthropologists, as well as other scholars, have employed various theoretical orientations and methodological techniques to examine the socio-cultural dimension of the stress complex. For example: Alan Young (1980; 1982) and Pollock (1988) examine the interrelationship between stress discourse and ideology; both Spradley & Phillips (1972) and O'Neill & Rubel (1980) have created culturally informed techniques to measure stress; Scotch (1963) demonstrates that there is a need to examine socio-cultural factors for the epidemiological study of stress-related phenomena; Mestrovic & Glassner (1983) have developed a Durkheimian hypothesis that links stress to social integration; Dressler (1985) examines the interrelationship between macro-structural processes, lifestyle stress, and the self-conceptions of individuals; and, Brown & Harris (1978), B. J. Good (1977), Kleinman (1980) and others have examined stress and distress in terms of what Lumsden (1981: 22-28)

labels as the social phenomenological perspective.

Although these scholars approach the problem from different points of view, their work reflects a common interest; they are all interested explicitly in examining the interrelationships between social structure, cultural meanings, and stress/distress. These studies contribute to our knowledge of the stress complex, by providing a discussion of the socio-cultural context within which to understand the "physiological" and the "psychological" dimensions of the phenomenon.

Of particular importance for my study of Sicilian-Canadian conceptions of "nerves" are the works of scholars who employ the social phenomenological approach. These scholars are concerned primarily with cultural meanings, and the social construction of reality. More specifically, they are concerned with the internalized ideas, beliefs, and assumptions that influence: (1) the experience of emotional states; (2) how people attempt to explain and deal with these states; (3) how people communicate distress to others; (4) how significant others interpret the messages they receive; and, (5) in the case of illness, the type of healing techniques that are used to help alleviate the suffering. Much of the work published on "nerves" and "idioms of distress" is directly or indirectly associated with this social phenomenological approach.

More recently, however, a number of anthropologists

have examined "nerves" in terms of the new critical medical anthropology perspective (e.g, DeLaCancela et. al. 1986; Lock 1989; Schepher-Hughes 1988; Van Schaik 1989). As employed by these scholars, the approach concerns itself with the interrelationship between phenomenological factors and issues relevant for an understanding of the political economy of health. They examine the factors that contribute to the social origins of distress, and how people communicate social problems through the idiom of "nerves".

"NERVES" AND THE EXPRESSION OF DISTRESS

According to Mark Nichter (1981; see also Parsons 1984), individuals often communicate their experience of stress or distress by means of various culturally-appropriate and recognizable idioms of distress. Each social group has its own particular "language of distress". This mode of communication consists of: "both the cognitive-verbal expressions of distress, or how people talk about their stressful experiences; and the somatic-behavioral expressions of distress, or the non-verbal manifestations of distress" (Parsons 1984: 72).

Setha Low (1985) identifies "nerves" as an idiom of distress that appears in a variety of socio-cultural settings. A review of scholarly literature indicates that "nerves" are indeed a widespread phenomenon. References to

this particular complaint can be found in studies conducted in various parts of the world.² The literature review also indicates that "nerves" have become a very popular topic of study in recent years. Three major collections of articles on the topic, for example, have been published in the 1988-89 period (Davis 1988; Davis & Guarnaccia 1989a; Davis & Low 1989a), and I expect additional material to be published in the near future (e.g., Low, n.d.).

Although the specific "meanings" people attach to the phenomenon may vary cross-culturally, scholars generally agree that "nerves" are an expression of distress. The complexities surrounding the phenomenon, however, have raised a number of issues and areas of disagreement. These issues fall into the following categories.

"Nerves" as a Culture Bound Syndrome. Trotter (1982: 217-218), in an article that deals with several health-related problems among Mexican-Americans, suggests that nervios ("nerves") may be a culture-bound syndrome. He invites researchers to examine the complaint within this context. In 1985, Dresch presented a detailed discussion of nervios among Puerto Rican women that explicitly addresses this issue. She concludes that nervios does qualify as a culture-bound syndrome for the following reasons: (1) the complaint consists of various signs and symptoms that are recognized, and responded to in a recognizable way, by the Puerto Rican women; (2) the Puerto Rican women share the

symbolic social and psychological meanings associated with the complaint; and, (3) the symptoms serve as an idiom of distress (Dresp 1985: 116, 131). For Dresp then, "nerves" represent a culture-bound syndrome because the phenomenon is associated with specific meanings, and it serves a specific purpose, among the Puerto Rican women she studied.

Initially, Setha Low (1981) arrived at a similar conclusion concerning the nature of "nerves" in Costa Rica. A cross-cultural examination of the phenomenon, however, has lead to a major change in her position. Low (1985) now argues that "nerves" do not constitute a culture-bound syndrome. The phenomenon occurs in a number of locales, and it occurs among different social groups. Low's (1985) cross-cultural survey reveals that the causal factors, the symptomatology, and the function(s) associated with "nerves" are generally similar. According to Low (1985: 187), it is the "cultural interpretation of the meaning of nerves" that varies from one society to another. I believe that Dresp (1985) and Low (1985) arrive at significantly different conclusions not because the material they examine is inherently different, but rather because they focus attention on different aspects of the phenomenon. This, in turn, is possible because the notion of culture-bound syndromes has become an ambiguous concept in medical anthropology and transcultural psychiatry.

According to Yap (1969), culture-bound syndromes are

atypical psychogenic disorders. He refers to them as "atypical" for two reasons. First, they are confined to specific areas. Second, since socio-cultural factors have a direct effect in patterning the affective and behavioral responses of people to the harmful stimuli responsible for causing these ailments, they are not readily identifiable in terms of western psychiatric nomenclature. Yap, then, restricts the use of the term culture-bound syndromes to refer to specific types of psychiatric problems. The concept, however, has been applied recently in discussions of physical disorders as well. Cassidy (1982) and Ritenbaugh (1982), for example, discuss kwashiorkor (Protein-Energy Malnutrition) and obesity as culture-bound syndromes. In fact, an argument can be made that all forms of suffering are to some extent or other culture-bound (Cassidy 1982). Socio-cultural factors play a significant role in the identification and interpretation of all forms of sickness; in addition, socio-cultural factors influence the onset of suffering, the illness process, the behavior of the victim, and the reaction of significant others. Cassidy (1982: 326; see also Hahn 1985: 168-169) argues that a syndrome is culture-bound when it has a unique meaning appropriate for the culture in which diagnosis occurs.

The ambiguity currently associated with the concept of culture-bound syndromes has led Hahn (1985) and Karp (1985) to suggest that we do away with the concept

altogether. Prince (1985: 197; see also Prince & Tcheng-Laroche 1987:4), on the other hand, suggests that we use the term to refer to: "a collection of signs and symptoms of disease (not including notions of cause ...) which is restricted to a limited number of cultures by reason of certain of their psychosocial features". Prince's reformulation of the concept of culture-bound syndromes returns us to a definition of the phenomenon that is much more consistent with the views initially expressed by Yap (1969).

If we accept the notion that all forms of suffering are culture-bound, Trotter (1982) and Dresch (1985) are correct; "nerves" are a culture-bound syndrome. Nervios has a unique meaning for the Puerto Rican women Dresch (1985) interviewed. If we accept the definition proposed by Prince (1985), the issue is resolved in favor of Low's (1985) argument. Since the phenomenon occurs in many different places, and among many different peoples, it cannot be regarded as a culture-bound syndrome. Nerves are, or are not, a culture-bound syndrome depending on whether we accept a very general or a restricted definition of the concept. Recent studies, however, tend to support Low's position (e.g., Davis & Guarnaccia 1989; Dunk 1989; Finkler 1989). I will discuss this issue further in the conclusion, and examine how my investigation of the Sicilian-Canadian "nerves" complex can contribute to the discussion.

"Nerves": An Adaptive or Maladaptive Phenomenon. In his discussion of psychosocial distress in South India, Mark Nichter (1981: 379) maintains that:

idioms of distress more peripheral to the personal or cultural behavioral repertoire of Havik women [e.g., weight loss, certain types of illness, evil eye, and spirit possession] are ... adaptive responses in circumstances where other modes of expression fail to communicate distress adequately or provide appropriate coping strategies.

A number of scholars have made a similar argument for "nerves" (e.g., Barlett & Low 1980; Davis 1983a; Finerman 1989; Low 1981, 1988). The expression of distress through the symbolic and somatic idiom of "nerves" enables people to communicate their suffering, and elicit social support, in a culturally appropriate and recognizable way.

The expression of "nerves", however, is not necessarily an adaptive response to psychosocial stress. Whether the phenomenon is or is not an adaptive response depends on the specific context within which it is expressed, and the reaction of significant others (see Camino 1989; Dunk 1989; Guarnaccia *et. al.* 1989; Low 1989). For example, people who migrate or immigrate to new locations often find that their traditional support network is greatly disrupted. In the new socio-cultural environment, "nerves" may still operate as an idiom of distress; this communicative device, however, may no longer be able to elicit the desired response (Guarnaccia *et. al.* 1989). The lack of effective social support may in fact intensify or

complicate the original problem, and lead people to seek medical treatment for the complaint.

Idioms of distress, including "nerves", may also have a maladaptive or dysfunctional effect in cases where the victim and the therapeutic audience do not share the same beliefs and customs (e.g., Davis 1984; Kunde 1985). According to Kunde (1985: 2), South Dakota nursing home residents tend to express their feelings of distress in terms of "nerves". This is a socially acceptable way to communicate distress to others. However, since the victims tend to present their complaint in terms of somatic symptoms, the expression of "nerves" often masks the psychosocial nature of the problem. This makes it difficult for medical and psychiatric professionals to implement appropriate psychotherapeutic interventions. "Nerves" are an inappropriate way to communicate distress to medical professionals who do not share the meanings that are necessary to interpret a message presented in an indirect somatic idiom.

A review of the literature indicates to me that, at the personal and interpersonal level of analysis, it is not the phenomenon of "nerves" itself which is adaptive or maladaptive. Instead, it is the process of social and self-reflexive interaction, and the meanings that are generated in that interaction, which transform the phenomenon into an adaptive or maladaptive coping strategy.

At a more general level of analysis, the adaptive/maladaptive argument is of secondary importance. Idioms of distress may operate as adaptive mechanisms to attract social support, and obtain temporary relief from certain stressful conditions. Social support, for example, may act as a buffer to reduce the potential effects of stress, while medicalization of the problem may help relieve some of the symptoms an individual experiences. In many cases, however, there are various structural factors -- such as unequal gender relations, unequal access to power and wealth, etc. -- which serve as significant stress-inducing stimuli. As long as the underlying structural arrangements responsible for generating the distress remain intact, the coping strategy is unlikely to provide an adequate solution of the problem (Dunk 1989; Lock & Dunk 1987; Scheper-Hughes 1988; Van Schaik 1989). I will test the applicability of these ideas for the Sicilian-Canadian situation.

"Nerves" and the Abnormal. An emic analysis of "nerves" indicates that the phenomenon is considered a psychiatric problem in some societies (see Fabrega & Metzger 1968; Hill & Cottrell 1986), but not in others (see Garrison 1977; Harwood 1981; Ragucci 1981). In Caribe, a West Indian community in Costa Rica, nervios ("nerves") is a two dimensional phenomenon. Within the context of the immediate family, it serves as an acceptable, and somewhat effective, idiom of distress; people, however, do not discuss nervios

with non-family members, because it is considered a stigmatizing form of mental illness (Hill & Cottrell 1986: 10-11). In contrast, Puerto Ricans (Garrison 1977: 388-389; Harwood 1981), Italians (Chapman 1971: 227; Ragucci 1981: 231-232), and Newfoundlanders (Dinham 1977) make a sharp distinction between mental illness and attacks of "nerves". Among Puerto Ricans, for example, nervios is a non-stigmatizing somatic complaint that sometimes requires medical attention, while locura (craziness) is a stigmatizing psychiatric problem (Garrison 1977: 388-389).

Although certain social groups may, or may not, consider "nerves" as a potentially stigmatizing psychiatric condition, some medical researchers identify the phenomenon as an abnormal state (e.g., Army 1955; Fernandez-Marina 1961; Jenkins 1988a, 1988b; Koss-Chioino 1989; Ludwig & Forrester 1981, 1982; Mehlman 1961; Nations *et. al.* 1988). Jenkins (1988a, 1988b), for instance, discusses the inter-relationship between "nerves" and schizophrenia, while Nations *et. al.* (1988) associate the phenomenon with anxiety and depression. These works are informed by the western biomedical paradigm; they attempt to uncover the underlying emotional and psychiatric aspects of the problem.

Other scholars argue that "nerves" can represent a normal reaction to episodes of negative affect (e.g., Guarnaccia *et. al.* 1989). The phenomenon serves as an appropriate communicative device that allows individuals to

express their suffering to significant others. A discussion of "nerves" as an idiom of distress, however, still carries the implication that the victim is experiencing an abnormal, though not necessarily psychiatric, state. I believe that we cannot avoid this implication as long as we focus on the medical dimensions of the phenomenon. Dona Davis' (1983a, 1983b, 1989) work in Newfoundland indicates that the concept can take on different meanings in non-medical contexts. For Newfoundland women, "nerves" are "a normal way of coping with life's trials" (Davis 1983: 139). Davis demonstrates that the concept operates as: (1) an explanatory device; (2) a status enhancement; (3) a conversational convention; as well as, (4) an idiom of distress. To fully understand "nerves", then, it is necessary to examine the phenomenon as it is used by people in the process of both social and self-reflexive interaction.

My study of the Sicilian-Canadian "nerves" complex will examine: (1) the contexts within which the idiom is utilized; (2) the messages people communicate through this idiom; and, (3) how these implicit and explicit meanings are interpreted, and acted upon, by significant others. This will allow me to examine both the medical and the non-medical aspects of the phenomenon. I will argue that the concept of "nerves" operates as an idiom of distress among Sicilian-Canadians. At the same time, however, I will demonstrate that the concept also serves as a key symbol

that can be invoked and manipulated in a variety of contexts to generate alternative messages.

Distress, Gender, and "Nerves". Much of the literature on "nerves" depicts the phenomenon as a predominantly, and in some cases exclusively, female complaint (e.g., Barnett 1989; Cayleff 1988; Davis 1989; Low 1989a). According to Barnett (1989: 67), for example, in Peru nervios is "a folk illness limited to women of menopausal age". A number of scholars, however, suggest that the gender - "nerves" issue requires further attention (Davis & Guarnaccia 1989; Finkler 1989; Low 1989). They propose that researchers test the possibility that men and women express their experience of distress differently.

Among Sicilian-Canadians, the phenomenon is not restricted to women. Both males and females make use of the "nerves" idiom to communicate their pain and suffering to significant others. I will address the gender issue, by comparing male and female encounters with "nerves". This will allow me to examine the extent to which gender differences affect or influence Sicilian-Canadian expressions of distress. I will discuss the implications of my findings in the conclusion.

IDIOMS OF DISTRESS: A NEED FOR A CLASSIFICATORY MODEL

Each society, and each social group within a society,

has a number of characteristic idioms through which its members communicate distress and suffering to others. In addition to "nerves", scholars have identified a large number of phenomena as idioms of distress.³ One of the more inclusive sub-categories of "idioms of distress" is the concept of somatization. Arthur Kleinman (1986:51) defines somatization as "the presentation of personal and interpersonal distress in an idiom of physical complaints together with a coping pattern of medical help-seeking". The human body is a vehicle through which psychosocial problems can be expressed. Other idioms of distress include: evil eye, some cases of spirit possession, and various folk illnesses.

In fact, an argument can be made that all forms of culturally recognized distress have a communicative dimension. According to Kleinman et. al. (1978: 252; see also Fabrega 1971: 213; Kleinman 1980: 72-73), any discussion of "sickness" must include a distinction between disease and illness. They define the two concepts as follows: disease "in the Western medical paradigm is [a] malfunctioning or maladaptation of biologic and psychophysiological processes in the individual", while illness refers to the "personal, interpersonal, and cultural reactions to disease or discomfort". Illness, in contrast to disease, is a cultural construction. In order for people to react to disease and other forms of distress, there must be

some type of sign or symptomatic indicator(s) that the individual is suffering adverse effects. Distress must have a communicative dimension for people to recognize and react to it. Culture, in turn, influences how people interpret the physical and psychological sensations they experience, and how they communicate these sensations to others. One dimension of the "illness" concept is that it involves a means by which people can communicate distress. Herzfeld (1986) goes as far as to suggest that illness can be viewed as a text ready for interpretation.

Yet, if a large number of phenomena have been, or can be, identified both as responses to distress and as means of communicating distress, how can we compare and distinguish between them? I contend that it is necessary to establish a classificatory system within which to discuss various distress-related phenomena. My intention is to build upon previous work to create a tri-axial model that will serve this purpose. The model will focus on etiological explanations of disease and illness. I have chosen etiological explanations as the basis for the model for three interrelated reasons:

- (1) Although people associate particular symptoms with certain folk illnesses, the symptoms are usually not specific for the ailment. The same symptoms may be attributed to different illness categories (see Fabrega

1970: 305; Fabrega & Silver 1973: 116). In addition, certain ambiguous illness categories such as the evil eye may be used to explain any and all types of symptoms (see Migliore 1983). A classificatory system based on symptomatology would only lead to confusion.

- (2) Due to the lack of "specificity", symptomatology does not provide people with an adequate rationale for choosing alternative preventive and/or therapeutic measures. Preventive and therapeutic action is dependent upon how people interpret and explain the manifestations of suffering (see Rivers 1924:7; Evans-Pritchard 1937; Foster & Anderson 1978: 37). This makes etiological explanations a better choice for classification purposes.
- (3) "Causality" is a key world-view universal (Kearney 1984). Although specific beliefs may vary from one society to another, all peoples have some conception of causality. "The recognition that causal inferences are a fundamental, indeed universal, aspect of folk knowledge of illness provides a framework for the comparative analysis of common-sense reasoning about illness" (White 1982: 81). It is through etiological explanations that people the world over make sense of, and give meaning to, the negative effects of distress.

In chapter four, I will critically examine the

classificatory models that scholars currently employ to discuss etiological explanations of distress. I will then present my alternative tri-axial model. This model will contribute to our understanding of distress-related phenomena by providing a basis for both intra-cultural and cross-cultural comparison of various phenomena. Later in the dissertation I will make use of the model to compare and contrast Sicilian-Canadian conceptions of "evil eye" (mal' uocchiu) and "nerves" (nierbi). Among Sicilian-Canadians both phenomena serve as idioms of distress and as explanations for distress.

The dissertation, then, will make two primary contributions to scholarly literature. First, the discussion of the various meanings people attach to the concept of "nerves" will make an ethnographic contribution to the growing literature on idioms of distress; it will also serve as a basis for generating hypotheses at a more general level of analysis. Second, the discussion of the classificatory model, and its application, will provide a theoretical and methodological contribution. In addition, my work has an applied dimension. An understanding of how Sicilian-Canadians perceive stress and distress may help medical professionals deal more effectively with the problems these people experience.

CH.2: BACKGROUND, I: METHODOLOGY AND THE FIELDWORK EXPERIENCE

This chapter will focus on the methodological perspective I employed to obtain, and later examine, the ethnographic data necessary for the investigation of Sicilian-Canadian conceptions of nerves. More specifically, I will discuss briefly the "symbolic interactionist" perspective, the modifications I have made to the perspective, and the actual techniques I employed to obtain and make sense of the data. I will also discuss some of my personal experiences while in the field. As part of this discussion, I will address some of the advantages and disadvantages of conducting fieldwork among people with whom I share either kinship and friendship links, or at least a sense of common ethnic affiliation and background.

THE METHODOLOGICAL DIMENSION OF THE STUDY

A. CHOICE OF FIELD SITES

I chose to conduct my field research among members of the Racalmutese community of the Hamilton-Wentworth region of Southern Ontario for the following reasons:

(1) I have many personal contacts within this community. I

was born in a small town located roughly 15 kilometers from Racalmuto. My mother, and her family, are Racalmutese. My parents and I emigrated to Canada in 1957, and we settled in an area of Hamilton that was populated primarily by Racalmutese immigrants. Having grown up in this atmosphere, I feel very much a part of the community.

- (2) Although my Italian language skills could be improved upon, I speak the Sicilian dialect fluently. The people of Sicily share a common dialect; however, each community has a characteristic way of pronouncing certain words. In addition, certain words may have a slightly different meaning and usage from one community to another. I am fluent in the Racalmutese version of the Sicilian dialect.
- (3) I have already conducted field research among Sicilian-Canadians (see Migliore 1980, 1981, 1983, 1988). My work on the Sicilian-Canadian evil eye complex is particularly relevant for the dissertation, because it focuses on the interrelationship between evil eye and stress. In chapter five I will re-examine Sicilian-Canadian conceptions of evil eye, and later in the dissertation I will relate the evil eye material to my discussion of "nerves".
- (4) There are approximately 20,000 Sicilian-Canadians

residing in the Hamilton-Wentworth region. As one of the largest non-Anglo groups in the region, Sicilian-Canadians are an excellent choice for the study of health and illness among Canada's ethnic minorities.

Since approximately 95% of the Sicilian population of Hamilton is Racalmutese, I felt that it was necessary to spend some time in Racalmuto and its environs. I traveled to Racalmuto in the summer of 1983. During my stay, I was able to witness a major religious feast, and obtain background information about the local area. I was also able to establish contacts with certain members of the community. Through communications with these people, I have obtained additional data and local publications relevant for my study.

B. Method

The dissertation deals specifically with the meanings Sicilian-Canadians attach to the concept of "nerves", and the role these meanings play in the process of social and self-reflexive interaction. In order to obtain data relevant for this discussion, I made use of a modified "symbolic interactionist" perspective. Although this approach developed within the field of sociology, its emphasis on the inter-relationship between action and meaning makes it appropriate for use in an anthropological investigation (e.g., Angrosino

1989; Berreman 1962; Bock 1988; Braroe 1975; Gregor 1977; Selby 1974).

The origins of the symbolic interactionist perspective can be traced back to two primary sources. First, Max Weber's discussion of the role of individual subjectivity in the process of social interaction. According to Weber (1977: 38; see also Weber 1962: 29, Teevan 1982: 8):

Sociology ... is a science concerning itself with the interpretive understanding of social action We shall speak of "action" insofar as the acting individual attaches a subjective meaning to his behavior Action is "social" insofar as its subjective meaning takes account of the behavior of others and is thereby oriented in its course.

These ideas have influenced greatly the premises that underlie symbolic interactionism. Second, the social psychology of scholars such as George Herbert Mead (1962), John Dewey (1930), Charles Horton Cooley (1902), and others (see Charon 1985: 26-31; Hewitt 1984: 8-12). These scholars, and Mead in particular, contributed to the development of symbolic interactionist ideas concerning the concept of "self", and the process of self-reflexive interaction.

Symbolic interactionism itself consists of two major variants: (1) the processual approach associated with the "Chicago School"; and, (2) the structural approach associated with the "Iowa School" (Gecas 1982; Meltzer et. al. 1975). It is the "processual" version of the perspective that I am concerned with in the dissertation. Some of the prominent scholars who make use of this, or a version of

this, approach include Blumer (1969), Goffman (1959), and Becker (1963). Herbert Blumer, however, is the individual most often associated with the approach. According to Charon (1985: 26):

... Blumer is probably the most important integrator and interpreter of the symbolic interactionist perspective his work probably represents the best interpretation and integration of the writings of others, and at the same time, it pulls out the social implications and unique insights of the perspective.

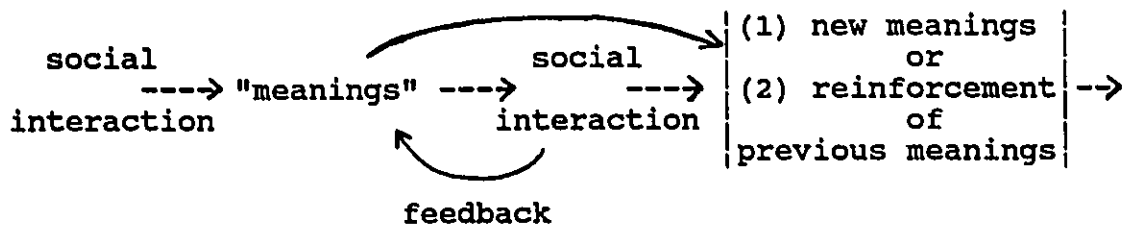
In fact, it is Blumer (1937) who coined the term "symbolic interaction".

The symbolic interactionist perspective, as outlined by Blumer (1969: 2-5; see also Denzin 1974: 269), is based on the following premises:

- (1) Through the process of social interaction, each individual develops a set of meanings that he or she attaches to different things (i.e., physical objects, other people, ideals, etc.). These meanings provide the basis for further social interaction. The new interaction, in turn, may either generate new meanings, or reinforce the original meanings. From this point of view, "meanings" are not absolute and final; instead, they are dynamic phenomena that are continuously being generated, maintained or transformed in the course of on-going social interaction.
- (2) How individuals act towards things is directly related to the meaning(s) those things have for them.

- (3) Individuals do not merely apply socially derived meanings; the use of meaning involves an interpretive process. This interpretative process occurs through self-reflexive interaction. That is, from a symbolic interactionist perspective, each individual is assumed to have an internalized other with whom he or she communicates to arrive at various decisions.

Figure #1: Meaning Through Social Interaction



Symbolic interactionism, then, is based on the principle that meanings are social products (Blumer 1969: 5). It is through the process of on-going social interaction that people continuously construct their "reality". Followers of this approach refer to the process as symbolic interaction, "because minded, self-reflexive behavior demands the manipulation of symbols, words, meanings and diverse languages" (Denzin 1974: 269).

The perspective, however, suffers from certain weak-

nesses. As proposed by Blumer, symbolic interactionism presents a narrow view of both the individual and society (see Zeitlin 1973: 216-218). Human beings represent social actors who participate in symbolic discourse, and make use of self-indication to interpret various aspects of the interaction process (Morgan & Smircich 1980: 494). At the individual level, Blumer (1969: 80-83) is so concerned with the interrelationship between "social action" and "self-reflexivity" that he downplays or rejects the notion that biological, emotional, and psychological factors can play a significant role in human conduct. He argues that "organic drives, wishes, attitudes, feelings, ideas, and the like" are secondary phenomena; these factors influence behavior if, and only if, the individual interprets and works on these phenomena through self-indication (Blumer 1969: 81).

On first impression, Blumer's position seems to make it difficult to examine the various physical and emotional indicators of human suffering. Symbolic interactionists, however, have not ignored the study of emotions (see Mills & Kleinman 1988; Rosenberg 1990; Thoits 1989). These studies focus primarily on three interrelated phenomena; they examine the role of reflexivity in: (1) emotional identification -- i.e., how individuals interpret and identify what they, or significant others, are experiencing; (2) emotional display -- i.e., the expression of emotion to communicate messages to others; and, (3) emotional

experiences -- i.e., "the creation of internal states of arousal" (Rosenberg 1990: 4). My examination of the Sicilian-Canadian "nerves" complex will address issues relevant for an understanding of both "emotional identification" and "emotional display".

In order to address these issues, I will extend the analysis to include a discussion of: (1) the individual's subjective understanding of the physical and emotional aspects of "nerves"; and, (2) the individual's internal model of the society's cultural meanings and symbols. My study, then, although consistent with the symbolic interactionist perspective, is much more phenomenological and interpretive than traditional work within the field (see Denzin 1983; Gramling 1990). At the same time, however, the study remains grounded to the interaction process. As Denzin (1983: 129) states, this new interpretive interactionism:

takes as its fundamental subject matter the everyday life world, as that world is taken for granted and made problematic by self-reflexive, interacting individuals. The study and imputation of meaning, motive, intention, emotion, and feeling, as these mental and interactive states are experienced and organized by interacting individuals, are of central concern for the interpretivist. The streams of situations which persons construct, give meaning to, and inhabit, are focuses of study.

By modifying the symbolic interactionist perspective in this way, I believe we can begin to move beyond Blumer's narrow view of the individual. This modification also brings my study more in line with some of the interpretive work in

both medical anthropology, and the anthropology of emotions (e.g., Good 1977; Good & Good 1982; Lutz & White 1986: 417-420). The discussion of my personal experiences in the field, and my attempt to construct an understanding of Sicilian-Canadian conceptions of "nerves", will also bring the study more in line with the trend towards a more reflexive anthropology (e.g., Rabinow 1977; Rodman & Rodman 1989; Ruby 1982; Swiderski 1986).

A second criticism of symbolic interactionism, and Blumer in particular, is that the approach has a narrow view of society (Zeitlin 1973: 218). Blumer (1969: 87), for example, downplays or rejects the notion that the study of "structural categories [such] as social system, culture, norms, values, social stratification, status positions, social roles and institutional organization" can generate explanations for an understanding of social action. Blumer's position restricts the approach to a micro-analysis of the interaction process; it does not deal with the economic, historical, political, and socio-cultural context which may influence that interaction. A similar criticism has been made of other micro-level and interpretive approaches (see Keesing 1987; Ortner 1984; Singer 1989; Young 1982).

I will address the problem, by extending my study to include a discussion of some of the historical and structural factors which contribute to the social origins of distress among Sicilian-Canadians. More specifically, I will

discuss the "nerves" complex within the context of phenomena such as: (1) the long history of foreign domination and exploitation of Sicily; (2) the emigration/immigration experience; (3) financial problems; (4) employment-related tensions; and, (5) interpersonal and intergenerational conflicts. This modification of the symbolic interactionist perspective is informed by certain trends in the new critical medical anthropology.

In recent years, a number of medical anthropologists have devoted their attention to the development and use of this critical perspective (e.g., Baer et. al. 1986; Scheper-Hughes & Lock 1986; Singer 1989, 1990). The perspective is designed to focus on, or at least take into consideration, various macro-structural phenomena that may affect "health" and "sickness". Much of the literature deals with issues in the political economy of health, and health care delivery. Scheper-Hughes and Lock (1986: 137; emphasis in original) are critical of this work, because it tends to:

depersonalize the subject matter and the content of medical anthropology by focusing on the analysis of social systems and things, and by neglecting the particular, the existential, the subjective content of illness, suffering, and healing as lived events and experiences.

To overcome the problem, they suggest that medical anthropologists must find a way to incorporate a discussion of both macro-structural and micro-phenomenological phenomena into their studies (see Scheper-Hughes & Lock 1986: 140;

1987). They propose that this can be accomplished by examining the ways in which people, through the medium of the "body" and various "idioms of distress", are capable of communicating or revealing information concerning: (1) their physical and emotional suffering; (2) their social well-being; and, (3) the historical, political, and economic factors that have generated their illness experience. The approach addresses the social origins of distress (see Lock 1986; Scheper-Hughes 1988; Waitzkin 1981). From this point of view, sickness is not merely an isolated event characterized by a specific set of symptoms; it represents a powerful communicative device (Scheper-Hughes & Lock 1987: 31). It is this version of the critical perspective that informs my study of "nerves".

In summary, then, I have modified the symbolic interactionist perspective to include both an interpretive and a critical dimension to the study. I label the perspective as critical interpretive interactionism. These modifications allow me to focus on social and self-reflexive interaction within its broader context. I will address the interrelationships among "nerves", "evil eye", and "distress" at several levels of analysis. The study, for example, will concentrate on the following. First, folk conceptions of health and illness. More specifically, I will deal with the interrelationship between Sicilian-Canadian world view and health-related beliefs and practices. Second,

the subjective aspects of human suffering. I will examine the meanings specific individuals attach to "nerves", "evil eye", and the "illness" experience. This entails an examination of how people identify, label, react to, and rationalize what they and others experience. Third, the interaction between victim and significant others. I will address how people communicate, interpret, and explain distress to one another, and how they attempt to deal with the problem. Fourth, some of the historical and structural factors that generate, or at least influence, the illness process within the Sicilian-Canadian community. My study, then, although grounded in real life situations, and the individual's subjective understanding of those situations, also addresses issues at the macro-level of analysis.

C. Technique

Based on my experience with Sicilian-Canadians, and the nature of the symbolic interactionist perspective, I determined that a questionnaire survey was not appropriate for this study. Instead, I employed the following techniques to obtain the data:

(1) Participant Observation.

Since I will be discussing some of my field experiences below, it will suffice at this time to state that I engaged in participant observation-based

research, among the Racalmutese of Hamilton, during the 1982-84 period. Moreover, from 1984 to the present, I have continued to participate in various activities, and to gather additional data.

This technique has helped me gain a great deal of background information concerning the community, and various aspects of Sicilian-Canadian world view. Through a combination of participant observation and self-reflexive interaction, I also gained an insight into the various ways that the concept of "nerves" can be utilized in both medical and non-medical contexts. This insight provided the basis for formulating appropriate questions for my investigation of "nerves".

My fieldwork experience also benefitted from my apprenticeship with Don Gesualdo. By participating in various healing sessions, I was able to obtain a specialized knowledge of phenomena such as evil eye and physical "nerves", and the diagnostic and therapeutic techniques that can be used to assist victims of these complaints.

(2) Interviews.

Although I spoke to many members of the Racalmutese community, I interviewed informally forty individuals concerning the nature of "nerves". This sample is composed of 28 females and 12 males. Most of

the men I spoke with were either not interested in discussing "nerves" in any detail, or tended to discuss the topic within the context of injuries to muscles and connective tissue such as ligaments and tendons. Four of the individuals I interviewed, three females and one male, are traditional healers who treat conditions such as evil eye, muscle injuries, and other complaints.

During the interviews, I asked people the following types of questions:

- (a) What are nierbi ("nerves")?
- (b) Are there different types of nierbi?
- (c) Who is likely to experience nierbi or nirbusu (nervousness)?
- (d) Have you experienced these things?
- (e) (If yes) What was the experience like?
- (f) How can you tell that a person is suffering from nierbi?
- (g) What types of things are likely to activate nierbi?
- (h) Are nierbi associated with illness?
- (i) What types of things can occur as a result of nierbi?
- (j) How can a case of nierbi or nirbusu be brought under control?
- (k) Are there healers who treat cases of nierbi or nirbusu?

The interviews themselves, however, were very unstructured. I made use of the preceding questions to give the interviews a degree of consistency. My primary aim was to ask very general questions, and then allow my informants to discuss what they thought was relevant for an investigation of "nerves". Whenever there was a lull in the conversation I would either ask them to clarify some of the points they had made, or I would ask new

questions based on what they had already told me. In some cases, I also asked them to comment on some of the impressions I had developed about the topic.

The data I collected during the interviews will provide the basis for my discussion of Sicilian-Canadian folk conceptions of "nerves".

(3) Case Histories.

In addition to asking people general questions about "nerves", I collected 45 case histories from individuals who had experienced this phenomenon. On a few occasions I was also fortunate to be at the right place at the right time, to witness a number of "nerves"-related episodes. These case histories, in contrast to the interview material, will provide the basis for my discussion of how people perceive the experience of "nerves", and how the concept of "nerves" is utilized in specific contexts.

Whenever possible I discussed specific instances of "nerves" with both the victim and significant others. This approach allowed me to gain an insight into not only the victim's perception of what had transpired, but also the views of other individuals who were directly or indirectly involved in the process.

During the course of the study, I revisited some of the individuals who had provided case histories. This

allowed me to gather additional case history material, and to observe how the person's perception of the episode had changed over time and through experience.

(4) Life Histories.

I supplemented the interview and case history material by collecting information about certain individuals' life histories. This data provided me with useful background information concerning what people remember about: (1) life in Racalmuto; (2) the immigration process; (3) their early experiences in Canada; (4) membership in Sicilian-Canadian ethnic associations; and, (5) a variety of other factors.

THE FIELDWORK EXPERIENCE

My first experience with anthropological field research occurred in 1977. At that time, I was investigating Sicilian recreational clubs in the Hamilton-Wentworth region (see Migliore 1980). I recall entering the field with the impression that, as a member of the Sicilian-Canadian community, I had been involved in participant observation among the Racalmutese of the city for most of my life. I felt that the fieldwork portion of the study could be completed quickly, and without difficulty. I soon realized that this was a naive assumption. Although I had participated actively in many family and community activities, I

was uninformed concerning various things. I also misjudged how receptive people would be to participating in my investigation. I learned that fieldwork could be a painful and lonely experience even among one's own people.

The difficulties I encountered were due mainly to my own expectations. I expected people to welcome me into the clubs, agree to take time out of their regular activities to provide me with relevant information, and be patient while I asked questions and recorded their answers. Initially, only a few people agreed to participate in the study. In retrospect, I believe these individuals allowed themselves to be interviewed out of a sense of obligation. They were simply displaying respect either directly to me, because we shared a kinship relationship, or to my parents, with whom they shared a friendship relationship. Within a short period of time, however, these people became less and less willing to forego club activities in order to answer my questions. The interviews had become too much of an imposition for the club members. Everyone became distant. I began to feel as an outsider even though I was among other Sicilian-Canadians.

The fieldwork situation improved tremendously once I reevaluated my expectations and changed my behavior. Two individuals were instrumental in this process. The first individual, Sig. V., was employed as a bartender at one of the recreational clubs. I am in debt to Sig. V. for bringing to my attention some of the shortcomings of the research

technique I was attempting to employ. The second individual, my father, has helped me in various ways throughout my studies.

Sig. V. came to my rescue on one of the occasions when I was left standing alone in the clubhouse, while the club members engaged each other in conversation and played various card games. He took me aside, and prepared me a drink. After introducing himself, Sig. V. established a link between us; he explained that he and my mother's father's deceased brother had been friends. Sig. V. then went on to say that: although he did not want to interfere in my affairs, he was prepared to offer advice, if I was willing to listen. Realizing that my research efforts had been futile thus far, I was more than willing to listen to what he had to say.

Sig. V. communicated the following message to me:

If you want to accomplish anything here, you have to go about things differently. Put away your pen and paper! You have to listen to people, not try to write down everything they say. Do you want them to think you're some kind of spy? People come to the club to have a good time, not to answer questions. Talk to people, offer them drinks, and take part in the activities. You don't have to ask questions to get the information you need.

Sig. V.'s message was clear; community affiliation did not make me a participant observer. I had to actually participate in club activities, in order to collect relevant data. In addition, as a member of the community, I was expected to display correct or appropriate behavior in my

interaction with club members. It was simply not appropriate for a young man to enter the club, and disrupt the activities of his elders. Sig. V.'s message caused me to reflect on what I had been doing, and what I should do in the future.

Sig. V. offered me sound advice. I now realized that I would have to reevaluate my expectations, and begin to act in a more culturally appropriate way towards the club members. One of the problems that I have repeatedly encountered in the process of conducting field research among Sicilian-Canadians is that people have very high expectations of me. As a member of the community I am expected to react appropriately in various situations. I am expected to know what type of behavior is, or is not, acceptable in specific circumstances. Yet, having grown up in Canada, I have not always been adequately prepared to meet these expectations.

Over the course of the last ten years, I have relied on my parents for both encouragement and assistance. My father was particularly helpful during my initial research experience with members of Sicilian recreational clubs. He is the individual who helped me fully understand the implications of Sig. V.'s message. It was through discussions with my father that I gained an insight into the types of implicit assumptions people make about others, and how they should behave in various contexts. Since that time, both of my parents have been instrumental in helping me

develop an understanding of the various implicit assumptions and expectations that constitute an important dimension of on-going social interaction among Sicilian-Canadians. This assistance helped me reformulate my research method into a more culturally appropriate technique. Through experience, I was able to further modify and improve this approach.

Although each conversation and each interview is unique, I have learned to interact with people, and to approach the field research, in following ways:

- (1) I make contacts by moving along both kinship and friendship networks. This approach is appropriate for three reasons. First, it is an acceptable way to introduce oneself to others. Second, it allows people to place me in a familiar social context. It ensures, for example, that they already know something about me, my family, and the type of work I do. Third, it allows me to establish a link between us. I am not simply a researcher, but rather someone with whom they share acquaintances, friends, and/or relatives. This, I believe, is one of the potential advantages of working with members of one's own ethnic community.
- (2) Interviews should not be highly structured and formal. The people I work with invite me into their homes as a guest. As a guest, it is necessary to display the proper etiquette in behavior, and to display respect for the

hosts. To insist upon conducting a highly structured and formal interview would be to disrupt the host-guest relationship. This, in turn, would jeopardize my ability to conduct a successful interview.

- (3) In order to conduct a successful interview, one must be patient. Sicilian-Canadians prefer to begin by engaging in a general conversation -- a conversation that usually has nothing to do with the topic of interest for the researcher. This general conversation, however, is very important. It is through this conversation that my informants and I establish or reaffirm the links that provide the basis for our relationship. The general conversation also allows people to communicate indirectly messages such as: how long I am welcomed to stay on that particular visit; what types of questions I should avoid; and, which family member I should direct my questions to. In some cases, I found it necessary to visit people on several occasions before I could ask relevant questions about the "evil eye" or "nerves". Successful field research, then, depends on one's ability to display patience, and to correctly identify and act upon the cues people communicate implicitly before the interview actually begins.

- (4) Once the interview begins, people expect you to be attentive to what they say and to converse with them. In

many cases, this meant that I could not record the information on tape, nor could I write down the information as we conversed. Data collection became very difficult. I often found myself spending time alone trying to recall what had transpired and what people had related to me. Complying with their wishes, however, strengthened my relationship with informants. Some individuals now allow me to bring my notes to the interviews so they can comment on whether I have captured the essence of what they were trying to communicate, and I can make corrections.

In a few cases, people have allowed me to either tape record, or take extensive notes, as we discussed a particular topic. These people represent individuals with whom I share a close personal relationship. The reader, then, should be aware that, although I present the case histories in the first-person singular and narrative format, the majority of cases actually involve a reconstruction of dialogue. I use the first-person singular and narrative format as a stylistic device. The case histories, however, provide as accurate a paraphrasing of dialogue as possible under the circumstances. I have attempted to do this by: (1) following closely the notes I recorded several hours after the interview; (2) ensuring that the reconstructed dialogue did not change the meaning of what people were attempt-

ing to communicate; and, (3) discussing case histories with informants on more than one occasion whenever possible.

The insights I gained during my initial research experience proved very useful when I began to investigate the Sicilian-Canadian evil eye complex. My investigation of this phenomenon, however, benefited greatly from my interaction with Don Gesualdo, a traditional healer (see Migliore 1981: 57-64).⁴ Don Gesualdo either provided, or corroborated, a great deal of the ethnographic data that I present in my MA thesis -- Mal'uocchio: The Sicilian-Canadian Evil Eye Complex.

Don Gesualdo was born approximately 80 years ago, in a small village on the outskirts of Racalmuto, in southwestern Sicily. He recalls receiving his initial training as a traditional healer at an early age. His father taught him how to treat naturally caused ailments such as colds, stomachaches, and strained muscles (spilaturi). In time, however, Don Gesualdo became interested in ailments and illness processes that were not as easily explained or cured. He became interested in gaining knowledge concerning the manipulation of mystical forces.

Don Gesualdo's initial experience with supernatural forces occurred at age thirty-five, when he became an apprentice to a local spiritualist -- Don Pippino. Whenever

someone was suffering from an ailment that could not be treated successfully by other means, Don Pippino would be asked to communicate with the spirit world to obtain the information needed to assist the victim. During one of these seances, the elderly spiritualist was called away suddenly because of a family crisis. Don Pippino asked Marcellus, the attending spirit, if Don Gesualdo could continue the questioning process during his absence. Marcellus -- a non-human, beneficent, celestial spirit -- quickly responded: 'What you can do, he can do; he has the power'. From this point on, Don Gesualdo began to conduct his own spiritualist meetings.

Through contact with Marcellus, Don Gesualdo was able to obtain gradually a great deal of information concerning various ailments, including the illness people attribute to the "evil eye". This enhanced his position as a practitioner. He gained further recognition and respect by refusing payment for his services; this indicated to others that he was a true folk healer, not a fattucchieri (magician/sorcerer).

Don Gesualdo and his wife emigrated to Canada in the late 1960's. Once they established themselves in Hamilton, he began to operate as a traditional healer to serve the needs of a relatively small number of friends and relatives. He has not, however, attempted to utilize his power and knowledge to conduct spiritualist meetings; according to Don

Gesuldo, this phase of his life ended when he left Sicily.

I first heard of Don Gesualdo when I began to investigate the Sicilian-Canadian evil eye complex. Many of the people I worked with suggested that he was the person I should be talking to. Intuitively, I recognized that what they said was true; my investigation of the evil eye complex would benefit from a discussion of the phenomenon with an established healer. After some maneuvering, a friend of a friend was able to arrange an appointment for me to visit Don Gesualdo. My first impression of Don Gesualdo was that he was a very agreeable and interesting gentleman. He was the type of person who commanded respect.

My investigation of the evil eye, however, proceeded slowly. Don Gesualdo controlled the conversation during the initial interviews, and ensured that the discussion remained at a very superficial level. The situation changed dramatically on my fourth visit. As I began to ask complicated questions about the evil eye, Don Gesualdo stopped the discussion suddenly and asked me if I was wearing something to protect myself against the evil eye. Being a naive anthropologist, I was not carrying a protective amulet. Don Gesualdo terminated the interview. He told me not to return until I acquired something for protection; then he added: "Don't you know that even talking about this with me might cause you to become ill?" By the time I reached my home, I was indeed ill; I had developed many of the symptoms people

usually attribute to the evil eye -- e.g., stomach cramps; headache; and, mental confusion.

In retrospect, my experience can be explained in terms of psychosomatic symptoms resulting from suggestion. At the time, however, I did not know what to believe. I was totally unprepared for this outcome. Don Gesualdo complicated the situation further, by phoning to let me know that he was willing to visit and perform a healing ritual. I found it very difficult to explain how he knew that I was ill. I found it even more difficult to explain why and how I recovered completely after he performed the diagnostic and healing ritual. Again, in retrospect, now that I am removed from the situation, it is easy to rationalize what happened in terms of suggestion, coincidence, and similar concepts. At the same time, I am not completely prepared to rule out the possibility that Don Gesualdo has certain exceptional powers.

At any rate, Don Gesualdo, through either suggestion or his own knowledge and power, helped me recover from the symptoms I was experiencing. This allowed me not only to witness a diagnostic and healing ritual, but actually to experience its effects. Once I had recovered, Don Gesualdo gave me an amulet which he had prepared specifically for my future protection. I still carry the amulet on my person.

The episode I have just described provided the basis for the development of an intimate relationship between Don

Gesualdo and myself. From this point on, he began to treat me as his apprentice. He taught me many of the techniques he uses to diagnose and treat cases of evil eye and other ailments. This development produced the following consequences:

- (1) I suddenly had access to privileged information, information which was not readily available to nonspecialists. Since much of this information is regarded as secret knowledge by Sicilians, I did not include it in my MA thesis. Access to this information, however, has helped me develop a better understanding of both the evil eye complex, and Sicilian-Canadian world view in general.
- (2) My relationship with Don Gesualdo, combined with the fact that I am Sicilian-Canadian, has made it difficult for me to analyze the field data. Although I have attempted to remain objective in both my MA thesis and in the current dissertation, I often have nagging doubts as to whether I have been able to remove myself completely from the field situation. This is not necessarily a disadvantage, nor a problem solely restricted to "native" anthropologists, but it has complicated my efforts to complete and present the work. Until recently, for example, I have had difficulty discussing the ambiguities inherent in the Sicilian-Canadian "nerves"

complex.

- (3) As Don Gesualdo's assistant, I was able to witness how he interacts with patients in various circumstances. In addition, it placed me in a position where I could discuss the "evil eye" with individuals who were suffering from its effects. In other words, it facilitated the collection of evil eye case histories.

Don Gesualdo has become both my mentor and a good friend. He has contributed greatly to my understanding of Sicilian-Canadian conceptions of "evil eye", "nerves", and other phenomena. With respect to the dissertation, Don Gesualdo has assisted directly in three ways. First, he has provided information concerning various "nerves"-related beliefs and practices. Second, he has been innovative in his attempt to help me make sense of the data. Specifically, he developed the concept of alterazione (a severe disequilibrium state) in order to make generalizations concerning the interrelationship between various stress-related phenomena. Although Don Gesualdo's discussion of alterazione is consistent with various aspects of Sicilian-Canadian world view, he is the only person I interviewed who made use of this concept. I will present Don Gesualdo's views on alterazione in chapter 9. Third, he has allowed me to observe him treat some cases of "nerves".

Having conducted field research among Sicilian-

Canadians prior to the dissertation, I was better prepared to begin my investigation of "nerves". I was able to apply what I had learned during my initial research experiences. More specifically, I had a better understanding of what to expect from people, what types of questions I could and should ask, and what type of research technique would be appropriate for the study. In addition, I was able to interview people with whom I had already established a working relationship. This facilitated the acquisition of both general information and case history material. The investigation proceeded without difficulty. In many respects, this dimension of the field experience involved basically the discussion of new material with old friends.

**FIELDWORK WITHIN ONE'S OWN ETHNIC COMMUNITY:
ADVANTAGES AND DISADVANTAGES**

Conducting field research among members of one's own ethnic or social group can be both advantageous and disadvantageous. My work among Sicilian-Canadians, for example, benefitted greatly as a result of the following factors:

- (1) I conducted my fieldwork in very familiar surroundings, among people with whom I felt very comfortable. I did not experience the trauma of traveling to a foreign environment, nor the culture shock of encountering alien beliefs and practices. This was true not only in

Hamilton, but also during my stay in Sicily. I regard this as an advantage; I have been able to concentrate my efforts on the actual field research, rather than having to deal with adjusting to a completely new situation and lifestyle.

- (2) Being able to speak to people in their own language and dialect is also a great advantage. Again, it helped me to concentrate on the acquisition of data, rather than having to expend a great deal of energy learning the local language.
- (3) As a member of the Sicilian-Canadian community, people are able to place me in a familiar social context -- e.g., I am a relative, a friend, a friend of a friend, or at least a fellow Sicilian. This enables me to move along kinship and friendship networks to gain access to both folk beliefs, and data concerning specific episodes involving "evil eye" or "nerves".

While certain factors served as advantages in my efforts to investigate Sicilian-Canadian medical beliefs and practices, other factors complicated my fieldwork experience. Some of the disadvantages or problems of working within one's own ethnic community include the following:

- (1) I initially entered the field with the assumption that I knew a great deal about my ethnic culture. I soon real-

ized, however, that this was a naive assumption. In certain respects I was uninformed concerning various beliefs and practices. This realization was a blow to my ego. Rather than having to adjust to culture shock, I had to overcome feelings of inadequacy in dealing with my own culture.

- (2) In the process of interacting with other Sicilian-Canadians, I was expected to behave appropriately in various circumstances. Yet, as I indicate above, I was often naive and uninformed. This made field research difficult; people were not willing to tolerate mistakes from someone who they assumed should know better.
- (3) People did not always provide a complete discussion of the topic of interest during the interview sessions. To a certain extent, this happens to all anthropologists. In my case, however, the situation is somewhat more complicated. Because I am Sicilian-Canadian, informants sometimes assume that I am already aware of details they regard as common knowledge. Once I became aware of this problem, I began to ask people to elaborate on certain points. This, however, can create a new problem. Asking too many questions that people regard as irrelevant or unnecessary can affect how they perceive me. If people develop the impression that I am incompetent, I would likely experience a loss of honor and respect. This, in

turn, would make it very difficult for me to gain access to relevant information. During the interviews, I sought a balance between asking people to elaborate on certain points, and maintaining an image of myself as a competent Sicilian-Canadian researcher.

- (4) Working within one's own ethnic community, there is the potential danger of being included in both interpersonal and factional disputes. In certain cases, I had to be diplomatic in my efforts to remain neutral without offending the parties involved. Again, although this may occur in any field situation, I believe that the expectations and pressures are more intense when one is dealing with members of one's own community.

In addition to the problems outlined above, my field experience was complicated further by the fact that I was attending university in the same city in which I was conducting field research. I found it difficult to leave the field. Although I had gathered sufficient data for the dissertation, various personal contacts and obligations made it difficult for me to distance myself from the field situation. These circumstances made it possible for me to gather additional data. For example, I was able to participate in the process by which Hamilton and Racalmuto developed "twin-city" relations. I attended various activities associated with this process, and I assisted the Hamilton city council

by translating certain communications that arrived from Sicily. At the same time, however, it is difficult to complete a dissertation unless one can distance him- or herself from the ethnographic context of the study.

The following chapter will address the ethnographic context of my investigation of the Sicilian-Canadian "nerves" complex. Taken together, chapters 2 and 3 will provide the background information necessary to understand the people I worked with, how I acquired the ethnographic data, and the approach I used to make sense of that data.

CH. 3: BACKGROUND, II: THE ETHNOGRAPHIC CONTEXT

In this chapter, I will establish the ethnographic context of the study. I conducted the research primarily among Sicilian-Canadians residing in the Hamilton-Wentworth region of Southern Ontario. Members of this ethnic community estimate that approximately 20,000 Sicilian-Canadians currently reside in the region, and that at least 95% of these people were either born in, or can trace their ancestry to, Racalmuto, Sicily, Italy.⁵ I will begin the chapter with a brief discussion of Racalmutese, and Sicilian, history. This will be followed by a discussion of Sicilian emigration to Canada, and the formation of a Racalmutese community in the Hamilton-Wentworth region. I will then examine some of the recent developments that have taken place in the community. My aim is to identify: (1) some of the historical and structural factors relevant for an understanding of the "social origins of distress"; and, (2) how members of the community are making use of cultural symbols in an effort to rectify the situation.

Sicily has experienced a long history of foreign domination and exploitation. In the last 100 years it has also experienced repeated waves of out-migration and emigration, as people have attempted to: (1) escape various

socio-economic problems; and, (2) achieve a new lifestyle characterized by prosperity and security. Racalmutese emigration to the Hamilton-Wentworth region must be understood within this historical context.

Although Sicilian-Canadians, in general, have prospered in their new socio-cultural environment, the emigration/immigration experience has generated new problems. In some cases, families have not been able to achieve the goals they established for themselves. They may experience financial difficulties in what they perceive as a land of plenty, or they may labor in tension-generating employment settings. In addition, the clash of values between immigrants and their Canadian-raised children has disrupted traditional support networks, and stimulated a great deal of distress within the community. Much of this distress is expressed through the idiom of "nerves".

The Italian immigration experience in Canada, however, also has been characterized by a process Perin (1989) identifies as arrangiarsi. Although the term literally means 'to make do', in popular Italian usage it carries the added implication that an individual is willing to improvise, and make use of both his or her personal capabilities and whatever means are available, in order to achieve a particular goal. Sicilian-Canadians are attempting to cope with some of their problems, and intergenerational tensions in particular, by encouraging the young people to

take more pride in, and to participate in, Sicilian cultural activities. Religious symbols play an important role in this process.

FROM RACALMUTO TO HAMILTON: THE HISTORICAL BACKGROUND

Racalmuto is a small city located in south-central Sicily. Its name derives from the North African term Rahal Maut, meaning dead village. Modern day Racalmuto originated as a Moslem town in the 9th century A.D. (Martorana 1982; Messina 1969). The Moslems of North Africa named the town Rahal Maut, because it was built near the ruins of an ancient archaeological site. This site probably dates back to the Sican period in Sicilian history. The Sicans were the people who occupied central Sicily prior to the arrival of the Greeks at approximately 750 B.C. (Brea 1966; Finley 1979).

Sicily, the land where Ulysses first encountered the mythical Cyclops, is the largest island in the Mediterranean Sea. Its strategic location has attracted invaders for thousands of years. Until very recently, Sicilian history has been characterized by successive waves of foreign invasion and domination. With the arrival of the Greeks in the 8th century B.C. much of the island became Hellenized. Since that time, Sicily has come under the control or influence of various peoples; including: Carthaginians;

Romans; Vandals; Moslems; Normans; Spaniards; Austrians; and, more recently mainland Italians (Ahmad 1975; Finley 1979; Mack Smith 1968a, 1968b). Sicily officially became an integral part of the newly united Italian state in 1861 A.D.

The extended period of foreign domination and exploitation created various social and economic problems for the region. This state of affairs reached severe proportions during the Italian unification period (Lopreato 1967). The economic policies of the new government favored the northern regions of Italy; thus unification did not improve conditions in the south (see Blok 1975; Schneider & Schneider 1976). In response to these adverse economic and social conditions, many Sicilians chose out-migration. Initially people migrated to northern Italy and the other European countries. By 1900, the pattern changed and Sicilians began to travel to overseas destinations such as Argentina, Brazil, Canada, and the United States. John C. Weaver (1977: 10) estimates that "... between 1900 and 1910 roughly two million southern Italians...." emigrated, permanently or temporarily, to overseas destinations. It is ironic that the land which attracted so many foreign invaders was now sending its own people to foreign lands.

Although Canada received only a small portion of this mass exodus, it was sufficient to increase the number of Italians living in Canada, including both Italian-born and individuals of Italian ethnic origin, from a low of 10,834

in 1901 (Statistics Canada 1902) to a total of 45,411 by 1911 (Statistics Canada 1913). The Italian community in Hamilton may have numbered approximately 1,500 in 1910 (Weaver 1977: 11). This population grew very slowly during the time between the two great Wars. The major wave of Italian immigration to Canada occurred after the Second World War, as people attempted to escape the social problems and economic hardships of post-war Italy. By 1961, the number of Italians residing in Canada increased to 450,351 (Statistics Canada 1962). Hamilton, with its wealth of industries, attracted many of these post-war immigrants. The Italian population in Hamilton increased from 6,294 in 1941 to roughly 23,000 in 1961 (Roncari 1977: 21-22; see also M.J. Foster 1965), and has gradually increased since that time. The 1981 census figures indicate that 41,335 individuals of Italian ethnic background reside in Hamilton (Statistics Canada 1984). Although Canadian census figures do not distinguish between people from different regions of Italy, I estimate, based on conversations with members of the ethnic community, that more than 20,000 Sicilian-Canadians (the large majority of whom are Racalmutese) currently reside in the city.

RACALMUTO AND THE EFFECTS OF OUT-MIGRATION

While the number of Racalmutese residing in the

Hamilton-Wentworth region increased significantly over the years, Racalmuto itself experienced a population decline. The population size of Racalmuto declined from approximately 16,000 in 1900 to about 10,000 in the 1980s (Savatteri 1984: 4). This population decline is directly related to out-migration. Many Racalmutese have either emigrated abroad, or migrated to Northern Italy and other parts of Europe -- such as Germany, Belgium, and Luxemburg -- where there is a greater demand for labour. The migrants, however, do not generally take up permanent residence in the country or region of employment; instead, they return to their permanent residence in Racalmuto for two to four months each spring and summer. This is particularly true in cases where one or more members of the family migrate north, while the rest of the family remains in Racalmuto. The actual population size of Racalmuto, then, tends to fluctuate with the arrival and departure of these migrants.

Racalmuto, and Sicily in general, has benefited economically from the large scale out-migration. According to informants, the economic situation in Racalmuto has improved tremendously as a result of two interrelated processes:

- (1) The economic base of Racalmuto and its environs consists of three primary sectors: (a) agriculture and animal husbandry; (b) salt and, until recently, sulphur mining;

and, (c) service- and sales- oriented small businesses. In the past, employers were able to exploit the fact that there was a large, unskilled labour force competing for a relatively small number of employment opportunities to keep wages down. As a result of out-migration and the subsequent decline in population, however, employers found that they had to compete in order to attract the workers who had remained behind. Informants agree that both wages and labour conditions improved as people began to emigrate or migrate out of Sicily. This was particularly true after the Second World War.

- (2) The migrants who work in Northern Italy and other European countries have also had a more direct effect on the economic situation in Sicily. These people often are able to earn and save large sums of money while working in the North. Much of this money is spent in Sicily. The workers tend to regularly mail a portion of their income to family members residing in Racalmuto, and to return to Racalmuto with the rest of their savings during the off-season. This constant influx of foreign currency helps to sustain many of the service- and sales-oriented businesses in the area.

During my stay in Sicily, a pensioner described the economic benefits of the out-migration process in this way:

When I was young, my family lived out in the country

.... we rented a portion of land, and we shared what we produced with the landowner. We were sharecroppers. At that time the owner would take one-half of the fruit and olive crop, and two-thirds of the grain. Yet we had to share the cost of the seed equally Later, the owner wanted a three-quarter share of the crop, so we left and farmed for someone else.

We were fortunate compared to others. The landowners tried to enslave the people There were so many people that the landowners could always find someone to work their land for little in return In some cases they took advantage of the contadini (peasants or farmers) and their families. The landowner would not only take a large share of the produce, but also insist that your wife or daughter do his family's household chores. Sometimes they even took sexual advantage of these women Some rich people acted shamefully

After the second World War things started to change rapidly During the 1950s emigration was very high. People left for America, and some went to work here in Europe. Because of emigration things started to improve. There were less people, so the landowners had to almost crawl to find people to work for them. They had to pay good wages There was also money coming from outside, from the emigrants. We had more money for buying food and building houses There was also more work in the salt mines People started to buy their own land, and started to set up vineyards

At the end of the interview, this individual added: "We don't need to emigrate to America anymore; we have America here now". Many informants voiced similar sentiments. Today, Racalmuto is an economically prosperous community.

The inhabitants of Racalmuto have always been proud of the fact that their community has produced a number of quality artists, performers, and literary figures -- e.g., the Renaissance artist Pietro D'Asaro (1579-1647); and, the prominent writer Leonardo Sciascia (1921-1989).⁶ With the city's economic prosperity has come a renewed, and active,

interest in the promotion of various aspects of Racalmuto's artistic and folk traditions. Of particular importance in this process was the formation of the Pro Loco and the Malgrado Tutto.

The Pro Loco of Racalmuto was established as a community-based organization on March 22, 1978. The primary goals of this non-profit organization are to promote: (1) a greater recognition of the popular traditions and folklore of the city; (2) artistic and cultural developments in the community; and, (3) tourism for Racalmuto and its environs (see Restivo 1989). In order to accomplish these goals, the Pro Loco has organized and/or sponsored various theatrical and musical performances, the display of artistic and photographic works, and the publication of various pamphlets and manuscripts (e.g., Associazione Pro Loco 1981; Puma & Restivo 1985; Sferrazza 1984). More recently, the organization played a prominent role in the establishment of "twin-city" relations between Racalmuto and Hamilton.

In 1980, a group of interested individuals in Racalmuto organized the Malgrado Tutto. The Malgrado Tutto is a quarterly journal which attempts to provide a forum for both critical comment about the state of affairs in the community, and the promotion of various cultural activities. In recent years, the journal has appealed to public officials and the general populace to take a more active role in the restoration and beautification of historic sites. The

journal also publishes poems and short stories that were either written by members of the Racalmutese-community, or deal in some way with Racalmuto. The Malgrado Tutto, for example, published recently a collection of Giuseppe Pedalino Di Rosa's (1987) poetry. The poetry in this collection not only deals with Racalmuto, but it is presented in the Sicilian dialect. Although the Malgrado Tutto is not sold in Canada, a number of Hamilton-based Racalmutese subscribe to the journal, and receive it through the mail.

The Racalmutese, then, are displaying a surge of interest in the recognition of their folk traditions and cultural achievements. This interest, in turn, has become contagious; as I will demonstrate below, the Racalmutese of Hamilton have become active participants in this process.

THE RACALMUTESE IN HAMILTON

It is difficult to determine why certain Racalmutese chose to emigrate to Canada, and specifically settle in Hamilton, at the turn of the century. Some of the older people, however, remember hearing stories about relatives who originally emigrated to New York state but, due to a variety of factors, later came to Hamilton to work on the harbour construction project and in the railway bar rolling mills. These initial emigrants provided the necessary catalyst to attract others. Through correspondence with friends

and relatives in Hamilton, many Racalmutese became aware of the potential economic benefits of living in this country. The people who had already established themselves in the city sponsored and assisted other Racalmutese wishing to emigrate to Hamilton. "Chain-migration" is a common feature of southern Italian emigration to both the Americas and Australia (MacDonald & MacDonald 1964, 1970; Sturino 1989).

Within a relatively short period of time, a little Italy was established in the northwest section of the city.⁷ The focal point of this community was a small chapel attached to St. Mary's Cathedral. It was from this chapel that Father Bonomi, of the Missionary Fathers of St. Charles, began to provide various services for Italian-speaking people in 1908 (Anon. 1972; Cumbo 1985). In fact, it was due, at least in part, to Father Bonomi's encouragement that many Italians, including Racalmutese, went on to successfully complete a higher education and achieve various professional career goals.

By 1922, the Italian population of this section of the city had increased to such an extent that a separate Roman Catholic Church was established for the Italian community -- a community that was largely Racalmutese. Some of the older Racalmutese report that each Italian family contributed one dollar per month, when the average wage rate was 8-10 cents per hour, to help construct the church. The Racalmutese, who also contributed a statue of the Madonna to

the church, wanted the structure to be named after the main church in Racalmuto -- the Chiesa de Maria SS. del Monte -- but this was opposed by some of the other Italians in the community. It seems that each Italian faction had its own suggestion as to what the church should be named. Father Bonomi resolved the conflict by naming it: Our Lady of All Souls Church. Construction began in 1922, and the church was officially opened on October 21, 1923 (Anon. 1972). Sig. Giuseppe Agro, the Racalmutese artist who emigrated to Hamilton in the late 1940s, created the beautiful paintings found in this church.

As members of the Racalmutese community prospered, they began to move into other sections of the city. Many people, for example, chose to purchase new homes on the Hamilton mountain; it is not unusual to find three or four Racalmutese families living within a short distance from each other in this new location. The northwest section of the city now has a large concentration of Portuguese-Canadians. However, although the Racalmutese are now distributed throughout the Hamilton-Wentworth region, Our Lady of All Souls Church still serves as the focal point of the Racalmutese community. It is in this area of the city that many of the people still live, that the various Sicilian recreational clubs and associations are located, and that many Racalmutese-owned shops and small businesses can be found.

Today, the Racalmutese are well established and settled in Hamilton. This of course was not always the case. As immigrants they left their homes and families in the hope of improving their socio-economic situation, and providing a better future for their children. When they arrived here, however, they (as well as immigrants from other nations) were faced with adjusting to a totally new social environment. The Racalmutese soon found that they had to learn a new language, and adjust to new customs, beliefs, and values. Some of these adjustments were made very quickly. In fact people sometimes joke about their initial experiences in Canada; an adult Racalmutese, for example, related the following experiences to me:

I came to Canada, with my parents, when I was about six years old. That was back in the 1950s. We came by ship, and my mother and I were seasick part of the time. One of the things that sticks out in my mind has to do with the train trip from Halifax to Hamilton. On the train I had my first experience with sliced white bread. The bread looked good, but it tasted terrible. It was like chewing gum. I was used to eating hard crust homemade bread. I also remember the time my mother made her first trip to a large grocery store. She bought different things, including a bottle of what she thought was tomato sauce. After preparing the spaghetti she put some of this sauce on top. Well, no one could eat it. It wasn't tomato sauce, it was ketchup.

Certain adjustments -- such as learning the language, taking jobs that called for the learning of new skills, and coping with various insecurities and loneliness -- were much more difficult to make. In order to ease some of the financial/employment insecurities, the Racalmutese organized

a mutual-aid society -- the Mutuo Soccorso -- in 1918. Monetary contributions were collected each month. These contributions were later redistributed to members that fell on hard times. The society, for example, provided members with both sick benefits and funeral benefits. The mutual-aid society was particularly important during the Depression years when it was difficult to find or maintain employment, and people often had to make do with very little. Conditions improved after World War II, but the new Racalmutese arriving in Canada still faced various hardships.

One individual describes his early experiences in Canada in this way:

I came to Canada in 1950. After nine days on board ship, half of which I was seasick, I landed in Halifax. It took another three days to travel by train to Hamilton. Once in Hamilton, I lived in the attic of a relative's home. It took about a month for me to find work. My first job was as a farm laborer, making \$22.50 for each five and a half days of preparing the soil for the planting of strawberries. There was nowhere else to work. With this money I had to pay "room and board" plus support my wife and daughter who were still in Sicily. Later, I worked at odd jobs, a day here and a day there -- mostly for construction outfits at 90 cents per hour. I just couldn't find steady work. It was lonely here, but I saved enough money to bring my wife and daughter to Hamilton, and later other relatives. Finally in 1955 I got a break; Stelco hired me and that's where I worked until a few years ago when I retired.

Over the years, the Racalmutese have not only made various adjustments to the new social environment, but they have also been able to preserve many of their own cultural traditions. They have done this in a number of ways. First,

the Racalmutese in Hamilton have kept a close rapport with friends and relatives in Sicily. Second, they have reconstructed, and continue to engage in, a number of traditional Sicilian pastimes. Some of the older men, for example, walk up and down James St. North, occasionally visiting Sicilian cafes or clubs in much the same way they did in the piazza of Racalmuto. Associations such as the parish-based Madre Cristiani (Christian Women's League), the Fratellanza Racalmutese (Racalmutese Brotherhood), and the Trinacria Sports Club provide members with an opportunity to take part in both traditional and new activities (Migliore 1980). Third, certain key religious and cultural events have been organized to promote or express strong sentiments towards Racalmuto.

THE PERSISTENCE OF ETHNIC IDENTITY

Ethnic affiliation continues to persist here in Canada, because the members of different ethnic minority groups have devised various techniques for maintaining their ethnic and cultural identity. A review of scholarly literature indicates that this has been accomplished in a variety of ways. The specific techniques range from the development and maintenance of a very high degree of institutional self-sufficiency, as in the case of the Hutterites, to the display of symbolic attachment to one's roots (e.g., Boldt

1985; Breton 1964; Driedger & Church 1974; Elliott 1983; Jansen 1978; Radecki 1976,1979). In this section of the chapter, I shall examine how the Racalmutese community of Hamilton is attempting to maintain its cultural identity. I will focus on: (1) institutional self-sufficiency; (2) the establishment of official "twin-city" relations between Hamilton and the Sicilian community of Racalmuto; and, (3) the role of a particular religious feast, the Feast of the Madonna del Monte. This feast serves as a key symbol in the process of helping individuals maintain strong sentiments towards their native or ancestral community in Sicily. More specifically, the use of religious symbols allows people to express their cultural identity and thereby identify themselves as Sicilian-Canadians.

STRUCTURAL AND SYMBOLIC DIMENSIONS OF ETHNICITY

According to Raymond Breton (1964), individuals are more likely to maintain their ethnic/cultural identity if their ethnic community is capable of providing a relatively high degree of "institutional self-sufficiency" (or, to use Breton's terminology, "institutional completeness"). The degree of institutional self-sufficiency refers to the extent to which the ethnic group has developed formal structures and organizations to serve the needs of its members. Breton argues that the presence of formal organizations

within the ethnic community helps keep the social relations of immigrants within its social boundaries. In this sense, high institutional self-sufficiency tends to heighten the group's awareness of ethnic and cultural identity.

No ethnic minority group in Canada has "institutional self-sufficiency". All ethnic minority groups, at some level or another, are open to various influences from the dominant society. The degree of openness, however, varies from one ethnic group to another. The Hutterites, due to their communal life-style, have developed the greatest degree of institutional self-sufficiency among Canada's ethnic minority groups. Although Sicilian-Canadians have not accomplished the same degree of institutional self-sufficiency as that of the Hutterites, they have none the less developed various formal structures and organizations. In other words Sicilian-Canadians have, over the years, developed a degree of institutional self-sufficiency which serves as a structural basis for helping individuals maintain their ethnic and cultural identity.

The maintenance of ethnic and cultural identity, however, is not solely dependent on structural phenomena. Various studies indicate that ethnicity depends to a large extent on how people identify themselves, and/or are identified by others (Barth 1969; Boldt 1985; Gans 1979; Isajiw 1985; Shibutani & Kwan 1965). Barth (1969: 10), for example, states that "ethnic groups are categories of

ascription and identification by the actors themselves, and thus have the characteristic of organizing interaction between people". It is through the process of on-going social interaction that people create, define, maintain, redefine, and change the ethnic boundaries that separate the "we" group from the "they" group(s). From this point of view, individuals make use of various key symbols to express their cultural identity and to identify themselves as members of a particular ethnic group.

For the Racalmutese of Hamilton, the maintenance of ethnic and cultural identity is, at least in part, associated with the presence of a degree of institutional self-sufficiency. There are various formal organizations that serve the specific needs of individual members of this community. On its own, however, the notion of "institutional self-sufficiency" is incapable of explaining the persistence of ethnic affiliation within the Racalmutese community. Ethnic affiliation persists because people continue to interact with individuals of common background, identify themselves as Sicilian-Canadians, and make use of key religious symbols to express their cultural identity.

For the purposes of this chapter, I define ethnic identity as an individual's identification and affiliation with a particular ethnic group. In contrast, cultural identity deals with the "meaning" behind ethnic identity. It refers, for example, to what it means to be a Sicilian-

Canadian and, more specifically, what it means to be a Sicilian-Canadian whose roots can be traced to Racalmuto.

FORMAL STRUCTURES AND ORGANIZATIONS

The Racalmutese community in Hamilton has achieved a degree of "institutional self-sufficiency"; the following formal structures and organizations provide various services for members of the community:

Our Lady of All Souls Church. As mentioned earlier in the chapter, All Souls Parish is the focal point of the community. Many Racalmutese, including some who no longer reside in the vicinity of the church, officially belong to the parish. Although others may be registered with the various Roman Catholic parishes in the city, they often continue to attend certain services or activities at All Souls church. This is the place that they can celebrate the mass in the Italian language, meet friends, and participate in more traditional Sicilian religious activities. Many of the Racalmutese women also belong to the parish-based Madre Cristiani association.

In addition, a member of the Italian Consulate holds regular office hours in the church rectory. The Racalmutese often make use of this service. Many of the elderly people, for example, take advantage of this service to apply for Italian pensions and obtain various types of information.

Mutual-Aid Societies. During the 19th century, Racalmuto was an important agricultural and mining centre. Many people worked in the salt and sulphur mines just outside of the city. The conditions in the mines, however, were often deplorable (Messana 1969: 307-315). In response to this situation, Racalmutese workers established a mutual-aid society known as the Societa Di Mutuo Soccorso in 1873. The aim of the society was to provide both moral and material support for its members (Societa Di Mutuo Soccorso 1873; see also Messana 1969: 307-315). The Hamilton-based Mutuo Soccorso was modeled after its Sicilian counterpart. It served certain needs of the Hamilton-Racalmutese between 1918 and 1976. In fact, over the years, the society helped many families overcome financial hardship. Now that the community is much more firmly established in Hamilton, there is no longer a need for this type of mutual-aid society.

The preceding statement should not be construed as an indication that poverty, or financial difficulties, no longer exist within the community; it simply means that: (1) the prevalence of the problem has decreased to the point where many immigrants are no longer willing to participate in the project; and, (2) second- and third- generation Sicilian-Canadians tend to rely on alternative sources of assistance if the need arises. Some families do suffer financial difficulties, and these problems are one of the

key factors responsible for generating episodes of "nerves".

The Mutuo Soccorso was the only mutual-aid society that specifically served the needs of the Racalmutese community in Hamilton. Membership in this society was limited to male Racalmutese. Some of the Racalmutese women, however, helped organize an Italo-Canadian women's society -- the Marconi Mutual Benefit Society -- in the mid-1930s. The society collected contributions so that members could pay their respects to the sick and dying. The society has survived into the 1980s because it also functions as a social club.

Fratellanza Racalmutese. There are various social and recreational clubs in Hamilton that have a predominantly Racalmutese clientele. Of these associations, the Fratellanza Racalmutese is most active in promoting various contacts with Racalmuto. This voluntary association was established in 1933. Its membership consists of approximately 250 adult male Racalmutese.

With respect to everyday activities, members visit the club primarily to play cards, meet and talk with friends, and sometimes view television broadcasts of sporting events. During the summer months, boche (an Italian form of lawn bowling) becomes a popular activity on the club's outdoor facilities. Occasionally, a group of men will also organize and prepare a communal meal for those present.

Formal club activities (see Migliore 1980) include:

- (1) Cultural Events. The association and its members have sponsored, and/or participated in, various cultural events such as Italian opera performances, traditional music and dance performances, and Italian art exhibits.
- (2) Dances. Two "dinner and dance" evenings are held each year in the club hall. As entertainment, a hired band performing popular Italian/Sicilian music is featured.
- (3) Picnics. The Fratellanza Racalmutese sponsors several family style picnics each summer. These events feature various games for both adults and children.
- (4) Boche Tournament. The association is represented by its members in several boche tournaments during the summers. Italo-Canadian associations from different southern Ontario communities compete in these tournaments.
- (5) Christmas Party. A Christmas reunion is held at the club each year for members and their children. During the festivities, a costumed Santa distributes gifts to each child. The Christmas Party, and certain other club activities, reflect the blending of Sicilian and North American beliefs and practices (see Migliore 1980).

More recently, as will be discussed below, the Fratellanza Racalmutese has played an active role in the process of establishing "twin-city" relations between Racalmuto and Hamilton.

Business Establishments. In many cases, the Racalmutese of Hamilton tend to frequent the various grocery stores, bakeries, barber shops, travel agencies, cafes, and other business establishments that are owned and operated by their fellow community members. They also tend to make use of the services of Italian-speaking doctors and lawyers.

The Racalmutese community of Hamilton, I would argue,

displays a relatively high degree of institutional self-sufficiency. In addition to the numerous informal ties between individuals, the Racalutese tend to associate themselves with: a particular Italian-language parish; various social and recreational associations; and, at least in the past, with a particular mutual aid society. The Racalmutese, at a more general level of identification, are also Italian-Canadians. As Italo-Canadians they can make use of the various services available to individuals of Italian background in southern Ontario, which include: Italian-language radio and television programs that are broadcast by a number of stations; children's Italian-language classes that are offered by Italo-Canadian organizations; Italian-language newspapers and magazines; and a variety of other services. For the Racalmutese in Hamilton, then, a degree of institutional self-sufficiency exists at two separate levels of identification.

Although a relatively high degree of institutional self-sufficiency currently exists within the Racalmutese community, there are definite signs that it is on the decline. The demise of the Mutuo Soccorso is an obvious indicator of this decline process. The Racalmutese themselves are also concerned about the future of the various social and recreational clubs (Migliore 1980). Informants stress that very few second- and third- generation Sicilian-Canadians are enrolled presently as members of these

associations. The everyday activities associated with these clubs serve basically to either reconstruct various Sicilian pastimes, or to help immigrants adjust to life in their new social environment (Migliore 1980). These activities do not attract many Canadian-born Racalmutese. According to informants, second- and third- generation Sicilian-Canadians "have their own interests, friends, and activities" (Migliore 1980: 47). The Racalmutese recognize that, unless more Canadian-born individuals actively participate in the social and recreational clubs, these associations eventually will experience the same fate as that of the Mutuo Soccorso.

At the moment, then, "institutional self-sufficiency" exists at a relatively high level because there are many Sicilian-born individuals who actively make use of the various formal structures and associations. In the future these associations must find ways to appeal to a greater cross-section of the Racalmutese community. To a certain extent, the role played by the Fratellanza Racalmutese can be viewed as an attempt to reach a larger segment of the ethnic group.

A TALE OF TWO CITIES: THE ROLE OF RELIGIOUS SYMBOLS

The key religious event in Racalmuto, Sicily is the celebration of the feast of the Madonna del Monte. Traditionally the celebration took place during the month of May.

In recent years, the celebration has taken place from Friday through Monday on the second weekend of each July, to provide the Racalmutese residing in other regions and nations with an opportunity to take part in the festivities. The actual preparations for the feast begin months in advance. By the time the festivities officially begin, the city is greatly transformed: the main streets are lined with vendors' stalls; festival lights are strategically placed in certain sections of the city; arcade games and rides are set up in two separate locations; and, the main church (the Chiesa de Maria SS. del Monte) is carefully decorated with floral arrangements.

The first day of the feast is devoted to the celebration of the events that brought the statue of the Madonna del Monte to Racalmuto, in the 16th century. According to legend:

In 1503 A.D., a hunting party led by Eugenio Gioeni, a Sicilian noble, discovered the statue of the Madonna (carrying the infant Jesus) in a North African cave. After hearing the Madonna speak to him, Gioeni vowed to take the image to his home of Castronovo, Sicily. In order to reach Castronovo, however, it was necessary to travel through Racalmuto. It was here that the second miracle occurred. The citizens of Racalmuto were deeply moved and awestruck by the beauty of the statue, and the holy figure it represented. Count Ercole del Carretto of Racalmuto made every effort to convince Gioeni to allow the statue to remain in Racalmuto. When this failed, the two sides began to engage in an armed struggle. It was the Madonna herself, however, that miraculously expressed her wish to remain in Racalmuto: the oxen transporting the cart carrying the Madonna's statue went down on bended knee, and the wheels of the cart itself sank into the ground. Everyone recognized, and accepted, what had happened as a miracle. A short

time later a church was built on that spot to commemorate the event.⁸

The highlight of the Friday activities is the performance of a popular drama based on the work of Padre Bonaventura Caruselli, *Da Lucca* (1856). The statue of the Madonna, mounted on an ox drawn cart, is transported through the main streets of the city. When it arrives at a particular location, a number of young people, dressed in 16th century style costumes, perform the drama. The drama serves two purposes. It serves as a reenactment of the miraculous events that brought the statue of the Madonna to Racalmuto. It also serves as an affirmation that the Madonna is, and will continue to be, the patron saint of the community.

The Saturday activities include a major procession that culminates with the arrival of a very colorfully decorated float -- the Cero dei Borgese. A beautiful banner depicting the Madonna del Monte is proudly displayed at the top of the float. As the float arrives on the main street of the city, the young, unmarried male members of the Borgese society (a Racalmutese agricultural society) rush to the float and try to capture its main banner. The winner of this struggle receives a large sum of money, and a great deal of prestige. In fact, he becomes the most eligible bachelor in the city.

Sunday is devoted primarily to religious activities. In addition to the regular services conducted in churches

throughout Racalmuto, special masses are celebrated in the Chiesa de Maria SS. del Monte. During these services, brightly decorated horses are raced up the steep steps leading to the church. The horses are then guided into the church where the priest blesses the sacks of grain they are carrying. This benediction is given to help promote a bountiful harvest. In the evening, a large procession accompanies a float transporting the statue of the Madonna throughout the main streets of Racalmuto. Once the statue is returned to the church, the entire community takes part in an outdoor celebration of the mass. Monday evening, in contrast, is reserved for secular enjoyment. The festivities end with a live band performing popular music and song. The weekend is also marked by several separate but complementary, firework displays.

The feast of the Madonna del Monte has also been celebrated in Southern Ontario. A modified, but none the less elaborate, version of the feast took place in Hamilton in 1932.⁹ On two separate evenings, Saturday and Sunday, a section of Barton St. West near the heart of the Racalmutese community was closed to traffic. This was done in order to allow the following festivities to take place. First, the Racalmutese reenacted the events surrounding the arrival of the statue of the Madonna to Racalmuto. Second, the festivities included a major procession. During the procession, the statue of the Madonna which the community had donated to Our

Lady of All Souls church was transported by a colourful float. Third, two bands, one made up of Hamilton-based Racalmutese and the other consisting primarily of Racalmutese residing in Rochester, New York, provided entertainment. And, fourth, firework displays added colour and excitement to the proceedings. This was the only celebration of the feast of the Madonna del Monte to take place in Hamilton, until recently. After a hiatus of about 40 years, Milton, Ontario served as the site for several celebrations of the feast. These celebrations were organized, promoted, and sponsored by a festival committee representing the Racalmutese of Burlington, Hamilton, and Milton. The celebrations themselves were actively attended by the Hamilton-based Racalmutese. The feast was reestablished in Hamilton in June, 1989. In addition, some members of the community travel to Sicily each year to visit relatives and take part in the festive activities.

I contend that the Madonna del Monte serves as an important religious symbol of both cultural and community identity for the Racalmutese in Hamilton. The Blessed Virgin Mary has a long history as a religious symbol in Latin Europe (Wolf 1969: 294-296). This is particularly true of Sicily, where the Madonna is officially recognized as the patron saint of the island (Correnti 1975: 71-75).¹⁰ Various sources agree that Sicilians display a special attachment to the Virgin Mary (e.g., Birnbaum 1986; Correnti 1975;

Giovannini 1981). I suggest that the attachment the Hamilton-based Racalmutese display towards the Madonna is one of the ways that they, consciously or unconsciously, celebrate the Sicilianness of their community. The fact that this attachment is directed specifically to the Madonna del Monte, the patron saint of Racalmuto, serves as the link to Racalmuto itself. In this sense, the special attachment and devotion the Hamilton-Racalmutese display towards the Madonna del Monte serves to identify them as Sicilians at one level and as Racalmutese at a more specific level. Since the Madonna del Monte serves as a major symbol of cultural and community identification, the feast of the Madonna played a significant role in the process of "twinning" Hamilton with Racalmuto.

MUNDIALIZATION: THE TWINNING OF HAMILTON AND RACALMUTO

As part of its mundialization program, Hamilton has established "twin-city" relations with several communities throughout the world. These communities include: Fukiyama, Japan; Mangalore, India; and, Shawinigan, Quebec, Canada. Hamilton has also participated in a long-standing athletic exchange relationship with Flint, Michigan, U.S.A. More recently, in July 1986, the city officially mundialized with Racalmuto, Sicily, Italy. In this section of the chapter, I will outline the various developments associated with the

Hamilton-Racalmuto mundialization process.

While on vacation in Racalmuto in July 1979, Sig. Angelo Cino, the president of the Hamilton-based Fratellanza Racalmutese, and Dr. Salvatore Restivo of the Racalmuto-based Pro Loco began to discuss the possibility of establishing closer links between Racalmuto and Hamilton. The two individuals then communicated their views informally to the other members of their respective communities. It soon became apparent that both the Racalmutese in Sicily and those in Hamilton were in favor of developing a more formal rapport between the two communities. The Fratellanza Racalmutese and the Pro Loco played an active role in developing this rapport; the two associations helped organize and/or promote various activities.

On January 8, 1983, for example, the Fratellanza Racalmutese sponsored a fund-raising supper to assist a group from Racalmuto with their efforts to promote the beatification of Padre Elia Lauricella (1707-1780). Padre Elia was an 18th century Racalmutese priest and holy figure (see Morreale 1982). Many Racalmutese report having received miraculous assistance, in times of need, after praying to Padre Elia. Members of the association report that the event was a success, and that both monetary contributions and words of encouragement were given to the Sicilian group.

September 24, 1983 marked the 50th anniversary of the Fratellanza Racalmutese in Hamilton. During the festivities

celebrating this historic moment, members of the association unveiled a beautiful commemorative plaque, and read notes of congratulations, that had been received from the Pro Loco of Racalmuto. Several prominent local politicians attended this celebration; among them was Alderman Vince Agro, a Hamilton-Racalmutese. Alderman Agro, at the request of the Fratellanza Racalmutese and other members of the Racalmutese community of Hamilton, began to look into the possibility of establishing official relations between the two cities. As part of this process, Alderman Agro and other interested individuals organized the Hamilton/Racalmuto Mundialization Committee.

In its efforts to link the two communities formally, the Hamilton/Racalmuto Mundialization Committee organized a special slide show presentation to display the works of the 17th century Racalmutese artist Pietro D'Asaro (1579-1647).¹¹ The presentation took place at the Hamilton Art Gallery, on October 2, 1985. The event was designed to draw attention to the long history of Racalmutese cultural and artistic achievements. At the Art Gallery display, Mayor Robert Morrow announced to an appreciative audience that the city of Hamilton was seeking to establish formal "twin-city" relations with Racalmuto. Alderman Agro represented the city of Hamilton in the official communications with Mayor Calogero Sardo and the Racalmuto city council. The basis for mundialization are clearly outlined in the following excerpt

of the Racalmuto Community Council Deliberation of October 12, 1985:

The considerable relations between the two communities -- such as cultural and touristic exchanges, and the appreciation of the respective popular traditions -- provide the basis for twinning. The relations, in turn, rest on the fact that there are more than 6,000 Racalmutese in Hamilton, who over the decades have become well integrated in the Canadian collective -- so much so that a Racalmutese is Deputy Mayor and many others have reached notable heights in the political, economic, etc. arenas. Even so, they have maintained a solid bond with their land of origin. The strong sentiments between the two communities can be seen in the ever increasing projection in Hamilton of a series of cultural, religious, and social events that have been celebrated in Racalmuto (thinking of the celebration in Canada of the Feast of the Madonna del Monte, patron of Racalmuto; the display of the paintings of Pietro D'Asaro, Racalmutese artist of the 17th century; ... etc.); events of great importance that have been agreeably received by the Canadian citizens Remember, "twinning" represents to the Racalmutese in Hamilton the proof of the firm willingness of the Racalmutese in Racalmuto to maintain with them a constant relationship of affection, recognizing their right to feel they are an integral part of our community. (my translation)

The mundialization agreement between the two cities was completed in the summer of 1986. Mayor Morrow, and certain members of the Hamilton-Racalmutese community, travelled to Racalmuto for the official signing of the agreement and the exchange of gifts. This diplomatic visit coincided with the Feast of the Madonna del Monte. For the Racalmutese in Hamilton this was a major achievement. The twinning of the two communities represents the fact that the Racalmutese in Sicily and Hamilton continue to share a firm commitment to each other.

I would like to argue that the official "twinning" of the two communities at the time of the Feast of the Madonna del Monte was not a coincidence. For the Racalmutese of both Sicily and Hamilton the Madonna del Monte, and the festivities celebrating the initial arrival of her statue to the city, are key symbols by which they can identify themselves as Racalmutese. It is my belief that by finalizing the mundialization process during the festive activities the Racalmutese symbolically expressed the following messages: (1) it is Racalmuto, and not any other Sicilian/Italian community, that is "twinning" with Hamilton; (2) the "twinning" has deep importance for all Racalmutese; and, (3) we extend a special welcome to all Hamiltonians to share in what we hold most dear. In other words, the religious symbols serve to unite the two communities in a spiritual relationship that extends beyond political, economic, and cultural considerations.

The timing of the mundialization agreement between Racalmuto and Hamilton takes on a greater significance when one considers the fact that Racalmuto also "twinned" with Castronovo, during the 1986 celebration of the feast. According to legend, it was the nobles of Castronovo who discovered the statue of the Madonna in the 16th century. Although the legend specifies that the Madonna herself decided that her statue should remain in Racalmuto, many Racalmutese suggest that a degree of rivalry and animosity

persisted between the two communities for centuries. Some of the older Racalmutese still tell stories about past attempts by the people of Castronovo to recover (steal) the statue of the Madonna. By becoming twin cities, the two communities may have symbolically put an end to the animosity. In the future, the people of Castronovo will be able to officially participate and share in the celebration of the feast. Since the "twinning" agreement between Racalmuto and Hamilton took place at the same time, the Hamilton-Racalmutese were included officially in the historic resolution of the centuries old problem. The resolution of the problem is of great significance to all Racalmutese.

SUMMARY

In general, the Racalmutese have been able to overcome the various hardships they faced as immigrants in a new country. They have succeeded in providing their sons and daughters with what they perceive as a better life; a life that includes the achievement of various educational, professional, and personal goals. Today, the Hamilton-Racalmutese are contributing members of Canadian society in many fields of endeavor. At the same time, however, they have developed various techniques to help them preserve both their cultural identity as Sicilians, and a strong attachment to their native- or ancestral- community of Racalmuto.

These techniques can be lumped together under the categories of: "institutional self-sufficiency"; and, "ethnic identification". The Hamilton-Racalmutese have developed a relatively high degree of institutional self-sufficiency that is characterized by: various social and recreational associations; an Italian-language parish; and other formal structures. In addition to this, they are in a position where they can take advantage of various services provided by numerous Italo-Canadian organizations. Institutional self-sufficiency, however, is an incomplete explanation for the persistence of ethnic affiliation among Sicilian-Canadians. In fact, there are certain signs that the degree of institutional self-sufficiency, although still relatively high, is currently on the decline. This decline has not damaged people's conceptions of their ethnic and cultural identity. The Racalmutese are making use of various symbols, and in particular the religious symbol of the Madonna del Monte, in the process of identifying themselves as members of a particular ethnic group.

The Hamilton/Racalmuto mundialization process has served to combine effectively both structural and symbolic factors in helping people maintain a strong sense of who and what they are. The "twinning" of the two cities provides the Hamilton-Racalmutese with an official and formal link to their native- or ancestral- community. This is a diplomatic, structural arrangement. In my view, however, a matter of

such major importance for the Racalmutese could only be completed within the context of a very significant annual occurrence -- the Feast of the Madonna del Monte. In this context the structural agreement was charged with heightened emotion and transformed into a spiritual relationship. A spiritual relationship that has been witnessed and approved by the town's patron saint, the Madonna del Monte. For all intents and purposes, the two communities are now engaged in a form of "ritual kinship"; implicit in this relationship is the notion that the two communities will display a great deal of affection towards one another, and that they will engage in the type of reciprocity that benefits both communities.

This spiritual relationship has been consummated further through cultural exchanges and celebrations. In September of 1986, for example, the Gruppo Folcloristico of Racalmuto, a musical group performing traditional Racalmutese/Sicilian songs and dances, performed at several functions for Hamiltonians of various backgrounds as part of Hamilton's annual Festitalia celebrations. Later the same year, Dr. Antonio Alessio of McMaster University, in conjunction with a number of organizations and individuals (including the Hamilton/Racalmuto Mundialization Committee), organized and presented a conference in commemoration of the Fiftieth Anniversary of the death of Luigi Pirandello (1867-1936). Pirandello is a famous Sicilian writer from Agri-

gento, Sicily (see Giudice 1963; Sciascia 1961; Starkie 1926). Racalmuto is located in the province of Agrigento. The Racalmutese are very proud of Pirandello's literary achievements -- e.g., he was awarded the Nobel Prize in literature for the year 1934 (McClintock 1948: 609).

In September of 1987, Mayor Sardo of Racalmuto made an official visit to Hamilton. This visit formally concluded the "twinning" agreement between the two communities. Mayor Sardo was accompanied by the Gruppo Folcloristico who again performed for general audiences in Hamilton and other nearby locations. During their stay in Hamilton, Mayor Sardo officially invited everyone to attend the special 1988 celebration of the Feast of the Madonna del Monte. Every fifty years Racalmuto celebrates a much more elaborate and longer lasting version of the feast; this elaborate celebration took place in July of 1988. The feast was well attended by the Hamilton-based Racalmutese. A local travel agent estimates that approximately 2,800 people traveled from Hamilton to Racalmuto to attend the festivities.

More recently, in June 1989, the Racalmutese community celebrated the feast of the Madonna del Monte in Hamilton. The two day celebration featured a series of both secular and religious activities. A list of these activities includes: (1) musical performances by various local bands; (2) traditional Sicilian song and dance performances by the Gruppo Folcloristico Maria SS. del Monte of Hamilton; (3)

firework displays; (4) a commemorative mass for the Madonna del Monte; (5) a procession for the Madonna through the main streets of downtown Hamilton; and, (6) a brief reenactment of the events that brought the statue of the Madonna to Racalmuto. Plans are now underway to establish the feast as an annual celebration in Hamilton.

While a degree of institutional self-sufficiency provides the Hamilton- Racalmutese with a structural basis for maintaining their cultural and ancestral identity, religious symbols such as the Madonna del Monte are very important in the actual expression of this identity. Thus I argue that the strong attachment and devotion expressed towards the Madonna del Monte serves to identify people as Racalmutese. The use of key religious symbols allows not only immigrants, but also second- and third- generation Sicilian-Canadians to identify themselves as part of the ethnic group. Although "institutional self-sufficiency" may continue to decline in the future, the Racalmutese of Hamilton have found and will continue to find ways to symbolically express their cultural identity and thereby maintain their ethnic identity. Now that the "twinning" arrangement between Hamilton and Racalmuto has been completed, I expect additional cultural exchanges and celebrations to take place.

"NERVES": THE HISTORICAL AND STRUCTURAL CONTEXT

The Sicilian-Canadian "nerves" experience must be understood, at least in part, within the context of the long history of foreign domination, exploitation, and socio-economic problems in Sicily. These are the conditions that stimulated large scale emigration to various locations. People believe that immigration to Canada has helped them solve some of their problems, and placed their children in a better position to meet future success. At the same time, however, the emigration/ immigration experience has generated its own problems. In particular, it has magnified the intergenerational tensions that may exist in any society, by placing parents and children in a position where they no longer share many values and assumptions in common.

The Racalmutese of Hamilton-Wentworth have managed to devise a number of ways to maintain their ethnic and cultural identity. The immigrant segment of the population has accomplished this by adhering to various Sicilian values, beliefs, and practices. They continue to speak the Sicilian dialect whenever possible, and they tend to interact with other Sicilian- and Italo- Canadians. It is the Racalmutese immigrants who make extensive use of the many formal structures and organizations that cater to the ethnic community. The second- and third- generation Sicilian-Canadians, in contrast, have maintained their

ethnic and cultural identity through symbolic means. They remain Sicilian-Canadians because they tend to identify themselves, at least in certain circumstances, as Sicilian-Canadians. Many of these people, however, do not share the same friends, values, beliefs, and practices with the immigrant segment of the community. A similar pattern can be observed among other ethnic groups.

In the following chapters, I will demonstrate that certain basic world view and value differences underlie many of the intergenerational problems that occur between immigrants and their Canadian-raised children. The Racalmutese immigrants often express the suffering they experience in these situations through the idiom of "nerves". The "nerves" idiom gives voice to personal distress, family problems, and some of the frustration and discontentment people associate with the immigration experience.

The Racalmutese themselves are aware that intergenerational tensions, and the clash of values between parents and children, are responsible for generating a great deal of distress within the community. At one level of analysis, the resurgence of interest in Sicilian cultural and religious activities represents an attempt to acknowledge the problem, and to seek a viable solution. The Racalmutese are making use of key religious symbols to promote a greater appreciation for Sicilian beliefs and values among their children, and their children's children. Although the celebration of

shared "ethnicity" may serve a number of purposes, I believe that one of its aims is to diffuse tension and promote intergenerational harmony within the group.

CH. 4: ETIOLOGY, DISTRESS, AND CLASSIFICATION

Anthropologists, as well as other scholars, have long been interested in traditional medical systems. A number of scholars, for example, have examined how non-western peoples: (1) perceive "health" and "illness"; (2) attempt to explain the occurrence of disease; and, (3) attempt to prevent or treat various symptoms. Etiology is of primary importance in many medical systems, because how people perceive the causation of distress provides the basis for taking preventive and/or therapeutic action. Scholars, however, fail to agree on an acceptable classificatory system within which to discuss etiological explanations. At the moment there are several competing taxonomic structures in existence. In this chapter, I will examine the relative strengths and weaknesses of these classificatory systems, and then attempt to synthesize previous information to create a model capable of handling disease and illness etiology in both western and non-western settings.¹²

CLASSIFICATION OF DISTRESS ETIOLOGIES: THE EARLY YEARS

In their now classic works, E.B. Tylor (1871) and Sir James Frazer (1890) distinguish between supernatural, magi-

cal, and scientific explanations of cause and effect. The primary distinction between "supernatural" and "magical" causation involves the locus of control. They maintain that supernatural causation refers to effects produced by spiritual or supernatural, but none the less personified, agents. In contrast, magical causation refers to effects produced by human beings who are capable of manipulating certain forces by reciting a spell or performing a rite. Finally, scientific explanations of cause and effect are based on a true understanding of natural laws.

Although Tylor and Frazer do not explicitly link this trichotomous system to disease or illness etiology, the influence of their work is readily discernible in the taxonomic structure W. H. R. Rivers develops. Rivers (1924: 7), for example, states that causal explanations fall into the following categories:

... (1) human agency, in which it is believed that disease is directly due to action on the part of some human being; (2) the action of some spiritual or supernatural being or, more exactly, the action of some agent who is not human, but is yet more or less definitely personified; and (3) what we ordinarily call natural causes.

By human agency, Rivers refers primarily to an individual's use of magic to injure others.

Reminiscent of the ideas expressed by Tylor and Frazer, Rivers reserves the "naturalistic" category for western scientific explanations of causation. Although non-western explanations may be empirically-based, he

suggests that these explanations are still presented within the context of magical or supernatural belief (Rivers 1924: 7-8; see also Wellin 1977: 49-50). For this reason, they can be excluded from the "naturalistic" category.

Rivers is able to move beyond this general classification system by making two important observations. First, he points out that in parts of Melanesia certain diseases occur so frequently that, although people recognize them as ailments and take action to counteract the effects, they do not attribute them to supernatural or human agency, nor do they attribute them to natural causes. People believe that these ailments simply "come of themselves". According to Rivers (1924:40-42), these ailments can be classified as "habitual" -- i.e., ailments that are so common and/or minor that people do not theorize about the cause. Ackerknecht (1946: 477-478), Hart (1978: 88), Hsu (1943: 34-37), and Ohnuki-Tierney (1977a, 1977b, 1981) also recognize this habitual category. These "habitual" diseases, however, should not be confused with conditions such as pinta (dyschromic spirochetosis), which are defined as diseases from a biomedical perspective but, due to the fact that they are very common in certain areas, the local people regard as either normal or as a sign of health (Ackerknecht 1946:473; Hughes 1968: 89; Lieban 1973: 1044).

Second, Rivers (1924: 9-10) observes that people often distinguish between the immediate and the ultimate

cause of a particular ailment.¹³ It is Evans-Pritchard (1937:63-72; see also Gluckman 1944), however, who provides one of the most explicit statements concerning "immediate" and "ultimate" explanations of causation. He suggests that the immediate cause explains how the ailment or misfortune occurred, while the ultimate cause explains why it afflicted a particular person at a specific time. This distinction between levels of causation is now incorporated into the works of most scholars who deal with etiology and distress.

A CRITICAL REVIEW OF CURRENT TAXONOMIC STRUCTURES

At the moment there are three primary, and a number of secondary, taxonomic structures competing for acceptance. These are:

The Personalistic - Naturalistic Dichotomy

In 1976, Foster (see also Foster 1983; Foster & Anderson 1978) devised a classificatory system that distinguishes between "personalistic" and "naturalistic" explanations of disease causation. The personalistic category includes beliefs which stipulate that disease occurs as a result of "the active, purposeful intervention of an agent" such as a supernatural being, a nonhuman being, or a human being -- i.e., a witch or sorcerer (Foster 1976: 775; emphasis in original). The sick person is literally the

victim of a powerful external agent. In contrast, the naturalistic category includes beliefs which stipulate that disease occurs as a result of the disruption of an individual's internal equilibrium. More specifically, it is natural forces or conditions such as cold, heat, winds, dampness, etc. that upset the balance of a person's basic body elements (Foster 1976: 775). Various scholars now acknowledge and/or make explicit use of this classification system (eg., Anderson 1983; Booyens 1985; Dressler 1980; Hart 1978; Feinberg 1990; Furbee & Benfer 1983; Levi 1988; Logan 1979; Simeon 1980). Foster's ideas are also presented to first year anthropology students in Michael Howard's (1989: 405-407) introductory text.

At first glance, it appears that Foster simply combines Rivers' (1924: 7) notions of human and nonhuman causal agency as sub-categories of the much more general personalistic category. Rivers, however, does not state that these agents injure people intentionally. It is this innovation that weakens Foster's model. In the case of evil eye, susto, and possibly other phenomena, the causal agent (whether human or nonhuman) does not necessarily intend to harm the victim. Sicilian-Canadian evil eye beliefs, for example, indicate that the gazer does not attempt to intentionally injure others, and often does not know he or she possesses the evil power (Migliore 1981, 1983). Foster's model, therefore, is not flexible enough to allow us to

include phenomena such as the evil eye. Although Foster and Anderson (1978: 65-66) acknowledge this problem, they make no attempt to resolve it.

According to Murdock (1980: 17-19; see also Early 1988: 72; Norbeck 1974), certain people attribute distress to mystical forces such as fate or ominous sensations (i.e., "... potent kinds of dreams ... sounds, or other sensations which are believed to cause and not merely to portend illness"). Since these mystical forces cause distress without the intervention of a human or nonhuman being, they are not classifiable under the personalistic category. A classic example is the Melanesian and Polynesian concept of mana, an impersonal power (see Norbeck 1974). A major weakness inherent in Foster's personalistic - naturalistic dichotomy, as well as in Rivers' model, then, is the fact that neither he nor Rivers takes into account the possibility that certain ailments may be explained in terms of impersonal, but none the less mystical, causation.

In summary, Foster's classificatory structure suffers from major weaknesses that hinder the general applicability of his model cross-culturally. He also has been criticized for extending the analysis too far. He not only makes use of the "personalistic" - "naturalistic" dichotomy to discuss disease etiology, but also as a means of classifying entire medical systems (Foulks 1978; Kleinman 1978; Press 1980; Worsley 1982).

The Supernatural - Natural Dichotomy

Over the years, a number of scholars have discussed non-western explanations of distress causation in terms of either the "supernatural" - "natural" dichotomy, or a variant of this dichotomy (e.g., Lazar 1985; Morley 1978; Nurge 1958; Seijas 1973; Simmons 1955; Suarez 1974). Seijas' definition of the supernatural category is representative of their views. She defines the category as follows:

Supernatural etiological categories refer to those explanations that place the origin of disease in suprasensible forces, agents, or acts that cannot be directly observed (Seijas 1973: 545).

These scholars define natural causation in terms of tangible or observable cause and effect relationships, as perceived by the people under study.

According to Foster and Anderson (1978: 54), the supernatural category, as defined by Seijas and others, is inadequate because it includes human agents such as witches and sorcerers who "... do not belong to the supernatural world". This criticism is, in my view, inappropriate. Scholars who utilize the supernatural - natural dichotomy are not primarily concerned with the distinction between human and nonhuman agency. They are able to incorporate the actions of witches and sorcerers into the realm of the supernatural, by stressing that these individuals cause misfortune by manipulating suprasensible forces or powers.

In this sense, it is not the human agents who belong to the supernatural world, but rather the forces they are capable of unleashing.

Use of the supernatural - natural dichotomy does raise a major issue. The term supernatural has a specific meaning in western society; it refers to extraordinary phenomena that transcend, or have not been reduced to, natural laws. When this dichotomy is utilized by medical historians and philosophers, such as Lester King (1975), to discuss developments in western medical thought, the term supernatural has precisely this meaning. Many non-western peoples, however, do not share our conception of natural laws (see Horton 1967). For this reason, the supernatural - natural dichotomy "... is not salient in the collective representations of some people" (Saler 1977: 49; see also Bidney 1953: 165-166; Durkheim 1926: 24-29; Evans-Pritchard 1937: 80-81, 1965: 109-110; Hallowell 1960, 1963; Rivers 1924:3; Wax 1984). As Evans-Pritchard (1937:65) points out, the Azande do not regard witchcraft as an extraordinary phenomenon; instead:

It is so intertwined with everyday happenings that it is part of a Zande's ordinary world. There is nothing remarkable about a witch Nor is there anything awe-inspiring about witchcraft.

To assign Azande witchcraft to the supernatural category, therefore, is to do injustice to the indigenous conception of reality.

Although critical of this usage of the dichotomy, Evans-Pritchard (1937: 81-82) qualifies his statements. He points out that, although the Azande may not share our conception of natural laws, they still distinguish (albeit on different grounds) between what we would call supernatural and what we would call natural causation. Simmons (1955: 58) and Seijas (1973: 545) take this argument one step further. They define supernatural not in terms of extraordinary phenomena that transcend natural laws, but rather in terms of suprasensible phenomena that have not been observed. This subtle qualification allows them to use the supernatural - natural dichotomy without distorting indigenous conceptions of reality.

Recently, Murdock (1980: 17-22; see also Murdock et al. 1978) divided the supernatural category into three primary sub-categories: (1) mystical causation -- suffering due to an impersonal mystical force; (2) animistic causation -- suffering due to the actions of some personalized supernatural entity; and, (3) magical causation -- suffering due to the actions of a human being. Although this refinement of the model is helpful, there is an inherent weakness in Murdock's definition of natural causation. For Murdock (1980: 9), the natural category includes:

any theory, scientific or popular, which accounts for the impairment of health as a physiological consequence of some experience of the victim in a manner that would appear reasonable to modern medical science.

By defining this category in terms of our scientific knowledge, he gives the impression that the supernatural category refers to phenomena that transcend what we perceive as natural laws. In this sense, Murdock falls prey to the problem Simmons and Seijas carefully avoid.¹⁴

Once we qualify our use of the supernatural - natural dichotomy, the model has certain advantages. The supernatural category is broad enough to include impersonal mystical forces, as well as phenomena which do not involve intentional human or nonhuman agency. These two sets of phenomena, as mentioned previously, are not classifiable under Foster's "personalistic" category.

The Ontological - Physiological Dichotomy

Henry E. Sigerist (1932) and Rene Dubos (1976) suggest that throughout the history of western medical thought disease causation has been explained in terms of either the "physiological" doctrine, the "ontological" doctrine, or both.¹⁵ The physiological doctrine stresses that an individual will remain healthy as long as his or her internal bodily processes function normally; disease is simply an abnormal state that occurs as a result of an internal disruption of the natural equilibrium (Dubos 1976: 319; Sigerist 1932: 107). Of primary importance in this medical philosophy is the notion that disease causation is directly

related to the individual's personality, bodily constitution, and mode of life. The Greek humoral theory, as outlined in the Hippocratic and Galenic writings (e.g., Hippocrates 1939; Galen 1928; see also Brock 1972; Siegel 1968, 1973), is a primary example of a physiological doctrine.

In contrast, the ontological doctrine stresses that disease occurs as a result of damage caused by an external agent that either acts upon, or enters into, the human body (Dubos 1976: 320; Riese 1953; Sigerist 1932: 105). Both the disease and its cause are perceived as separate entities, independent of and intrusive upon the victim's personality, bodily constitution, or mode of life. It is the external agent, at least with respect to etiology, that is of primary importance in this medical philosophy. By external agent Sigerist and Dubos refer not only to human and nonhuman beings, but also to living organisms such as bacteria and viruses. Mary Douglas' discussion of witchcraft provides an excellent example for the ontological doctrine. She suggests that the dominant symbols found in witchcraft beliefs consistently "... build on the theme of vulnerable internal goodness attacked by external power" (Douglas 1970: xxvi). Witches are malevolent external agents capable of injuring unsuspecting others.

I believe that one aspect of Sigerist's and Dubos' ontological doctrine is questionable. By focusing on the

external agent, they fail to address the possibility that victim and causal agent may be one and the same person (see Pitre 1889; Rodman & Rodman 1983-84). The Rodmans, for example, report a number of alternative local explanations for the illness and eventual death of Sara Mata, an Aoban woman from Vanuatu; one explanation is that Sara died as a result of "reflexive-sorcery". More specifically, Sara's unarticulated thoughts took on the form of vugivugi spirits and literally turned inward to cause her own death. Instances of self-destruction such as this are not classifiable under either the physiological or ontological category.

The model, however, need not suffer from this drawback. The Aoban example indicates that Sara may have died as a result of effects produced by internal, but none the less specific, entities -- Vugivugi "are corporeal manifestations of certain kinds of mental processes" (Rodman & Rodman 1983-84:140). With respect to western medical science, Temkin (1977b: 450) points out that the ontological category includes both "external" and "internal" causal factors. From a western ontological point of view, for example, certain disorders occur as a result of faulty genes, while others may be due to bacteriological or viral infection. Rather than focusing exclusively on the external causal agent, I suggest that we follow Temkin's lead and discuss the ontological category in terms of specific entities which may or may not be alien to the human victim.

At a more general level, the use of the term ontological to refer to explanations involving a specific causal entity is misleading. The term "ontology" has a long history in western philosophical thought (MacIntyre 1967). It refers to a particular branch of metaphysics that deals with the essence of being (or being in the abstract). Sigerist's and Dubos' use of this term overlaps, but is not entirely consistent with, the meaning associated with it in metaphysical discussions.

According to Feibleman (1968: 117-120; see also Hallowell 1960), for example, each culture has its own implicit dominant ontology. This ontology is represented by the general and systematic set of ideas -- ideas concerned with the ultimate problems of being -- which are imbedded in the particular culture. In this sense, all medical philosophies have an ontological dimension. This is true whether we are dealing with the "physiological" or the so-called "ontological" doctrine. In the case of the physiological doctrine, the ideas concerning the problem of being are focused primarily on the individual and his/her relations with other aspects of the universe. In the case of the so-called ontological doctrine, the ideas concerning the problems of being are focused directly on the cause and/or the disease itself. It would be incorrect, or at least misleading, to restrict the term ontological to refer to causal explanations involving specific entities. To avoid possible

confusion, I will suggest a change in terminology later in the chapter.

SUMMARY AND DISCUSSION

Based on the preceding discussion of the relative strengths and weaknesses of various scholarly attempts to classify western and non-western explanations of distress etiologies, I suggest that Foster's (1976; see also Foster & Anderson 1978) model is not an adequate replacement for previous classificatory systems. His main contribution lies not in the taxonomic structure he devises, but rather in what he does with this structure. Foster must be applauded for going beyond classification to discuss etiological explanations in terms of diagnosis, treatment, and prevention.¹⁶

Of the three primary models currently vying for acceptability, the qualified versions of the supernatural - natural and the ontological - physiological dichotomies are preferable. They can handle phenomena, such as the evil eye and impersonal mystical forces, which are not classifiable under either the personalistic or the naturalistic category. Foster (1976) also limits the applicability of his model to non-western explanations of disease causation. Western medical notions of cause and effect do not fit into either category (see Foster & Anderson 1978: 67). In contrast, our medical notions of causality can easily be discussed in

terms of both the supernatural - natural and the ontological - physiological classificatory systems. Their relationship to non-western causal beliefs, however, follows a different pattern:

- (1) With respect to the supernatural - natural model, scientific causal explanations belong to the natural category. Their inclusion in this category tends to accentuate the differences between western and non-western systems of explanation, since non-western causal beliefs often fall into the supernatural category.
- (2) With respect to the ontological - physiological model, scientific causal explanations may belong to either or both categories. A viral infection, for example, can be discussed in terms of the ontological category, while stress and distress can be discussed in terms of the physiological category. For this reason the model accentuates the basic similarities between western and non-western systems of explanation.

All three taxonomic structures, however, share the following drawback. They fail to take into account phenomena that Rivers (1924: 40-42), Ackerknecht (1946: 477-78), and others refer to as habitual -- i.e., ailments that are so common and/or minor that people do not theorize about the cause. This habitual category should be included, or at

least acknowledged, in any attempt to develop or refine a classificatory system for causal explanations.

Creating a Tri-Axial Model

At a very general level, the personalistic - naturalistic and the ontological - physiological models share an essential feature. They are both based on a distinction between holistic explanations (e.g., humoral theories) on the one hand, and the role of specific entities (e.g., spirits, witches, or viruses) on the other. Holistic explanations are based on the metaphysical notion that disease or illness can only be understood in terms of the complete individual, and his or her interaction with other components of the universe -- i.e., the physical, social, and/or spiritual environment (depending on the beliefs of the people under study). As Sigerist (1932) and Dubos (1976) point out, emphasis is placed on the disruption of the individual's internal equilibrium, and how this disruption is related to his or her personality, bodily constitution, and mode of life. Treatment involves the restoration of the person's internal equilibrium, not an attempt to relieve particular symptoms by removing the specific cause. Explanations that focus on the role of specific entities or forces are not primarily concerned with the complete individual. Emphasis is placed on the causal agent (whether external or

internal) and the particular effects it produces in the victim. In this sense, both the causal agent and the disease or illness are specific entities that have an almost independent existence. More specifically, they have an existence that is independent of the victim's personality, bodily constitution, and mode of life. To relieve the adverse effects of distress, it is merely necessary to remove or counteract the agent responsible for the ailment.

In contrast, the dichotomy Simmons (1955) and Seijas (1973) establish deals with explanations of distress etiologies from an entirely different metaphysical perspective. The supernatural - natural dichotomy is based on the distinction between sensible and suprasensible phenomena. The main criterion that helps us distinguish between this set of opposing pairs is whether or not people can observe or perceive the cause and effect relationship (Seijas 1973: 534).

In my view both the holism - specific entity and the sensible - suprasensible models have a role to play in our understanding of distress etiologies. They allow us to make use of different criteria, criteria which are not inconsistent with one another, to examine etiological explanations. Rather than regard them as opposing and competing systems, we should recognize the fact that they simply deal with different aspects of the same general phenomenon. I suggest that we combine the two systems into a single, much more comprehensive, structure (see figure #2 below).

The model I propose consists of two intersecting continua: (1) the "separate entity" - "holism" continuum along the horizontal axis; and, (2) the "sensible" - "suprasensible" continuum along the vertical axis. The use of continua is much more consistent with the finding that folk classification systems are not composed of discrete, "digital" categories (see Good & Good 1982; Kempton 1978; Littlewood 1988; Rosch 1975). Folk categories often are based on "gradations of membership", rather than homogeneous and sharply bounded criteria (Kempton 1978: 63; see also Rosch 1975: 196).

By using continua, instead of treating the categories as dichotomous sets, the taxonomic structure gains explicitly the type of flexibility previous writers intended. I also believe that a model with two axes will allow us to make finer distinctions between the various etiological beliefs, and thereby eliminate some of the ambiguity inherent in a classificatory system based on a single axis. In order to acknowledge the existence of ailments that people do not theorize about, I have incorporated the habitual category into the model. It is represented by a broken ring that touches all four quadrants of the structure (see figure #2 below), indicating that at one time the ailment, or at least its cause, may have been classifiable under this system.

Finally, this model can easily be expanded into a tri-axial representation that takes levels of causation into

consideration. This is done by adding a third continuum based on the distinction between immediate and ultimate causes (see figure #3 below). Following Evans-Pritchard (1937: 63-72), Seijas (1973), and others (e.g., Nydegger 1983), I am using the term immediate to refer to causes that explain how distress occurs, and the term ultimate to refer to causes that explain why distress occurs. Between these two polar points of the continuum we can identify as many additional levels of causation as are necessary for the specific ethnographic material we are dealing with.¹⁷

In summary, what I have tried to do in this chapter is to synthesize previous information to create a new classificatory system within which to discuss western and non-western causal explanations. I believe it is much more fruitful to incorporate the main elements of previous taxonomic structures under one comprehensive representation, rather than continue to view them as competing and opposing systems.

In order to illustrate some of the points discussed above, I will examine Sicilian-Canadian conceptions of "evil eye" and "nerves" within the context of this tri-axial representation later in the dissertation. I will argue that at one level of analysis the two phenomena are very much opposites. The evil eye represents an example of an external, specific entity capable of injuring its victims, while "nerves" represent an example of a holistic explanation for

the negative effects an individual may experience in certain situations. Yet, at another level of analysis, the two phenomena are very similar. Both phenomena have a holistic and sensible dimension. The application of the classificatory system, then, will enable me to not only demonstrate how the model can operate to make sense of particular distress-related phenomena, but also demonstrate how the model can be used to compare and contrast different phenomena.

Figure #2: An Alternative Representation

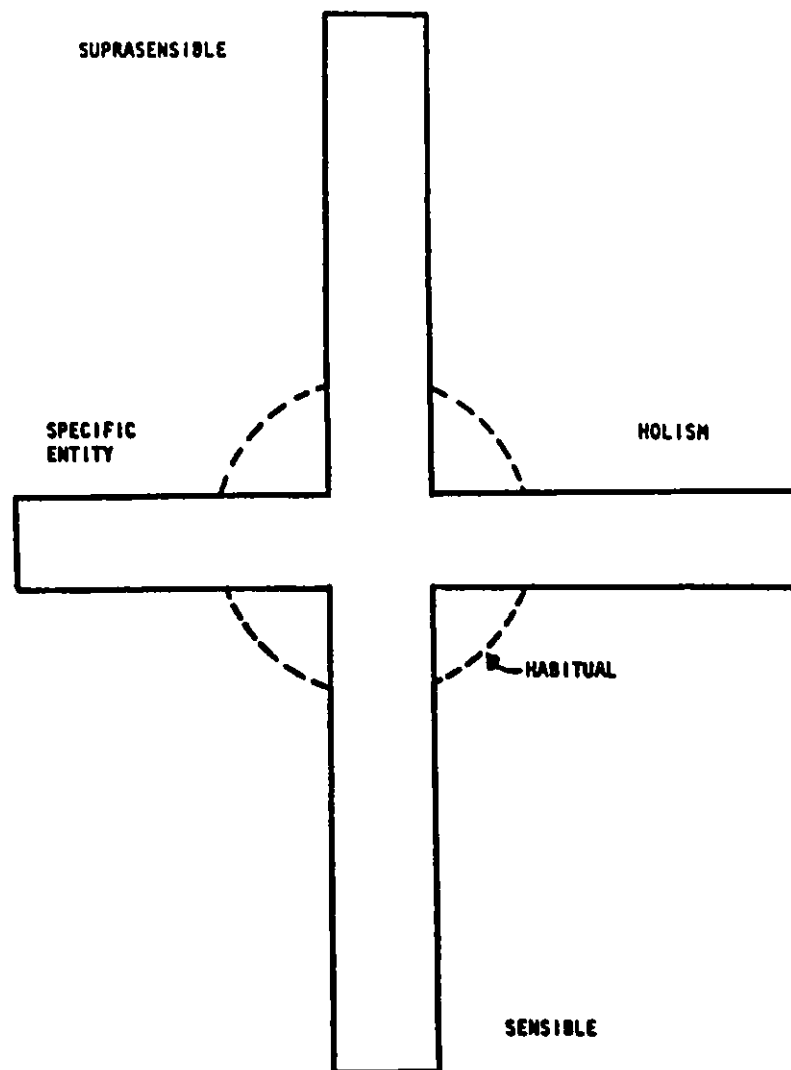
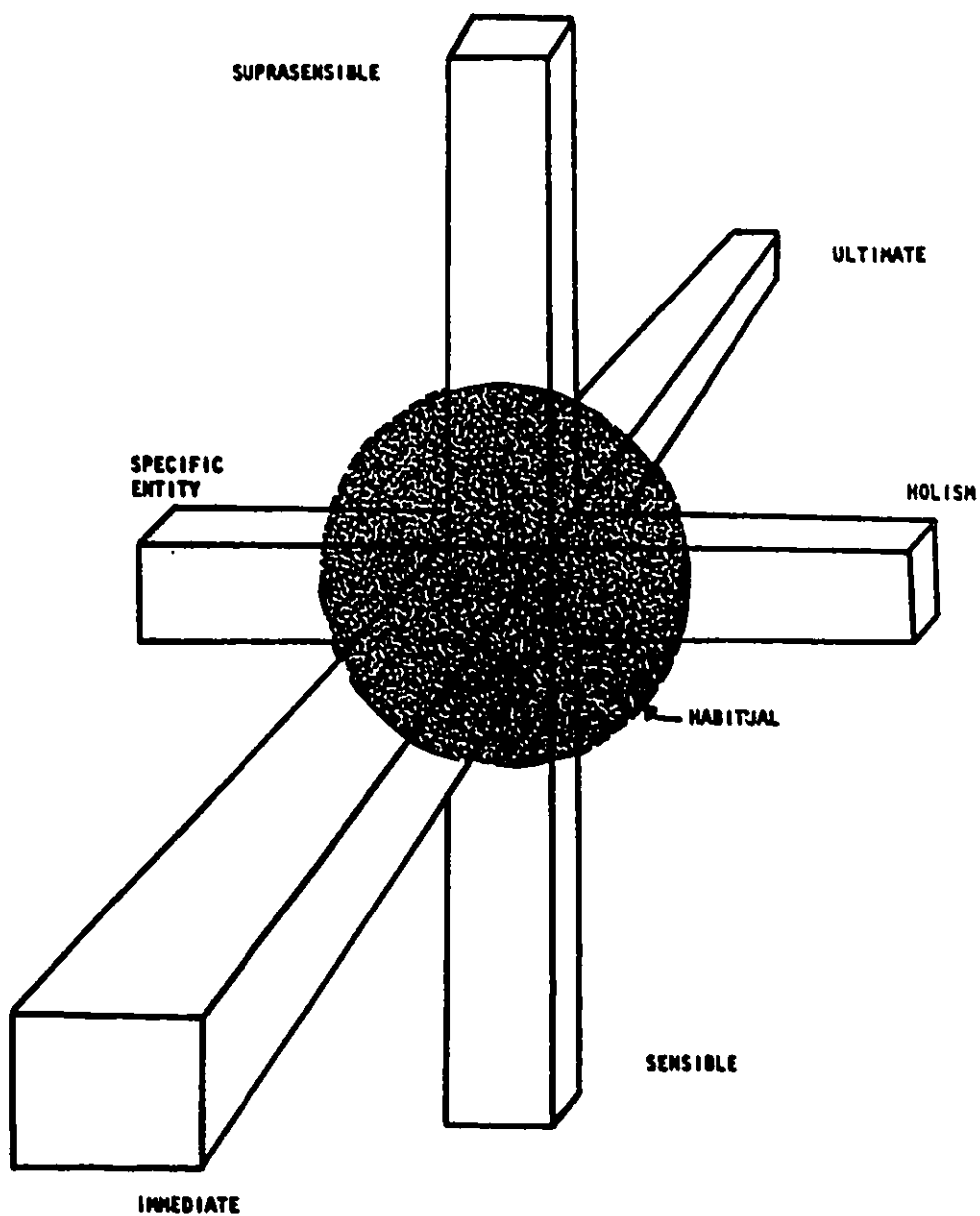


Figure #3: A Tri-Axial Representation



CH. 5: EVIL EYE AS AN IDIOM OF DISTRESS

The "evil eye" refers to a belief in the ability of the human eye to cause, or at least project, harm when it is directed by certain individuals toward others and their possessions. The belief itself is very widespread. A review of the literature indicates that references to the "evil eye" can be found: throughout Europe, North and East Africa, the Middle East, the Indian sub-continent, the Philippines, Latin America, and among various North American immigrant groups (see Dundes 1981; Galt 1982; Ghosh 1983; Gilmore 1982; Herzfeld 1981, 1984; Maloney 1976; Sachs 1983; Siebers 1983; Stephenson 1979). Evil eye beliefs and practices are also prevalent among Sicilian-Canadians (Migliore 1981; 1983).¹⁸

This chapter on the Sicilian-Canadian evil eye complex has a double aim. First, I will summarize and present the ethnographic data which I discuss in earlier works on mal'uocchiu or evil eye (see Migliore 1981;1983). Second, I will reexamine the ethnographic data, including case histories of victims of the evil eye, in order to determine the extent to which the phenomenon serves as an idiom of distress. As part of this examination, I will include a discussion and analysis of additional evil eye cases which I

collected recently in my investigation of "nerves". The material I present in this chapter will provide the basis for my comparison of mal'uocchiu and nierbi ("nerves") in chapter nine.

EVIL EYE, ENVY, AND ILLNESS IN THE CONTEXT OF WORLD VIEW

Michael Kearney (1984: 41) defines world view as the way members of a particular society look at reality; "it consists of basic assumptions and images that provide a more or less coherent, though not necessarily accurate, way of thinking about the world". A key feature of circum-Mediterranean world view is the explicit distinction between good and evil (Moss & Cappannari 1976). This good/evil dichotomy is prevalent among Sicilian-Canadians. It can be found in both religious and secular dimensions of the belief system. Sicilian-Canadians, for example, are predominantly Roman Catholic. Religious doctrines associated with the Roman Catholic Church tend to emphasize this distinction between good and evil. The distinction is clearly visible in Roman Catholic beliefs concerning the relationship between God and Satan, heaven and hell, saints and sinners, and other phenomena.

The good/evil dichotomy is also discernable in secular matters. Among Sicilian-Canadians, interpersonal relations often are characterized by ritualized behavior that

emphasizes the correct and incorrect way of doing things. This ritualized behavior is linked with the notion of respect; to give, and thereby receive, respect is good and honorable, while disrespect is an insult that breeds hostility. Envy, or mmidia, is an expression of disrespect.

For Sicilian-Canadians, the display of mmidia has a twofold implication. It implies that a person not only desires what belongs to another, but also that he or she wishes the other individual will forfeit the item. From the point of view of the individuals who believe they are victims of mmidia, it does not matter whether the envious person(s) does, or does not, actually gain the desired item; what is important is that they themselves have suffered a loss. It is the possibility that a desired item -- such as monetary wealth or good health -- may be lost as a result of someone's envious feelings that makes mmidia a potentially dangerous emotion.¹⁹

The recognition that envy can be a dangerous emotion, in turn, influences how Sicilian-Canadians behave in certain circumstances. Individuals, for example, display their respect for others by controlling or counteracting envious feelings. To intentionally display envy, or to ignore ritualized behavior that counteracts unconscious envy, is a sign of disrespect. Although the display of disrespect may be appropriate in certain social contexts, Sicilian-Canadians assign it to the evil dimension of the good/evil

dichotomy whenever it occurs in conjunction with envy.

The good/evil dichotomy, then, is an important feature of Sicilian-Canadian world view. It influences how people perceive reality, and how they interact with one another. Another key feature of Sicilian-Canadian world view is the notion that human beings have the ability to influence the course of future events. This second world-view feature is intimately linked to the good/evil dichotomy. The two features, in fact, complement and reinforce each other.

Sicilian-Canadians regard illness (malattia) as a specific manifestation of misfortune (disgrazia). They also recognize a number of factors, including the evil eye (mal'occhio), as potential misfortune-causing agents. Don Gesualdo, a traditional healer, classifies these phenomena under the broad category of sortilegio. The term sortilegio literally means "to foretell the future". Don Gesualdo, however, maintains that the term has several meanings, and that at a very general level of abstraction it refers to the means by which human beings can affect or disrupt the natural course of events. A representation of Don Gesualdo's classificatory system appears in Figure #4 below.

The broad category of sortilegio is divided into two primary sub-categories: ammaliari (to wish or cause harm) and aiutari (to help or assist). The category of ammaliari includes phenomena such as stregonaria, ittatura, and sortilegio. Stregonaria is similar in meaning to the set of

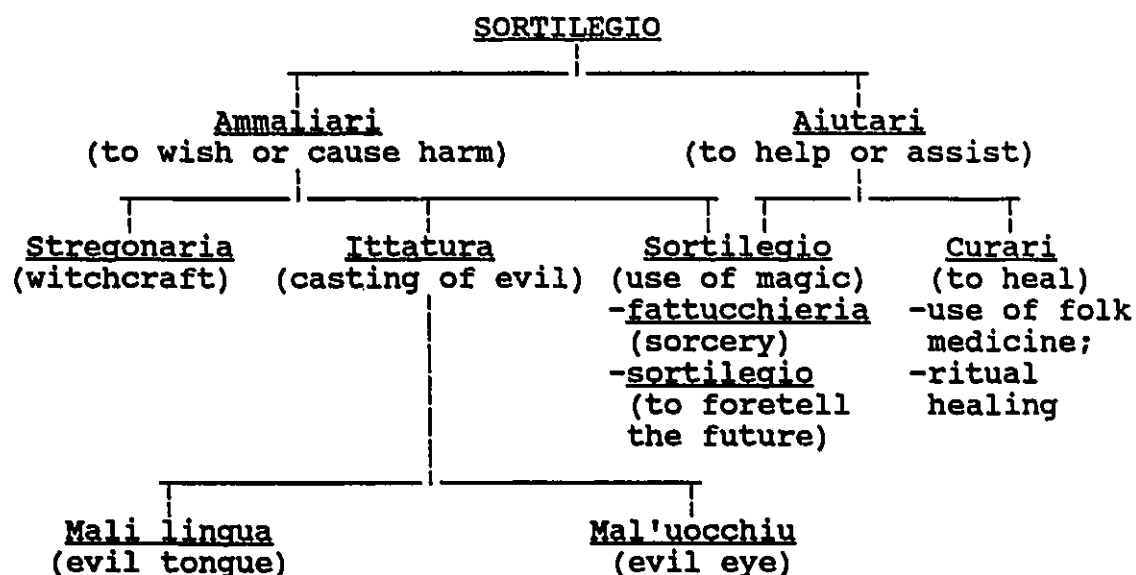
beliefs many anthropologists define as "witchcraft" (e.g., Evans-Pritchard 1937: 387). Stregi (plural for "witch"), whether males or females, have an innate power to cause harm. In order to supplement this power, stregi can either act in unison, or manipulate various magical devices. Sicilian-Canadians believe that the effects of stregonaria are always produced intentionally. The term ittatura refers to "the casting of evil" by means of either mal'uocchiu (evil eye) or mali lingua (evil tongue). These two processes share the following features: (1) they involve ordinary people -- the ittaturi; (2) ittaturi do not have actual control over the power to cause harm; and, (3) they involve strong emotions such as envy or anger. Examples of mali lingua include the verbal curse and vicious gossip. Sortilegio, at this level of abstraction, refers to the use of "magic" to produce negative results. The category of aiutari, in contrast, is further divided into the sub-categories of: sortilegio (the use of "magic" to produce positive results) and curari (the use of folk medicine and ritual healing to help others).

Sortilegio, or "the use of magic", is an ambiguous category. This phenomenon, and its sub-categories of fattuchieria (sorcery) and sortilegio (the foretelling of the future), are classifiable under either of the more inclusive categories of ammaliari and aiutari. Fattucchieria, for example, involves the mechanical manipulation of various

devices, within a ritualized context, to cause, prevent, or counteract misfortune. The classification of sorcery, or "the use of magic" in general, depends not on the phenomenon itself, but rather the specific results each practitioner attempts to achieve.

The categories of ammaliari and aiutari are directly related to the good/evil dicotomy. Aiutari represents the "good" dimension, while ammaliari represents the "evil" dimension. Since mal'uocchio is classified under the broad category of ammaliari, it too is part of this "evil" dimension.

Figure #4: Sortilegio, The Means of Affecting Future Events



EVIL EYE, ENVY, AND THE ILLNESS PROCESS

Among Sicilian-Canadians, particularly those of the immigrant generation, mal'uocchio is regarded as a potential

cause of human suffering. It is an internalized evil power which may emanate from the eyes to produce negative effects for others. More specifically, people believe that effective exposure to this phenomenon may either produce social misfortune, such as financial loss, or cause the victim to experience physical, emotional or psychological symptoms.

Sicilian-Canadians associate mal'uocchiu with the notions of strength and weakness.²⁰ Each person possesses a degree of internal strength, or power, the amount of which varies from individual to individual. Under normal conditions the individual is in a state of equilibrium. As long as this internal strength does not exceed or fall below a particular level, the person is unlikely either to cause or be affected by mal'uocchiu. Envy and other strong emotions, however, tend to upset the strength/weakness balance. A gazer, or ittaturi, is capable of injuring others because he or she is in a highly emotional state, and because emotions such as envy (mmidia) activate and increase an individual's strength to the point at which mal'uocchiu becomes effective. Often, however, ittaturi do not know they possess the power, and have no control over its effects. In this sense, they injure others unintentionally. In contrast, stregi (witches) have the innate power intentionally to cause harm. A person who is capable of intentionally injuring someone by means of an evil eye is therefore regarded as a witch.

Mmidia, then, can disrupt a person's internal equili-

brium. It is a potentially dangerous emotion, because it activates and directs the human capability to cause misfortune. In the case of "evil eye", envy activates and directs the evil power so that it works outward to injure others. The ittaturi, however, are not only dangerous to others, but also to themselves. Sicilian-Canadians, as well as other peoples (see Dunbabin & Dickie 1983; Kearney 1972), regard envy as a powerful emotion that can also turn inward to cause the ittaturi, or potential ittaturi, to become ill and slowly waste away.

The victims (li culpiti) are also in a state of disequilibrium. They are susceptible to mal'uocchiu because their strength/weakness balance has been disrupted by a physical disability, previous exposure to mal'uocchiu, or other factors. Children and elderly people are particularly susceptible to mal'uocchiu. In the case of children, this is due to the fact that they have not yet developed the internal strength to prevent (or cause) illness. In the case of the elderly, it is due to the fact that their internal strength has declined with advanced age. Most Sicilian-Canadians believe that individuals who are healthy, physically strong, and mentally aware of the possibility of exposure, and thereby able to take preventive measures, are much less susceptible to evil eye attacks.

Initially, mal'uocchiu produces presymptomatic processes such as uncontrollable yawning, hiccups, and twitching

of the eye muscles. Actual symptoms usually appear within a day of exposure. These symptoms include nervous tension, mental confusion, depression, headache, stomach cramps, and a weak or exhausted feeling. If caused unintentionally, the symptoms will run their course within three to seven days. Stubborn cases, however, may last from three to seven weeks.

Intentionally produced symptoms usually appear three to five days after the individual is afflicted by mal'-uocchiu. Although the symptoms are basically the same, they are much more severe and long lasting than those produced unintentionally. In extreme cases, they may also lead to mental disorders, partial or total paralysis, and in rare cases, death. Intentionally caused symptoms do not run a natural course; the victim must consult a traditional healer in order to obtain relief from the complaint.

Although Sicilian-Canadians regard mal'uocchiu as the cause of specific symptoms, they also believe that it can cause general misfortune. This two-dimensional nature of the phenomenon allows people to attribute anything from the "common cold" to "bad luck" to the evil eye as a manifestation of misfortune.

DIAGNOSTIC AND THERAPEUTIC MEASURES²¹

During the process of social interaction, individuals may suspect that they are potential victims of mal'uocchiu if someone displays strong emotions, or directs a taliatura

(an intense glance or stare), towards them. Most people, however, are unaware that they have been exposed to mal'-uocchiu until certain signs or symptoms actually appear. At this point, li culpiti may attempt to cure themselves, or consult a traditional healer who has the power and knowledge to diagnose and cure the ailment.

Although most individuals are able to provide some information concerning traditional methods of diagnosing and treating mal'uocchiu, their knowledge of this dimension of the evil eye complex is limited. Traditional healers possess secret knowledge that is not readily available to the layperson. To obtain detailed information, therefore, I found it necessary to consult several healers. Since I obtained the bulk of my information from Don Gesualdo, I will describe the procedure he utilizes to treat cases of mal'-uocchiu. At his request, however, I will not include the "prayers" that make these procedures effective.²²

Don Gesualdo does not advertise his healing ability; he prefers to serve a relatively small group of friends and relatives. Since he usually knows intimately the individuals asking for help, the healing session has a very relaxed and friendly atmosphere. On several occasions, I observed Don Gesualdo as he treated the effects of mal'uocchiu. The sequence of events in the typical treatment session is as follows:

After reassuring the patient that my presence will

not be a disruptive factor, Don Gesualdo begins the process by questioning the individual. The questions focus on why the individual believes he or she is suffering from mal'-uocchiu. While the patient slowly answers these questions, Don Gesualdo listens attentively, and looks for certain evil eye-related signs; for example, does the patient yawn, or do the patient's eye muscles twitch. Based on the information the patient provides, and the presence or absence of visible signs, Don Gesualdo tells the individual whether he believes the ailment is or is not due to mal'uocchiu. In order to be sure, however, he always performs a diagnostic test involving the following procedures:

- (1) Don Gesualdo assembles and prepares the various items necessary for the test; these include a saucer of water, olive oil, a penny, a strip of cloth, matches, and an empty drinking glass.
- (2) He sprinkles several drops of oil into the saucer of water.
- (3) He makes the sign of the cross and recites a silent prayer over the saucer. This step is repeated a total of three times.
- (4) Once Don Gesualdo has wrapped securely the strip of cloth around the penny, he moistens the cloth with oil. This material is then placed into the saucer of water.
- (5) Don Gesualdo uses a match to light the moistened cloth and places the glass over the flame.
- (6) When the glass is placed over the flame, the flame is extinguished. This produces a slight bubbling action in the water. If the oil droplets enlarge and spread throughout the water, Don Gestualdo confirms that the ailment was in fact caused by mal'uocchiu.

Whenever a positive diagnosis is made, Don Gesualdo

performs a specific healing ritual. This ritual (see Table #1) involves both a verbal and a mechanical dimension. The vocalized portion of the prayer simply invokes the Christian Trinity ("God the Father, the Son, and the Holy Spirit"), in what Don Gesualdo considers to be an old form of Latin.

Table #1: A Healing Ritual

| <u>Silent, verbal prayer</u> | <u>Mechanical process</u> |
|--|---|
| 1. -- | 1. Fill glass with water. |
| 2. "O Fader" (In the name of the Father); plus short prayer. | 2. Lick thumb and make cross with thumb over glass. Make sure thumb touches both glass rim and water. |
| 3. "O Felle" (and the Son); plus short prayer. | 3. Repeat step 2. |
| 4. "O Saba" (and the Holy Spirit); plus short prayer. | 4. Repeat step 2. |
| 5. "Sabaticon" (Amen). | 5. -- |
| 6. Process repeated two more times. | 6. Same procedure repeated each time prayer repeated. <u>Patient drinks water.</u> |

Once the healing ritual is completed, Don Gesualdo repeats the diagnostic test. This is done to determine whether mal'uocchiu is removed completely. A positive diagnosis signifies that the individual is affected heavily, and entails a repetition of the curing ritual. According to Don Gesualdo, the diagnostic and therapeutic procedures can only be performed three times per day per patient. If it is necessary to repeat the procedure three times, Don Gesualdo

asks the individual to return the next day, or as soon as possible, to ensure that he or she is completely cured. The procedure is repeated until a negative diagnosis is made.

For a discussion of healing methods used by other traditional healers, and by non-specialists, see Migliore (1981: 64-70). Although the specific techniques healers employ may vary, an underlying unity is discernible. A religious prayer, or at least the invocation of the Christian Trinity, provides the basis for each procedure. In addition, other Roman Catholic beliefs and practices may be represented symbolically in the healing ritual.

Most traditional healers, for example, use water and oil as the essential ingredients of the diagnostic test. These ingredients are also essential for various Roman Catholic ceremonies, including the administration of certain sacraments. By reciting a short prayer while they sprinkle several drops of oil into a saucer of water, I believe that the healers symbolically take on the role of a Roman Catholic priest; they become God's representative here on earth. With God's assistance, the healers purify the ingredients and charge them with power. They transform the water and oil mixture into a "holy" oracle capable of providing a yes/no answer. If the oracle provides a positive diagnosis, the healers usually recite a secret prayer to appeal to God and the saints to assist the victim. This appeal is effective because the prayers the healers recite

are also charged with power.

During the diagnostic and therapeutic process, traditional healers repeat the religious prayer, and in some cases the entire procedure, either a total of three times or by a multiple of three. I suggest that the number three is a symbolic representation of the Christian Trinity. In this sense, traditional healers identify and counteract the effects of mal'uocchiu, a component of the "evil" dimension of the good/evil dichotomy, by both consciously and symbolically invoking the forces of "good". The healing rituals always involve a direct or indirect supplication to God, the ultimate symbol of "goodness".

PREVENTION

The evil eye process involves primarily an interaction between ittaturi and victim. As mentioned earlier, the effects of this interaction are dependent upon the strength/weakness equilibrium between the parties. Preventive measures may either decrease the strength of the ittaturi or increase the strength of the potential victim. In either case, these measures help prevent effective exposure to mal'uocchiu.

Preventive Measures That a Potential Ittaturi Can Take. During the process of social interaction, individuals who believe they may be potential ittaturi can take appro-

priate measures to ensure that they do not cause misfortune. After praising or complimenting a child, for example, the individual can include a protective phrase such as Diu ti binidici (God bless you), Fori mal'uocchiu (begone evil eye), or Tocca fierru (touch iron). Sicilian-Canadians regard praise and compliments as signs that an individual may be consciously or unconsciously envious of others. Envy is the activating force behind mal'uocchiu. By repeating a protective phrase, the potential ittaturi avoids unintentionally exposing the child to the evil eye.

Ittaturi, unlike stregi, generally do not know they possess mal'uocchiu, and have no control over its effects. For this reason, most people take preventive measures at the appropriate times. This does not mean that every time people utter a protective phrase they actually believe they are potential ittaturi. Sicilian-Canadians repeat protective phrases not only to prevent misfortune, but also to demonstrate their respect for the individual(s) they are communicating with. The recipient of the protective phrase accepts the statement as a sign of goodwill.

Preventive Measures That a Potential Victim Can Take. When people come in contact with a person they believe may be a potential ittaturi, they can take various measures to prevent effective exposure to mal'uocchiu. These measures include:

- (1) **Gestures**, such as touching the genitals; the mani cornuta, made by closing the fist and extending the index and small fingers; and the mani fica, made by closing the fist and extending the thumb between the index and middle fingers.
- (2) **Spoken words**, such as tocca fierru (touch iron); corna (horns); and fori mal'uocchiu (begone, evil eye).
- (3) **Talismans**, such as the cornetto, a small horn-shaped ornament often made of gold; the chiavi masculina, a "key of male gender" that resembles a skeleton key and symbolically represents the penis.
- (4) Many female informants stress that **regular attendance of church services** also provides a degree of immunity to mal'uocchiu.

Although these measures can neutralize mal'uocchiu and thereby prevent the occurrence of misfortune, they are not effective in all cases. Several informants, including Don Gesualdo, estimate that preventive measures are effective in approximately 90% of cases. In order to reduce the risk factor, many individuals employ more than one measure.

SUMMARY

Sicilian-Canadian evil eye beliefs help people cope with personal misfortune. They do this in ways similar to those described by Evans-Pritchard (1937) for witchcraft-related beliefs among the Azande of the Sudan.²³ First, evil eye beliefs provide individuals with a means by which they can explain the occurrence of misfortune. Second, they provide individuals with a means by which they can take action when confronted by misfortune. An individual who

believes that he or she is a victim of mal'uocchiu, for example, can consult a traditional healer. The healer will perform a culturally specific diagnostic and therapeutic procedure to assist the victim. Most Sicilian-Canadians, however, do not wait for misfortune to strike; they take various measures to avoid or prevent exposure to mal'-uocchiu. Since Sicilian-Canadians believe that everyone is, at one time or another, a potential ittaturi, they also take appropriate measures to ensure that they do not unintentionally expose others to envy and its consequences.

THE INTERRELATIONSHIP BETWEEN EVIL EYE AND STRESS

In my MA thesis (Migliore 1981), I focus specifically on the interrelationship between mal'uocchiu and illness. Based on a synthesis of information deriving from both ethnomedical beliefs and actual case histories of victims of the evil eye, I suggest that mal'uocchiu is a stress-related phenomenon. More specifically, I propose that: during the course of social and self-reflexive interaction, either the victim, or a significant other, experiences a stress generating discrepancy between personal expectations and what actually transpires. This was true of each and every case I collected for the thesis.

My analysis of evil eye episodes also indicates that this expectation/actual occurrence discrepancy is likely to

result when one of the following conditions prevails: (1) the victim, or significant other, fails to realize his or her wishes, hopes, or desires; (2) the victim, or significant other, is confronted by a sudden, unexpected event; and, (3) an individual displays culturally inappropriate behavior toward the victim.

Whenever people's expectations do not correspond with what actually takes place, they experience a degree of stress or tension. Although everyone experiences this discrepancy daily, the degree of stress it stimulates varies from one individual to another, and from one situation to another. The degree of stress the discrepancy generates depends on two interrelated factors. First, it depends on the individual's emotional, physical, and psychological state at the precise moment the discrepancy occurs. Second, it depends on the importance the individual attaches to his or her expectations. In the thesis, I suggest that stressful episodes involving an expectation/ actual occurrence discrepancy: (a) create a need for the individual to explain why the discrepancy, or events following the discrepancy, occurred; or, (b) in extreme cases, actually cause physical, emotional or psychological problems for the victim.

Among Sicilian-Canadians, evil eye beliefs and practices operate in the following ways. First, mal'uocchio serves as an explanatory device; it explains why the discrepancy, or illness associated with the discrepancy,

occurred. Second, in certain cases, mal'uocchiu may function as an integral part of the discrepancy to cause illness. More specifically, the mal'uocchiu-related behavior of others -- such as the display of strong emotions combined with an intense stare or taliatura -- may generate sufficient stress in the victim to cause adverse effects. Once people accept the notion that mal'uocchiu is the cause of their ailment, they can take appropriate action to relieve the symptoms. They can, for example, consult a traditional healer. Healers relieve stress by providing a culturally specific explanation and treatment regimen that is acceptable to the victim and significant others. Culturally specific explanations are effective in relieving stress because "they reduce what appears to be unordered or chaotic to the semblance of order" (Spooner 1976: 281).

Although I still regard the ideas I expressed in my MA thesis as valid, I now believe that those ideas are incomplete. Evil eye beliefs and practices operate as both a system of explanation, and as a means by which people can deal with suffering and misfortune. However, the evil eye episode itself also has a communicative dimension. As in the case of "nerves", evil eye serves as an idiom of distress. The suggestion that someone may have been afflicted by mal'uocchiu conveys specific messages to the potential ittaturi and to significant others. My MA thesis did not concentrate on this aspect of the phenomenon, and I was therefore unable

to discuss and elucidate this dimension of the Sicilian-Canadian evil eye complex. I will rectify the situation by re-examining evil eye episodes in the discussion that follows.²⁴

EVIL EYE: EXPLANATION AND RATIONALE FOR TAKING ACTION

When misfortune is preceded by, or involves, an expectation/actual occurrence discrepancy that generates stress, Sicilian-Canadians may react in a variety of different ways. One possible reaction is to attribute the misfortune to mal'uocchio. By identifying the evil eye as the cause of their misfortune, people utilize a culturally specific means of explaining why they, rather than others, are suffering from a particular complaint. The ability to explain what has transpired is the first step towards establishing a plan of action to deal with the problem. The case histories I present in this section serve to illustrate these points.

Case #1: The Unexpected Behavior of a Neighbor. Zia Cal., an elderly Racalmutese woman, related the following information to me in June of 1984:

In Sicily we had a cow that produced a great deal of milk. The cow was very tame; she would allow anyone to manage her. One day, however, the cow began to kick. She wouldn't allow anyone in the stall, and she would not let herself be milked.

I told my neighbor about the problem. The neighbor told me that the cow must have mal'uocchiu. I asked her to please take it away, if she knew how to remove the evil eye. The neighbor went over to look at the cow, and she performed a ritual to take away the mal'uocchiu. The animal became very gentle. We were able to get lots of milk as if nothing had been wrong.

After a few days we had the same problem. I again went to visit my neighbor. I brought her a basket of eggs and told her about our new problem. The neighbor went over and cured the cow. The cow quickly began to act normal. We were able to milk her, and take her out to pasture.

Two or three weeks later we had problems again. The cow wouldn't eat, it kicked people, it wouldn't allow anyone to milk her, or it would knock over the milk pail. So I had to visit the neighbor again for the third time. When the neighbor saw me she said she wouldn't help us unless we paid her. I told her that we did pay her; I had brought eggs, cheese, fruit, or other things each time I visited her. I asked her: "Don't you think this is payment?" She said: "no!"; "when you pay me the cow will get better". I said goodbye and went home.

I went to another town, and searched for someone capable of taking away the mal'uocchiu. I found someone who helped us, and who taught me how to perform the cure. From that day on things were OK. Whenever the cow had a relapse, I performed the cure. I was also able to help whenever we had problems in the family. Even today, in Hamilton, I take away mal'uocchiu and make people better. I think my neighbor was the one who could give and take away the evil eye.

I believe that this case history indicates that Zia Cal. experienced at least two stressful episodes. The first episode concerns the unruly behavior of the family cow. Zia Cal. and her family did not expect the animal to behave in the way she did; the animal had always allowed herself to be milked without making a fuss. Due to these circumstances, Zia Cal. sought advice and assistance from her neighbor. The

neighbor made use of evil eye beliefs to explain why the cow had suddenly become troublesome, and to take action on Zia Cal.'s behalf. Evil eye beliefs and practices were utilized in such a way as to explain and resolve the expectation/actual occurrence discrepancy.

The second stressful episode concerns the unexpected behavior of the neighbor. Among Sicilians, interpersonal relations between neighbors are most often characterized by a type of generalized reciprocity. According to Sahlins (1965: 147; 1968: 81-86; see also Service 1966: 14-21), generalized reciprocity refers to a mode of exchange in which the expectation of a direct material return would not be proper. In this form of exchange, the obligation to reciprocate is diffuse; it is left undefined and indefinite. Sahlins suggests that, in cases of generalized reciprocity, the social relationship between the participants is more important than the material relationship. For Sicilians, reciprocity among neighbors does not involve a simple, direct exchange; instead, the diffuse nature of the exchange process provides the basis for a long-lasting relationship.

Zia Cal. attempted to interact with the other woman on the basis of the culturally appropriate exchange system. By bringing the neighbor gifts, Zia Cal. made a partial repayment for the assistance she had received, and expressed her deep appreciation. Implicit in this interaction is the notion that the neighbor can count on Zia Cal. for assis-

tance in the future. The neighbor, however, acted inappropriately. She demanded a direct monetary payment for her services. This in itself is an unneighborly act. It indicates that the two women have a distant relationship. It also raises the question: what type of person is the neighbor? True traditional healers do not accept direct payment for helping others. In addition, only a witch, or strega, has the ability to control mal'uocchiu, and cause its effects intentionally. Zia Cal.'s final statement, then, suggests that the neighbor may be a strega, and that she may have been responsible for the unruly behavior of the cow.

Zia Cal. resolved the stress generating expectation/acutal occurrence discrepancy, by reevaluating her view of the neighbor, and by seeking the assistance of another folk practitioner. In the process, she made use of evil eye-related beliefs to explain why: (1) the woman behaved unneighborly; and, (2) the cow misbehaved repeatedly during this time period. These explanations helped Zia Cal. formulate a plan of action to deal with the problem(s). By becoming a traditional healer, Zia Cal. ensured that she would not be at a disadvantage in future dealings with the neighbor.

Case #2: The Concerned Daughters. In this section, I present two versions of a particular case history. The first version was related to me by Mrs. Ma. in May, 1985. I

collected the second version from Mrs. Ma.'s older sister a few days later. The two women are very concerned about their father's psychological well-being.

Mrs. Ma.'s discussion of the case relates some of the efforts she and her family have made to help overcome the father's problem(s):

My father first experienced problems in the old country. It happened just before he was about to marry. He was 20 years old.

He went to visit one of the families that lived nearby. They offered him a drink. They poured him a drink, and then they gave a child a drink from a different container. He asked them why they had done this; he was suspicious. They just said that the child wanted something else.

There was something in that drink. These people were envious that my father was going to marry my mother.

My father went home, and went to sleep. He slept straight through for a long period of time. When he finally came to, he was having all kinds of problems. He was able to get married, but after the marriage he spent some time in a mental hospital.

When I was young, my mother used to tell me and the other children that our father was OK, but that we shouldn't make him nervous or upset. And, everything was OK for some time. But then the problems started again. It would happen every once in a while, and it would only last for a short time.

When we moved to Canada, the problems seemed to stop. Then they started again. This time my father started to abuse himself; he would hit and hurt himself. We had to place him in a home. There they tried to help him with shock treatment. All the time he was in the home, he was very ashamed to be there. He couldn't face the family; he was very conscious of what other people would think of him and the rest of us. He was afraid of bringing shame to the family.

We finally got him out of the home. But he became very quiet. Sometimes it seemed as if he didn't recognize some of us. We would take him to see the doctors, but nothing seemed to help. We started to feel like the doctors had abandoned my father. We needed help.

My mother kept thinking about that drink he was given in the old country. Someone must have put a spell on him. So we called a healer to check if my father was suffering from the evil eye. My husband and I picked up the healer and drove him to my parents home.

Well, you know what happened next, but I'll describe it anyway. The healer performed a healing ritual. He made the sign of the cross three times over my father's forehead, and quietly repeated some type of prayer. He then placed several droplets of oil into a saucer. The oil droplets enlarged and formed two large eye shaped globules. This was a sign that he had the evil eye. The healer said another prayer, and then cut the globules with a pair of scissors. The oil globules moved apart, but then moved back together again. You could see two large eyes in the water. The cure failed.

The healer had to repeat the ritual three times. Finally the oil globules separated and mixed with the water. The cure was complete. The healer gave us a palm strand, the type you get on Palm Sunday, that was worked into the shape of a cross. He then said another prayer, not for the evil eye, but a general prayer to help us. He asked God to help us overcome our problems.

I was present and witnessed the healing ritual Mrs. Ma. describes. During the visit, I was able to observe how the family members interacted with the father. They displayed a great deal of concern for the man. They also made a very conscious and deliberate attempt to get him to participate in the conversation. The family members constantly asked him questions such as: "how are you?"; "have you eaten today?"; "did you work in the garden today?"; etc. The father, however, responded only when pressed for an answer.

When he did respond, it was always in a very low mumble; it was difficult to understand him. Although we had trouble understanding him, he seemed to understand what was being asked of him.

After the healing ritual had been completed. The mother brought out drinks and various food items. The father would not eat or drink anything. He made an exception when I offered him something to eat. The mother said: "See, he's offering you something to eat". The man accepted the offer; he met the cultural expectation that a host does not refuse the request of a guest. Some time later, I asked the father to show me his garden. Again, he acknowledge my request and met the cultural expectation. At the same time, however, he would not acknowledge the requests of his family members.

A few days later, I discussed the case with Mrs. Ma., her older sister, and their husbands. Everyone stressed that the father's behavior the other day did not reflect his usual behavior:

Mrs. Ma.: My father was on his good behavior in front of you, but he's not that way all the time. Sometimes he abuses himself.

Sister's Husband: One time he punched himself in the eye.

Mrs. Ma.: He seems to understand what's going on, but doesn't like to socialize.

Sister's Husband: The other day he could see that I was in pain; I have a ankle problem. But, he wouldn't say anything about it. One time we were going to visit some friends, so I took him and my mother-in-law along. When he noticed where we were

going he insisted on going home. I got mad and he shut up. While we were there, he didn't say a word to anyone.

Older Sister: My father remembers everything from the past. He likes to sit my mother down beside him and just talk and talk all the time. She can't do anything around the house. She can't wash or cook. He gets very angry when she won't just sit there with him. But when other people are around, like you, he acts OK. He doesn't talk too much, and he isn't pushy. It gives people the impression that he isn't that bad.

Mrs. Ma.: Sometimes he doesn't eat for days at a time, unless we force him.

During the course of the evening Mrs. Ma.'s sister provided the following information concerning her father's psychiatric history:

When my father was a young man, he and his nephew visited a neighbor's home. They gave him something to drink, but they didn't give the child a drink from the same container. My father asked them why they had done this, but they just made some excuse.

My father came home that evening, went to bed, and slept through the next day. When he woke up he was not the same. He had psychological problems. He spent a year in a mental institution in Italy. He was finally cured by a woman who performed a healing ritual for him. The problems subsided and he and my mother were OK. We came to Canada at that time.

Everything was OK for a long time. Sometimes my father would get nervous, but nothing serious. Then one day he went back to the old country, because a family member had died. He went back alone. On the way back he experienced problems. He caused trouble for the staff on the plane. The airport officials had to restrain him, and we had to sign papers that we would take care of him so he could stay in Canada.

We wrote to the old country to try to find out what had happened there. A relative suggested that maybe his earlier "cure" only worked as long as he was

not in his home town. Going back to the old country reactivated the spell. Or maybe someone gave him an evil eye. Our relatives were not sure what happened either. All they know is that, during the two weeks he was there, he didn't even wash or change his clothes. He's been having problems since then. Mostly, he talks too much. He keeps talking about the past, and he won't let my mother do any housework. At the same time, he won't talk with other people. He won't eat, and he won't work in the garden. He also abuses himself; he inflicts pain on himself.

We had to have him placed in a mental institution at one point. There he received shock treatment. All the time he was there he kept asking us to get him out. He was ashamed to be there. He was afraid of what people might think. When he was released, he became very subdued.

He still abuses himself sometimes, but not often. Sometimes he acts like he doesn't know us. We feel sometimes that he's trying to hurt us by not eating and not communicating with us. Maybe he's upset that we put him in the institution. Sometimes I wonder if he's being sly and manipulative with his feelings. Other times I don't know what to think. I only hope the healer has helped him! If he doesn't get better soon, we'll have to call a psychiatrist again.

As an anthropologist, I am not in a position to comment on what type of pathology, if any, the father is suffering from. The preceding discussion, however, indicates that Mrs. Ma. and her family are confronted with what has become a chronic problem. The father constantly fails to meet their expectation of how he should behave. The interaction between the father and the other family members is plagued with conflict and tension. The interaction generates stress for all family members.

In their attempt to deal with the situation, Mrs. Ma. and her family have consulted both traditional healers and

western medical professionals. They are looking for some type of "cure" that will allow them to live a normal family life. So far, their efforts have been unsuccessful. However, Mrs. Ma. and her family continue to rely on evil eye- and sorcery- related beliefs to explain: (1) the father's behavior or misbehavior; and, (2) the failure of various folk and medical treatments to provide an effective "cure". Although this explanation has not helped to permanently resolve the problem, it has at least helped them understand the nature of the problem. I believe that this understanding has played a role in their attempt to cope successfully with a very unfortunate situation.

Taken together, then, the two examples illustrate how evil eye beliefs serve as both a system of explanation, and as a rationale for taking appropriate action, in cases where the victim and/or significant others experience a stress generating discrepancy between personal expectations and actual occurrences.

EXPECTATION/ACTUAL OCCURRENCE DISCREPANCY AS CAUSE OF ILLNESS

Individuals experience stress or distress when they are confronted by expectation/actual occurrence discrepancies. Evil eye beliefs and practices serve as one of the means by which Sicilian-Canadians attempt to resolve, or at least cope with, these distressing situations. In this

section, I would like to take the analysis one step further. I propose that in certain cases this type of discrepancy generates sufficient stress to either cause, or at least contribute in causing, adverse effects. The expectation/actual occurrence discrepancy, however, does not have a similar effect on everyone. Whether it does, or does not, cause illness and suffering depends on both the degree of stress the individual experiences, and the degree of stress the individual is able to tolerate. The notion that certain people are not mentally or physically prepared to handle excess stress is consistent with ethnomedical beliefs. Sicilian-Canadians, for example, believe that the individual's strength/weakness balance influences the extent to which he or she is susceptible to mal'uocchio.

I suggest that the Sicilian-Canadian evil eye complex is intimately linked to human suffering. In certain cases, as the example below indicates, the mal'uocchio-related behavior of others precipitates an expectation/actual occurrence discrepancy, and generates distress and suffering for the victim.

Case #3: The Beautiful Dress. This case history appears in my MA thesis (see Migliore 1981: 95-99). It involves some of the problems experienced by Lora, an elderly Sicilian-born Racalmutesa, in 1979-80. At the time the incident occurred, Lora worked as a private seamstress.

Lora designed and prepared a special dress for her daughter-in-law. An unexpected visit from two female acquaintances, however, delayed the completion of last minute alterations. Although Lora was anxious to complete the work, she prepared coffee and allowed Malba and Marinara to inspect the work. Both ladies commented favorably, and praised Lora's natural ability. In addition, Malba indicated that she wished to borrow the design. Since Lora designed the dress specifically for her daughter-in-law, she suggested that this was not possible. Malba interpreted the implicit refusal as a personal insult; this precipitated a lengthy argument.

When Malba and Marinara finally departed, Lora attempted to complete the work. Although the alterations should have been completed within a couple of hours, the dress remained unfinished for well over a week. Whenever Lora attempted to work on the dress, she would begin to yawn uncontrollably, gradually lose the strength in her hands, and not be able to concentrate on the work. Following the advice of a friend, Lora consulted Don Gesualdo.

Don Gesualdo suggested that the visitors may have been somewhat envious of Lora's work, and thereby exposed her to mal'uocchiu. Since the effects were relatively minor, he also suggested that the problem was caused unintentionally. The diagnostic test corroborated Don Gesualdo's initial diagnosis, therefore, he performed the healing ritual. Lora completed the alterations on the dress later that day.

Several weeks later, Lora encountered Malba unexpectedly at a local grocery store. According to Lora, Malba gave her a strange taliatura (intense stare), refused to exchange greetings, and quickly departed. Lora became seriously ill that day; the symptoms included: depression, headache, general aches and pains, forgetfulness, inability to concentrate, and "the feeling that the house was caving in on [her]". These symptoms persisted for approximately two weeks.

Although Lora suspected mal'uocchiu as the cause of the ailment, she consulted a medical doctor. The doctor proposed that the problem was due to stress, and that Lora should attempt to relax and do things to enjoy herself. Dissatisfied with both the diagnosis and the recommendation, she revisited Don Gesualdo. Since the diagnostic test produced a positive result, Don

Gesualdo performed the healing ritual. Lora, however, was carricata (heavily affected); it was necessary to repeat the procedure three times.

The diagnostic/healing ritual can only be performed a total of three times per day, per person; therefore, Don Gesualdo could not determine whether mal'uocchiu was effectively neutralized. In order to re-administer the diagnostic test, he recommended that Lora return within the next two or three days. Early the next morning, however, Lora experienced a severe headache that caused her to collapse. She quickly consulted Don Gesualdo, but the diagnostic test produced a negative result. Don Gesualdo explained that the illness may reach its peak just after the healing ritual, therefore the individual, although cured, may experience temporary discomfort.

Lora and Malba resolved their differences temporarily, at Lora's initiative. Lora agreed to design and prepare a dress for Malba at a low price. This attempt to resolve the disagreement, however, failed. When Lora delivered the dress, Malba complained that the finished product, due to certain imperfections, was not worth the asking price. This precipitated a major argument. The final result of the argument was the termination of their relationship.

While walking home after the argument, Lora experienced considerable discomfort -- i.e., severe stomach pains, difficulty breathing, nervous tension, and an inability to forcefully move her legs. Lora maintains that she was fortunate to encounter two female acquaintances. With their assistance, she was able to reach a friend's (Nonna) home. Based on the information she obtained from Lora and the other ladies, Nonna quickly prepared a glass of liqueur, made the sign of the cross over Lora's forehead while silently reciting a short prayer, and forced Lora to drink the liqueur. Lora was initially reluctant to drink the liqueur, because she has an ulcer. Although Nonna is not a traditional healer, she performed this ritual to counteract the possible effects of mal'uocchiu. Lora's condition improved significantly within a short period of time.

As in the previous cases I discuss above, evil eye beliefs serve as both a system of explanation, and a

rationale for taking corrective action. Lora experienced several expectation/actual occurrence discrepancies. Initially, she received an unexpected visit from two acquaintances. During the course of polite interaction, Malba made an unexpected request and took offense when Lora suggested that she was not in a position to satisfy this request. Malba displayed strong, hostile emotions towards Lora. It is strong emotions, particularly hostile emotions, which activate and direct the evil eye. I believe Lora suffered the effects of distress for two reasons: (1) she experienced a stressful expectation/actual occurrence discrepancy; and, (2) the stress generated by the discrepancy was magnified and intensified, because the discrepancy itself involved evil eye-related phenomena.

Lora experienced a relapse immediately after an unexpected encounter with Malba. During their brief interaction at the grocery store, Malba again displayed what Lora and significant others interpret as mal'uocchiu-related behavior. She gave Lora a taliatura. The fact that Malba refused to exchange greetings indicates that she still harboured hostile emotions toward Lora. Under these circumstances, Sicilian-Canadians stress that the taliatura could easily serve as a mechanism to channel the pent-up internal power outward toward the potential victim. I suggest that Lora's relapse occurred as a result of a stressful discrepancy again involving mal'uocchiu-related

phenomena.

Finally, Lora agreed to design and prepare a reasonably priced dress for Malba, in order to resolve their interpersonal conflict. Instead of accepting the peace offer, Malba criticized Lora's work; this precipitated a serious argument. Lora became ill within a short period of time. I contend that Lora experienced this distress for the following reasons: (1) she failed to resolve the conflict; (2) Malba reacted in an unexpected way; and, (3) the interaction degenerated into a hostile exchange. Nonna relieved Lora's symptoms by performing an evil eye healing ritual.

Shrut (1960) and Kiev (1968) maintain that many traditional healers, including those who treat cases of evil eye, can be identified as ethnopsychiatrists. These healers provide effective treatment by recognizing and relieving their patients' psychological and emotional distress. Recent studies (Dow 1986), as well as statements made by traditional healers themselves (Shaffer 1987: 24), have called this "ethnopsychiatrist" label into question. The label misrepresents the aims and techniques of traditional healers in various parts of the world. According to Dow (1986: 59; see also Moerman 1979), both healers and psychiatrists are able to produce positive results, because "there are psychological processes in which symbols affect the 'mind', which in turn affects the body". The success of traditional healers and psychiatrists, then, lies in the fact that they

are capable of manipulating culturally specific symbols in ways that are understood and accepted by the patient.

Sicilian-Canadian healers, including 'non-specialists' such as Nonna, accomplish similar results through their manipulation of symbols in the diagnostic and therapeutic process.

In summary, evil eye beliefs provide not only a means by which people can explain misfortune, but also key symbols that are capable of generating distress for certain individuals. Healers assist mal'uocchio victims by manipulating other aspects of the evil eye symbol system to reduce distress and suffering. The fact that Lora recovered completely immediately following the healing ritual indicates to me that traditional measures are effective in cases of mal'uocchio-induced distress.

THE COMMUNICATIVE DIMENSION OF EVIL EYE EPISODES

In his discussion of alternative ways of expressing psychosocial distress in South India, Nichter (1981:392-393) identifies the evil eye as an "idiom of distress". He suggests that the evil eye is one of several idioms through which Havik women may covertly express, experience, and cope with feelings of distress. I believe that this is also true for Sicilian-Canadians. Among Sicilian-Canadians, the implication of mal'uocchio in cases of illness and misfortune communicates a message to significant others. It communi-

cates to others that the individual is suffering from distress, that he or she is in need of assistance or support and, in many cases, that something must be done about the situation. In cases where others respond with culturally appropriate behavior, the implication of mal'uocchiu also serves as an effective coping strategy. My discussion of the following case histories will focus on evil eye as an idiom of distress, and attempt to unravel some of the messages people communicate in mal'uocchiu-related episodes.

Case #4: Fofo and the Concerned Grandmother. One of the case histories I collected for my MA thesis involves a boy I refer to as Fofo (see Migliore 1981: 92-93, 106-107; 1983: 7-8). At the time, Fofo was approximately seven years old. Fofo and his parents lived with his maternal grandparents in a predominantly Sicilian-Canadian neighborhood in Hamilton. The maternal grandparents were both born in Racalmuto.

At one time, Fofo's maternal grandmother (Mrs. A.) and her neighbor (Mrs. T.) were very good friends. The two women belong to the same age group, they grew up together in Sicily, they attended the same school, and they both emigrated to Canada and settled in Hamilton at roughly the same time. A major argument, however, drew them irreconcilably apart. According to Mrs. A.'s daughter, Fofo's mother, "for years the two women have not even looked at each other whenever a chance encounter has occurred". This statement should not be taken literally; it is an emphatic expression relating the extent of the conflict between the two women. Mrs. A. and Mrs. T. are no longer friends, and they attempt to avoid each other as much as possible.

Foyo usually returns home promptly after school. One day, however, Mrs. T. delayed his return. She stopped Foyo and asked him several questions. During this brief conversation, Mrs. T. commented that Foyo was growing rapidly. The boy became very ill that evening; he experienced general nausea, stomach cramps, and a headache. After questioning Foyo, Mrs. A. rushed to Mrs. T.'s home, accused her of causing the illness by means of either mal'uocchiu or a fattura (magical ritual), and warned Mrs. T. that the police would be notified if the condition did not improve. Mrs. T. denied any responsibility concerning the illness.

Without the benefit of a diagnostic/healing ritual, Foyo recovered fully by morning. Mrs. A. believes that her scare tactic forced Mrs. T. to break or remove the spell. Mrs. T., however, suggests that, since Foyo recovered so quickly, the ailment occurred as a result of natural causes. Mal'uocchiu-related ailments usually last three to seven days if the individual does not receive treatment. Other Sicilian-Canadians living in the neighborhood, although somewhat wary, are not entirely convinced that Mrs. T. can intentionally cause harm.

As in the previous cases, this episode involves an expectation/ actual occurrence discrepancy. Mrs. A. and Mrs. T. had been able to avoid and ignore each other for a relatively long period of time. This avoidance behavior represents the plan of action the two women chose to cope with the conflict situation. Mrs. T., however, disrupted the established pattern of interaction by accosting Foyo. Since Mrs. T.'s actions did not correspond to the established pattern of interaction, and Foyo became ill immediately following the encounter, Mrs. A. experienced a stress-creating discrepancy between her personal expectations and what actually transpired. In order to explain why the discrepancy, and Foyo's illness, occurred at precisely the same

time, Mrs. A. interpreted Mrs. T.'s behavior as a disguised act of hostility. She accused Mrs. T. of causing Fofo's ailment intentionally, and threatened to call the police if Mrs. T. did not remove the spell.

My discussion of this episode, then, is consistent with the material I presented earlier concerning the inter-relationship between evil eye and an expectation/actual occurrence discrepancy. The case history, however, also serves as an example of how mal'uocchiu-related episodes can operate as idioms of distress. Mrs. A. experienced a great deal of distress as a result of Mrs. T.'s unexpected encounter with Fofo. She made use of evil eye (and related) beliefs to communicate this distress to Mrs. T. and others. The implicit and explicit messages she communicates include the following:

- (1) Mrs. A. makes a public statement that Fofo, her grandson, is ill. She also indicates that she loves him very much, and that she is deeply concerned about his welfare. It is very disturbing for her to see him suffer.
- (2) Mrs. A. also confirms that she and Mrs. T. are enemies. Since they are enemies, it is very distressing to hear that Mrs. T. has accosted her helpless child. Furthermore, Mrs. A.'s actions stress that she will not tolerate this type of behavior from an enemy.
- (3) By accusing and threatening Mrs. T., Mrs. A. not only

insults the woman, but also suggests implicitly that she is either a strega (witch) or a fattucchiera (sorceress). Mrs. A. bases this interpretation on the following evil eye beliefs. First, mal'uocchiu is a potential source of human suffering. Second, due to his age, Fofo does not possess the internal strength to prevent effective exposure to mal'uocchiu. Third, Mrs. T. displayed strong, hostile, emotions toward Mrs. A. in the past. Fourth, according to Mrs. A., Mrs. T. did not include a protective phrase at the end of the compliment. Fifth, stregi and fattuchieri are capable of removing their evil spells.

- (4) The suggestion that Mrs. T. is inherently evil reaffirms and justifies Mrs. A.'s desire to continue their pattern of avoidance behavior in the future. Through the evil eye-related accusation, Mrs. A. communicates that Mrs. T. must refrain from interacting not only with her, but also with her immediate family.

Mrs. A., then, is able to make use of evil eye (and related) beliefs to communicate her distress to others, to explain why she experienced this distress, and to stress to Mrs. T. that: they are enemies; they are to remain enemies; and, as enemies, they are to continue to ignore and avoid each other.

As a result of the sudden and unexpected nature of

Mrs. A.'s actions, and the implication these actions conveyed to Mrs. T. and others, Mrs. T. also experienced a great deal of distress. The implication that she is a witch or sorceress does not correspond with Mrs. T.'s self-conception. For this reason, she denied any responsibility for causing the ailment. Instead, she suggests that the ailment occurred as a result of natural causes. The denial reaffirmed Mrs. T.'s self-conception; she is not an inherently evil person. At the same time, however, Mrs. T. received and understood the implicit messages Mrs. A. communicated. Mrs. T. must continue to display avoidance behavior toward Mrs. A. and her family, in order to avoid a repeat performance of what transpired. Mrs. A. has made it clear that any further interaction between the two women will only aggravate the situation and raise the level of hostility. If Mrs. T. attempts to communicate with Fofo again, she also runs the risk that the other Sicilian-Canadians in the neighborhood will accept Mrs. A.'s interpretation.

Case #5: Alcohol Abuse and the Inappropriate Behavior of a Neighbor. I collected the following case history on March 30, 1984, two days after the incident occurred. Sig. Altra, the person who recounted the case to me, was born in Racalmuto. She and her family came to Canada approximately 30 years ago. Sig. Altra is a 60 year old housewife with

three children.

The other day, I was getting ready to visit a friend when one of my neighbors came to the door. This neighbor is also Racalmutese. His wife and I are friends.

When I opened the door I knew the man was drunk. I could see him staggering. I called to him to come in as he stood by the door.

He replied: "I haven't asked you if your husband is home, and you ask me to come in".

I said: "If he wasn't home I wouldn't ask you in; I'd ask you to leave".

He took off his shoes and jacket, and came upstairs into the kitchen. He sat down without being asked.

There was still some food on the table, so I asked him if he wanted to eat anything. Maybe some coffee.

He said: "I'll accept a little so as not to be maleducatu (ill-mannered)".

He ate two spoonfuls of minestra (minestrone soup). Again, I asked if he wanted coffee.

He replied: "yes, but put some poison in it".

I told him: "I've never given anyone poison".

He said he was joking. But, as I was preparing the coffee he again added, "put some poison in it". You see, this man is a troublemaker. He's often drunk, he fights with his wife, and he's been in trouble with the police. I told him to prepare his own coffee, and I brought him the coffee, milk and sugar.

All the time this was going on, I was trembling. His face was pale, but he looked very angry. It was as if he was ready to kill someone. His neck and ears were dark red. Propia mi sbuntavu -- I was so terrified that it made my stomach turn over from the fright. My husband was present all this time, but I was still scared of what might happen.

He said: "I didn't expect you to let me in; now I see that I was too confused".

Then he started calling me "Altrararina", and asked me to put poison in the coffee again. He remembered that I don't like that name, but said: "even though you've told me not to call you that, I'm going to call you that". I could tell that he was very drunk, so I said: "call me what you like [I was afraid!]; anyway your mouth is an instrument, play it whichever way you like". I was trying to set him at ease; I was trying to joke about things. But it wasn't really a joking matter. "Altrararina" is a possible nick-name for me. But it was also the name of a prostitute in Racalmuto during the time we were all teenagers in Sicily. He knows that, so he's implying that I'm a whore too. He was trying to be offensive.

Then he added: "I'm pazzo (crazy); I'm furbu (cunning or sly); I'm fartzu (deceitful); and, I'm tintu (bad)".

I told him: "We all have problems, we're all tinti; none of us will go to heaven".

He said: "I know you also have problems in your house".

So I told him: "I have enough of my own problems, I don't want to hear anyone else's problems".

He replied: "I think I don't make a mistake in talking, if I do forgive me, because if I make a mistake throw me out of the house on my ass".

Then he started asking for cigarettes. He smoked all of my husband's cigarettes in 5 minutes. Then he started asking for wine. But, we told him we didn't have any. He said he knew better, but he didn't push the point. I offered him a bottle of beer. He refused and asked for more poison coffee.

At that point company arrived. It was my brother (P.) and his wife (Ai.). My neighbor recognized them from Racalmuto. He started to make small talk, mostly about Racalmuto and the past. He told us he was feeling better. He even said that he remembered how my father had bought him a loaf of bread in Racalmuto when he had no money and the store clerk wouldn't give him credit.

Then the drunk began to insult my brother. He said he remembered how P. used to sell wine in Sicily. He added that P. used to charge too much, so he bought

wine elsewhere. He also chastised my brother for never giving him a free bottle of wine.

He said to P.: "for all the wine you have pissed here and in Sicily, I probably have had more than you -- you just sit and look at it".

P. responded: "If you buy wine from others, how can you expect me to give you free wine. As far as how much you've had to drink I can see that you're drunk for it".

The neighbor stood up and motioned that he was about to leave, but my brother said: "no you stay, we're going to leave".

The neighbor insisted that he was going to leave, and added that he had already stayed too long. Then he added that he was happy that he had been treated so well. My husband accompanied him to the door.

I found out later that one of the reasons he had come over in that state is that he had been making trouble at home, and his wife had called the police. He didn't want to be found at home, so he came here. Why did he have to bother us.

After he left my home, I was morta di lu spavientu (frightened to death). My hands were trembling. I kept eating constantly; I would eat anything in front of me. I developed a pain in my stomach, and it lead to vomiting and later to diarrhea. I had been very nervous the whole time he was here. My heart was beating rapidly. I was in my own home, but I didn't know what he was going to do. After my bout with diarrhea, I felt very weak. I took two tranquilizers. I suffer from "nerves". The pills helped me relax, and I fell asleep.

The next morning I was still very tense. The vomiting and diarrhea returned. I was very nervous, agitated, and I kept trembling. I didn't know what to do first. I was confused. I would become very hot and start to sweat; then suddenly I would become cold. My head felt like it was ready to explode. I had to ask my husband to shut off the radio; I couldn't stand to hear anything. My ears were ready to explode. I felt so bad, I asked my husband to close the windows and lock all the doors. I was afraid someone might come over again. I was afraid I was about to die.

That afternoon, I went to see Zia M. to ask her to see if I was suffering from the mal'uocchiu. Zia M. made me sit down, she removed the evil eye, and gave me some coffee and cake. At first I was afraid to eat; I was afraid the vomiting and diarrhea would return. But Zia M. encouraged me to go ahead and eat. I did eat, and I didn't have any more problems.

I was fortunate to be able to discuss this case with Sig. Altra just a few days after the incident occurred. The events that transpired were still on Sig. Altra's mind, and she was able to provide a detailed account of the episode. At the same time, she was able to reflect and interpret some of the things that had been said during their conversation. From her description, it is clear that she found the encounter with the drunk neighbor very disturbing. It was a particularly distressing situation; the neighbor was abusive to both her and her family.

The neighbor, although under the influence of alcohol, presented Sig. Altra and her family with a number of implicit and explicit messages. He conveyed the message(s) that:

- (1) Sig. Altra is not an "honorable" woman, therefore she does not deserve respect.

In 1954, Julian A. Pitt-Rivers (see also 1966; 1977) presented a discussion of the Andalusian moral or value system in terms of honor and shame. This early discussion of the topic has influenced the work of most, if not all, mediterraneanists who deal with the phenomenon. Pitt-Rivers

(1966: 21; 1977: 1) defines "honor" as not only the "value of a person in his own eyes, but also in the eyes of his society". Honor, then, is intimately linked to an individual's reputation. Today, although scholars may argue over specific points (see Blok 1981; Davis 1969, 1977; Gilmore 1986; Herzfeld 1980, 1984), honor and shame remain key concepts in the study of moral systems of societies throughout the circum-Mediterranean region.

Among Sicilians, including Sicilian immigrants residing in Canada, honor (onore) and shame (vergogna) are interrelated and complementary qualities. An individual's honor is a reflection of his or her reputation within the community. This reputation is based on both moral and economic factors. In order to maintain a good reputation, the individual must live up to local expectations. Honor, then, is a positive quality. Shame, at least in certain respects, is also a positive quality. A person who has shame does not act in a shameful way. It is a quality that enables individuals to regulate their own behavior, and thereby maintain their honor. A person who has both honor and shame commands respect.

An individual's reputation influences how he or she is able to interact with other members of the community. Engaging in what the community regards as "shameful" behavior may have severe ramifications. The individual, for example, may be subjected to negative sanctions such as

vicious gossip, partial or total ostracism, and in certain cases violence. These negative sanctions obviously have an immediate effect on the individual. More importantly, however, are the long term effects these sanctions may have for both the actual individual who committed the "shameful" act and his or her entire family. It has severe implications for the future. The following hypothetical example, based on conversations with informants, clearly illustrates this point:

If a man allows himself to become a cuckold and does not take action to avenge the insult, he suffers an immediate loss of honor. He will not receive the same degree of respect that others displayed toward him in the past. In addition, it affects his ability to make suitable marriage arrangements for his children; his descendants will be referred to not only by their own name but also by a qualifier such as son- or grandson- of the cuckold; he and his family may no longer be viewed as suitable business partners; etc.

By maintaining a "good" reputation within the community, Sicilians take positive action towards avoiding the effects of negative sanctions and ensuring their future well being.

The Sicilian-born Racalmutese of Hamilton associate "respect" with the notions of honor and shame. The neighbor, during his interaction with Sig. Altra and her family, suggested that she was not an honorable person. He did this in at least two ways. First, he insinuated that Sig. Altra was inviting him into her home when her husband was not present. Second, he cast doubt on her reputation by referring to her by the name "Altrarina" -- the name of a known

prostitute in Racalmuto. Through these means he communicated to Sig. Altra the notion that she was a dishonorable person who did not deserve his respect, nor the respect of others. By implication this also applied to her husband and their family. The neighbor's disrespectful behavior reinforced this message.

(2) Sig. Altra wishes him harm, and is capable of inflicting harm.

The neighbor communicated this message to Sig. Altra through metaphor. He did this by repeatedly asking her to put poison in his coffee. The implication associated with this type of statement is that the neighbor is aware that Sig. Altra harbors ill-feelings towards him, and that he knows she has the means at her disposal to actually cause him harm.

In gathering background information for this case history, I learned that the neighbor and his wife are having major marital problems. The neighbor suspects and blames Sig. Altra of causing many of these problems. More specifically, he suspects that she is making use of vicious gossip (mali lingua) to upset his wife, and turn her against him. I believe that asking for poison was his way of confronting Sig. Altra, without having to make a direct accusation. I also suspect that it was his way of attempting to shame and/or frighten Sig. Altra into staying out of his affairs.

He wants to be treated with respect.

Sig. Altra's Response

Sig. Altra's discussion of the episode indicates that she is aware of the messages the neighbor was attempting to communicate. In fact, her statements clearly show that she addressed his insinuations and concerns. She communicated to the neighbor that:

(1) She is an "honorable" woman.

With respect to the neighbor's suggestion that she was the type of woman who would invite a man into her home in her husband's absence, Sig. Altra made it clear that her husband was home, and that that was the only reason she was inviting him to enter. She also made it clear that she did not appreciate his referring to her as "Altrararina". By stating "your mouth is an instrument, play it whichever way you like", she indicated that he could try to cast doubt on her honor, but that it was simply idle talk -- it had no basis in fact.

(2) She means him no harm; she is not a bad person.

Sig. Altra attempted to communicate this message to the neighbor by stressing that she has "never given anyone poison". Since he would not accept this as an indication that she meant him no harm, she asked him to prepare his own

coffee. I believe that Sig. Altra also made use of metaphor in the communication process. The poison represents the marital problems. By asking him to prepare his own coffee, I suggest that Sig. Altra wished to communicate that it was the neighbor himself that was responsible for the marital problems he and his wife were experiencing. It was he who was in the position to complicate or disentangle the problems that were ruining his marriage. Alcohol abuse was one of the factors poisoning his marital relationship. Sig. Altra and her husband reinforced the idea that they did not mean him harm, by displaying hospitality to a man who came to abuse them.

The neighbor, then, attempted to generate and promote a negative image of Sig. Altra. Although Sig. Altra did not accept this negative image, and she made every attempt to present a positive image of herself, the situation was still very disturbing. Sig. Altra experienced a great deal of distress; she experienced various physical, emotional, and psychological effects as a result of the encounter. Evil eye beliefs provided a means by which she could explain why she experienced these symptoms. They also provided her with a means by which she could attempt to correct the problem.

The evil eye, however, does not simply serve as an explanation for what transpired. The illness itself is an indication that Sig. Altra was suffering from distress. By implicating the evil eye, Sig. Altra communicates not only

that she is suffering from distress, but also how both the distress and the circumstances that brought it about, should be interpreted. She became ill because the neighbor displayed deep hostility towards her. The man was in a state of disequilibrium as a result of his abuse of alcohol. His hostility and anger further disrupted his internal strength, and directed mal'uocchiu toward Sig. Altra. It is not she who has victimized the neighbor; instead, he is directly or indirectly responsible for disrupting her home and causing her to suffer misfortune. The fact that a traditional healer confirmed that Sig. Altra was suffering from mal'uocchiu makes this interpretation much more plausible. This does not necessarily mean that everyone in the community will now regard the neighbor as a ittaturi. He will, however, have to control his behavior in the future.

Through evil eye beliefs, Sig. Altra has communicated to the neighbor and others that a repeat performance of the episode could only be interpreted as a deliberate attempt to injure her and her family. Until the neighbor changes his attitude, he should refrain from attempting to interact with Sig. Altra. Since the episode occurred, the neighbor has had only minimal contact with Sig. Altra and her family.

SUMMARY

In this chapter, I have discussed Sicilian-Canadian

evil eye beliefs and practices within the context of certain key world view features. Mal'uocchiu, for example, is intimately related to the notions that: (1) there is a sharp distinction between "good" and "evil"; and, (2) human beings are capable of influencing and affecting the natural course of events. My primary aim, however, was to examine the interrelationship(s) between evil eye, stress, and illness. The discussion of this interrelationship is consistent with the views I expressed earlier in my MA thesis. Mal'uocchiu-related beliefs serve as both a system of explanation, and as a means by which individuals can take appropriate action when confronted by misfortune. The evil eye case histories I collected during my investigation of "nerves" support this conclusion.

Mal'uocchiu, however, is not simply an explanatory device; it is also an idiom of distress. Evil eye episodes communicate a message to both the ittaturi (gazer) and significant others. More specifically, the suggestion that someone is suffering from an evil eye signifies to others that: (1) the person is experiencing distress, and is in need of social and therapeutic support; (2) this distress is due to unexpected social tensions and/or disruptive social relations; (3) the social tensions involve an expression of strong emotions which activate the ittaturi's ability to intentionally or unintentionally affect the victim through mal'uocchiu; and, (4) something has to be done about the

situation.

By implicating the evil eye, then, people are consciously or unconsciously making use of a cultural symbol to both express distress and to communicate to others how the distressing episode should be interpreted. It is a way of communicating the fact that the ittaturi and the victim have a very strained relationship, and that they should, at least temporarily, refrain from interacting with one another. As in the case of witchcraft accusations (see Marwick 1964; 1972), evil eye accusations serve to either establish a new pattern of interaction between disputants or, in certain cases, to distance and exclude individuals from one's social network.

In the following chapters, I examine Sicilian-Canadian conceptions of "nerves". Among Sicilian-Canadians, "nerves" also serve as an idiom of distress. The messages communicated through the idiom of "nerves", however, are in many ways very different from those inherent in evil eye episodes. I will address these differences in the concluding chapters.

CH. 6: SOME SICILIAN-CANADIAN
CONCEPTIONS OF HUMAN ANATOMY AND NERVES

The Palio of Siena, Italy is a ritual celebration held in honor of the Blessed Virgin Mary. The celebration reaches a climax twice each summer, when representatives of the various districts in the city engage in what have become very ritualized and competitive horse races. Although these races may last no more than 90 seconds, the contestants are so aggressive towards one another that they and their horses may sustain serious injury. The palio is "as much a joust (giostra) as a race" (Dundes and Falassi 1975: 134). The fantini, or jockeys, are armed with a nerbo (nerve) which they use both to urge on their own mounts, and to impede the progress of other contestants. The nerbo is a ceremonial whip made from a desiccated, stretched calf phallus (Dundes and Falassi 1975: 245). These nerbi are obviously not the same type of "nerves" that Setha Low (1981; 1985) and others discuss in their investigations of stress and distress. Yet, are they really that different? In the case of Sicilian-Canadians, I would like to argue that the nerves which serve as whips, and those associated with distress, are distinct but very similar phenomena.

In the introductory chapter, I suggest that "nerves"

is an ambiguous category. Among Sicilian-Canadians, the term nierbu has a number of meanings; it is not simply an idiom of distress. The term, for example, can refer to: (1) a whip; (2) muscle or sinew; and, (3) the cause and/or symptoms of physical, emotional, and psychological distress. Although these phenomena are, or appear to be, quite different, they share certain basic underlying features. My goal in this chapter is to begin to examine these and other Sicilian-Canadian conceptions of "nerves". More specifically, I will identify and discuss the underlying features which link the various phenomena Sicilian-Canadians label as nierbi. This will entail an examination of Sicilian-Canadian beliefs concerning both human anatomy, and the interrelationship between anatomical features and human suffering. The material I present in this chapter will provide the necessary background information for understanding the folk illness Sicilian-Canadians identify as nirbusu (nervousness), which I discuss in the next chapter, and the "nerves"-related case histories that appear in subsequent chapters.

HUMAN ANATOMY AND LA NIRBATURA

Sicilian-Canadians recognize la nirbatura as a key component of an individual's physical constitution. Many people, in fact, refer to the physical constitution as

simply la nirbatura. The nirbatura, however, consists primarily of: muscles, tendons, ligaments, and other connective tissues. Although each of these anatomical features may have its own linguistic term or label, they represent collectively the nierbi (nerves). The term nirbatura, then, refers to the arrangement or system of "nerves" that extend throughout the human body. This Sicilian-Canadian conception of "nerves", as sinew or tendons,²⁵ is virtually the same as the views Pitre (1971: 102) recorded during his late 19th century investigation of Sicilian folk medicine. It is also very similar to the conception of "nerves" presented in the Hippocratic writings of Ancient Greece (see Lonie 1978: 352-353).

In discussing human anatomy, Sicilian-Canadians emphasize the importance of nierbi, and the nirbatura in general. People attribute a great deal of importance to these phenomena for the following reasons:

- (1) Nierbi are strands of human tissue and sinew that display a great deal of elasticity. It is not uncommon to hear people make an analogy between "nerves" and elastic- or spring- like elements. This analogy is possible because the nierbi are capable of both extending and contracting as the need arises. One informant, for example, stated clearly that:

The nierbi are part of a person's constitution. They are like the molle (springs). They help in all

the movements people make. Without them we couldn't do anything. The nierbi are a very important part of us.

Sicilian-Canadians believe that healthy "nerves" function to facilitate all aspects of human movement.

- (2) La nirbatura also serves as the anatomical structure that connects and helps support an individual's bones, organs, arteries, veins, and all other internal body parts. The following statement is representative of the views expressed by the people I interviewed:

Everything is connected to the nirbatura -- the brain, the hands, the feet, everything, arteries, everything in the person. That's why its so important that they [the nierbi] work properly. If they don't work properly then you can really suffer.

Although anyone may be a potential victim of disease and disability, a person who has strong, properly functioning "nerves" is more likely to be a healthy individual.

- (3) Since the nirbatura serves a primary function in the control of human movement, damaged or malfunctioning nierbi may affect adversely the individual's ability to perform various duties. Depending on the seriousness of the complaint, for example, people may experience anything from: (a) a slight discomfort whenever they make certain movements; to, (b) partial or total paralysis. My discussion of complaints such as nierbi spilati (strained "nerves") and nierbi ngravaccati (entangled "nerves") will serve to address and clarify this inter-

relationship between "nerves" and complaints that restrict or impede physical movement.

- (4) A malfunctioning of the nirbatura may not only affect a person's mobility, but also his or her physical, emotional, and psychological well-being. The nierbi are linked intimately with all body parts and organs. For this reason, they are capable of affecting and disrupting a person's internal equilibrium, and thereby producing human suffering. More specifically, the nierbi have the potential of causing many different symptoms and syndromes, because they are in a position to influence and disrupt all of the internal processes that support life and maintain health -- e.g., circulation of blood; digestion of food; and, cognitive processes.

Conversely, any disruption of the internal processes that support life and maintain health can have a negative influence on the nierbi. The nierbi are susceptible to various ill effects produced by the irregular activity or functioning of other components of the anatomy. Diseases affecting the brain or some other organ, for example, may stimulate a disruption of the person's internal equilibrium and, since these organs are attached to the nirbatura, cause a malfunctioning of the nierbi themselves. The complaints people attribute to nierbi, then, may occur as a result of various causal

factors.

Sicilian-Canadians value a strong, healthy nirbatura. The nirbatura plays a major role in both health and sickness. An adequately functioning nirbatura promotes health by ensuring that a person's internal equilibrium is not disrupted, while a malfunctioning of the nierbi may have negative consequences for the individual. The nierbi are associated with suffering in two ways: (1) they can produce negative effects that disrupt the internal equilibrium; and (2) they can be affected adversely by other disturbances to the internal equilibrium.

Sicilian-Canadian beliefs concerning the interrelationship between anatomy and suffering, however, are ambiguous and inconsistent. When people speak of "nerves"-related ailments, they can make use of the concept nierbi to refer to either the cause of, or the symptoms associated with, suffering. The belief system provides neither causal nor symptom specificity. The nierbi do not produce specific symptoms; instead, they can be implicated as a causal explanation for just about any complaint. In addition, any complaint may stimulate a malfunctioning of the nirbatura. I will expand on these points in the section dealing with nirbusu in the following chapter.

NERVES, PAIN, AND PHYSICAL COMPLAINTS

Every motion, movement, or gesture a person makes is under the direct control of one or more nierbi. The nierbi facilitate human movement, and allow people to engage in various activities. Certain activities, however, may result in strain or damage to specific muscles or tendons. When this occurs, a person may experience a number of complaints ranging, as I mentioned earlier, from minor physical discomfort to partial or total paralysis. The ailment most often discussed by my informants is la spilatura (strained muscles or tendons). In this section, I will concentrate first on the spilatura, and then turn briefly to a discussion of more serious problems of the nirbatura.²⁶

LA SPILATURA -- DRAWING WATER FROM DAMAGED TISSUE

During physical activity, and in particular any type of manual labor, the nierbi are required constantly to make various movements that force them to stretch, extend, or contract. This activity usually proceeds without difficulty. Sicilian-Canadians, however, stress that various factors -- e.g., awkward movements, over-exertion, and accidents -- may disrupt the normal functioning of the nirbatura. These factors, for example, may cause the nierbi to extend or contract in such a way that they cannot return to their regular positions. Instead, the nierbi are displaced and, metaphori-

cally speaking, they become entangled (ngravaccati) or knotted (agruppati) together. The person experiences pain (duluri) because the displaced nierbu rubs against, and exerts pressure on, the adjacent nierbi. The victim communicates to others that he or she has sustained damage to a segment of the nirbatura through popular phrases such as: (1) nierbi ngravaccati (entangled "nerves"); (2) nierbi agruppati (knotted "nerves"); (3) nierbi abbattuti (tired or exhausted "nerves"); (4) nierbi sdilassati (a loss of muscle or sinew elasticity); or, (5) nierbi cunsumati (worn or frayed "nerve"-tissue). These popular phrases indicate that the individual is suffering from a physical condition that impedes movement and generates discomfort and pain.

Most of my informants use the term spilatura as an alternative label to describe the physical conditions I list above. In fact, the term is often used as a "gloss" to represent all of these condition. Initially, I mistook this usage as an indication that la spilatura could be defined simply as strained or damaged "nerves". The phenomenon, however, is much more complex. Further questioning revealed that disturbances such as nierbi ngravaccati and nierbi agruppati represent the actual strain and damage, while la spilatura refers to a secondary development that complicates, and increases the severity of, the initial problem.

Sicilian-Canadians suggest that, as a result of strain or damage to the nierbi, a fluid build-up may develop

in the afflicted area. They also suggest that the degree of pain an individual experiences is directly proportional to the amount of fluid the body produces around the damaged tissue. More specifically, the greater the amount of fluid, the greater the intensity of the pain (duluri). La spilatura refers to muscle or sinew problems that have been aggravated to the point at which they stimulate the production of fluid. This condition is much more serious than a simple case of nierbi ngravaccati for two interrelated reasons:

- (1) The accumulation of fluid places additional pressure on the injured "nerves". This pressure intensifies the pain sensation, and restricts movement further.
- (2) If left untreated, the condition is likely to develop into a chronic ailment that cannot be easily corrected.

La spilatura, then, is a painful secondary condition. It occurs only as a complicating factor in cases where the nierbi have experienced a serious disruption at a particular point on the nirbatura.

In order to illustrate some of the points I make in the preceding discussion, I will now present two case histories related to me by Hamilton-based Racalmutese:

Case #6: Sig. Antonio and the Injured Hand. Sig. Antonio has lived in Canada for roughly 30 years. I collected his case history in the summer of 1984. The case

itself involves a chronic hand problem. Sig. Antonio continues to be plagued by a hand injury that he sustained many years ago in Racalmuto, Sicily.

This [pointing to a specific location on the palm of his hand] is a nierbu that we call musculidda (little muscle). It's as if it were gruppata (in a knot). That knot has been there for around forty years. I had it when I was in my home town.

In Sicily I was a builder. As part of my work, I had to break many stones with my hammer. With the constant beating on the stones, the nierbu in my hand became maltreated, or it spila, I'm not sure. It now looks like a knot on my hand. Initially it never bothered me. Now it gives me trouble when I open my fingers. Sometimes it even hurts my whole hand when I open my fingers.

Sometimes I massage it myself. I give it a scicata (a rub), as we say, and it eases the duluri (pain). But it never goes away. I went to a [medical] specialist. He told me: 'when you can't open your fingers anymore, when you can't close your fingers anymore, we'll operate; there is nothing I can do for you'. And it hurts steady! Sometimes it hurts more, sometimes less, but the knot never gets bigger or smaller

These nierbi are caused from work. We say battuti (exhausted). It has tired. It is like an elastic or spring that no longer functions properly now the pain remains forever. It's as if you have a knot, or like rheumatism, but its not actually rheumatism, it is due to the nierbu no longer working. As soon as I make a movement with my hand, if I want to force myself to stretch open my fingers, it hurts (doli) It was an accident; it happened from beating constantly on the stones. The nierbu was upset.

Sig. Antonio's account of the hand injury is consistent with Sicilian-Canadian views of both nierbi and nierbi-related physical compliants. Due to the wear and tear of heavy manual labor, he experienced a disruption of the

"nerves" located at a specific point on his nirbatura. His nierbi no longer function properly because they were worn and exhausted as a result of constant, strenuous activity. In describing his problem, Sig. Antonio makes use of a common metaphor; the nierbi, like fragile elastics or springs, were stretched and abused to the point at which they became entangled or knotted together. The injury has become a chronic problem, a problem that can only be corrected by an operation. Sig. Antonio suggests that the operation would involve the removal of the gruppu (knot), and the reattachment of the nierbi to their correct location on the nirbatura.

Case #7: Cold Weather, Over-Exertion, and the Injured Muscle. I collected the following case history during the winter of 1983. The case involves a shoulder injury sustained by Sig. Ciccu, a middle-aged Racalmutese. Sig. Ciccu came to Canada with his parents in the early 1960s.

Last week I went rabbit hunting with my friends. We had a great time. It's my hobby. We also brought a lot of rabbits back home. We had so many we gave some away to our relatives.

Rabbit hunting can be a lot of work. We had to do a lot of walking around, and it was really cold last week. Every time I shot a rabbit, I stuffed it into my shoulder bag. By the end of the day, it was getting pretty heavy, but it didn't seem to bother me.

The problem started when we got into the car. I still had the shoulder bag on, and I guess the nierbi in my shoulder were very tight from carrying the heavy bag all day. The cold also makes the nierbi tighten. Anyway, while I was sitting in the passenger seat of

the car, I tried to turn my head to talk to the guy in the back. I guess I made an awkward movement or something. I felt a sharp pain right away. My shoulder was really stiff by the time I got home.

When I got home, I took my shirt off and looked at the shoulder in the mirror. I had this big lump on it. The nierbi must have become ngravaccati (entangled) when I made that sharp movement. I had a pulled muscle.

It hurt so much I had to go see the doctor the next day. He told me to buy something to rub into the sore area, and to try not to do anything strenuous. I did what he said for a couple of days but it didn't seem to be working. Then my uncle said: 'why don't you visit my friend, he can fix it for you right away'.

He took me to visit his friend yesterday. That old man made me lie down on the floor, took out some olive oil, and started rubbing my shoulder. He really gave my shoulder a good working over. He had rough hands too. When he finished I looked in the mirror and the musculidda was gone. My shoulder was black and blue, but the muscle was back in place. The next day there was no pain, and I could move my arm like normal.

In contrast to Sig. Antonio's hand injury, this case history involves an acute affliction of the nierbi. Sig. Ciccu's muscle problem developed suddenly and unexpectedly, as a result of a number of contributing factors. These factors include:

- (1) **Cold Weather.** Sicilian-Canadians believe that exposure to cold conditions may have an effect on the nirbatura; the cold tends to stimulates a contraction, or tightening, of muscles and tendons. The cold itself, however, did not cause Sig. Ciccu's shoulder problem. Instead, it operated as a risk factor. Once Sig. Ciccu's nierbi became stiff, they were no longer prepared adequately to

handle situations that require flexibility of movement. The cold weather, then, increased the likelihood that he might suffer from nierbi ngravaccati.

- (2) **Over-Exertion.** During the hunting trip, Sig. Ciccu engaged in a strenuous activity. He walked for miles carrying a heavy shoulder bag. Although this exertion did not bother him at the time, it placed a great deal of pressure on his shoulder muscles and tendons. The nierbi, which had already contracted due to the cold, tightened further making Sig. Ciccu even more susceptible to suffering from nierbi ngravaccati. The strenuous activity, then, also served as a contributing factor in the development of the muscle problem.
- (3) **An Awkward Movement.** The problem Sig. Ciccu experienced was precipitated by a sudden, awkward movement. From a Sicilian-Canadian point of view, the the muscles and tendons in his shoulder were simply too stiff to facilitate this movement; they were not capable of functioning normally. In the process of extending and contracting themselves, the nierbi were strained and forced out of their regular positions on the nirbatura. The nierbi became entangled with one another. The awkward movement represents the immediate cause of Sig. Ciccu's pain and suffering, while the fact that he engaged in a strenuous activity under cold conditions represents the underlying

risk factor(s).

This case history, then, serves as an example to illustrate the interrelationship(s) between nierbi, pain, and physical complaints. In addition, Sig. Ciccu's account indicates that there are certain individuals in the community who have both the knowledge and the ability to treat these conditions successfully. I address this aspect of the phenomenon in the following section.

MANIPULATION OF NIERBI AS TREATMENT

There are several Racalmutese residing in the Hamilton-Wentworth region who specialize in the treatment of physical conditions such as nierbi ngravaccati and spilatura. These individuals, whether male or female, make use of very similar techniques; they manipulate and massage the nierbi, in order to relieve the pain and restore the "nerves" to a state of normal functioning. Although I discussed the phenomenon with three traditional healers, I obtained the bulk of my information from Don Gesualdo. For this reason, I will focus specifically on the technique he employs to treat individuals afflicted with these physical complaints.

On several occasions, I observed Don Gesualdo as he treated cases of strained or damaged "nerves". The treatment sessions proceeded as follows:

Don Gesualdo welcomes the patient, and anyone who may have accompanied the patient for the visit. As the host, he provides hospitality for his guest(s). They sit together and relax, while they discuss various topics over a cup of coffee or a cool drink. The actual treatment session is always preceded by a period of socializing that may last anywhere from 20 to 40 minutes. I believe this relaxed atmosphere is possible for two reasons. First, Don Gesualdo is a pleasant, friendly gentleman. Second, in most cases, Don Gesualdo is well acquainted with either the patient, or an important member of the patient's social network.

At some point during the conversation, Don Gesualdo enquires about the physical problem the individual is experiencing. He seeks information concerning: (1) the location of the injured area; (2) the nature of the condition; (3) when it occurred; and, (4) the symptomatic effects the victim associates with the injury. Don Gesualdo is most concerned with determining the intensity of the pain, and the extent to which the injury has restricted movement. He stresses that it is necessary to obtain this information in order to determine both the severity of the condition, and the precise nierbi which must be manipulated to relieve the problem.

Don Gesualdo prepares the patient for treatment by spreading olive oil freely over the area of affliction and

the areas adjacent to it. Once this is accomplished, he presses his finger tips onto the skin and moves them firmly, but slowly, over the entire length of the afflicted area. Don Gesualdo makes use of the olive oil for two reasons. First, the oil functions as a lubricant; it allows Don Gesualdo to move his hands smoothly over the skin surface. This enables him to massage the area more effectively. Second, Sicilian-Canadians believe that the oil moistens and softens the nierbi so that they can be manipulated back into their proper places with less difficulty.

If Don Gesualdo is able to move his fingers smoothly over the skin surface, including the areas adjacent to the injured nierbi, the condition is not serious. The nierbi may have been over-worked, or they may have sustained minor damage, but they have not been seriously disrupted. The condition has not developed into the spilatura. A light massage will suffice in this case.

In some cases, however, Don Gesualdo cannot move his fingers smoothly over the area of affliction. As his fingers glide over the skin surface, he can feel various lumps, bumps, and indentations. Some of these abnormal protrusions and indentations are visible to the human eye, while others are not. When Don Gesualdo encounters these features, he attempts to determine whether he is dealing with "entangled" or "knotted" nierbi, or with the more serious complaint of spilatura. He does this by manipulating the protrusions. If

they are stiff and immobile, Don Gesualdo concludes that it is a case of either nierbi ngravaccati or nierbi agruppati. He, then, applies pressure to the nierbi, and rubs them back into their proper places. More specifically, Don Gesualdo massages the displaced "nerves" into the indentations he has located. The disappearance of the abnormal protrusions indicates that the procedure has been a success.

La spilatura is diagnosed and treated differently.

Don Gesualdo provides this account of the phenomenon:

As a result of nierbi ngravaccati it produces spilatura. The spilatura is most often water (aqua). It is a drop of water. You touch it and it moves away; it runs from your touch. If you rub it so it's absorbed into the body, always in the parts where there is more flesh, then the problem will pass. If you don't know how to get rid of it, the pain will increase The more water there is ... the more severe the pain If you don't get rid of it, it will remain as a mali, a mali cronicu (chronic illness) Put the nierbi in place, spread away the water, and the pain stops.

The victim, then, experiences this condition when the damaged nierbi stimulate the production of fluid in the area of affliction. For this reason, Don Gesualdo attempts to isolate: (a) the strained "nerves" -- represented by the stiff, immobile protrusion(s); and, (b) one or more pockets of fluid. To correct the problem Don Gesualdo must first manipulate the nierbi back into place, and then rid the patient of the excess fluid.

The excess fluid is dissipated through massage. The process, however, must be carried out very carefully. Don Gesualdo massages the "water" into the fleshy areas of the

body, until he can no longer feel any pockets of fluid. If, for example, the damaged nierbu is located in the area of the upper arm, he massages the "water" into the muscles. The fluid is always massaged in the direction of muscle and fat. Don Gesualdo stresses that every effort must be made to avoid spreading the fluid into the joints. Once in the joints, it would be very difficult to remove the spilatura for two interrelated reasons. First, the fluid may remain hidden between the bones and sinew. Second, manipulation of the joints is a risky endeavor; the pressure required to dissipate the fluid, and return the nierbi to their proper places, may damage either the bones or the attachments that link the bones to the nirbatura. Don Gesualdo does not treat cases that involve wrists, elbows, and knees. This is also true of the other healers I interviewed.

Don Gesuldo recommends that an individual suffering from a spilatura located in the immediate vicinity of a delicate joint should bathe the afflicted area in a solution of hot water and salt. He suggests that this technique can be effective for two reasons. The hot water stimulates the circulation of blood through the damaged tissue, while the salt draws out the excess fluid. Together, these elements help to ease the pain, and reduce the swelling. The victim, however, should expect the healing process to proceed at a relatively slow pace.

The treatment session ends just as it began; Don

Gesualdo takes on the role of host, and entertains his guest(s). As the patient prepares to leave, Don Gesualdo reassures him or her that the problem has been treated successfully. He also stresses that the individual is welcome to visit again anytime. If, God forbid, there is further need of his services, Don Gesualdo reassures the patient that he will be available.

The technique Don Gesualdo employs to assist individuals suffering from "nerves"-related physical complaints is very similar to the techniques used by other Sicilian-Canadian healers. Each technique involves massage and manipulation of the nierbi. The healers themselves learned the art through apprenticeship. They are effective in treating patients not because they have access to secret knowledge, but rather because they have learned through experience how to: (1) locate the strained "nerves"; (2) manipulate the "nerves" into their regular positions; and, (3) spread and dissipate any fluid that may have accumulated in the afflicted area. Theoretically, everyone is capable of learning these techniques. From a Sicilian-Canadian point of view, however, certain individuals are more adept at both learning and applying the treatment strategy.

CHRONIC CONDITIONS, NIERBI, AND PAIN

Nierbi ngravaccati and nierbi spilati are painful

conditions that can be treated effectively by traditional healers. In some cases, however, the problem develops into something much more serious. This outcome is likely to occur in cases where the individual either declines to seek assistance, or fails to receive adequate treatment. Sicilian-Canadians believe that untreated cases of "nerves" develop eventually into chronic conditions such as arthritis (artriti) or rheumatism (reumi).

These types of chronic diseases, then, do not occur independently. Instead, they represent the final outcome in a series of abnormal developments that afflict the nirbatura. For example, an individual may develop arthritic or rheumatic pain as a consequence of the following inter-related processes:

- (1) Due to over-exertion, a healthy individual experiences a strain to his or her "nerves". The nierbi become entangled or ngravaccati.
- (2) Untreated, the problem develops into a case of spilatura. The damaged nierbi stimulate the production of acqua or fluid in the area of affliction.
- (3) If the fluid which has accumulated in the vicinity of the damaged muscles and tendons is not dissipated through massage, it will eventually dry and disappear on its own. In the process, however, the acqua leaves behind a spot or stain on the "nerve" and bone tissues.

Sicilian-Canadians refer to this development as aqua ndussata. This condition is a serious complication of the spilatura; the "stain" prevents the capillaries from supplying blood to the afflicted tissue(s).

- (4) According to my informants, human tissue will suffer permanent damage unless it receives an adequate supply of blood. As a result of aqua ndussata, then, the "nerves" and bones sustain permanent damage. An individual experiences rheumatic pains when the fluid has become ndussata on his or her nierbi. In the case of arthritic pain, people suggest that the fluid has become ndussata on a person's bones, rather than the nierbi themselves.

Don Gesualdo provides this description of the inter-relationship between damaged "nerves", and arthritic and rheumatic pain:

Nierbi ngravaccati are always, I say, due to an awkward movement or to a strain When the nierbi are entangled, they may cause spilatura As I told you before the spilatura is aqua (water). If the spilatura is not massaged properly, and too much time goes by, that water doesn't remain water. The water dries up, and it leaves a stain inside. The water becomes ndussata. This stain impedes the capillaries. It impedes the passage of blood. And the duluri (pain) remains forever. This is the pain that doctors call reumi or artriti These pains are incurable; the aqua was not removed in time.

Don Gesualdo's statement illustrates that a minor complaint of the nirbatura, if left untreated, can develop through a number of stages into a chronic, incurable condition.

PARTIAL AND TOTAL PARALYSIS OF THE NIRBATURA

The nirbatura represents the entire system of interconnected and interdependent "nerves" found in the human anatomy. This system of "nerves" consists of both primary and secondary nierbi. The primary nierbi are long, thick strands of elastic-like sinew that extend throughout the human body. The secondary nierbi include all of the muscles, ligaments, and connective tissues which are attached to the primary nierbi. One of the major functions of the nirbatura is to facilitate movement. Thus far in the discussion, I have concentrated on both acute and chronic physical conditions that impede movement and generate pain. These conditions afflict a specific location on the nirbatura and, in most cases, they involve the secondary nierbi. I will now focus on much more serious conditions which affect either the primary nierbi, or the nirbatura in general. I will focus specifically on "nerve" damage that results in partial or total paralysis.

During the interview sessions, I asked people what they considered to be the most serious physical condition that might afflict the nirbatura. The unanimous response was "paralysis" (paralisi). Sicilian-Canadians believe that temporary and permanent paralysis of one or more limbs occurs as a consequence of a variety of etiological factors; these factors include: (1) abnormally high blood pressure;

(2) dibulezza (weakness due to inadequate nutritional intake); (3) psychological and emotional turmoil -- e.g., dispiachiri (grief or sorrow) and nirbusu ("nervousness"); and, (4) accidents. In the case of dispiachiri, for example, the individual may be overwhelmed with grief; the grief or sorrow is so extreme that the brain is incapable of sending commands to the nirbatura. As a result the individual is, at least temporarily, unable to move. Various etiological factors, then, prevent the nirbatura from functioning normally to cause some form of paralysis. The following case histories deal directly with this phenomenon.

Case #8: The Unfortunate Cumpari.²⁷ This case history has personal significance for me. I share a very close relationship with both the individual who provided the account, and the individual who suffered the misfortune. During my stay in Sicily, Zio Sa. (the victim) treated me like a son. He welcomed me into his home, and he assisted me in many ways. It came as a shock to me when Sig. To. described the unfortunate events which left Zio Sa. in a wheel chair. Sig. To. related the account to me in August, 1987.

I receive a letter from a relative in Sicily the other day. She told me about the disgrazia (misfortune) that befell my cumpari. He has to get around in a wheel chair now.

During the war, he was shot in the leg. The bullet lodged itself near the major nierbu in that part of his body, and caused a lot of pain. The doctors were afraid to take it out, because they might cause more damage. I don't really understand what happened. But

the bullet was still in his leg when he came back home.

The leg always bothered him, and he would always limp. But sometimes it felt more painful than other times. It would depend on how much pressure the bullet was placing on the nierbu. Some people thought that he should try to have an operation to have the bullet removed. They said that the bullet would eventually cut through the nierbu, and make his leg useless. But he didn't want an operation. It's always easy for people to talk when it's someone else's problem.

Recently, the bullet started to produce some poison in his leg. He was rushed to the hospital for an operation. The doctors said they would have to amputate the leg. Well, someone made a bad mistake; they cut off the wrong leg. So they had to cut off both his legs. I felt so bad for my cumpari. He was always a good man. We had a lot of good times when we were together in Sicily. Our families were so close. We were always together. I wish there was something I could do. But I live so far away, I can't do anything but write and tell him how I feel.

You asked earlier about serious cases of damaged nierbi. In this case, it was the pressure from the bullet that caused the problem. My cumpari's nierbi were severed when they amputated his legs. Now he is in a wheel chair. The same type of thing could happen to someone who doesn't lose their legs. If someone was in a car accident and the major nierbi were severed, it would be impossible to walk. But I hear sometimes they can tie the nierbi back together again. Who knows what we should believe.

Injuries and accidents are two of the primary causes of partial or total paralysis. An individual who sustains severe damage to the nirbatura may experience an inability to move his or her limbs. This is particularly true in cases where the major nierbi are severed.

Case #9: Giufa and the Salt Bath Treatment. Zio Ni. related the following account to me in July 1988, as I pre-

pared this chapter. The account is more of an anecdote than an actual case history. The events Zio Ni. describes took place, if they took place at all, many years ago in Sicily. He remembers first hearing the story as a youngster. Zio Ni. is approximately 75 years old.

Giufa was a hard worker. He used to work out in the country. One evening he was so tired, he fell asleep outside. He must have rolled himself up in the hay, or something, because he didn't have any blankets. This took place in the month of August. During the day it gets very hot at this time of the year, but it really cools off at night.

The night Giufa slept outside it was very cold. But he slept right through the night. In fact, he slept right through to the next afternoon. Some other workers woke him up. When he tried to get up, he couldn't move. The other workers had to help him up. After a while Giufa was able to walk, but he couldn't straighten up. He remained hunched over for three or four years.

It was a case of paralisi solari (solar paralysis). During the night it was so cold that his nierbi must have really tightened up. Then, in the morning, he was exposed to the hot sun. The sun and heat must have affected the command centre in his brain. The nirbatura wasn't functioning properly, and the nierbi in his back remained tense. Like I say, he remained that way for three or four years.

His family finally cured him with salt baths. They made him lie down in warm, salt water every day. The salt helps the blood circulation, eases the pain, and helps people relax. All these things somehow helped him to get back to normal. But I don't think Giufa ever slept outside again.

Although this anecdote may have some basis in fact, I suspect that, in the past, it served as a humorous or interesting story to communicate a message or moral to chil-

dren. My interpretation of the message is that people must always consider the possible consequences of their actions. Giufa did not do this; he fulfilled his immediate need for rest, but he did not make an effort to protect himself from the elements. As a result of his carelessness, Giufa had to endure a three to four year period of suffering. In fact, it was only through the dedicated efforts of his family that he finally recovered.

The anecdote also conveys relevant information concerning Sicilian conceptions of health and illness. For example:

- (1) Exposing oneself to extremes of heat and cold can be dangerous to one's health.²⁸ Sicilians regard health as a state of equilibrium. Extreme heat or cold disrupts the internal equilibrium, and makes people susceptible to various types of sickness -- including conditions that affect the nirbatura.²⁹ Giufa experienced problems because he unwittingly exposed himself to extreme thermal temperature changes. The cold caused the nierbi in his back to contract and become inflexible. This condition is usually corrected by applying heat to the area of affliction. In this particular case, however, the mid-day sun generated extreme heat, and damaged one of the "nerve" centres in Giufa's brain. The brain was not able to send commands to that segment of the nirbatura. As a result, Giufa suffered partial paralysis. The

nierbi in his back were no longer able to function properly.

- (2) Health can be restored by returning the victim's physiological processes to a state of equilibrium. The family accomplished this through the application of warm salt baths. The salt helped to ease the tension in Giufa's muscles and tendons, and it helped to re-activate a normal functioning of the blood circulation. This, in turn, stimulated a positive reaction in his brain and, in time, the specific "nerve" centre that had been afflicted by the extreme heat regained its normal functioning. I elaborate further on the interrelationship between nierbi and the circulation of the blood in the section dealing with nirbusu.

Although the anecdote may, or may not, depict events that actually transpired, the narrative itself provides an insight into Sicilian medical beliefs and practices.

Case #10: Paralysis and the Evil Eye. Sicilian-Canadians believe that the evil eye or mal'uocchju is capable of causing partial or total paralysis. One of the case histories I collected during my investigation of mal'uocchju deals specifically with this phenomenon (see Migliore 1981: 86-87). The case history involves Alfredo, a Canadian-born Sicilian. He is approximately 64 years old. As

part of my investigation of "nerves", I obtained additional information concerning this case.

In the early 1960s, I suffered a major misfortune. I became very ill and weak. Since that time I have not been able to work. My legs have become weaker and weaker. At first I could walk slowly with the help of a cane, but now I can hardly move my legs at all. My family has to help me with everything.

Over the years my wife and I have consulted various [medical] specialists in both Canada and the U.S. They tried all kinds of treatments on me, but nothing has helped. The condition just keeps getting worse. The doctors say I have some type of muscle problem, but I don't think they know what's really wrong with me.

My wife, Rena, thinks I'm suffering from mal'-uocchio [evil eye] or fattura [sorcery]. We even went to see a sonnabola -- a woman who goes into a deep sleep to reveal your past, present, and future. This woman is supposed to have healing powers. Anyway, when this woman came out of her deep sleep she said that someone had given me mal'-uocchio intentionally. In fact I was probably exposed to the evil eye over and over again for a long time. The person must have been a witch. Well, she [the sonnabola] couldn't help me either; she said that the illness had gone too far. The witch had slowly drained me of my energy, and the nierbi in my legs got weaker and weaker. Now they don't even have the strength to move. The sonnabola says there is no cure for me, and the doctors can't seem to help.

What the sonnabola says seems to make sense. It explains why the doctors can't help me. But I don't know what to believe anymore. All I now is that I've been suffering for a long time, and there doesn't seem to be any hope that things will get better. At least there's no pain, and luckily I have a family that's willing to help me.

Alfredo and his family have resigned themselves to the fact that his condition is not likely to improve. At the same time, however, they are dissatisfied with, and unwill-

ing to accept, the medical explanations that have been proposed to them. Although the sonnabola does not provide an effective solution for the problem, the implication of evil eye or witchcraft serves as a logical, culturally-specific explanation. A witch has exposed Alfredo repeatedly and intentionally to the negative effects of mal'uocchio. This evil power has permanently damaged his strength/weakness balance. As a result, his legs will remain weak and ineffective; the nierbi simply do not have the energy or strength to facilitate movement.

In addition to providing an explanation that is consistent with Sicilian-Canadian world view, the sonnabola provides the family with a rationale that allows them to avoid any implication that they are to blame for the misfortune. Alfredo experienced the incurable condition not due to any moral, physical, or social defect in himself or his family, but rather as a result of the evil intentions of an innately evil individual. He is the victim of a malicious act. In this case, then, the evil eye serves as a powerful explanatory device which allows the family to accept the condition, and to carry on in the face of adversity.

Alfredo's statement also helps to illustrate how "evil eye" and "nerves" may operate as interrelated and complementary concepts. Both concepts serve, albeit at different levels of analysis, as idioms of explanation. Evil eye beliefs, for example, explain how and why Alfredo was

afflicted by the misfortune. A witch exposed Alfredo to mal'uocchiu, and the strength/weakness differential between witch and victim was simply too great for Alfredo to escape the negative effects. The evil actions and intentions of the witch represent the ultimate cause of suffering, while the evil eye itself represents the immediate cause. The concept of "nerves", in contrast, explains how the evil eye was capable of producing partial paralysis. More specifically, mal'uocchiu upset Alfredo's strength/weakness balance to the point where the nierbi sustained permanent damage. Once the nierbi were negatively affected in this way, Alfredo gradually lost control of movement in the lower part of his body. The evil eye, then, is the precipitating cause of misfortune, while the concept of "nerves" helps to explain the final outcome of the disequilibrium process. The two phenomena operate, at least in this case, as complementary idioms of explanation.

SUMMARY:

ANTHROPOLOGY AND THE STUDY OF NERVES AND PHYSICAL COMPLAINTS

From a Sicilian-Canadian point of view, an understanding of the concept of "nerves" must begin with the recognition that the nirbatura, the system of "nerves" that extends throughout the entire body, is an essential component of the human anatomy. It is the nierbi (i.e., muscles, tendons, and other tissue) which connect and support the

various internal body parts and organs. An adequately functioning nirbatura promotes health. A disruption of the nirbatura, in contrast, tends to generate pain and suffering for the victim. The material I discuss in this chapter focuses specifically on various acute and chronic physical health problems that may arise when one or more nierbi suffer strain or damage. I also discuss how some of these conditions are treated by traditional healers.

The term nierbu has several meanings for Sicilian-Canadians. This chapter is concerned primarily with "nerves" as muscles and sinew. It deals with the anatomical or physical component of the "nerves" complex. Sicilian-Canadians, however, also make use of the term to refer to a "whip" or "lash". According to informants whips are referred to as nierbi, because they were traditionally made from either animal tissue or material that resembles sinew. The ceremonial whip carried by jockeys during the celebration of the Palio of Siena, Italy is made from a stretched calf phallus (Dundes and Falassi 1975: 245). For this reason it too constitutes a nierbu (or nerbo in Italian). "Whips" and "nerves" also share another characteristic in common. Both, to a certain extent, are involved with the process of physical movement. In the case of the Palio of Siena, for example, the ceremonial whip is used to either promote faster movement of one's own mount, or to impede the progress of the other contestants. There is an analogy, then,

between the anatomical "nerves" which facilitate human movement, and the objects people use as whips -- i.e., they can both be manipulated to control movement.

Anthropological studies of "nerves" focus primarily on how the phenomenon operates in different sociocultural contexts as an idiom of distress (eg. Lock and Dunk 1987; Low 1985; Nations, et. al. 1988). Scholars agree that members of various societies make use of the "nerves" idiom to communicate their pain and suffering to others. The precise interrelationship between folk conceptions of human anatomy, "nerves", and physical conditions (involving muscles and tendons), however, has received little attention. Discussions of physical "nerves" are either brief, or they concentrate on affect and somatization (eg. Nations, et. al. 1988). There is a tendency in the literature, then, to understand physical "nerves" within the context of emotional and social distress.

Among Sicilian-Canadians the concept of "nerves" also serves as an important idiom of distress. It is one of the means by which people symbolically express the suffering they experience when they encounter emotional, psychological, and/or social disturbances in their lives. I examine this aspect of the phenomenon in the following chapters. For the moment, however, it is important to stress that the nierbi themselves are an important part of the folk conception of anatomy, and therefore must be understood within

this context. People may, and sometimes do, suffer from purely physical complaints involving "nerves" such as muscles and tendons. The nierbi, and physical problems affecting the nierbi, are not necessarily associated with emotional distress. By concentrating on affect and somatization, anthropologists fail to address all aspects of the anatomical or physical dimension of the phenomenon. The material I present in this chapter contributes to our understanding of the "nerves" complex by concentrating specifically on an aspect of the phenomenon that has not been the focus of extensive discussion. I will address the implications of my discussion of physical "nerves" for future anthropological study in the concluding chapter.

CH. 7: NIRBUSU: A STATE OF DISEQUILIBRIUM

In this chapter, I make use of my understanding of the anatomical or physical dimension of the "nerves" complex to inform the discussion of nirbusu and distress. The term nirbusu can be simply translated as "nervousness". The phenomenon, however, defies simple definition. The gloss "nervousness" does not capture the meaning Sicilian-Canadians intend when they state that they are experiencing nirbusu. For Sicilian-Canadians, the term has a double meaning. In certain circumstances it can refer to an emotional state, while in other cases it represents a folk illness characterized by physical, emotional, and sometimes psychological distress. This illness involves not only the nierbi, but also other aspects of human physiology -- particularly the heart and the circulation of blood. This terminological ambiguity is complicated further by the fact that people often use the terms nierbi and nirbusu interchangeably.

My aim in this chapter is to accomplish three primary goals. First, I will undertake steps towards elucidating the interrelationship between physical "nerves", affect, and nirbusu. As part of this examination, I will begin to discuss, at least implicitly, how Sicilian-Canadians make use of nierbi and nirbusu as idioms through which they can com-

municate their pain and suffering to others. The explicit discussion and interpretation of this phenomenon will proceed in the next chapter. My second goal is very much related to the first; it involves a discussion of nirbusu as a folk illness, and an examination of its relationship to the disruption of an individual's natural equilibrium. Within this context, I will also examine various preventive and therapeutic measures that Sicilian-Canadians employ to deal with the phenomenon. Third, I will focus on the various ambiguities inherent in the "nerves" complex. In order to achieve these three goals, I will make extensive use of both case history material and statements made by informants.

PHYSICAL "NERVES", AFFECT, AND DISTRESS

Sicilian-Canadian conceptions of "health" and "illness" are intimately linked to the notion of balance. People regard health as a state of equilibrium, and they believe that illness occurs when one or more causal factors disrupt this equilibrium to affect adversely the normal functioning of various physical and psychic processes. A person experiencing a state of disequilibrium is likely to suffer from somatic symptoms, emotional turmoil, and/or a disruption of cognitive processes. The factors which may disrupt the natural equilibrium are too many to mention. Anything and everything ranging from simple exposure to a cool breeze to

the experience of strong emotions may, if the right conditions prevail, serve as a causal mechanism to generate a wide range of complaints. Health, however, can be restored by counteracting the factors responsible for stimulating the disturbance. In other words, from a Sicilian-Canadian point of view, medical intervention must concentrate on helping the victim regain a state of well-being by restoring his or her natural equilibrium.

At a very general level of analysis, then, Sicilian-Canadians have a holistic conception of "health" and "illness". The notion of balance is a key feature of Sicilian-Canadian medical beliefs and practices. I have already alluded to the importance of this concept in my discussion of evil eye or mal'uocchiu and later in the discussion of physical "nerves". In the following sections I will examine nirbusu, and here I include both the emotional state and the folk illness, within this context.

PHYSICAL "NERVES" AND PSYCHIC PROCESSES

In order to understand the interrelationship between nierbi and nirbusu, it is essential to return to the discussion of Sicilian-Canadian conceptions of anatomy and physiology. For Sicilian-Canadians the nirbatura is one of the primary components of an individual's physical constitution. It represents the entire system of "nerves" -- i.e.,

muscles, tendons, ligaments, and other connective tissues -- that extend throughout the human body. The nirbatura, then, consists of what I have labelled as physical "nerves". The importance of the nirbatura lies in the fact that the nierbi perform two very necessary, primary functions: (1) they control all aspects of human movement; and, (2) they connect and support all other anatomical features.

In the last chapter, I focused on various physical complaints that may afflict the nirbatura to generate discomfort, pain, and suffering. These physical complaints range from simple cases of nierbi ngravaccati (entangled nerves) to severe cases of paralisi (paralysis). Generally speaking, these physical problems tend to produce highly localized effects. This is true because each disorder involves damage to a specific nierbu, or set of nierbi, located at a particular point on the nirbatura. Paralysis is the obvious exception. This disorder involves damage or disruption of a large segment of the nirbatura, and it affects the functioning of many muscles, tendons, and ligaments.

To this point, then, my discussion of "nerves" has dealt primarily with the interrelationship between physical "nerves" and a number of somatic symptoms and disorders. Sicilian-Canadians, however, have a much broader conception of "nerves". My informants stress that a properly functioning nirbatura promotes health and, conversely, that a healthy individual is less likely to experience problems

with his or her nierbi. Yet, since the nierbi are intimately connected to all body parts and organs, they are in a position to both disrupt, and be disrupted by, various physiological and psychic processes. The concept of nirbusu serves as a good example. Sicilian-Canadians believe that, in certain cases, this emotional state can disrupt the functioning of the nierbi, while in other cases the nirbusu itself may occur as a consequence of damage to, or a malfunctioning in, the nirbatura. The nierbi are therefore not only involved in cases of somatic disorder, but also in cases where an individual experiences some type of emotional or psychological trauma.

In summary, although the nirbatura is an important component of the physical constitution, the nierbi influence, and are influenced by, a person's psychic processes.

NORMAL AND ABNORMAL PSYCHIC PROCESSES

In discussing psychic processes, Sicilian-Canadians make a distinction between what they consider to be "normal" and "abnormal" states of mind. Ideally, a person who is in a normal state of mind tends to: (1) be calm (calma) or serene; (2) display sound judgement; and, (3) display a degree of tolerance for the mistakes of others. One informant, for example, stated that:

Normal means when a person is quiet, calm, serene, has no problems. The person is normal. When,

instead, the person suffers from something -- whether from nerves or whatever -- the person is no longer normal. The person is abnormal.

Well, the difference is that the normal person can reason. They are able to tolerate the mistakes of others. If someone makes a mistake during a conversation, you don't start an argument or a conflict. You try to reason and understand why they made the mistake, why they said what they did. Maybe they were not feeling well, or maybe they had been drinking. Depending on the circumstances you have to tolerate and excuse others. Instead, if a person is abnormal they will take the mistake per mali [in a negative way] and start to argue or fight with the other person. In fact, the other person doesn't even have to make a mistake; anything they say may be taken the wrong way by someone who is in an abnormal state.

I collected very similar statements from other informants.

Sicilian-Canadians recognize a number of conditions as examples of abnormal psychic states. What is important for this discussion is the fact that nirbusu ("nervousness") falls into the abnormal category. During an episode of nirbusu, an individual is not in a normal state of mind. Sicilian-Canadians believe that individuals who experience the effects of nirbusu are in a state of both physical and mental disequilibrium. They are, at least for the moment, no longer in control of their emotions. More specifically, people suggest that victims of nirbusu are overwhelmed by their own strong emotions and, for that reason, are unable to display sound judgement in their interactions with others. Strong emotions are capable of disrupting both the physical "nerves" and an individual's ability to reason.

The following quote, from an elderly Sicilian-

Canadian male, will serve to illustrate some of the points I made in the preceding discussion:

When people are calm, they are half, I don't say completely, but a little allegre [cheerful]; they are a little more gentle in talking, in reasoning, in understanding if they are right or wrong. When people are calm, when they are not nirbusi, they are very different than when they are nirbusi. When they are nirbusi, you can't talk to them of beni [good] or mali [bad]. If you talk to them of beni, they receive it as mali; if you talk to them of mali, it is twice as bad. It is better to leave them alone at that moment. If people are nirbusi, leave them alone until the moment passes and they are able to calm themselves.

When someone becomes calm, he is like a new person. When he becomes quiet, he will be like the drunk who has gotten over his drunkenness and doesn't remember what he has done. Or, even if he remembers, he will say: 'excuse me, I was nirbusu and I didn't understand what I was doing.'

Although Sicilian-Canadians classify nirbusu as an abnormal state of mind and body, they do not regard this phenomenon as a psychiatric disorder. From a Sicilian-Canadian perspective, abnormal psychic states can range from very severe psychiatric conditions to minor emotional disturbances. Nirbusu is not equivalent to psychopathology. In the case of psychopathology, the victim(s) is likely to be stigmatized. People, for example, may label them as pazzi ("crazy"). This label carries the implication that these individuals are incapable of meeting cultural expectations. The pazzi, or "crazy" ones, are abnormal not because strong emotions have disrupted or clouded their mental faculties momentarily, but rather because there is something inherent-

ly wrong with them -- i.e., their cognitive processes do not function properly. Others perceive the pazzi as individuals who display bizarre or irrational behavior. In general, people view victims of psychopathology as unpredictable, disruptive and, at least in certain cases, as potentially dangerous.

Two primary criteria can be used to distinguish between nirbusu and psychopathology. First, nirbusu is not entirely a psychic phenomenon; somatic factors play a significant role in the way the condition manifests itself. Nirbusu is an expression of both physical and psychic distress. Second, nirbusu sufferers are not inherently abnormal; instead, they are victims of a disruptive interplay between their physical "nerves", emotions, and thoughts. Sicilian-Canadians recognize that anyone may succumb to the negative effects of strong emotions. For these reason, Sicilian-Canadians do not stigmatize victims of nierbi and nirbusu. These individuals are not treated as pazzi ("crazy"). This is true not only in cases where an individual experiences nirbusu as an emotional state, but also in cases of nirbusu the folk illness.

Nirbusu, however, is a very elusive concept. Although people do not classify this phenomenon as a psychiatric disorder, they stress that it may be involved in certain cases of psychopathology. More specifically, Sicilian-Canadians believe that: (1) severe or chronic attacks of nirbusu may

lead to psychopathology; and, (2) nirbusu may be one of several manifestations in a particular instance of psychiatric abnormality.

Many of the beliefs I present above are not restricted to Sicilian-Canadians. The belief that there is a sharp distinction between "nerves" and psychopathology, for example, can be found not only among Sicilians and Italians (e.g., Chapman 1971: 227; Cronin 1977: 87; Ragucci 1981: 231-32), but also among Puerto Ricans (e.g., Garrison 1977: 388-389; Harwood 1981), Newfoundlanders (e.g., Davis & Whitten 1988), Mexican-Americans (e.g., Jenkins 1988a, 1988b), and others. Among Mexican-Americans, and I suspect that this is true for at least some other groups, there is also a belief that "nerves" may lead to psychopathology. Jenkins (1988a: 1239), for example, found that "unacculturated Mexican-Americans often conceive of a developmental sequence for cases of nervios, which, if severe enough and chronic, may develop into mental illness". From an emic perspective, then, Sicilian-Canadians and a number of other peoples share a view of "nerves" as distinct from psychiatric disorder. This, however, is not true in all cultural contexts. Members of the West Indian community of Caribe, Costa Rica, for instance, regard nervios as a stigmatizing form of psychopathology (Hill & Cottrell 1986: 10-11).

PREDISPOSING AND PRECIPITATING FACTORS IN NIRBUSU

A disruption of an individual's natural equilibrium, as I mentioned earlier, may occur for a wide variety of reasons. Sicilian-Canadians, however, most often associate nirbusu-related disruptions with one or more of the following interrelated factors:

(1) Physical Constitution.

Each person has a unique physical constitution. This uniqueness is due in part to lifestyle and, in part, to certain intrinsic qualities an individual is born with. Although my informants were not very specific in discussing the nature of the "intrinsic" qualities, they agree that these qualities are capable of influencing: (a) an individual's physical appearance and personality; (b) the functioning of his or her physiological processes; and, (c) the individual's health status.

Physical "nerves" or nierbi are an integral part of every one's physical constitution; they represent the elastic-like strands of muscles and sinew who's primary function is to facilitate all aspects of human movement. From one person to another, however, the nierbi may differ considerably in terms of both strength and elasticity. These differences are due to both the type of work or exercise an individual engages in, and the inherent qualities I mention

above. Although Sicilian-Canadians recognize that many exceptions may occur for a variety of reasons, they indicate that a person who has strong healthy "nerves" tends to have a more robust appearance, and tends to be much more animated, than others. They also stress that, although anyone may experience a negative emotional state or illness, the individual with strong healthy "nerves" is much less susceptible to suffering from nierbi and nirbusu. The degree of strength and elasticity inherent in the "nerves" influences how an individual reacts to, or is affected by, strong emotions.

The physical "nerves", however, are not the only component of the physical constitution that is involved in cases of nirbusu. The heart, and the circulatory system in general (i.e., heart, arteries, veins, and blood), also play a major role in this process.³⁰ As in the case of physical "nerves", the unique nature of each individual's circulatory system can operate to: (a) either increase or decrease susceptibility to nirbusu; and, (b) influence how an individual experiences the effects of this phenomenon.

In order to help me understand the interrelationship between nirbusu and the physical constitution, Don Gesualdo allowed me to record some of his ideas and statements on the topic. One of the points he stresses is that:

There are many symptoms ... every person has a different constitution. Every person has a different blood circulation than another. Therefore nirbusu is expressed in one way for one person, and in another way for another person. Therefore you need to talk to many

different people, and each one can say how they receive the symptoms of being nirbusi Every person has a different system, and becomes nirbusu for a different reason than someone else.

The physical constitution, then, can serve as an underlying factor which can predispose individuals towards nirbusu by making them susceptible to its effects. Once a person succumbs to nirbusu, the physical constitution can also influence how specific signs and symptoms are manifested. Don Gesualdo's statement clearly illustrates this point.

(2) Physical Injury or Damage.

Physical injuries which affect or damage a segment of the nirbatura may, in certain cases, generate a disruption of the natural equilibrium. More specifically, a victim of physical misfortune may experience an additional somatic and/or psychic disturbance in response to the injury he or she has sustained. A somatic complication, for example, occurs when a nierbu ngravaccatu ("entangled nerve") stimulates a production of excess fluid (aqua) and thereby develops into a case of spilatura. I have discussed this process in the previous chapter. The effects of a physical injury may also disrupt the natural equilibrium to generate the type of complication(s) that involves emotional and psychological consequences for the victim. A psychic disturbance, for example, occurs in cases where an injury to

the nierbi precipitates an episode of nirbusu. The following case history will serve to illustrate this point.

Case #11: Physical Injury and Psychic Distress. Zio Vol. is approaching retirement age; he is approximately 60 years old. He and his family (wife and two sons) came to Canada during the late 1950s. In the last few years, Zio Vol. has been plagued by a nagging leg injury and a series of bouts with nirbusu. These bouts of nirbusu, according to Zio Vol., are linked to the physical injury.

I have been working for this small company for almost 25 years now. I do my job, I don't bother anybody, and I don't complain. But we don't have a union, and sometimes the boss takes advantage of that. In the winter, he always asks me to go outside in the cold to shovel snow. I don't like that job; a few years ago, I hurt my leg doing that job. I had to spend almost a month off work.

The doctor said I strained my knee and some of the muscles in my leg. He told me to rest the leg, and he gave me some pills to help with the pain. He also made an appointment for me to get physiotherapy. That seemed to help and I went back to work. But the problem didn't go away. The nierbi in my leg still bother me, and sometimes they pull on the nierbi in my back to cause pain there too. I have to go back and forth to see the doctor. For a while he gave me cortisone shots, but the pain keeps coming back. I tried to explain this to my boss, but he makes me shovel the snow anyway.

Sometimes when I come home from work the pain is so strong that I can't do things around the house. I can't move around the way I used to. It gets frustrating. It gets even more frustrating when the doctor can't seem to help. I don't know what's going to happen to me. The less I can do the more nirbusu I become. The nierbi are starting to affect everything. The injury is making me nirbusu and the worry is making me even more nirbusu.

I've changed doctors three times. They think that anxiety and tension have complicated the original problem, and they have prescribed tranquilizers. I have been on Serax, Ativan, and Triavil. The first two medications helped me to calm down. Without them my head would sometimes feel carricata [overloaded], and I couldn't sleep. I experience nirbusu in that way; during the day I feel upset and at night I can't sleep. I don't like to take the Triavil because it doesn't help me at night. I'm going to ask the doctor to put me on Ativan again.

It's good that the doctor gives me tranquilizers to help me sleep. But I need something to help my leg and back. People at work are starting to say that maybe there is nothing wrong with me physically, because the doctor only gives me tranquilizers. So the real problem is my leg and back, the doctor can't help me, and no one wants to believe me. I have to keep shovelling the snow even though it hurts to do this job. How can I get rid of the nirbusu if no one helps me recover from my injury. It's the nierbi in my leg that are affecting my back and making me nirbusu.

Zio Vol.'s account illustrates how a physical injury to a specific segment of the nirbatura can, if it does not receive effective treatment, generate additional physical and psychic suffering for an individual. In Zio Vol.'s case, the damaged nierbi did not heal properly. This explains why Zio Vol. continues to experience a great deal of pain whenever he carries out certain activities. The nierbi in his leg are simply not capable of functioning properly; they have not recovered to the point where they can stretch and contract without difficulty.

The persistence of the knee problem, in turn, helps to explain why Zio Vol. has developed a back ailment. The malfunctioning of the nierbi in one segment of the nirbatura

has placed a great deal of pressure on the nirbatura as a whole to compensate for the weakness. From Zio Vol.'s point of view, the nagging back problem is directly related to the knee injury. The functioning of his back muscles has been disrupted by two interrelated processes. First, the damaged nierbi, because they cannot function properly, actually tug and pull on the back muscles in such a way as to interfere with their regular functioning. Second, in compensating for the inability of the damaged nierbi to perform their role effectively, the back muscles themselves have been overworked and strained. Zio Vol.'s back ailment, then, cannot be understood in isolation; it represents a complication resulting from the fact that the original injury has not been adequately dealt with.

Zio Vol.'s account also indicates that he has experienced a great deal of psychic distress since the injury occurred. He has suffered repeated attacks of nirbusu. In explaining his nirbusu, Zio Vol. maintains that it is both directly and indirectly associated with the physical injury. He reasons, for instance, that the disruption caused by the malfunctioning of the damaged nierbi has left him emotionally unstable, and therefore susceptible to the physiological and psychic effects of nirbusu. Other factors have played on this susceptibility to complicate the problem further. These factors include: (1) the anxiety and frustration Zio Vol. has experienced due to the inability of medi-

cal doctors to adequately satisfy his concerns about the original injury; (2) the realization that others, particularly his employer and his co-workers, are casting doubt on his credibility and, in that sense, trivializing his pain and suffering; and, (3) the inability to avoid performing a job that he both dislikes and that, in his current condition, represents a health risk. Zio Vol. believes that in his weakened state he does not have the capacity, or internal power, to control his feelings of anxiety, frustration, worry, and self-doubt.

In this case, Zio Vol.'s nirbusu is a reflection of the fact that the physical injury, and its ramifications, have left him in a very labile emotional state. Zio Vol. has an intense feeling of "loss of control". Until the physical injury is remedied, he will not be able to deal effectively with his emotional problems. Yet, the medical practitioners have turned their attention to address the psychic dimension of the complaint, and he feels that he has no alternative but continue to perform a task (shovelling snow) that is at least partially responsible for generating his emotional anguish. Although the tranquilizers may help to relieve certain symptoms, they cannot resolve the problem as a whole. Zio Vol. maintains that, unless the damaged nierbi recover completely, he will not be able to settle back into his normal routine. He will not be able to stop worrying about the pain and its implications. Zio Vol.'s case

history, then, serves to illustrate how a physical injury may precipitate an episode of nirbusu, and prevent an individual from regaining control over his or her emotions.

(3) Thoughts and the Expression of Emotions.

Sicilian-Canadians believe that thoughts, and in particular a pre-occupation with certain thoughts, may also precipitate an episode of nirbusu. From a Sicilian-Canadian point of view, to be pre-occupied about something, is to invite anxiety, worry, and other strong emotions. The more anxious, frustrated, worried an individual becomes the more likely he or she is to experience a state of disequilibrium. Psychic phenomena are capable of altering or upsetting the functioning of both the physical "nerves", and the circulatory system, to cause nirbusu. To a certain extent, the discussion of Sig. Vol.'s case history has already addressed this issue. Sig. Vol.'s pre-occupation with the physical injury and its implications for his future played a major role in complicating the original problem. The following case history will further illustrate the interrelationship between thoughts, emotions, and nirbusu.

Case #12: A Time to Laugh and a Time to Cry. In this case history, Zia Flora describes her experiences with nirbusu while attending a wedding celebration in Niagara Falls, New York. Zia Flora is a 60 year old Racalmutesa who lives in Hamilton, Ontario with her husband and a teenaged

son. I have spoken to Zia Flora on a number of occasions concerning "nerves" and health-related complaints. Zia Flora has a long history of suffering from "nerves", and she is currently on medication for a duodenal ulcer. On one of the occasions we met, Zia Flora described in great detail the events surrounding her episode of nirbusu in Niagara Falls. She related this account to me three or four days after the incident occurred. Two weeks later, she allowed me to record the case history on cassette tape.

The day before we went to Niagara Falls I spent the evening making all the preparations. I was tired. Then my son came home feeling very sick. He had an upset stomach, and he was vomiting. I'm still not sure what he had to eat or drink. I ended up staying up all night trying to help him, worrying about him, and cleaning up. I didn't sleep; I was too nirbusa.

I only got three hours sleep that night, but I still wanted to go to Niagara Falls. I took my "nerve" pill in the morning, a cup of coffee, and we went to take the bus. All the way there I took ginger ale, I took something like cookies, something to eat in case I was hungry on the bus. We had a good trip on the bus; I didn't feel anything at all. I was able to look out the window and pass the time without any problems.

We arrived in Niagara Falls, and we got a ride from the bus terminal to the church. I didn't have anything to eat when we arrived. But I felt fine, and it was nice to see all the relatives. At the church we saw all the wedding; we saw everything. I felt well. I took many photos. Everyone was happy. I was feeling perfectly fine.

We left the church, and we went to a cousin's house by car. I ate a little there; they had prepared some bread, olives, and pizza. The food was not what I could eat [because of the ulcer], but I accepted a little in order not to offend anyone. I felt fine. Then another cousin took us to her house. There we had tea and walked around a little. I think it was the tea. I

hadn't eaten much on the trip; I was afraid I might vomit on the bus. I think the tea made me too weak. Now I was happy at the wedding; I saw all the flower girls, I saw all those things. I must have become nirbusa. I think? I had the part of me that felt nirbusa to see all those nice things, and the part of me that was happy to be there. But I don't know. I became nirbusa maybe from happiness and dispiaciri (sorrow; unhappiness). I don't know. Both things kept coming before my eyes. The good [wedding celebration] and the bad [son sick at home].

Anyway, after going around to see all the relatives, we went inside the hall for the reception. I was perfectly fine. When I went inside the hall, the hall was all in the dark with candles on each table. There was a strong smell of food. Everything was being prepared. I wanted to try to eat something in case it was dibilizza (weakness due to not eating). I started feeling within me a tremulu (trembling). It was inside, not that I could see myself trembling. Inside I could feel all my blood moving in an irregular way. I wanted to escape outside. I thought it was suffocating me; I couldn't get any peace inside, but I didn't want to disturb anyone. Suddenly I said to my husband: "come outside for a moment, I don't feel good". My eyes and my head darkened. Inside there I didn't see anymore. It was complete darkness. I knew where the door was. When I started feeling bad, I had looked around for the door. I knew where it was. I had determined the way I would have to go. So I started to walk. My husband said okay and he started to accompany me. I leaned on him. But, I almost wanted to run out. But I didn't reach the outside. I fell. I fell, and I don't know how long I stayed on the ground. Someone tried to revive me with water; someone else used vinegar; and, someone tried to slap me and raise my arms. When they saw that I didn't wake up, they called the ambulance. They gave me oxygen, and asked my husband if they should take me to the hospital or whether I would try to stay. They told them that I would try to recover on my own, try to eat something. They said, "we'll see how she goes; if she doesn't recover we'll bring her to the hospital".

The food they prepared for me was all prepared special. They brought this and that. They did many extra things for me -- cookies for babies, minestrina [light soup], fillet of meat. They knew I had an ulcer, and they went out of their way for me. I recovered; I could talk to people. But at the wedding reception I couldn't stay any longer. My relatives even left the

reception and accompanied us to the bus terminal. But the wedding, I didn't see any dancing, anything. We came back to Hamilton. I probably should have stayed in the hospital. But to not stay there, I came back home. The nirbusu had already passed, but it left me weak and on the ground. I couldn't even move my arms or even lift my arms. That time it [nirbusu] affected me severely. I don't even know whether it was the tiredness, the "nerves", the happiness, the trip, or the sorrow. How it happened, what caused this illness, I can't tell you anything more, but I suspect something.

I suspect the tea. Tea is a herb. Sometimes people take it when they are nirbusi, or when something happens. They take a cup of tea for the nierbi to go down. The tea helps to lower the pressure, the blood pressure. But my pressure was lowered too much; I already have low blood pressure. When I take tea, more than one cup or something, then my pressure is lowered more. I think that's why I became debuli (weak).

I think that it happened also because of my son's sickness. There was too much disturbance, and I had a fright (scantu). I didn't know if I should go to the wedding, or whether to stay home. I didn't know how it would be if I left, especially since I was leaving for a happy event, but leaving him sick at home. I was pre-occupied. I think that I became nirbusa mostly for that reason Because, in one way I still had my mind on my house -- to say that I left dispiaciri (sorrow) at my house. And, I didn't know what I would find after being out all day, and outside and far from Hamilton. So I was nirbusa thinking about what I was leaving behind. In another way, I was happy because I was involved in a happy event -- something to be enjoyed; to see something beautiful. Life is like that; you see something good and you want to be part of the joy. Cry! See crying, and you want to cry; see laughter and you want to laugh. I was in a situation that in one way I was thinking about the problems I left at home, because I didn't leave happy. If he had gotten sick after I had left, it would have been different. But to leave him sick, I had my thoughts at home. Then I had pleasure at the wedding. In a way my eyes could see and get pleasure from the nice things there. But my thoughts were not adjusted to the happiness as were the other people there. I had the worry, the dispiaciri at home.

Zia Flora's account provides a thick description of the events surrounding her misfortune in Niagara Falls, New York. From her statements, it is clear that a number of factors precipitated and/or contributed to her general state of disequilibrium. For example, Zia Flora suggests that she experienced a feeling of weakness due to: lack of sleep; undernourishment; and, ingestion of a calming agent (tea). These factors combined to weaken Zia Flora and, in part, explain why she fainted (assantuma) at the reception hall. Her state of disequilibrium, however, cannot be understood solely in terms of weakness or dibilizza. The problem must also be understood in terms of nirbusu.

An examination of this particular case history indicates that a pre-occupation with certain thoughts and fears played a major role in the developmental sequence that lead to Zia Flora's collapse in the reception hall. Zia Flora, for example, experienced a great deal of mental anguish as a direct result of two interrelated factors. First, her pre-occupation with the fact that her son was ill, and that she was too far away to provide assistance. Second, the realization that she was taking part in the celebration of a very joyous event while, at the very same moment, she herself felt pain and sorrow in her heart. This realization generated a degree of conflict in Zia Flora's mind. She was simultaneously happy to be present and to witness the celebration, yet distraught with worry over her

son's predicament. The psychic distress, in turn, stimulated a somatic response within Zia Flora -- i.e., she experienced a disruption of both her physical "nerves" (the trembling sensation) and her circulatory system (an irregular pulse rate). Zia Flora's account indicates that she experienced both the mental anguish and the somatic effects as part of the nirbusu episode.

Zia Flora's illness episode, then, must be understood within a broader context. The episode involves both nirbusu and dibilizza. The nirbusu-related symptoms combined with Zia Flora's dibilizza, as part of a synergistic process, to produce the negative consequences she describes. The two phenomena served as positive feedback mechanisms to generate a major disruption of Zia Flora's natural equilibrium.

Sicilian-Canadians recognize that nirbusu may occur as a result of an individual's pre-occupation with certain "thoughts". Although Zia Flora presents a complex account of her illness episode, the case history serves as an example of how "thoughts" can precipitate and influence the expression of nirbusu.

(4) Upsetting Situations.

In addition to "physical injuries" and "pre-occupation with certain thoughts", Sicilian-Canadians classify "upsetting situations" as one of the primary factors that may dis-

rupt an individual's natural equilibrium to stimulate an episode of nirbusu. More specifically, Sicilian-Canadians maintain that, depending on an individual's physical constitution and/or state of mind, "upsetting situations" are capable of generating two nirbusu-related disturbances: (a) psychic turmoil; and, (b) a negative response from both the nierbi and the circulatory system. I will use the following case histories to illustrate these points.

Case #13: The Aggressive Neighbor. I obtained this case history from Sig. Zola in June of 1984. The case involves a disturbing encounter between Sig. Zola and an aggressive vicina (neighbor). Both women are Racalmutese, and they both reside currently in Hamilton, Ontario. Sig. Zola is approximately 58 years old.

I take care of my daughter's two children while she works. The other day, while I was babysitting, a friend [Mrs. Sch.] phoned in the morning, and said she wanted to come over that afternoon. She lives only a couple of blocks away. I told her that I was going out in the afternoon, and that she should come over the next day. Then she asked if she could come over later in the day. I again told her it would be better if she came the next day, because I was very busy. A few minutes later, my friend phoned again. She asked if it was okay to come over before I went out in the afternoon -- she wanted to just come over for a few minutes. I could feel myself getting upset. I told her that I was too busy; I had the children and I had to get lunch ready. I was just too busy that day.

That woman phoned again, just a few minutes later. She said that her husband told her that the next day would be too hot to go out. This was a cool day, so she wanted to come over today. I was very upset. I told her that I would walk over to her place the next day, so that she wouldn't have to go out in the heat.

About 30 minutes later, [Mrs. Sch.] arrived at my home unexpectedly. She brought her granddaughter with her, and a pair of pants that she wanted me to fix. I became nirbusa -- my blood began to boil, my hands were trembling, and I didn't know what to say or do. But even in this state I prepared coffee for her. She stayed for about 15 minutes. All the time that she sat and drank her coffee, I was busy with the kids and preparing lunch. I didn't ask her to stay for lunch, so she left after this short stay.

After [Mrs. Sch.] left, I couldn't calm down. I couldn't stop chattering to my husband. I kept saying that it was a virgogna (shameful) for someone to phone that often and still come over unexpectedly. If I were her, I would have taken the hint and not come over. In fact, I would have avoided the other person until I got an invitation to formally come and visit. But [Mrs. Sch.] is vincudda (one who must always get her way). She spoiled my day. Everything was rushed and I was upset. But the pants are still sitting there; it's going to be a long time before I fix those pants.

Sig. Zola experienced nirbusu as a temporary emotional disturbance in direct response to the insensitive behavior the neighbor displayed towards her. The vicina simply refused to take "no" for an answer. This in itself was very upsetting; however, the neighbor's actions were even more disturbing for the following interrelated reasons:

- (1) The vicina chose an inopportune moment to arrived unexpectedly. Sig. Zola was caught completely unprepared to entertain company. She was already upset, and very anxious to pursue her own endeavors. Sig. Zola felt that she had gone to great lengths to dissuade the neighbor from making a visit on that particular day. She did not expect the vicina to ignore her wishes, and to arrive

unannounced. Yet, the vicina's arrival placed Sig. Zola in precisely the situation that she had tried desperately to avoid.

- (2) The vicina's behavior was culturally and morally inappropriate. From Sig. Zola's point of view, it represents shameful behavior. The vicina displayed an explicit lack of respect and concern for Sig. Zola and her wishes. The vicina failed to meet cultural expectations concerning neighborliness. Sig. Zola, however, was able to maintain her sense of honor by avoiding a confrontation, and by providing at least a limited degree of hospitality. She will display her displeasure with the neighbor by taking her time in making the necessary alterations to the trousers.

Taken together, these two factors combine to communicate a particular set of implicit messages. Sig. Zola interpreted the neighbor's behavior as an indication that she is vinccudda -- i.e., that the other woman must always get her own way. In other words, the neighbor values her own needs and desires much more than friendship. From a Sicilian-Canadian perspective, friends/neighbors should display mutual respect for one another and, if possible, they should assist each other in times of need. A friend or neighbor, however, should not attempt to impose his or her wishes on others. The message Sig. Zola received is that the vicina

did not view her as a true friend; instead, the other woman made use of friendship and neighborliness as manipulative devices to take advantage of her good nature.

In this particular case history, then, a number of interrelated factors combine to create an "upsetting situation" capable of precipitating an episode of nirbusu. Sig. Zola experienced the temporary nirbusu-related emotional disturbance due to the stressful encounter with the aggressive vicina. The case history I present below will serve to demonstrate that "upsetting situations" need not involve interpersonal conflicts to precipitate the type of psychic and somatic problems people attribute to nirbusu.

Case #14: A Craving for Prickly Pear. Zia Galli related the following account to me more as an anecdote than as an actual case history. The account represents her attempt to illustrate that just about anything can serve as an "upsetting situation" to produce nirbusu. The events she describes took place many, many years ago in Sicily. In the account, she recalls suffering briefly from nirbusu during her first pregnancy. Zia Galli is 59 years old, and she has lived in Canada for roughly 30 years.

I remember sitting outside with my mother-in-law knitting. I was mmalata with Joey (sick -- implies pregnant) at the time. Two boys passed by the house eating gelati (ice cream). When a woman is mmalata in this way, she must taste every food she sees, smells, or even thinks about. If she doesn't it can lead to problems. When she accatta the baby (buys -- implies

giving birth), the baby might be sick or deformed. It is important for women to be careful when they are in this way. Anyway, I saw the boys eating the gelati. My mother-in-law called the boys over, and they gave me a taste.

Later, while we were still outside, a man passed by. He was peeling a prickly pear fruit as he walked by. It is okay for a woman to ask a little boy for a taste of his food, but it wouldn't be proper for a woman to call the man over -- especially if they are not related. Anyway we saw the prickly pear, and I knew I should have some. We looked at home, but we didn't have any. I started to get upset, I started to get nirbusa. I knew what could happen to my baby. So, we went over to the neighbor's place. But she didn't have any either. I kept getting more and more nirbusa, so did my mother-in-law. We didn't know what to do. Finally Ciuzza, my neighbor, sent her son to the edge of town to pick some fresh prickly pears. He came back with a bag full. We all sat together and ate prickly pear. I felt better right away.

But, I made a mistake. I didn't realize it at the time. While Ciuzza's boy was picking the fruit, I must have rubbed my leg. You are not supposed to touch yourself when you have a craving for some food. People say that it leaves a dark mark [melanin spot] on the baby; a mark right on the same place you touched yourself. You ask Joey, he'll tell you that he has that mark. Luckily I didn't touch my face. A mark on the leg isn't anything to worry about.

The two case histories I present above are very different in nature. In the first case, Sig. Zola fell victim to nirbusu following a set of stressful interactions with the aggressive neighbor. The second case does not involve an interpersonal conflict. Instead, Zia Galli experienced a very temporary and minor bout of nirbusu when she unwittingly exposed herself to a situation that folk belief identifies as potentially dangerous for an unborn child. Both Zia Galli and her mother-in-law found the circumstances very

disturbing. Their emotional turmoil, however, subsided once Zia Galli corrected the problem by satisfying her culturally defined craving for prickly pear. The point that Zia Galli attempted to make through her account, and the point that I would like to stress, is that a wide range of circumstances may serve as "upsetting situations" to precipitate a case of nirbusu.

In concluding this section of the chapter, I would like to emphasize that Sicilian-Canadians identify four primary, interrelated factors as predisposing and precipitating mechanisms in cases of nirbusu. An examination of the case histories indicates that these factors are not necessarily mutually exclusive. In some cases two or more factors may actually represent different levels of causation that work together, as part of a synergistic process, to stimulate a series of psychic and somatic effects. Case #11 involving Sig. Vol. can be used for illustration.

Sig. Vol.'s problems began when he fell victim to a work-related accident. As a result of the accident, he experienced two of the precipitating factors I discuss above. First, the accident itself served as an "upsetting situation". Second, the accident left Sig. Vol. partially immobilized with a "physical injury" involving the nierbi. These two factors contributed to Sig. Vol.'s nirbusu. The problem was complicated further, however, when the pain

developed into a chronic concern, and the medical professionals he consulted failed to provide a satisfactory treatment regimen. Sig. Vol. became more and more anxious, frustrated, and pre-occupied with the nature of the ailment, and its implication for his future well-being, as time progressed. These factors served as additional stimuli to generate the repeated episodes of nirbusu. The case history therefore involves all three of the primary precipitating factors that Sicilian-Canadians associate with the phenomenon. The precipitating factors, then, are not only interrelated, but capable of combining to participate as synergistic agents in the illness process.

Although Sicilian-Canadians identify four general categories of predisposing and precipitating factors in cases of nirbusu, they recognize that there can be a great deal of variability within each category. People acknowledge that a variety of factors may activate a particular episode of the complaint. Cases #13 and #14, for example, both involve "upsetting situations", yet the precise nature of the "upsetting situation" is very much linked to specific events and circumstances of importance to a particular victim. In addition, Sicilian-Canadians recognize that other factors, such as sudden fright, which do not necessarily fall into the four primary categories, may also generate nirbusu. The following examples will serve to illustrate this point.

Case #15: A Death in the Family. Nunzia is a middle-aged Racalmutesa who now lives in southern Ontario. She herself has not experienced any major problems with nirbusu. Nunzia, however, was very kind to share with me the following account of how a spavientu or sudden fright precipitated a nirbusu-related ailment that affected her mother throughout life.

My mother had to go out to the country to help my father collect almonds. They left at 5:00 am. I remained at home to take care of my brother. He was sick in bed with a fever. At about 8:00 am, he got up so that I could fix the bed with fresh sheets. I was going to call the doctor.

Once I had fixed up the house for the doctor's visit, I asked my brother if he was hungry. But he wanted to wait for our sister to return home from church. I gave him some grapes to freshen up his mouth. Then I saw his arm drop off the bed. He had died.

At first I thought he had fainted. I yelled for help, and some of the neighbors came running. I asked them to call my parents. The doctor came and gave my brother an injection. He told me that my brother would be alright, but he told the others that he was dead.

My mother became nirbusa when she heard the news and saw her son. For the rest of her life the nierbi in her arm and leg would shake uncontrollably. It was spavientu di nierbi ("nerves" due to fright).

Case #16: Robbers in the Field. Sig. Sidora, a fifty-five year old Racalmutesa, provided me with the following account in April of 1985. The case history involves another episode of spavientu and nirbusu. As in the previous case, however, Sig. Sidora did not actually experience the suffering herself. Instead, she relates an account of events that

took place many years ago in Sicily.

In cases of spavientu (sudden fright) the entire system -- the nierbi, the blood -- is agitated. This leads to nirbusu. My grandmother's sister became sick in this way. She had gone out to the country where they had a house and some land. When they got there, they found that someone had broken into the house. Zia Rosa was upset; they were all upset.

As they stood there, Zia Rosa heard a rustling sound behind her. That's when she experienced spavientu. She was afraid that the robbers were still there, that they were right behind her. Zia Rosa turned suddenly, and then fainted. She collapsed. This had never happened to her before. But, from that point on, she would faint anytime she became frightened. That's how the nirbusu would affect her. As a result of this fright and paura (fear) she also developed high blood pressure. But she lived to be 86 years old. She always took her medication to lower the blood pressure.

It all depends on the person's physical and mental state. If the person is weak, then these sudden shocks and disappointments have a tremendous effect. If the person is strong, they are better off because they can handle the problem.

The preceding case histories obviously involve "upsetting situations". Sicilian-Canadians, however, are more likely to classify these cases as nirbusu-related episodes precipitated by spavientu. It is the sudden, unexpected nature of the fright that serves as the key criteria. Spavientu, or sudden fright, is capable of producing a startle reaction in the victim which, as Sig. Sidora indicates, disrupts the physical "nerves" and the circulatory system. The sudden fright the two women experienced left them in one case (#15) with a permanent disruption of the physical "nerves", and in the other case (#16)

with a permanent disruption of the circulatory system. The two outcomes, however, represent extreme cases; sudden fright is not always associated with such severe ramifications. I suspect that in these particular cases the fright combined with, and magnified, the stress and distress generated by the "upsetting situation" itself.

Spavientu is not identified as one of the three primary precipitating factors of nirbusu. Instead, it is one of several phenomena capable of producing a number of symptoms, including nirbusu-related effects. Other phenomena capable of generating these effects include: evil eye, sorcery, and witchcraft. From a Sicilian-Canadian point of view, these phenomena are major etiological and illness categories in and of themselves. They are not simply precipitating factors in cases of nirbusu. Collectively, these phenomena serve as idioms of distress; they provide people with a means by which they can explain, understand, and cope with specific cases of misfortune.

Spavientu, then, represents a culturally specific category that overlaps with, yet remains distinct from, nirbusu. The same can be said for evil eye, sorcery, and witchcraft. I will return to this point in chapter nine. What I would like to stress here is the inherent ambiguity that clouds the concept of nirbusu. In examining this phenomenon one is left with the realization that, although people may point to specific causal factors or core symp-

toms, there is neither causal nor symptom specificity. An infinite number of factors may serve as potential etiological agents, and people can attribute a wide range of symptoms to the phenomenon. I will address the issue of symptom specificity below.

NIERBI, NIRBUSU, AND THE DISRUPTION OF THE NATURAL EQUILIBRIUM

Sicilian-Canadians agree that nirbusu represents a disruption of the natural equilibrium. A victim of nirbusu is likely to experience certain emotional, psychological, and somatic effects. In some cases, these effects are very minor, and people identify them as simply the expression of a temporary emotional state. In other cases, the psychic and somatic effects may be so severe or long lasting that people identify them as symptoms of a folk illness. Both the emotional state and the folk illness, however, are referred to as nirbusu. The reason for this is that the two conditions share the following features in common: (1) they involve similar predisposing and precipitating factors; and, (2) they involve a similar disruption of both the physical "nerves" and the circulatory system.

Victims of nirbusu experience, at least temporarily, a "loss of control" over their physical "nerves". In making this statement, I do not mean to imply that these people are no longer in control of their movements. Movement is still

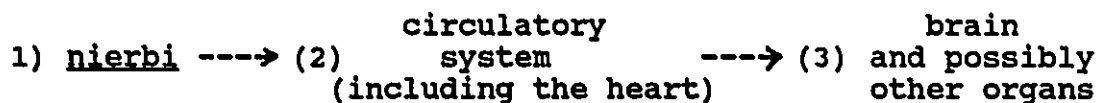
possible; however, the nierbi begin to contract and tighten as a reflex reaction to a particular circumstance or disturbance. As the tension builds rapidly within the nirbatura, the victim experiences an uncontrollable trembling feeling or tremulu. In some cases the tremulu cannot be detected by others while, in other cases, it is manifested as a highly visible "shaking" sensation. Once the physical "nerves" are wound up in this way, the individual is likely to suffer a disruption of other physiological processes.

The malfunctioning nierbi, for instance, can tug and pull on the victim's veins, arteries, and heart to disrupt the circulation of blood. The resulting agitation activates certain changes within the circulatory system. Metaphorically speaking 'the blood begins to boil, and it gradually becomes like water (agua)'. To use a common Sicilian-Canadian expression, lu sangu si quasta ("the blood spoils"). The implication is that the disruption has caused the blood to lose its former qualities. The blood is now capable of travelling through the circulatory system at a much quicker pace. As a result, the victim endures a rapid rise in blood pressure and experiences heart palpitations. This, in turn, operates as a positive feedback mechanism to send the blood rushing to all body parts and organs.

The blood, however, is no longer capable of satisfying the body's nourishment needs. For this reason, nirbusu is capable of disrupting the functioning of all

organs and physiological processes. In addition, because the blood arrives at the heart and brain at an accelerated pace, it can produce emotional and psychological consequences for the victim. Sicilian-Canadians regard the heart as the seat of emotions.³¹ Any disturbance that affects the heart has the potential of causing emotional instability. The rush of blood to the brain, in contrast, affects the individual's ability to reason. The victim, therefore, experiences a clouding of his or her thought processes.

Sicilian-Canadians, then, identify nirbusu as a state of disequilibrium. This disequilibrium state manifests itself as a series of different, yet interrelated, disturbances that often involve both somatic and psychic effects. The actual process, as I describe above, can be depicted as a linear representation that proceeds as follows:

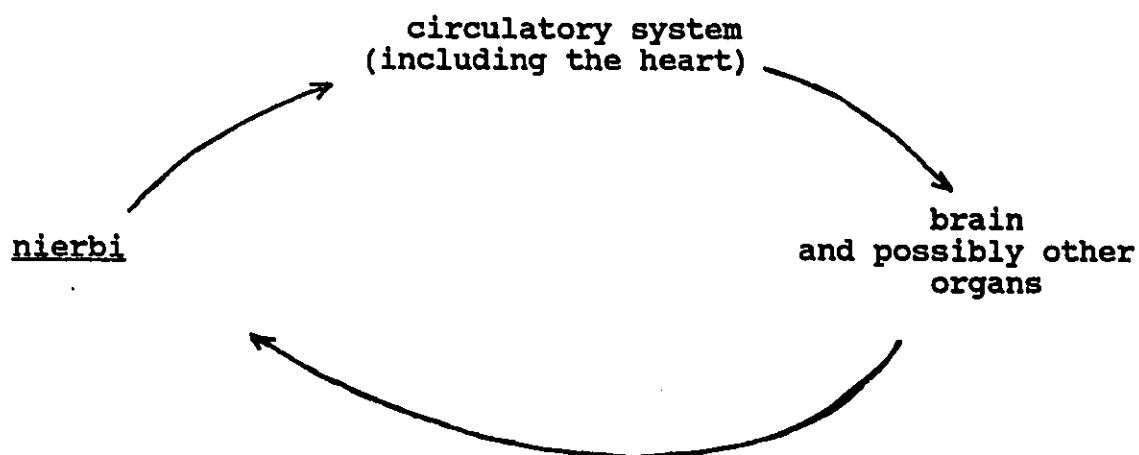


Once the physical "nerves" are disrupted, this linear progression occurs almost instantaneously.

Thus far in the discussion, I have tried to present an accurate portrayal of the various processes Sicilian-Canadians associate with nirbusu. It is tempting for me to

now conclude this discussion and to proceed to the next section. To do this, however, would be to misrepresent the Sicilian-Canadian conception of nierbi and nirbusu. What I have provided is a neat, step-by-step discussion of the phenomenon. Nirbusu, as I mentioned earlier, cannot be described so easily or simply. I have given order to a concept that is inherently ambiguous. The process does not necessarily involve a linear progression that leads to the disruption of thought, and affects other organs, as the final outcome. Instead, the negative effects experienced by the various organs (including the brain) can stimulate a positive feedback response capable of causing a further disruption of the physical "nerves". This development complicates the original problem, and produces a much longer lasting episode of nirbusu.

An alternative representation, then, would be to present the steps I describe above as part of a circular process:



This circular model presents a more accurate portrayal of the disequilibrium process, because it depicts clearly the notion that nirbusu involves a positive feedback loop. Unless the victim (or significant others) can somehow intervene to break the cycle, the process will continue, and the individual will experience an escalation of negative consequences.

Although more accurate, this circular model does not resolve the problem completely. The depiction still constitutes a misrepresentation of the phenomenon. It constitutes a misrepresentation, because the experience of nirbusu is very idiosyncratic. The precise nature of the process(es) involved in the disequilibrium state may vary considerably not only between individuals, but also from episode to episode. This variability is due primarily to individual differences in physical constitution, mental state, and the types of factors that precipitate the attack of nirbusu.

In trying to make sense of this phenomenon, I consulted Don Gesualdo. He confirmed and stressed that the experience of nirbusu is indeed idiosyncratic. Don Gesualdo, for example, states:

What you say is correct. Sometimes a disturbance causes the nierbi to tighten and disrupt the circulation of the blood. This can cause many problems. But it does not always happen this way. Sometimes it is the blood that becomes agitated, and then disrupts the nierbi. Sometimes the nierbi attached to the brain tighten and disrupt a person's ability to reason. Sometimes the nierbi wrap themselves around the heart and cause a

great deal of pain. Sometimes a person's blood flows too fast and his heart feels like it is going to burst. Nirbusu affects people in different ways. Sometimes the nierbi are disrupted, but they don't tighten. We say the nierbi ammollanu; they become very soft and lax. This too can cause problems. It can block the blood from reaching the heart or the brain. This can cause people to collapse or faint. All these things can happen in cases of nirbusu. You have to talk to people to see how it affects them.

Due to the idiosyncratic nature of nirbusu , any step-by-step discussion of the disequilibrium state, whether presented as a linear sequence or as a circular process, misrepresents the phenomenon. As I have stated repeatedly, nirbusu is an ambiguous concept. Both the precipitating factors, and the disequilibrium process(es) itself, can vary considerably from individual to individual, and from case to case. Nirbusu does not involve causal or symptom specificity. This makes it very difficult to discuss the phenomenon in an orderly fashion without misrepresenting it.

NIRBUSU: FROM EMOTIONAL STATE TO FOLK ILLNESS

At the beginning of the chapter, I stressed that the term nirbusu has two distinct, yet interrelated, meanings. The term can refer to either an emotional state or a folk illness. This contributes to the ambiguity surrounding the concept. At the same time, however, the two phenomena share certain features in common; most importantly, they both occur in response to similar etiological factors, and they

involve similar disequilibrium processes. In fact, an individual cannot experience nirbusu as a folk illness, unless he or she has first experienced nirbusu as an emotional state. The primary distinction between the two phenomena is one of "severity". Nirbusu the folk illness is a much more serious and long lasting condition.

During the initial phase of nirbusu, the victim experiences an emotional state characterized by the type of disequilibrium effects I described in the previous section -- i.e., an abnormal functioning of the physical "nerves"; a disruption of the circulatory system; emotional lability; and, an inability to reason effectively. The victim has lost control of his or her emotions. This generates a potentially dangerous situation. Unless the individual can regain his or her composure, and return to a state of balance, the disequilibrium processes will proceed to the next phase. At this point the individual experiences nirbusu the folk illness. From a Sicilian-Canadian point of view, the person has now become suggittata di nierbi (subdued or subjugated by the "nerves"), and experiences one or more nirbusu-related symptoms. The symptoms, as the following case histories demonstrate, are again very idiosyncratic.

Case #17: The Loss of a Son. In April of 1984, Zia Salonia described to me the circumstances surrounding her mother's long term struggle with nirbusu. Zia Salonia was born in Sicily during the 1920s. She came to Canada shortly

after her husband died approximately ten years ago. She now resides with her son and daughter-in-law in the Hamilton-Wentworth region.

My brother was 18 years old. He was a member of the local band that performed in different communities in our province. One night he went to a nearby town with a friend. They took their bikes. On the way home they were riding one in front of the other. The friend was in the front. A car approached them from behind, and my brother tried to get out of the way. He ended up in the ditch. The handlebars went right into his stomach. The friend didn't notice that my brother was missing until much later.

Passersby found my brother and took him to the hospital in Agrigento. We were informed immediately, and we all rushed to the hospital. It was just too much for my mother. When she heard the news and saw her son lying there, she developed nirbusu. She began to shake uncontrollably. Then she became very stiff and still. Her eyes were opened, but she was so still it seem as if she was dead. We had to slap her face and use water to revive her. It took a long time.

My brother died six months later. He was still in the hospital. From that point on, whenever she experienced any disappointments, my mother would suffer from this same type of nirbusu. This had never happened to her before the accident. But, as we say, chi rista la pena (the "sorrow" or "sadness" always remained with her) and this made her susceptible to suffering.³² I know, because I suffered too. I was the one who took care of her right up to the time she died.

Zia Salonia's account relates how a very unfortunate and painful experience can leave a person susceptible to repeated attacks of nirbusu. The initial emotional disturbance served to upset the mother's natural equilibrium and promote a particular set of symptoms. Due to the enduring feeling of "sadness", she remained in a constant state of

disequilibrium. The pena prevented the woman from regaining complete control over her "nerves". She became suggittata di nierbi. As a result, any subsequent disappointment had the effect of triggering a new episode of nirbusu.

Case #18: The Rebellious Nerves. I was able to record the following case history on cassette tape as I discussed informally the concept of nirbusu with Sig. Gallorini -- a 60 year old Hamilton Racalmutesa who was born in Sicily. During our conversation, Sig. Gallorini talked about a number of phrases that people use to communicate that they are experiencing the initial effects of nirbusu. The case history came up when I asked her to elaborate on the statement: mi sta facinu ribillari li nierbi (you are causing my "nerves" to rebel).

When the nierbi are ribillati, people feel more feroce (ferocious, wild). These people may have to be restrained to make sure they do not confront others. Or, there may be people who, in the ribillione, try to: hurt themselves, rip their clothes, pull their hair, cry, or scream. It is the ribillione; they do not know what is happening.

I remember there was one, an elderly woman, who kept a cane on her bed. When she experienced this rebellion of the "nerves", she would shake and begin to bounce high on her bed. Sometimes she wouldn't have time to do anything. Or, she might fall from the bed, because she trembled so much She would take the cane and wake a family member who slept in the next bed to care for her. People had to jump on her to restrain her. They did this until the nierbi calmed down. She always kept the cane there to wake someone for help. But they couldn't help. They just held her until her "nerves" subsided.

How did the "nerves" come about? She was in the

country. It was during the time of year when the wheat is very high. When the wheat is ready to be reaped. There was a movement in the wheat, and she thought she saw strangers. She became frightened. And, due to the fright, she developed this type of nirbusu. Whenever she felt it coming on, no matter where she found herself, she would throw herself to the ground If she was on the ground she wouldn't be able to hurt herself. But, if she was walking or lying in bed, she might fall, because she would shake all over

These "nerves" lasted for about ten years They had subjugated her. If a family member, or outsider, said something to her, whether in anger or happiness, she would experience this nirbusu. She could hear neither dispiaciri (unhappiness, sorrow) nor cuntentizzi (joy, happiness). It would even come on without something happening. It would come on during the middle of the night. She had these bouts constantly.

After a ten year period, she experienced a much more severe fright. She was robbed right in her own home. At the moment she had this second fright, the "nerves" calmed down. And they didn't come back. Fright caused them and then cured them too.

A comparison of cases #17 and #18 reveals certain similarities and contrasts. In both cases, the victim suffers a major disturbance which causes her to succumb to repeated attacks of nirbusu. The two women are suggittati di nierbi (subdued by their "nerves"). As a consequence, they experience: (1) an uncontrollable shaking sensation; and, (2) a perception of "self" as being out of control. The similarities, however, end there. The initial symptoms lead to very different outcomes. In case #17, Zia Salonia's mother endures symptoms characterized by rigidity and a state of stupor. The symptoms Sig. Gallorini describes are very different; the elderly woman, for instance, continues

to shake violently throughout the entire course of the nirbusu episode. The two women experience similar, yet idiosyncratic, symptoms. The following case history provides an even sharper contrast.

Case #19: Eyes, Ears and Nerves. Zia Alfia, a widow, is approximately 80 years old. She lives alone in a small house in the original Racalmutese district of Hamilton. On one of my visits to Zia Alfia's home, I was fortunate to witness a conversation she had with a family friend (Sig. Margariti). The conversation covered many topics, including "nerves". Based on the notes I recorded later that same evening, the nirbusu-related segment of the conversation proceeded as follows.

Zia Alfia: I would like to ask you to do some work for me. Could you prepare new drapes for my home?

Sig. Margariti: My health is not what it used to be. I can't do that type of work anymore; it's too heavy for me.

Zia Alfia: If you say you'll do it, I will wait until you're ready. Or, I'll have to buy the drapes.

Sig. Margariti: I really can't do the work anymore.

Zia Alfia: I would prefer to have them made with your hands, but I understand. I'm happy you came to visit anyway. We haven't seen each other in a long time. Now I'm almost blind and deaf. My daughter died in a car accident, and now I suffer from nierbi. I cry day and night. It has been five years now No one comes to help or comfort me anymore. I'm nirbusa. People have to shout when they speak to me. I can't talk to people on the phone. When friends do come over, they end up talking to each other. They discuss things, but they don't explain things to me. I miss everything. I can't hear, and they don't try to explain things to me. It makes me

cry. My nirbusu came about due to the car accident. The nirbusu mi tira l'uocchi (the "nerves" pulled out my eyes), so now I can't see. The nierbi around my neck and head tightened, and affected my eyes and ears. Now I can't see or hear.

Sig. Margariti: I know you have suffered a great deal. But, you have to have courage. Your daughter is not the only one who has died. After five or six years people start to get over the mourning. You have to think about your health too.

Zia Alfia: It's just as if it happened yesterday. I can't forget it. They can't find any medicine for me. But I appreciate your making yourself heard and listening to me. It has allowed me to get things out (spuvari). This helps with nirbusu. I hope you will visit me again.

Zia Alfia attributes her loss of sight and hearing directly to nirbusu. These symptoms differ considerably from the effects people describe in the preceding case histories -- i.e., uncontrollable shaking; rigidity; and, stupor. This, however, does not pose a problem. From a Sicilian-Canadian perspective, nirbusu is capable of generating a wide range of symptoms. The concept has neither causal nor symptom specificity. Instead, it is a very idiosyncratic phenomenon. Although Sicilian-Canadians would not be surprised to hear that two individuals are suffering from similar symptoms of nirbusu, they would not expect every victim to report precisely the same effects.

In summary, nirbusu represents a state of disequilibrium characterized by psychic and somatic distress. This disequilibrium state consists of two interrelated phases. Sicilian-Canadians recognize the initial phase as an

emotional response to a stress inducing stimulus. The individual is no longer in control of his or her emotions and, consequently, no longer in control of various physiological and psychological processes. The second phase of the phenomenon occurs if, and only if, the victim first succumbs to the emotional disturbance. More specifically, an individual is likely to experience nirbusu the folk illness in cases where the emotional disturbance cannot be brought under control. At this point, according to informants, the victim is said to be subdued or subjugated by the nierbi, and he or she suffers from certain idiosyncratic symptoms. The resulting symptoms may be: (1) acute, but severe; (2) acute, and recurring; or, (3) chronic. In contrast to nirbusu the emotional state, then, the folk illness is basically a much more severe disruption of the natural equilibrium.

PREVENTIVE AND THERAPEUTIC MEASURES

With respect to preventive measures, mal'uocchiu (evil eye) and nirbusu differ greatly. Sicilian-Canadians identify readily various charms, gestures, and protective phrases that people can use to ward off an evil eye.

"Nerves", in contrast, cannot be prevented by means of these devices. According to my informants, to escape the emotional disturbance characteristic of nirbusu, people should: (1) try to promote harmony within the context of the family

unit; (2) refrain from engaging in interpersonal conflicts; and, (3) hope or pray that misfortune does not come their way. However, given the complexity of social relations, and the difficulty of anticipating both what will serve as a distressing situation and when it will occur, informants suggest that it is virtually impossible to avoid "nerves" altogether.

Sicilian-Canadians agree that, at some point or other, everyone experiences nirbusu as an emotional disturbance. Fortunately, this disturbance does not usually cause the victim to undergo symptoms; instead, he or she returns to a state of equilibrium within a short period of time. In other words, many episodes of nirbusu are self-limiting and of minor consequence for the victim. The individual and significant others, however, may take certain preventive/therapeutic actions to ensure that the case does not escalate to the point where severe effects occur.

My informants identified four primary ways that people can help themselves, or others, regain a state of equilibrium; these include:

(1) Herbal Remedies.

Sicilian-Canadians recognize several herbal, and related, remedies as having a calming or relaxing effect on victims of nierbi and nirbusu. These remedies are prepared and consumed as herbal teas. One of the more common remedies

is cucumidda (camomile).

The flowers of the camomile plant are boiled and strained to make a refreshing tea. This tea can be taken at any time of the day; however, many people prefer to drink it just before they retire for the night. Within the Hot/Cold classificatory system of foods, Sicilian-Canadians label camomile as having "cooling" properties. It is these "cooling" properties that help calm the "nerves". Although my informants did not elaborate on this point, I suspect that camomile is an agent which, at least at a metaphorical level, serves to help cool the hot emotions, and thereby calm the victim. The remedy, however, is not used exclusively for episodes of nirbusu. Sicilian-Canadians make use of camomile in a variety of contexts; for example, it may be used: in cases where an individual is suffering from indigestion and stomach problems in general; or, simply to help children sleep comfortably. I recall many occasions when, as a child, my mother prepared cucumidda to help me relax and sleep at night. Camomile is such an important herb to the Racalmutese of Southern Ontario that most people grow it in their backyards.

The following list represents other herbal remedies capable of relieving the effects of nirbusu:

- a) Paparina (Poppy). Some of my informants report that, in Sicily, people sometimes gather the seeds of wild poppy

plants to make medicinal teas. They use small doses of this tea to calm the "nerves" and to help people relax. These informants, however, stress that a person must be very careful with paparina, because its effects can be so overpowering that the victim becomes modda (i.e., weak, unable to move). Paparina is not used in the Hamilton-Wentworth region.

b) Pampani d'Aranciu (Orange leaves). During my stay in Sicily, a number of people mentioned that they often prepared a medicinal tea from pampani d'aranciu to relieve the effects of nirbusu. The Racalmutese of the Hamilton-Wentworth region acknowledge that orange leaves are effective in cases of "nerves"; however, as in the case of paparina, they do not make use of this preventive/therapeutic measure.

c) Other Medicinal Teas.

1. Spicadussu -- wild Sicilian bush with small violet flowers.
2. Rosamarina -- rosemary.
3. Garofanu and Cannella -- clove and cinnamon.

I was unable to gather a great deal of information on these last three remedies. Due to the popularity of cucumidda (camomile), and the difficulty of obtaining spicadussu, my informants do not employ these medicinal teas very often. Some individuals include regular tea as

a preventive/therapeutic agent. These people, however, stress that regular tea has an important drawback. One woman, for example, stated: "You can't abuse tea in cases of nierbi. Tea weakens the nierbi. You can take one cup, but if you take 2 or 3 it can throw you down". Too much tea, then, can not only relax the "nerves", but also weaken an individual. Zia Flora's explanation of the negative effects she experienced in Niagara Falls, N.Y. (see Case History #12) is consistent with this conception of regular tea. In her case, the tea operated as a synergistic agent to aggravate the problem. A victim of "nerves" must be careful in the use of tea.

The ambiguity inherent in the concept of "nerves" manifests itself once again in this discussion of herbal remedies. The remedies represent both preventive and therapeutic measures. They are preventive, because they help prevent an escalation of the problem to a more serious level, and thereby ensure that the victim does not succumb to the effects of nirbusu the folk illness. Yet, the remedies are also therapeutic in that they help restore the individual's natural equilibrium. Sicilian-Canadians value camomile, and the other herbal teas, precisely because they have this dual purpose.

(2) The Release of Tension.

In discussing "nerves" with informants, I discovered that one of the best methods of counteracting nierbi and nirbusu is to find some way to release the emotional tension that builds up within the victim. This can be accomplished in a variety of ways, ranging from physical activity (to make use of the tension generated within the physical "nerves" themselves) to the expression of emotion through crying, laughter, etc. I will return to the discussion of physical activity and "nerves" in chapter nine. For the moment, I will concentrate on the interrelationship between the release of tension and the expression of emotion.

From a Sicilian-Canadian perspective, keeping strong emotions completely bottled up within you can be dangerous to your health. In a previous chapter, for example, I discussed briefly how envy can work inward to injure an envious person. A similar process occurs in cases of nirbusu. It is the build up of emotional tension, among other things, which allows the nirbusu-related disequilibrium process to proceed unabated. Any attempt on the individual's part to hide, or prevent the expression of, his or her emotions may lead to severe negative consequences. This, however, does not mean that people should give their emotions free reign. Instead, the emotions should be controlled and channeled in such a way as to allow their expression, but prevent (as much as

possible) the disruption of social relations. By expressing emotion, the individual takes a positive step towards restoring the natural equilibrium. People refer to this release of emotional tension as spova or spuvari. I will illustrate the importance Sicilian-Canadians place on this concept with the following case histories.

Case #20: Too Ashamed to Speak. Sig. Brasi (age 64) is one of many Racalmutese who provided me with a great deal of information concerning preventive and therapeutic measures. During one of our conversations on the topic, she related an account of how her mother came to suffer from nirbusu. Sig. Brasi's discussion of spuvari is consistent with the views expressed by others. Based on the notes I took on that particular day, and my recall, the account proceeded in this way:

My mother suffered from "nerves" most of her life. I don't want to say that it was my father's fault, but some of my mother's relatives blame him. He used to work late, and then go out with his friends. He was never home until 10:00 pm, sometimes midnight. One day my mother became very nirbusa. She asked him why he always came home so late. He gave her a slap, and she didn't say anything more. Si virgugnia (she was ashamed), because they had not been married long. She was shy. My father went out, and my mother went to bed.

When my mother woke up about half an hour later, she felt all weak and unable to move (ammudda). After some time she managed to stir up enough strength to move slowly to her sister's home. My aunt lived next door. My uncle heard a knock, and opened the door. My mother fell through the doorway. They picked her up, put her on the bed, and called the doctor. My mother didn't tell anyone about being upset and nervous. She didn't let on that my father had slapped her and that

she had gone to bed upset. She was too shy.

My mother fell asleep again, and she slept for 40 days. During that time she would wake up for a few minutes every once in a while. That's when they would give her some liquids and soft food. Then she would fall back asleep. After the 40 days, she started to stay awake for longer periods. She would be awake for a little bit longer each time.

As she got stronger, people would talk to her, take her out for short walks, tell her stories, anything to try to keep her awake. When she finally got better, she went back to her own home. My mother had stayed all this time with my aunt and uncle.

Although she recovered, li nierbi la vincieru (the "nerves" overwhelmed her). Everytime she sat down she would fall asleep. This kept happening for the rest of her life, from age 24 until she was about 70. My mother couldn't sit without falling asleep. She had to always keep moving. My mother suffered from nierbi di durmiri ("nerves" that cause you to sleep).

You see, what happened is that she got upset, nirbusa, ashamed, and then she went to bed. She didn't get it out of her system. She had a knot in her throat, and she couldn't cry. She went to sleep without crying. Because of this the "nerves" took hold in her head. She was too shy to tell people what happened to her and the nierbi la vincieru. That's why she experienced those problems. We need to get things out of our system. We have to speak up, not just store things in our stomachs. Storing things in your stomach can hurt you. The only medicine for "nerves" is to spuvari. You have to cry; you have to get things out, talk to people.

Sig. Brasi makes use of this account to communicate several interrelated messages. First, she illustrates how important it is to express strong emotions when one experiences nirbusu. She relates her mother's suffering directly to the fact that she allowed the emotional turmoil to fester within her. The woman, from Sig. Brasi's point of view, would not have undergone such drastic effects if she had

been able to release the emotional tension by crying immediately after the initial incident, and by later speaking to others about her problem(s). Had the mother been able to spuvari, the disequilibrium process would likely not have caused such a serious case of nirbusu. The "nerves" would not have 'overwhelmed' the woman. According to Sig. Brasi, and other Sicilian-Canadians, to spuvari is a very effective means of preventing or dealing with nirbusu.

I suggest that the second message Sig. Brasi communicates concerns her mother's "moral character". The mother experienced the initial effects of nirbusu, because she was a good woman who did not deserve to be abused. The husband's behavior was unexpected; it surprised her, and she felt ashamed. The woman, however, did not reveal her problems to others. In this sense, she acted like a martyr to protect the husband, and her own reputation as someone who does not reveal what happens between husband and wife. Her shyness is a positive attribute which prevents her from bringing shame to her family. The mother is a woman of respect. Yet, implicit in Sig. Brasi's account is the notion that women must not allow themselves to become victims of strong, unexpressed emotions. I believe that the third message she communicates is a warning to women (and all potential sufferers of nirbusu). Sig. Brasi illustrates, through example, the destructive nature of "nerves", and stresses that it is both necessary and important to find a way to spuvari. Women must

confide in others to protect their health. It is the healthy woman who can serve her family. Finally, Sig. Brasi communicates implicitly a warning to men. A man must remember that abusing a woman may have serious and permanent consequences not only for the victim, but also for the entire family.

Case #21: Expressing Grief Through "Nerves". In contrast to the previous case history, Zia Rafaela (aged 56) relates an account of her personal suffering with nirbusu. Her account focuses, once again, on the concept of spuvari. I obtained the case history a few days after the events Zia Rafaela describes transpired.

Recently one of my relatives had a stroke. She went into a coma and died two days later. My husband and I went to see the family to pay our respects. It was in the morning. When we got home, I had a small lunch. I was feeling tired so I went to bed for a rest.

I woke up in a cold sweat. I asked my husband to bring me a cold drink. I felt dazed; I wasn't sure what was happening.

I'm still not sure why I had this problem. But, I think it had to do with the death in the family. You see I couldn't cry when we paid our respects. Others were crying, crying hard. But I couldn't bring myself to cry. I kept the sadness inside me. I was nirbusa. I truly cared about the woman, and her death affected me greatly, but I couldn't cry. When I got home I shouldn't have eaten and gone to bed. The combination of the pena (sadness, sorrow) and the lying down, prevented me from digesting the food. It disrupted my system. I think that is the reason I felt bad.

Zia Rafaela did not elaborate on the interrelationship(s) between grief, sadness, and nirbusu. She was not sure what actually caused her to experience the negative

effects she describes. The case history, however, does illustrate how the failure to express strong emotions may work inward to injure the victim. Zia Rafaela suffered certain effects because she was unable to release the emotional tension by crying during the visit; she was unable to spuvari. Fortunately for Zia Rafaela, the disturbance had minor consequences. I would argue that, although she failed to convey her grief and sorrow at the relatives' home, Zia Rafaela communicated her distress through the idiom of illness. I will address this issue more explicitly in the next chapter.

For Sicilian-Canadians, then, to spuvari is one of the means by which people can prevent or deal with nirbusu. My informants maintain that the release of strong emotions helps to return the victim to a state of equilibrium.

(3) Distraction.

A third category of preventive/therapeutic measures is svago (amusement, distraction, relaxation, recreation). The Racalmutese I spoke with agree that distraction, and related phenomena, are powerful means by which people can prevent or counteract the effects of "nerves". One elderly man, for example, stated:

... the first thing is that a person must control himself; he has to forget. To forget, instead of staying locked up inside or talking with the same

person always, you have to go out or go somewhere where there is fun, music, dancing. So, the person may just look ... it's enough to just look and forget. People need something to help them forget. That's how you can get nirbusu to pass. But as long as there is no occasion to have different company, to do something different, the nierbi increase always. They increase, because the person has them in his head; it is the thoughts. There is a need to do something so that the thoughts can unravel themselves, and the person can look at something else that is new for them.

I collected similar statements from other informants.

Svago is effective for the following reasons. First, it helps prevent health problems by making it possible for people to avoid one of the primary precipitating factors of nirbusu. Through amusement and distraction, for instance, people can distance themselves from various negative "thoughts" or "pre-occupations" which may disrupt their natural equilibrium. Second, it can help people return to a state of internal balance by providing them with a means of clearing their minds and channeling the emotional tension into a personally non-destructive direction. Svago and spuvari (the release of emotional tension) are not necessarily mutually exclusive categories.

(4) Reaction of Others.

From a Sicilian-Canadian point of view, a person's interaction with significant others may affect his or her well-being. Many of the case histories I have introduced in this chapter, for example, involve some type of interperson-

al conflict or "upsetting situation" (involving others) which serves to generate, or at least aggravate, an episode of nirbusu. Intentionally or unintentionally, an individual can stimulate, through words and deeds, a nirbusu-related disruption within another person. Sicilian-Canadians, however, believe that significant others can also play a crucial role in helping people avoid, or overcome, the effects of "nerves". A positive reaction from others can help ensure that the victim does not: (a) succumb to nierbi and nirbusu; or, (b) experience an escalation of negative effects. More specifically, then, the interaction between people may operate to either promote or prevent suffering from "nerves".

Friends and relatives can assist a victim of nirbusu in two primary ways. First, they can provide the individual with encouragement and support during his or her time of need. One woman, for instance, stated:

Luckily, "nerves" don't last for the whole day. Because, if you give the person who is nirbusa even one gentle word, they might calm down. But if the person who is nirbusa has no comforting at all, it is worse; it may last longer. If a close person gives the victim a little comfort, the minimum support, it can help. I think there is a need to help these people who suffer from sickness of "nerves".

Don Gesualdo provided me with a very similar account of the phenomenon. He stated:

Once the blood is alteratu (altered, changed), the entire person becomes alteratu When alteratu, as we say, it is only with comfort, gentle words, with quiet words that the person can become calm. If you use

harsh words, even if the person is too nirbusa to respond, it can augment the nervosita and may even cause death or fainting.

These two statements are not isolated points of view; many informants expressed the same sentiments.

The second way significant others can assist nirbusu victims is to display patience and understanding towards them. The victim should be allowed to take time alone to clear his or her mind, relax, and calm down. Once the individual has regained a state of balance, others must acknowledge and display an understanding of the person's problems and needs. This, according to my informants, ensures that the emotional turmoil characteristic of the initial stages of nirbusu does not recur. Sicilian-Canadians agree that friends and relatives should strive to help, rather than place additional pressure(s), on individuals suffering from "nerves".

In concluding this section of the chapter, I would like to reiterate that many of the techniques Sicilian-Canadians employ in cases of nirbusu share an essential feature in common. They operate as both preventive and therapeutic measures. These measures, however, become less and less effective as the problem becomes more serious. It is much more difficult, for example, to treat nirbusu if the victim has become suggittata di nierbi -- i.e., the individual has lost control over his or her "nerves", and expe-

riences severe and/or recurring symptoms. My informants agree that in these cases the victim has little recourse but to visit a medical doctor. I will discuss briefly the role medical doctors play in the treatment of "nerves" in the chapter nine.

SUMMARY

Throughout my investigation of the "nerves" complex, I have struggled with the realization that nierbi and nirbusu are difficult concepts to comprehend. I have found it particularly difficult to describe these phenomena in an orderly manner without, at the same time, misrepresenting them. Nierbi and nirbusu defy simple representation; they are inherently ambiguous concepts. The ambiguity is present in the terminology, in the nature of the phenomena themselves, and in the discussion of preventive and therapeutic measures. Ambiguity permeates the entire "nerves" complex to make it a flexible emotion and illness construct.

With respect to terminology, Sicilian-Canadians are not consistent in their use of terms such as nierbi and nirbusu. The word nirbusu, for example, can refer to two different, yet interrelated, phenomena. People use the term to identify both an emotional state and a particular folk illness. This terminological ambiguity is complicated further when one realizes that people often use the words

nierbi and nirbusu interchangeably. The term nierbi is a referent for: the physical "nerves"; the emotional state; and, the folk illness. The meaning behind these terms varies depending on the specific circumstances of the situation, and the context within which the individual(s) uses the words.

In cases of "nerves", an individual experiences a disequilibrium state characterized by a disruption of: the physical "nerves"; the circulatory system; psychic processes; and, possibly, other organs. The primary difference between nirbusu the emotional state and nirbusu the folk illness concerns the severity of the condition. The folk illness represents a much more serious and longer lasting disruption of the natural equilibrium. As one moves from this general semblance of order to a more specific level of analysis, however, the ambiguity resurfaces. Many factors may cause "nerves", and the phenomenon may produce very different consequences for individual victims. To deal with these effects, Sicilian-Canadians employ techniques which serve as both preventive and therapeutic measures.

What I have tried to do in this chapter, then, is to examine various aspects of the interrelationship between physical "nerves", affect, and distress. Having completed this examination, I am tempted to label the "nerves" complex, with all its inherent ambiguities, as a chaotic system. I am using the word "chaotic" here not in the tradi-

tional sense of 'utter confusion and disorder', but rather in terms of the new mathematical theory of chaos (see Gleick 1988; Taubes 1989) which is starting to make inroads into the social sciences (see Friedrich 1988). This new theory focuses on the hidden order beneath the apparent disorder. In the following chapters, although I will not formally identify the "nerves" complex as a chaotic system, I will make use of the new conception of chaos as a metaphorical device to discuss how I, as the analyst, and others (i.e., Don Gesualdo and medical doctors) attempt to make sense of, and bring order to, the apparent chaos.

CH. 8: "NERVES" AND THE "LANGUAGE OF DISTRESS"

The 1970s and 80s have witnessed a gradual change in scientific thinking. During this period, more and more scholars have turned away from the traditional search for order to examine chaos itself. These individuals are making use of nonlinear mathematics, and other recent scientific advances, to examine phenomena such as: "the mysteries of turbulence and the unpredictability of the weather, the enigmatic stability of Saturn's rings, and the odd wobble in the orbit of Pluto" (Taubes 1989: 63). Chaoticians attempt to understand the various irregular and erratic phenomena found in nature. In the process of conducting these studies, however, scientists have come to realize that there is often a simple underlying or hidden "order" beneath the apparent complexity and disorder of chaotic systems (Gleick 1988: 303-304; see also Friedrich 1988, Taubes 1989). The new mathematical theory of chaos focuses not on utter randomness, but rather on the hidden pattern or regularity that gives order to disorder.

According to Paul Friedrich (1986; 1988), anthropologists tend generally to overemphasize the importance of "order", and to ignore or underestimate the role of "disorder", in their ethnographic and linguistic studies. He

suggests that researchers should take inspiration from chaos theory, and begin to examine explicitly the interrelationships between order and chaos (Friedrich 1988: 442). Given the ambiguous and variable nature of "nerves" among Sicilian-Canadians, and other peoples (see Davis 1989; Scheper-Hughes 1988), I am inclined to agree with Friedrich.³³ My aim in this chapter is to address both the consistencies and the inconsistencies surrounding the phenomenon. I will seek out the underlying patterns and regularities that will allow me to make sense of an inherently ambiguous concept.

In order to accomplish this objective, I will proceed as follows. First, I will examine the concept of "nerves" as an idiom of distress. It is my contention that, although the specific circumstances may vary considerably from one case of "nerves" to another, Sicilian-Canadians make use of the concept to express their pain and suffering to significant others. This is a consistent element in the illness episodes I have recorded. Identifying "nerves" as an idiom of distress, however, does not eradicate the ambiguity inherent in the concept. Sicilian-Canadians often manipulate the phenomenon to serve a number of purposes. My second goal, then, is to examine how people utilize the "nerves" idiom, as a metaphorical representation, to communicate alternative messages. Finally, I will comment on the interrelationship between these alternative messages and what I call the

"language of distress".

"NERVES" AS AN IDIOM OF DISTRESS

Among Sicilian-Canadians, the term nierbi or "nerves" has multiple meanings. It can refer, for example, to: (1) the various instruments that people classify as "whips"; (2) certain features of human anatomy (i.e., muscle and sinew); (3) an emotional state; (4) the cause of discomfort and pain; (5) some of the symptoms people attribute to etiological factors such as evil eye and sudden fright; and, (6) a particular folk illness or syndrome. I have already addressed this variable nature of "nerves" in the previous chapters. What I would like to do here is to move away from the emic conception of the phenomenon to examine "nerves" at another level of abstraction. I will now discuss the role of "nerves" in the language of distress.

According to Mark Nichter (1981) and Claire Parsons (1984), members of a particular group can communicate their distress through various verbal and somatic idioms. These modes of expression constitute the culturally acceptable language of distress. Each idiom, for example, operates in two ways. First, it enables individuals to express their personal suffering to others. Second, it ensures that significant others are in a position to recognize and interpret the "meanings" encoded in the message they receive. These

two factors provide care-givers, including family members, with a basis for taking appropriate action to assist the victim. Idioms of distress, then, are an essential element of the interaction process between victim and significant others.

Following Setha Low (1985; 1988) and others (e.g., Lock and Dunk 1987), I argue that the concept of "nerves" serves as an idiom of distress; it provides Sicilian-Canadians with a culturally appropriate means of communicating and interpreting the experience of suffering. A discussion of the following case histories will illustrate this point.

Case #22: Pina and the Heart Pain.³⁴ Zia Pina is approximately 55 years old. Her husband, Zio Leno, is roughly 62 years old, and their two teenaged daughters Rosa and Pinetta are aged 17 and 14 respectively. Zia Pina, Zio Leno and Rosa were all born in Sicily. They arrived in Canada when Rosa was approximately 2 years old.

One Saturday evening, Rosa went out with her girlfriends. She was to return home by 10:30 p.m. From the moment Rosa left home I began to worry about her. I tried to work around the house, but I couldn't complete anything. I tried to watch some television, but I couldn't keep my mind on the program. My husband seemed very calm. He reasoned that Rosa had gone to school dances before, and that everything had always been fine. He wasn't sure why I was so worried today. He said that I was starting to make him anxious too.

Rosa did not arrive home at 10:30 p.m. I became very upset; I wanted to call the police. I was worried that something had happened to her: "maybe she was in a

car accident"; or, "maybe she was abducted". I wasn't sure what to think. Rosa had not been late before. I just knew something was wrong; I had been feeling it all evening, that's why I had been so worried. Leno was also concerned, but he convinced me to wait for a little while longer.

When Rosa had not returned by 11:00 p.m., Leno was not only concerned, he was angry. He said: "Rosa better have a good excuse, or she's in trouble". He would teach her a lesson; he would never let her go to dances again. At this point, I began to phone the parents of the other girls. The response was that the other girls had been home for the last 30 minutes, and that Rosa should have been home by now. I was concerned, upset, and angry. I kept thinking: "Should I call the police?"

Rosa arrived home at about 11:15 p.m. Both my husband and I were glad to see her, but we were also very upset. We had harsh words for Rosa. We demanded an explanation. We also threatened not to let her out for dances with friends again. Rosa tried to defend herself, and began to argue with us. She told us that she was old enough to take care of herself. She said she was late because she had missed the bus, and that at that time of the evening the buses were slow and infrequent. She stressed that she had done nothing wrong. Her friends had arrived home earlier because they lived a short walk from the school. That night we were all upset, and everyone went to bed upset.

The next day everyone was very quiet. There was no arguing, and there was no discussion of what had happened the previous night. Leno spent most of the day completing various chores. In the evening, we all sat together to watch television, that's when my problems began. Initially I experienced difficulty breathing. Then I felt this strong duluri (pain) in my chest. The pain was so intense that I began to make loud lamenting sounds -- Aii Aii. [This type of lament is a characteristic Sicilian-Canadian way of expressing pain]. Within a short period of time I began to scream, the pain was in my heart. I felt as if I was about to die.

Leno and Rosa helped me to bed, while Pinetta ran for water. They sprinkled cold water on my face, but I was delirious and in extreme pain. I kept repeating that I was having a heart attack. I wanted someone to call for an ambulance. Leno tried to get me to drink some water and calm down, but I just had to get to the

hospital immediately. I told them: "Do you want me to die!" Finally Rosa phoned the ambulance service, and I was taken to the hospital.

The examining doctor tried to ask me questions but I was in too much pain. He gave me an injection. I don't know what type of injection I received, but it seemed to ease the pain. I spent about one hour in the hospital. The doctor mentioned something about 'stress' and 'general weakness'. My heart, was strong. The doctor suggested that I visit my family physician in the next few days.

I spent the rest of the evening, and the next day, in bed. I felt very weak. But my family helped me, they helped me whenever I needed assistance.

My sister and brother came, with their families, to visit me as soon as they heard of my sickness. They all came into my bedroom to see me and to ask about the problem. Later, while the men played cards in the kitchen and the kids watched television, all the women -- me, my sister, my sister-in-law -- stayed in the bedroom. We talked about the problem. We decided that I didn't have a heart attack; if I had had a heart attack they would have kept me in the hospital and I would have been in real bad shape. It must have been "nerves". I was upset and worried the night before. My "nerves" started acting up and attacked my heart. I was lucky, it could have been more serious. People can die from "nerves" attacking the heart.

My sister took care of washing all the dishes, cups, everything. Rosa also helped; she made coffee for everyone and tea for me.

The women started to bother Rosa. They said: "Do you want to kill your mother." "If you do that again, you're going to make her heart burst." Rosa tried to defend herself; she explained about the bus. But everyone, women and men, started saying that she should think about that ahead of time, she should catch the earlier bus. My brother told her if she missed the bus she should try to phone at least. Then Rosa got upset and left the room. Someone said: "these kids don't think of anyone else." But my sister-in-law told everyone to stop, and yelled to Rosa: "OK forget about everything, but next time try to phone." I asked everyone to calm down. They were starting to upset me again. After a while everyone went home.

At bed time Rosa told me that she just missed the bus, and that next time she would try to leave earlier or phone. We hugged and everyone went to bed.

The next day I felt better. I was able to do some things around the house, but I was still weak. Since I was feeling better, I decided not to go to see my family doctor.

In this case history two distinct, but complementary, idioms of distress are in operation. First, the expression of pain in itself serves as a means of communicating that things are not right. Zia Pina's pain is both real, and anxiety provoking. By dramatizing the pain she is feeling, Zia Pina indicates to the family that she is suffering and needs immediate assistance. The family responds positively to her cry for help. Their actions enable Zia Pina to seek and receive immediate medical attention. The concern and attention they display towards her confirms that the family is still healthy and united. Second, labeling the ailment as an attack of "nerves" serves to focus attention on the misunderstanding of the previous evening. Zia Pina became ill because she had been extremely worried, upset, and angry; her emotions were out of balance. As a result of this disequilibrium, Zia Pina's "blood" was agitated and her "nerves" began to tighten. The "nerves" tightened in the area of her heart to produce a great deal of pain and suffering that left her very weak. The positive feedback Zia Pina received from both her immediate and extended family helped to move her back towards an equilibrium state. In

order to avoid further complications and possible future attacks, however, Zia Pina would need continued support in the future. By agreeing to at least phone if she was going to be late, Rosa confirmed that Zia Pina could count on her for future support.

The case history, then, demonstrates that the human body is capable of conveying certain messages about a person's physical, emotional, and social well-being (Kleinman 1986; Scheper-Hughes and Lock 1987). It illustrates how the expression of pain can serve as an idiom of distress. The case, however, also illustrates the process by which significant others decode the vague message contained in the pain episode, and transform it into a culturally specific idiom which not only communicates that the individual is suffering, but also: (1) explains why he or she is experiencing distress; and, (2) what can be done to correct the problem. It is through the idiom of "nerves" that the family is able to focus attention on the interpersonal tensions responsible for generating the distress.

Case #23: The Fractured Ankle. Sig. Valeria, a 64 year old Racalmutesa, emigrated to Canada with her husband approximately 30 years ago. In 1985 she sustained a serious ankle injury. The following account represents my reconstruction of the events Sig. Valeria described to me several months after the incident occurred.

I had just finished shopping for groceries when it happened. The night before I didn't sleep well, I was feeling nirbusa. It was the dispiaciri (sorrow, disappointment) that made me nirbusa. My son was sick, and I had a misunderstanding with my daughter. So the next morning I left everyone at home. I said to myself: "they can do whatever they want, I need to get out". But, I didn't eat anything. I went out adiuni (on an empty stomach).

I took the bus to the supermarket to buy groceries. When I finished, I called the taxi to take things home. The accident happened while I was helping the driver load the groceries into the trunk. I suddenly found myself on the ground. I'm not sure what happened; I didn't feel anything. I was OK, then suddenly I was on the ground with a sore ankle. Maybe my eyes clouded and I fell. Or, maybe some car was passing by and hit me. I just don't know. I found myself on the ground, and I can't understand it.

I was in pain (duluri). I tried to get up, but I couldn't stand on the ankle. I called the taxidriver for help. I had to motion to him; I couldn't speak. I was in so much pain, I had to hold my ankle tight with both hands.

The driver took me home, and he and my husband unloaded the groceries. Then he took us [Sig. Valeria and her husband] to the hospital. I was still in great pain when the nurse started asking me questions about what happened. The pain was so intense! I had been helping myself by keeping the ankle warm with my hands and holding it tight. Now the ankle was starting to cool off, and because it was unbound the pain became more intense. I told the nurse that I couldn't see her anymore, and I fainted. My blood pressure was too low. They had to keep monitoring it every two or three minutes. Maybe they gave me a shot, but I don't know what they did at that point.

The doctors sent me home after five days. They used a pin to hold my ankle together. One doctor said they had to reconstruct the ankle because of the damage. I spent the next four weeks at home with a bandaged ankle. When the doctor saw that there was no poison, I went back to the hospital where they took out the pin and put my leg in a cast. I spent the next four weeks with that cast on my leg. I've struggled with this leg, the exercises, and the pain for almost six months now.

When I was first in the hospital, my husband phoned our relatives to let them know about my problem. At first, my close relatives, my brothers and sisters, came to see me. Later, other relatives and friends made visits. Not everyone came, but I'll remember them.

In the hospital I didn't experience much pain. They kept giving me pills and injections. Only one nurse wasn't good to me. It was the first night. She pushed me to get up and go to the washroom. I told her that I couldn't get up. I tried to explain that my leg was bandaged, and that they hadn't removed the stitches from my leg yet. A person shouldn't move around in that condition. She just insisted. I had to get up. After all that, I couldn't go to the washroom. She had to help me back to bed. But the pain was too much, I fainted on her. So she just threw me on the bed, and pushed my leg. It was very painful. I told her I couldn't walk! She told me it was normal to experience pain, and that I had to relax. I don't know whether it was because I got upset with her, or whether she had holidays, but I didn't see her again. The other nurses were OK.

While I was in the hospital, I started to experience nirbusu. I was afraid that I wouldn't be able to walk again. It was only when the cast was removed, and I started to exercise the leg, that I began to feel better. I was so afraid of ending up in a wheelchair. I remember thinking: I have a family; how would I be able to do things for them. I wouldn't even be able to do things for myself. I wouldn't be able to even get a glass of water for myself. Who would take care of the chores? I was becoming very nirbusa. I was also afraid that the operation wouldn't work, that they would find poison in my leg, that I might lose the leg.

But, many things helped me. When they took out the pin, the nurse showed it to me; it was clean, no poison. That made me feel better. Others encouraged me. The doctor told me that in several months I would be walking without any problems. My relatives and friends told me the same thing. They said that I shouldn't worry so much, everything would be OK. They reminded me that I wasn't the first person to suffer a broken limb. I would recover just like those other people did. Many people came to visit me. My sisters helped by doing some of the chores around the house. My husband did a lot of the work too.

I started feeling better once I could move

around with crutches or a cane. I could do things for myself and for my family. I got a lot of encouragement from these actions. The therapy also helped.

Sig. Valeria's account involves two instances of nirbusu. The first episode occurred the night before the accident. Sig. Valeria reveals that family problems caused her to experience nirbusu as a minor emotional disturbance. She does not, however, link the accident specifically to nirbusu. Instead, the link between the two incidents is left open to interpretation. Sig. Valeria does not use the "language of distress" to cast responsibility onto family members. Yet, I suggest that the implication is there, and that it may influence family behavior in the future.

The second episode occurred during Sig. Valeria's stay in the hospital, and it persisted for some time after she returned home. As in the first case, the problem manifests itself in the form of an emotional disturbance. Fear and anxiety precipitated the attack of "nerves". The nierbi, in turn, made it difficult for Sig. Valeria to regain control over her emotions. Once an individual succumbs to the initial effects of nirbusu, he or she is in a very vulnerable position. Unless the disequilibrium process is brought under control, the individual risks severe consequences. Through the idiom of "nerves", Sig. Valeria reveals the gravity of her predicament to others, and focuses their attention directly on the fear and anxiety she is experi-

encing. Sig. Valeria communicates to significant others that she is deeply concerned about the implications the injury may have for her, and her family's, well-being. She is afraid that she will remain disabled, and that this will disrupt her relationship with family members. The "language of distress" allows Sig. Valeria to seek reassurance and support from her extended family. The fact that significant others reacted appropriately, signifies that they interpreted the message correctly and provided the necessary assistance. In this particular case, then, the idiom of distress operated as a successful coping strategy. It enabled Sig. Valeria to manage her distress with the assistance of others.

Case #24: A Mother's Distress. During the fall of 1987, I taught an off-campus course in anthropology for McMaster University (Hamilton, Ontario). The classes took place each Tuesday evening from 6:30 to 9:30 p.m. At the time I was living in London, Ontario. I would travel to Hamilton each Tuesday morning, spend a hectic day at the university, rush to my parents' home for a quick meal, and then rush off to teach. Since I depended on the bus service for transportation, the timing was always crucial. My mother looked forward to my visits, and she enjoyed preparing a warm Sicilian meal for me. She did not, however, enjoy the hectic nature of the visits. On one occasion the confusion became too much for her, and she experienced a minor bout of

nirbusu. The following account is based on the notes I recorded as I traveled to class that evening.

I arrived at my parents' home about half an hour early today. My mother was watching an Italian TV program with a friend. The woman had arranged to call on Monday but, for one reason or another, she decided to make the visit this afternoon. By arriving early, I inadvertently interrupted the visit.

My mother became nirbusa. She told me later that she felt caught in a difficult situation. It is impolite to leave a friend watching TV alone, while you begin to prepare a meal. It is the equivalent of asking the person to leave. Yet, because my visits were always rushed, she felt that she had to begin the preparations immediately. Although the friend and I encouraged her to relax and watch the TV program, my mother spent the next half hour rushing back and forth between the living room and kitchen. The friend left as soon as the program ended.

As we sat down for the meal, my mother began to complain that she felt exhausted and weak. She could not eat. Her hands started to tremble, and she dropped a bottle. She kept repeating: "My friend was here, I wasn't ready. Mi piglia lu nirbusu (I was taken by "nerves"). I spent the time remaining reassuring my mom that everything would be fine, and that I would not have a problem getting to my class.

Given the personal nature of the account, I find it difficult to analyze this case of "nerves". I believe, however, that my mother experienced the bout of emotional distress due to a conflict in role expectations. A Sicilian mother who cares very much for her son, a son who she does not see often, is expected to cater to his needs. At the same time, Sicilian etiquette demands that people display proper respect towards their friends. My mother's effort to fulfill both expectations only complicated the problem; it

generated further distress. The idiom of "nerves" allowed my mother to communicate: (1) the emotional turmoil she was experiencing; (2) her fear of failing to meet both personal and cultural expectations; and, (3) her dissatisfaction over the hectic nature of our visit together.

At another level of analysis, I suggest that the "language of distress" can serve as a comment on the moral character of the victim (see Davis 1983; 1989). A woman who is not concerned about her reputation, and does not care about family and friendship, would not make such an effort to meet conflicting role expectations. To a certain extent, then, the "language of distress" communicates that my mother is the type of person who is prepared to sacrifice her own well-being for the benefit of significant others.

Case #25: Kinship and Property. Mr. and Mrs. Duli, two elderly Racalmutese, have lived in the Hamilton-Wentworth region for over 40 years. At the time I collected this case history, the couple was having financial difficulties. They were finding it difficult to make ends meet on a fixed pension income. In order to solve the problem, they attempted to sell their property in Sicily. The response they received from relatives in Racalmuto, however, was very disturbing.

Mrs. D.: We asked our relatives in Racalmuto, my sister and her family, to sell our house in Sicily. We are pensioners. It is difficult to live on a pension when you have a large mortgage. We have to sell the house to help ourselves.

My sister wrote back that they would try to sell the house for us. But, six months went by without any news, not even a letter. I wrote to my sister several times, but there was no response.

I finally received a letter from my sister the other day. The mailman brought us a registered letter. I got excited; I expected to find some money or a money order. Instead, I found a letter and some papers to sign. In the letter my sister said that they could not sell the house unless I signed papers giving her control of the property. She also said that, since the Italian law does not allow money out of the country, they would keep the money. If my husband and I ever went to Sicily, they would give us the money.

I was very disappointed. Mi fici siccari lu cori (it made my heart dry up). I couldn't believe what was written in the letter. I felt like crying, but I couldn't. I started to shake, to tremble. Trimava comu un busciariieddu (I trembled like a stalk of wheat). I became nirbusa. My nierbi tightened in my throat. I couldn't cry. I felt like this all day, so I took a "nerve" pill. I'm supposed to take my pills regularly. But it was worse, I started to vomit. The next day I was still very nirbusa. I got over my "nerves" by chattering at my husband. He supported me, and helped me get over it. My stomach started to feel better. If my husband had said something negative, or if he blamed me, I would have died. I felt better because I was able to spuvari (release emotional tension). It was as if the gruppu (knot) in my stomach was untangled. I started to feel more strength in my arms and legs; I felt better. But, just telling you this story is making me upset again. I can feel my heart starting to tighten again. My nierbi are starting to tighten all over, especially around my heart. The memory is starting to get to me.

[Mr. D. comforted his wife, and told her that there was nothing they could do.]

Mr. D.: I didn't say very much because she was feeling so bad. But I also felt bad, even though I didn't say anything at the time. I felt as if my heart dried up too, but I kept it in. I got over it by talking with my wife; we both got over it through spuvari. If we didn't spuvari, we would have had a tangle of "nerves" in our stomachs. If that tangle is not released, it can cause an ulcer to burst.

[As I was about to leave, Mrs. D. added the following comment.]

Mrs. D.: I was so upset not only about the house in Sicily and the money, but also about the tone of the letter. My sister seemed to suggest that it was my fault, that I should have sent the release form when I first asked them to sell the house. She also asked: "didn't I know that they needed money too, and that they were family; didn't I care about them."

After a frustrating six month wait, Mr. and Mrs. Duli finally received a response from their relatives in Sicily. The news, however, was far from encouraging. In fact, the message was clear; Mr. and Mrs. Duli could not expect assistance from the people they had trusted. They would have to find some other way to solve their financial difficulties. The couple experienced a great deal of distress, due to the following combination of factors: (1) the negative response; (2) the critical tone of the letter; and, (3) the implications of the response for their future well-being. Mr. and Mrs. Duli express, interpret, and explain this distress in terms of nirbusu.

In this account, the "language of distress" involves two interrelated modes of expression. Mrs. Duli, for example, communicates her suffering by means of both a somatic and a verbal idiom. The physical symptoms themselves signal that she is in distress. Mrs. Duli, however, also expresses this distress through specific verbal cues that identify the problem as a case of "nerves". Together, these two modes of expression allow Mrs. Duli to communicate

several messages to her husband. First, she indicates that she is greatly disappointed in, and disturbed by, the contents of the letter. Second, she did not expect this type of response from her sister. Third, Mrs. Duli communicates that she should not be criticized or held responsible for the sister's actions. Criticism will only serve to further disrupt her equilibrium. Fourth, she requires Mr. Duli's support to withstand the effects of nirbusu.

Mr. Duli responded positively to his wife's plea for assistance, by providing the emotional support she requested. In fact, through mutual support and understanding, Mr. and Mrs. Duli were able to help each other cope effectively with the immediate problem. They allowed each other to spuvari (release tension). Mrs. Duli, however, indicates that these measures are insufficient to resolve the underlying problems responsible for precipitating the distress. As long as the couple is in financial difficulty, and they are unable to resolve the conflict with family members in Sicily, she will remain susceptible to nirbusu. Mrs. Duli communicated this message to me by stressing that she is unable to discuss the case without a recurrence of symptoms. The idiom of "nerves", then, enables the couple to express concern about their future well-being.

In summary, the "language of distress", then, serves to communicate the pain and suffering individuals experience as a result of a number of factors. These factors include:

accidents and injuries; personal disappointments; sickness and death of family members; failure to meet "role" expectations; interpersonal conflicts; intergenerational tensions; work related stress; financial difficulties; and, various other personal and family problems. The distress itself is communicated through both somatic and verbal modes of expression. The physical symptoms signal that an individual is suffering, while the verbal cues provide people with a culturally recognizable means of identifying and interpreting the vague somatic message.

In the previous chapters, I discussed the ambiguous, inconsistent, and variable nature of the Sicilian-Canadian "nerves" complex. I now propose that these features are essential elements of the "language of distress". Ambiguity and variability confer the concept of "nerves" with a degree of flexibility that allows individuals to express their personal experience of suffering, and seek vital assistance from significant others. In other words, there is order beneath the apparent disorder. I contend that "nerves" represent both an inherently ambiguous folk concept, and a powerful idiom of distress. I also contend that flexibility serves as the key link between these two aspects of the phenomenon.

COMMUNICATING DISTRESS THROUGH METAPHOR

Sicilians are noted in the literature for their extensive use of popular phrases, proverbs, and metaphor as fundamental components of conversation (see Giovannini 1978; Jackson 1981; Sciascia 1984). According to Jackson (1981: 73), for example:

The Sicilians have an innate knack for brevity, for economy of expression and, more significantly, they have a need to cover their tracks. The proverbial examples above demonstrate that Sicilians express themselves in parables or with symbols Such proverbs, through the sparseness of their expression but the richness of their meaning, help us form an understanding of Sicilian culture.

Although I am not sure I would agree with Jackson's assertions concerning the innate features of Sicilian mentality, my experience confirms that Sicilian-Canadians rely on metaphor as a key feature of verbal communication.

The Sicilian-Canadian "language of distress" includes many metaphorical representations of suffering. Victims of "nerves", for example, often communicate their distress by means of various popular phrases or metaphors. In the case of damage to the physical "nerves", individuals can signal discomfort through verbal cues such as: nierbi ngravaccati (entangled "nerves"); nierbi agruppati (knotted "nerves"); and, spilatura (perforated "nerves"). These statements conjure up images of pain, disorder, and impairment of function. In the case of nirbusu, the metaphorical representations convey a different message. Here, people rely on the

"language of distress" to communicate that they are experiencing psychic and somatic effects, because they are no longer in control of their emotions. Metaphorical statements which convey this message include:

li nierbi mi sbattinu
(the "nerves" are shaking me)

triemu comu un busciarieddu
(I'm trembling like a stalk of wheat)

mi stannu scutiennu li nierbi
(my "nerves" are starting to get excited, to shake)

mi stannu acchianannu li nierbi
(my "nerves" are starting to rise)

Bedda Matri, staju scattanu
(Beautiful Mother, I'm about to burst)³⁵

The preceding statements are examples of the verbal component of the "language of distress". They represent culturally recognizable and acceptable means of communicating that an individual is experiencing emotional problems. As metaphors, these verbal cues serve to condense, and later release, a number of emotionally charged images and messages. In order to illustrate this point, I have chosen to examine, in detail, the images and messages contained in the phrase triemu comu un busciarieddu (I'm trembling like a stalk of wheat).

UNRAVELING THE METAPHOR WITHIN THE METAPHOR

My experience as a Sicilian-Canadian child, growing

up in the Racalmutese district of the Hamilton-Wentworth region, exposed me to many aspects of the "language of distress". I became familiar with phrases such as triemu comu un busciarieddu at an early age. As a result, I began the research on "nerves" with the distinct advantage of knowing that certain popular phrases signify that an individual is upset and experiencing difficulty. In some cases, however, I did not comprehend the precise meaning of the terms people employed. Busciarieddu is one of these terms. It is the type of word that appears in the Sicilian dialect, but I could not locate in Italian and Italian/English dictionaries. This complicated my efforts to unravel the meaning(s) contained in the metaphor.

By interviewing informants, I was able to gain a gradual understanding of the interrelationship between metaphor and "nerves". My informants consistently linked the phrase triemu comu un busciarieddu with nirbusu. They agree that this statement refers to emotional distress which: (1) involves the physical "nerves"; and, (2) manifests itself, at least in part, as a severe trembling sensation. Although this was the type of answer I expected, it did not enhance my understanding of the word busciarieddu.

During the initial phase of research, I found it difficult to focus explicitly on terminology. My queries concerning the meaning of busciarieddu often elicited teasing and laughter as a response. I was asking questions

usually reserved for children. Through persistence, however, I began to obtain the answers I was looking for.

Busciarieddu refers to "stalks of wheat". One of my more articulate informants discussed the wheat metaphor as follows:

Busciarieddu. When you cut the grain, the spica (the detached part) is placed into small bundles. This is what we, in local dialect, call the busciarieddu The busciarieddu moves with the wind when it is on the plant. The grain is like the sea; it makes the same wave motion as the sea. Therefore people say "you are making me tremble like a busciarieddu", because with the minimum movement of air [laughs], just as the grain sways that's the way all of the person trembles When the person starts to tremble, it is better to leave everything because he won't be able to accomplish anything. [pause] The person is not able to do anything.

The metaphor is now clear! A victim of "nerves" trembles uncontrollably like a stalk of wheat in the wind. Triemu comu un busciarieddu communicates to others that the individual is experiencing a disequilibrium state. The person is no longer in command of his or her emotions and, as a result, is at the mercy of outside forces. As an idiom of distress, the phrase also indicates that significant others are now in a position to either assist or harm the individual. They can help quell the effects of the wind (the factors responsible for precipitating the attack of "nerves") by means of kind words, support or, depending on the situation, by a change in behavior. If significant others do not respond positively, the implication is that their behavior will magnify the force of the disturbance.

Human beings, like stalks of wheat, are vulnerable to the destructive effects of powerful, unchecked forces. Significant others may not be able to solve the problem but, with support and understanding, they can help dampen the negative effects.

I recall being very pleased and satisfied with the information I had collected. At the time, it helped me gain a clearer understanding of the meanings contained in the wheat metaphor. Further questioning, however, confirmed the old adage that: 'things are not always as they seem'. During an interview with an elderly couple, Mr. and Mrs. Confe, I began to realize that I had not uncovered the complete meaning behind the phrase triemu comu un busciarieddu. The statement does not actually refer to "stalks of wheat trembling uncontrollably in the wind". People discussed the busciarieddu in these terms to help me understand the phenomenon. I realize now that they were making use of one metaphor to help me understand the metaphor I was investigating.

Busciarieddu is an archaic term that reflects the rural and agrarian background of many of the adult Racalmutese residing in the Hamilton-Wentworth region. The elderly couple, and later others, explained to me that the term is associated with a particular Sicilian custom. Mrs. Confe described the custom, and its relationship to nirbusu, in this way:

The busciarieddu is a small bundle of wheat stalks that are picked before the grain is mature and hard. You place the bundle over the fire, and with your hands you turn it over and over. You keep turning it over and over again. At that moment it trembles, and that's why we say trema comu un busciarieddu. It trembles because it is cooking. The "nerves" also make this movement.

[Does the phrase refer to the experience of "burning" or to the experience of "trembling"?]

In one way the person trembles, yes, but in another way the person with "nerves" feels a heat that comes from strong "nerves". Sometimes there are people who experience heat flashes because of "nerves"; they sweat ... just like when it is hot out. It may last 5 minutes or 10 minutes, and then the person may calm down all at once. The person says triemu comu un busciarieddu to signify that, at that moment, he is trembling and heating up

[Does the word busciarieddu also refer to the wheat growing in the field?]

Busciarieddu is only the bunch that is already picked, that we have in hand. The other is the grain plant. The busciarieddu is the part that is roasted like coffee, the part that you put to fire. This is the brusciarieddu. It is a brusciarieddu at the moment that it trembles as you turn it back and forth to cook it.

[Is the word busciarieddu or brusciarieddu?]

The word is busciarieddu, but if I call it brusciarieddu maybe you'll understand better. [The word bruscia means "to burn".]

In the past, then, people collected the tender, green stalks of wheat to prepare a special treat. They roasted the ears of grain, by rolling and shaking the stalks over hot coals. The shaking motion combined with the heat to separate the wheat from the chaff. At this point the grain was ready for consumption. My informants claim that both young and old considered the busciarieddu to be an appetizing snack.

As a metaphorical representation of distress, the phrase triemu comu un busciarieddu conjurs up the following images and messages:

- (1) The metaphor equates the victim with "tender, green stalks of wheat". The wheat has not yet developed into a mature, hardy plant. This image carries the implication that the person does not have the internal strength to deal effectively with the stressful situation. In other words, he or she is highly susceptible to the effects of nirbusu.
- (2) The victim, like a stalk of wheat which has been picked and placed in a bundle, is no longer in control of the situation. This aspect of the metaphor communicates to significant others that the individual is in a very vulnerable state. It also implies that significant others are now in a position to influence the course of events in either a favorable, or an unfavorable, direction.
- (3) The phrase itself indicates that the victim is suffering from specific somatic effects, as a result of emotional distress. Implicitly, however, the person also communicates that significant others are responsible for causing the symptoms. In metaphorical terms, the victim's blood is beginning to boil, and his or her

"nerves" are trembling uncontrollably, because someone is shaking the person over hot coals. The victim is experiencing distress in direct response to the words and deeds of others. This is the message Mrs. Duli communicates (see Case #25) when she uses the metaphor to describe how she felt after receiving the negative reply from relatives in Sicily.

- (4) Through the "language of distress", the victim seeks the support and the assistance of significant others. The individual(s) responsible for generating the disturbance, however, receives two additional messages. First, if you do not alter your behavior, I may suffer very severe consequences. Second, since the busciarieddu is roasted for the purpose of consumption, failure to alter your behavior can only mean that you are intent on deliberately injuring me.

The two wheat metaphors I present above share certain basic similarities. They both communicate that the victim is experiencing distress, and that he or she requires immediate assistance. Without the immediate assistance of significant others, the person's emotional distress may escalate and develop into nirbusu the folk illness. How others react, then, has a direct bearing on the victim's future well-being. By discussing the busciarieddu in terms of "wheat trembling uncontrollably in the wind", my informants helped

me gain an understanding of this phenomenon. At the same time, however, the metaphor served as a screen or masking device; it focused my attention on the role of significant others in helping the victim cope with effects generated by unspecified or impersonal forces. The second metaphor clearly implicates human agency. The victim communicates that a particular individual(s), not the action of an impersonal force, is responsible for the disturbance. In addition, the victim makes use of the metaphor to suggest that deliberate intent may be a factor in the case. However, since the culprit remains unnamed, significant others can change their behavior without actually accepting or acknowledging responsibility for causing the negative effects.

Among Sicilian-Canadians, the concept of "nerves" operates as a primary indicator of both physical and psychic trauma. Victims of nirbusu communicate this suffering by means of various somatic and verbal modes of expression. The phrase, triemu comu un busciarieddu, represents one example of the verbal component of the "nerves" idiom. My examination of the metaphorical elements contained in this phrase reveals how Sicilian-Canadians make use of symbolic communication, to transmit specific images and messages, as part of the "language of distress". I propose that these metaphorical representations enable the victim to not only communicate distress, but also convey how significant others should interpret the message(s) they receive.

"NERVES" AND THE COMMUNICATION OF ALTERNATIVE MESSAGES

Now that I have established "nerves" as a culturally acceptable means of communicating distress, I will return to a discussion of the ambiguity surrounding the phenomenon. More specifically, I will examine how people make use of the "language of distress" to suit their own purposes. The concept of "nerves" does not serve solely as an idiom of distress. The terms nierbi and nirbusu may represent certain "meanings", but an individual can manipulate those meanings to generate various metaphorical statements that convey very different messages. I will argue that the "meanings" Sicilian-Canadians attach to the "nerves" complex are not absolute and final. Instead, "nerves" is a diffuse concept which can be invoked and manipulated for a variety of reasons, during the process of both social and self-reflexive interaction. My aim in this section of the chapter is to elucidate this aspect of the phenomenon.

DISCLAIMERS, EXCUSES, AND JUSTIFICATIONS

In certain situations, individuals utilize the "nerves" idiom as a means of identifying how people should interpret their behavior (or the behavior of significant others). The "language of distress" can operate as a disclaimer, an excuse, or a justification for inappropriate conduct. It allows individuals to make a moral statement

about themselves and their actions. Although someone may not be able to control how others respond in a given situation, a person can, consciously or unconsciously, manipulate powerful symbols of distress to elicit a favorable response.

Disclaimers. John Hewitt (1984: 167; see also Alonzo 1985: 155) defines a disclaimer as: "a verbal device people employ when they want to ward off the negative implications of something they are about to do or say". On a number of occasions, I witnessed cases where Sicilian-Canadians made use of the "nerves" idiom in precisely this way. I will provide two examples below to illustrate this point.

Example #1: A Question of Income. During a social visit with Mr. and Mrs. Scotto, an elderly Racalmutese couple, my income became a topic of conversation. I recall that Mrs. Scotto initiated the conversation in this way:

Please don't be offended. I suffer from "nerves". Once I start thinking about something, I have to talk about it. If I don't, I end up with a gruppu (knot) in my stomach. How much money do you make teaching university courses.

Mr. Scotto observed that I was embarrassed by the question, and he asked me to excuse his wife. His remark made it possible for me to discuss the issue at an impersonal level.

Mrs. Scotto's actions represent a breach of Sicilian rules of etiquette. It is inappropriate for a host to question a guest on such delicate, personal matters. Mrs. Scotto's initial statement, 'please don't be offended', reveals that she is aware that her behavior is likely to

contravene role expectations. Through the "language of distress", however, she communicates two interrelated messages: (1) I should not interpret her remarks as a sign of meddling; and (2) I should tolerate her request for information. In other words, then, Mrs. Scotto uses the "nerves" idiom as a disclaimer to ward off the negative implications of her behavior.

Example #2: No Time for Hospitality. Mr. and Mrs. Augusto live in a predominantly Sicilian and Portugese district in the Hamilton-Wentworth region. Each Tuesday, the couple visits the market to purchase eggs for themselves and their neighbor Mrs. Nappa. As I interviewed Mr. and Mrs. Augusto one day, Mrs. Nappa dropped by to pick up her eggs. Mrs. Augusto invited the neighbor to stay for coffee. Mrs. Nappa, however, stated: 'I just had a cup of coffee, and I feel nirbusa; thank you, but not this time'. She then paid for the eggs and returned home.

I believe that Mrs. Nappa made use of the "nerves" idiom as a disclaimer. Sicilian-Canadians recognize coffee as a stimulant capable of precipitating or aggravating a case of "nerves". An individual experiencing the initial effects of nirbusu should avoid coffee. By prefacing her intent to decline the offer of hospitality in terms of the "language of distress", Mrs. Nappa intimates that her behavior should not be interpreted as a sign of disrespect, nor as an indication of ingratitude. Mrs. Nappa appreciates

the offer but, due to circumstances, must decline on this particular occasion. The message, in fact, carries the added implication that Mrs. Augusto must not insist that the neighbor stay for coffee; to insist would be the equivalent of wishing her harm.

Excuses. In contrast to disclaimers, excuses "acknowledge that a particular act is undesirable or wrong, but deny that the individual was responsible for his or her conduct" (Hewitt 1984: 168; see also Alonzo 1985; Scott and Lyman 1968). The following case history illustrates how people can make use of the "nerves" idiom to serve this purpose. Among Sicilian-Canadians the "language of distress" allows people to both explain why someone has failed to meet cultural expectations, and deflect responsibility away from themselves or a significant other.

Case #26: An Inappropriate Response. Zia Lenire, a 55 year old Racalmutesa, has lived in Canada for approximately 25 years. She is married, and has three children. In this account, Zia Lenire makes use of the "nerves" idiom to excuse the behavior of a friend -- Sig. Alfonsini. The case history itself represents my reconstruction of the events Zia Lenire described during an interview session.

A few months ago, my friend [Sig. Alfonsini] suffered a tragic loss. Her only son was killed in a car accident. It was a very difficult period for the family. They spent many hours at the funeral home, and they had to deal with many visitors. You could tell that [Sig. Alfonsini] was very sad and upset.

On the day of the funeral many people, both relatives and friends, visited the Alfonsini residence to pay their respects. Some of the women prepared a light meal for the visitors. At first everyone was very quiet. After a while, however, the men began to eat, drink, and talk. They started to talk very loud.

The funeral had been a very emotional experience for everyone, especially [Sig. Alfonsini]. By the time she got home, she was very depressed and weak. But, because of the visitors, there was no time to relax. She had to run around getting food and drinks for the men. She became very angry and nirbusa. My friend just exploded; she yelled: 'What do you think this is, a "show"? Is this what you want?' As she said this, she exposed one of her breasts. For a moment, there was complete silence; we were all shocked. Then we, the women, rushed her into the kitchen. She cried violently and started to beat herself.

Many people left immediately after the incident. Those who stayed tried to calm [Sig. Alfonsini]. Someone made camomile tea. Then, the women began to chastise their husbands. One woman shouted: 'Are you happy now?' Someone else said: 'How can you go into someone's home, on a tragic occasion, and act like you are at the "club"; don't you have any respect for the dead or the living?' The men were very quiet.

Later, after most people had left, [Sig. Alfonsini's] sister and I approached her about the incident. Nirbusu can cause people to do many things, but we told her that she should try to control herself. It is not proper for a woman act like that. It would have been better for her to just ask everyone to leave I think her husband is to blame; he should have said something to the men. Didn't he see that his wife was becoming nirbusa?

Sig. Alfonsini's actions represent a serious breach of the Sicilian moral code. She failed to meet cultural expectations concerning her role as both an "adult woman" and a "good wife". Sicilian-Canadians regard this type of behavior as unacceptable and unjustifiable. Yet, under the

circumstances, the woman cannot be held responsible for her actions. By invoking the "language of distress", Zia Lenire explains why the incident occurred, and deflects responsibility away from her friend. Sig. Alfonsini is not a dishonorable woman; she is the victim of a severe emotional disruption brought on by a combination of grief, anger, and "nerves". Although the behavior itself is discrediting, Zia Lenire's account indicates that the woman should not be held accountable for what transpired. Responsibility lies not with Sig. Alfonsini, but rather the men who displayed a great deal of insensitivity at a time of extreme grief and sadness. Their behavior contributed to the woman's emotional distress.

In this case history, then, the concept of "nerves" serves a dual purpose. First, it operates as an idiom of distress. Zia Lenire, and others, interpret, identify, and explain Sig. Alfonsini's emotional outburst in terms of nirbusu. This allows everyone to acknowledge that: (1) Sig. Alfonsini is no longer in control of her emotions; (2) she is experiencing pain and suffering; and, (3) she requires immediate support and assistance. I suggest, however, that the concept also operates as a culturally appropriate device which helps people understand and excuse Sig. Alfonsini's behavior.

Justifications. Following Scott and Lyman (1968), John Hewitt (1984: 169; see also Alonzo 1985: 157) defines a

justification as "a form of account in which the person held to account accepts responsibility for an act but denies that it should be seen as untoward or wrong". The primary feature that distinguishes a justification from an excuse, then, is that the individual(s) in question accepts responsibility for his or her behavior. In the case of an excuse, although the person recognizes that the behavior is inappropriate, he or she does not accept responsibility for the action. Both devices, however, operate as defensive mechanisms which allow people to protect their "public" and "self" image. I will present and discuss the following case history to illustrate how the idiom of "nerves" can serve as a justification for one's behavior.

Case #27: The Disrespectful Brother-In-Law. In the summer of 1984, I witnessed a potentially violent encounter between Mr. Abbatti and his brother-in-law, Mr. Ortica. Both men were born in Sicily, and have resided in Canada for approximately 25 years. During this period, the two men have engaged each other in a number of arguments and conflicts. The account I am about to present is based on my personal observations of the incident, and a subsequent interview with Mr. Abbatti. At Mr. Abbatti's request, however, I did not seek an interview with Mr. Ortica. I obtained additional information from Zia Tana, who was also present during the encounter.

Mr. Abbatti: Yes, I offended my brother-in-law. I don't like people making jokes at my expense. Ortica knows that I have been sick lately yet, as soon as he arrived, he had to say: "See how the sick are; not even a grey hair, while mine are all grey". I should have asked them to leave but, for my wife's sake, because she wants to spend time with her sister, I invited them into my home.

At the table, after feasting on my food and wine, he began to direct insulting comments towards me. I demanded respect! I said: "Ama lu prossimu to comu te stessu" (Love your neighbor as you love yourself). This is a phrase from the scriptures. Ortica doesn't do this; he comes to my home to make fun of me. Then, one of the women said: "Perdona di cuore a quelle che t'anno offeso" (Open your heart, and pardon those who have offended you). I told them that this was irrelevant, and I repeated the original phrase from the scriptures.

My observations: Mr. Abbatti actually repeated the phrase three times. In response, Mrs. Ortica commented that he could not just make those types of statements. The message in the scriptures applies to everyone. She then added: "we came to visit, to see my sister, but now you talk like a 'know-it-all'; what do you have, a grade three education?".

Mr. Abbatti: Well, I didn't like what they were saying. I told them that they must be either stupid or pazzi (crazy). Ortica took offense at my remark. But, he was the one who refused to show me respect. Ortica called me a disgraziato (unfortunate, evil). So I told him that: "I'd suck his blood and heart". I let Ortica know that he was lucky we were in my home.

My observations: Mrs. Ortica, who was now very upset, responded: "go learn some respect, you are the one who doesn't know how to treat people". Zia Tana, a close friend and neighbor, asked everyone to calm down, and then added: "do you want me to become nirbusa"? The situation, however, began to deteriorate quickly; the two men were about to come to blows. Mr. Ortica shouted: "come out, and I'll stick you onto a poll". Mr. Abbatti motioned as if he were about to pick up a bottle while Mr. Ortica made a move toward a table knife. Neither man, however, actually touched the

object. At this point, the other visitors and I stepped between the combatants, and escorted Mr. and Mrs. Ortica outside.

A few minutes later, Zia Tana returned to the kitchen, and confronted Mr. Abbatti. She said: "His hands are trembling; he is nirbusu. If he drives like that, and has an accident, it will be your fault". Mrs. Abbatti escorted Zia Tana into the living room, and expressed her regrets over what had transpired. She stated: "I know you are nirbusa. I had hoped the visit would help you sbariari (get things off your mind); instead, you have seen problems in my house as well". As she spoke, Mrs. Abbatti suddenly ammudda -- she became very weak. Zia Tana and I helped her to a chair, where she remained motionless for some time.

At the first sign of recovery, Zia Tana identified the problem as spavientu (fright), and suggested that the two of them go out for a walk to sbariari. The two women took a walk around the block.

Mr. Abbatti: He [Mr. Ortica] and I said many things to each other, and now he is no longer welcome in my home. They see that I am not working, and they think they don't have to show me respect. They should believe me when I tell them that I am sick, not offend me. I became nirbusu; everyone tried to calm me, but I couldn't stop talking. I said those things, but it was the "nerves" talking! I'm nirbusu, sick with "nerves". But, when my blood started to rise and flow faster, I felt better. The talk helped me get things out of my system. I feel better.

Zia Tana [statement made a few days later]: I felt bad that day. My heart was beating very rapidly. It was spavientu. My legs were weak; it was hard to walk. I needed to sbariari. Now I have stomach problems; the "nerves" in my stomach are still tense, and it is hard to digest food. It's not good for brother-in-laws to act that way.

Mr. Abbatti's statement presents an ambiguous message to the listener. He manipulates the "nerves" idiom in such a way that it serves as both an excuse and a justification for

what transpired. By stating that "it was the 'nerves' talking", Mr. Abbatti indicates that he should not be held responsible for his actions. As a victim of nirbusu, he was no longer in control of his emotions. Yet, at the same time, he accepts responsibility for his part in the conflict. Mr. Abbatti acknowledges that he offended Mr. Ortica, but denies that his behavior was inappropriate under the circumstances. According to Mr. Abbatti, the Orticas had bad intentions right from the beginning; they came to his home with the specific purpose of insulting or offending him. For this reason, he was justified in his actions. A man has a right and a duty to defend his honor. Mr. Abbatti further justifies his behavior by indicating that the expression of emotion helped him avoid more serious health problems. In my view, Mr. Abbatti is trying to cover all angles; his ambiguous statement attempts to control how significant others interpret the conflict.

The account also serves as an example of what Bailey (1983; see also Lutz and White 1986: 424) calls the "tactical use of passion". More specifically, Bailey (1983: 58-59) identifies the display of emotion as one of the means by which human beings can manage impressions and manipulate others. In this case history, both Zia Tana and Mr. Abbatti draw on the "nerves" idiom in their attempt to gain control over the situation. At one point, for example, Zia Tana attempts to prevent an escalation of the conflict by stating

emphatically: "do you want me to become nirbusa". This statement communicates three primary messages. First, it signifies that Zia Tana is at risk of experiencing a severe case of emotional distress. Second, it indicates that a continuation of the hostilities can only be interpreted as a disregard for her well being. Third, the statement carries the implication that the combatants will be held responsible for any ill effects Zia Tana may develop. Unfortunately, however, the conflict had proceeded too far; the combatants were not persuaded to terminate the hostilities.

Zia Tana also manipulates the "nerves" idiom at three other points in the account. She does this by: (1) indicating that Mr. Ortica is having an attack of "nerves"; (2) labelling Mrs. Abbatti's symptoms as fright-related nirbusu; and, (3) emphasizing that she herself is still suffering ill effects a few days after the incident. Although I have no doubt that these individuals actually experienced physical and emotional distress, I believe that labelling the effects as nirbusu served an additional purpose. It communicated to the combatants, and Mr. Abbatti in particular, the potential dangers of allowing this type of behavior to repeat itself in the future.

In response to the messages he received, Mr. Abbatti attempted to deflect the negative implications away from himself by casting blame on the Orticas, and by providing both an excuse and a justification for his own behavior. He,

consciously or unconsciously, manipulated a cultural symbol to protect his "public" and "self" image. In this case history, then, the concept of "nerves" operates as not only an idiom of distress, but also as a manipulative device in the "language of argument" -- i.e., the use of symbols to influence how others interpret and explain certain phenomena, and how they respond in a particular situation.

DIDACTIC DISCOURSE, "NERVES", AND THE "LANGUAGE OF ARGUMENT"

Disclaimers, excuses, and justifications qualify as important elements in the "language of argument". The "language of argument", however, is not restricted to these phenomena; it can take on a number of forms. In this section, I will examine the role of didactic discourse as a mechanism of social control. I will demonstrate how an individual can manipulate the idiom of "nerves" to make a moral statement that is designed to teach someone a lesson, and thereby influence the person's behavior.

Case #28: Always Keep Your Mother Informed. The following account represents a synthesis of information I obtained from Zia Spinto and her youngest son, Giacomo. The Spinto family emigrated to Canada about two years prior to Giacomo's birth. Giacomo, who is approximately 32 years old, is married and has three children. His wife is of non-Italian descent.

On Saturday afternoons, I take the children to visit my parents. My wife and I are usually busy on the weekend, and my parents enjoy taking care of the kids. This past Saturday, my mother started to act a bit strange. When my father took the kids out for their usual walk in the garden, she insisted that I stay for coffee and cake so we could talk. As soon as we were alone, she started naming several Sicilian families that have experienced a recent disruption in their family situation. So-and-so's son just divorced his wife, and so-and-so's daughter just separated from her husband. My mother stressed that these disruptions are all serious, but they are more serious when there are children involved. My mother was particularly concerned because this type of problem seemed to be affecting many Sicilian families. It is the topic of conversation when she meets with friends and relatives.

One of the stories she told me concerns Zia Linuzza and her daughter Dina. Dina and I went to grade school together. The story goes like this:

Last week, Dina and her children surprised Linuzza with an unexpected visit. Although they spent the entire day together, Linuzza and Dina did not talk much to each other. Dina kept busy doing various things, while Linuzza took care of the children.

On several occasions during the day, Linuzza asked Dina what time she should expect her son-in-law to arrive. But, Dina couldn't say for sure. By 10:00 pm, however, Linuzza had become very concerned, and she began to question Dina. Dina responded by asking her mother to put the children to bed. She informed Linuzza that her husband would not be coming. Dina said that she had left her husband, and that the marriage was over.

Linuzza was very upset. All she could say was:

You were here all this time, and you didn't say anything. Why? We could have talked about it. Now, at the last minute before bedtime, you tell me. I get nirbusa, and I can't spuvvari (get things out of my system) because we can't talk.

The two women ended up talking about the situation all night.

You see, my mother [Zia Spinto] gets nervous easily. She hears stories about other people, and she begins to worry. I think she was just trying to find out if my wife and I were having problems. She was happy to hear that everything was fine.

I would like to begin the analysis by focusing first on the case history embedded within the account. I propose that Linuzza makes use of the "nerves" complex to convey two interrelated messages. First, she acknowledges that the news she has just received is very disturbing. As a concerned mother, she can only be upset by the revelation that her daughter is having marital problems. The concept of "nerves" serves as an effective means of communicating her distress. Second, Linuzza indicates that Dina has not handled the situation properly. Dina, as a responsible daughter, should have informed her mother of the problem immediately. By delaying the news, Dina simply complicated the problem; she denied Zia Linuzza, and herself, the opportunity to spuvari -- i.e., release the emotional tension. In other words, Dina exposed the two of them to the potential risk of developing nirbusu the folk illness. It is my contention that, in this particular case, the idiom of "nerves" operates as a strategic statement aimed at influencing Dina's behavior. It emphasizes the importance of proper conduct, and it places pressure on Dina to discuss the matter to her mother's satisfaction.

By relating the story to Giacomo, Zia Spinto manipu-

lates the "language of distress" for her own purposes. She herself is not a victim of nirbusu. The aim of the discourse is to make a moral statement that is capable of guiding Giacomo's behavior. Zia Spinto attempts to accomplish this goal by presenting Giacomo with the following messages:

- (1) Separation and divorce are becoming very prevalent within the Racalmutese community. No family is immune to the problem.
- (2) A good mother is very concerned about her children's well-being. When problems arise she is prone to worry, and this makes her highly susceptible to nirbusu. A son or daughter can help reduce the risk of "nerves", by keeping parents informed about their activities, and by giving them the opportunity to spuvari.
- (3) Zia Linuzza's nirbusu is due in part to the disturbing news and, in part, to her daughter's inappropriate behavior. Giacomo should not make the same mistake.
- (4) Zia Spinto is inviting Giacomo to reveal any marital problems he may be experiencing. She also communicates that she expects to be informed immediately if problems arise in the future. If Giacomo fails to heed this advice, he will expose his mother to severe consequences.

In general terms, then, this case history demonstrates how people can invoke the "nerves" complex, as a powerful idiom or symbol of distress, to convey a different message. Zia Spinto's didactic discourse deals more with Sicilian-Canadian notions of correct and incorrect behavior, than it does with nirbusu. I believe that she manipulates the concept of "nerves" to justify, or validate, the moral of the story. Zia Spinto makes use of the "language of argument" to influence Giacomo's behavior.

"NERVES" AND AN INDIVIDUAL'S MORAL CHARACTER

In her discussion of the variable character of "nerves" in Outport Newfoundland, Davis (1984; 1989) examines the interrelationship between "nerves" and impression management. She argues that women can manipulate the concept of "nerves" to gain status and respect within the community. Although the ethnographic context differs significantly, I find that a similar process occurs among Sicilian-Canadians. Implicitly, I have already touched on this issue at various points in the last two chapters. I will now examine the phenomenon in more detail.

In contrast to Outport Newfoundland, "nerves" are not a predominantly female complaint or symbol within the Racal-mutese community. It is my observation that both males and females are capable of manipulating the "language of distress" to make a positive statement about themselves. This observation is consistent with Gaines' (1982: 183) view that the Mediterranean conception of self "is seen as ennobled by suffering", and that the rhetoric of distress "serves to communicate the self's ennoblement". I would like to propose, however, that males and females generally manipulate different aspects of the "nerves" complex in their efforts to present a favourable image to significant others.

A Sicilian-Canadian male can employ a number of techniques to earn, or maintain, the respect of others. One

technique is to discuss the pain and suffering he has endured in order to support his family. This discussion often focuses on the disabling effects of "nerves". More specifically, the individual portrays himself as a person who has suffered greatly as a result of long term strain or damage to the physical "nerves". A man who is willing to sacrifice himself for the benefit of the family, is a man of respect. The following example will illustrate this point.

Case #29: The Life of a Labourer. I obtained this account from Zio Nardo in July of 1984. At that time, Zio Nardo was 68 years old. He and his wife have three adult sons who, according to Zio Nardo, are all very successful in their chosen professions.

Look at these photographs; these are my boys. They're a lot older now, and very successful. You know why? Because they got an education. I wouldn't let them go to work. I worked! And I worked hard. I used to mix cement and carry blocks. I was a manual labourer. I worked for construction crews all my life. Now, I suffer for it. I have difficulty moving my arms and legs, and my nierbi are so tight that I can hardly bend my back. But I have no complaints. I always provided for my family. They never went hungry.

I made the sacrifice, but now I can be proud of what my sons have accomplished. I gave them the opportunity, and they have succeeded. I didn't want them to have to suffer as labourers also.

Zio Nardo is convinced that the heavy manual labour has taken its toll on his nirbatura. He regards himself as the victim of a lifestyle that has drained his energy, and placed a great deal of strain on his physical "nerves". At

the same time, however, he stresses that his willingness to endure long term pain and suffering has enabled his family to reap the benefits of life in Canada. By presenting the account in these terms, Zio Nardo transforms his disability -- i.e., the frayed and damaged "nerves" -- into a symbol of both his determination, and the family's success. The rhetoric of distress allows Zio Nardo to present a positive image of himself as a man who deserves the respect of his family.

Sicilian-Canadian women, in contrast, are more likely to rely on the language of emotional, rather than purely physical, distress to buttress their moral character. Women, for instance, can promote a positive image of themselves, by describing the psychic and somatic effects they have experienced as victims of nirbusu, spavientu (fright), pena (sadness), and related phenomena. The individual usually presents this rhetoric within the context of her deep concern for, and attachment to, family members. To illustrate this point, I will now reexamine Case #17: The Loss of a Son.

In Case #17, Zia Salonia describes the unfortunate circumstances surrounding her brother's death, and discusses the long term effects of the tragedy on her mother. The woman was suggittata di nierbi (subdued by "nerves"); the tragedy left her susceptible to repeated attacks of emotional distress. The case history, however, does not focus solely on the mother's suffering. Zia Salonia ends the account

by stating: "... I suffered too. I was the one who took care of her right up to the time she died". By adding this final comment, Zia Salonia makes a public statement about herself. She too has suffered from nirbusu or, more accurately, from her mother's nirbusu. The "nerves" idiom serves to communicate the personal pain and anguish she has experienced as a home care provider to a victim of chronic suffering. In my view, Zia Salonia makes use of the "language of distress" to present herself as both a dutiful daughter and honourable woman. She indicates implicitly that she is: (1) a good, caring woman; and, (2) the type of person who deserves the recognition and respect of others.

Among Sicilian-Canadians, the idiom of "nerves" represents an inherently ambiguous folk concept. The presence of ambiguity, however, confers a degree of flexibility upon the phenomenon. More specifically, people can manipulate the ambiguity inherent in the "language of distress" to achieve a variety of purposes. With respect to the interrelationship between "nerves" and moral character, I contend that men and women manipulate different components of the folk model -- i.e., men focus on their physical "nerves", while women draw attention to their experiences with nirbusu -- to enhance both their "public" and "self" image.

"NERVES" AS A TOPIC OF CONVERSATION

The point I have been trying to make in this section of the dissertation is that: the meanings people attach to terms such as nierbi and nirbusu may vary considerably depending on the particular situation, and the specific intent of the individuals involved. In some cases, however, "nerves" are simply a topic of conversation. Sicilian-Canadians may discuss "nerves" as a way of making small talk, or they may treat it as a topic of mutual interest and concern. In either case, the individuals do not attempt to express their personal suffering through the idiom of "nerves". The following example will serve as an illustration.

Example #3: Emigration and Social Tension. During a social gathering at my parents' home, Mr. and Mrs. Caru casually brought up the topic of "nerves". The discussion focused on the physical and psychic costs of emigrating to a new socio-cultural environment. The material I present below represents a reconstruction of selective portions of the conversation which took place that evening.

Mrs. Caru: Whenever anyone goes to the doctor, all they [the doctors] tell you is that the problem is due to "nerves". Is it really possible? There must be other reasons.

Mr. Caru: Well, what do you expect. We come here to a foreign land, face all kinds of pressures to find a job, save money, buy a house, pay the mortgage Then the jobs run dry, people are layed off, the

mortgages are too high, the children are older and we need money for them. There is too much pressure in this lifestyle. No wonder we all end up at the doctor's office suffering from nirbusu.

The conversation continued along these lines for some time. Everyone present agreed that "nerves" were a common problem within the Racalmutese community of Hamilton. No one, however, discussed their personal experiences with "nerves". Mr. and Mrs. Caru did not attempt to draw attention to their own situation. The conversation did not focus on any personal suffering they may have encountered due to their emigration experience. Instead, the conversation remained at a very general level; "nerves" were simply the topic of conversation for a period of time.

COMMUNICATION THROUGH THE IDIOM OF "NERVES": A SUMMARY

My initial examination of the Sicilian-Canadian "nerves" complex revealed that the concept is plagued by various ambiguities and inconsistencies. Upon closer scrutiny, however, I discovered that there is order beneath the apparent disorder. Among Sicilian-Canadians, the concept of "nerves" operates as a key element in the "language of distress". It provides people with an effective means of expressing their pain and suffering to significant others. In fact, I argue that the ambiguity itself actually contributes to the effectiveness of "nerves" as a communicative

device. The ambiguous and inconsistent nature of the phenomenon provides the flexibility necessary to allow individuals to present their personal suffering within a culturally acceptable context.

At the same time, however, it would be incorrect for me to label "nerves" as simply an idiom of distress. The phenomenon also serves as an important element in the "language of argument". People can manipulate "nerves" in such a way that it becomes an effective impression management technique. For example, Sicilian-Canadians can make use of nierbi and nirbusu to either: (1) promote a positive image of themselves; or, (2) deflect criticism, and any negative implications, which may threaten or damage their reputation within the community. In other words, successful impression management places an individual in a position where he or she can influence the behavior of others.

Sicilian-Canadians, then, can manipulate the idiom of "nerves" to communicate a number of different, or alternative, messages. This aspect of the phenomenon serves as an additional source of ambiguity. It does not, however, change the fact that "nerves" are a powerful symbol of distress. I maintain that the reason people can manipulate the concept so effectively, in various socio-cultural contexts, is that the term itself conjures up images of physical, emotional, and psychological suffering. By expressing one's sentiments through the metaphorical representation of suffering, a

person can transform his or her personal account into a much more significant, and culturally recognizable, form of communication. The images of distress bestow added power or meaning to the alternative message(s) the individual is attempting to communicate. It is my contention that the recognition of "nerves" as a dominant symbol of distress is the crucial first step toward an understanding of the variable or situational use of the idiom. The concept of "nerves" may not serve solely as an idiom of distress, but it is this aspect of the phenomenon which gives order and meaning to what is otherwise an inherently ambiguous folk category.

Finally, as dominant symbols of distress, nierbi and nirbusu are subjects that receive a great deal of attention in everyday conversation. It allows people, to give voice to personal distress, family and social problems, or general feelings of discontentment.

CH. 9: UNDERSTANDING ALTERNATIVE IDIOMS OF EXPLANATION

Thus far in the dissertation, I have identified evil eye and "nerves" as idioms of distress. Both concepts provide Sicilian-Canadians with a culturally recognizable and acceptable means of expressing, interpreting, and explaining human suffering. Yet, if these and other phenomena (e.g., sudden fright) serve the same purpose, the "order" I established in the previous chapter suddenly gives way to "disorder" at a more general level of abstraction. Ambiguity is not restricted to specific folk categories; it is characteristic of the entire Sicilian-Canadian language of distress.³⁶ For this reason, it is imperative that I now examine how we can compare and contrast the various components which constitute this language of distress. My primary aim, then, is to distinguish between evil eye and "nerves", and to lay the foundation for a general discussion of related phenomena. To accomplish this goal, I will present the material within the context of the classificatory model I developed in chapter two.

In this chapter, I will also introduce Don Gesualdo's concept of alterazione. The term, in translation, refers to some type of change or alteration. Don Gesualdo (a traditional healer), however, employs the term differently. He

makes use of alterazione, as a general category, to discuss the interrelationship between various folk illnesses. The concept allows Don Gesualdo to give order to a number of ambiguous emic categories.

The final segment of the chapter focuses briefly on the medicalization of "nerves". I will argue that medical professionals do not understand the Sicilian-Canadian conception of "nerves", and are prepared inadequately to deal with the ambiguities inherent in the "nerves" complex. I believe the medicalization of "nerves" represents a failure on the part of the doctor, the patient, and significant others to deal effectively with the social origins of distress (see Scheper-Hughes 1988).

"NERVES" AS A CAUSAL FACTOR IN CASES OF DISTRESS

Although I have examined the interrelationship between mal'uocchiu (evil eye) and causality, I have not yet discussed this aspect of the "nerves" complex. My discussion of nirbusu, as an emic concept, has focused on the following topics: (1) the factors responsible for either predisposing an individual to, or precipitating an attack of, "nerves"; (2) the disequilibrium state itself; (3) the distinction between nirbusu the emotional state and nirbusu the folk illness; and, (4) preventive and therapeutic measures. However, since the classificatory model I developed earlier

deals specifically with causality, I will now establish "nerves" as an etiological concept. I will accomplish this objective by focusing on two separate issues. First, I will examine Sicilian folk beliefs concerning the interrelationship between "nerves" and intestinal worms. Second, I will examine the role of nirbusu in generating a case of abdominal distress.

Case #30: Intestinal Worms. Unlike many of the case histories I presented earlier, this account delves deeper into Sicilian folk belief. It is not, strictly speaking, a typical case history related by a victim of "nerves". Instead, Zia Tomino, an elderly Racalmutesa, discusses a particular episode of nirbusu within the broader context of the interrelationship between health, intestinal worms, and illness. Zia Tomino allowed me to tape record her account during one of our informal interview sessions.

The nierbi can cause many illnesses. They can even smurcari li viermi (activate the intestinal worms). This is what the old ones used to tell us in Sicily. They also told us that certain people cirmavanu li viermi (could charm and control the worms) through prayer. So, I can tell you a true story; something that happened to a young boy who suffered from "nerves".

Whenever the boy became nirbusu, the disruption would activate his intestinal worms. The worms would come up like spittle in his mouth, and they would choke him. It was as if he was frothing at the mouth. It wasn't a fever or anything, it was just a disruption of the worms. We used to call this virminoria.

To help the boy, we used to call an old woman who cirmava these worms. She would come and say a prayer, or orazioni, for the boy. As soon as she had

finished he was calm. With that prayer the worms would fix themselves, and the boy was fine. He was perfectly fine, and he would go running.

[What type of prayer did the woman say?]

It was a prayer directed to God; a holy prayer, a Catholic prayer. It's not a secret prayer. The woman would begin by making the sign of the cross, and then she would say:

Santu Strillinza chi chiangiva
 Sacchia a passari Gesu e Maria
 E ci dici: "Strillinza chi ha ca chiangi"?
 Aiu lu vermi di la virminia
 E mi sta manciannu li carnuzzi mia
 "Dici l'orazioni ca ti passa".

Saint Strillinza was crying
 Jesus and Mary happened to pass by
 They said: "Strillinza why are you crying"?
 I have the worm of the virminia
 It is consuming my flesh
 "Say the orazioni and it will pass".

Luni santa e mia
 Marti santa e mia
 Mercuri santa e mia
 Iuvedi santa e mia
 Venniri santa e mia
 Sabbatu santa e mia
 Duminica santa e mia.

Holy Monday is mine
 Holy Tuesday is mine
 Holy Wednesday is mine
 Holy Thursday is mine
 Holy Friday is mine
 Holy Saturday is mine
 Holy Sunday is mine.

Lu Luni di Pasqua lu vermi interra casca
 Santu Strillinza, Santu Silvestru
 San Simuni cu la spata manu
 Taglia testa, taglia cuda
 Lassa libera sta criatura.

On Easter Monday the worm will fall to the ground
 Saint Strillinza, Saint Silvestru
 Saint Simuni with sword in hand
 Cut the head, cut the tail

Leave this poor creature free.

This prayer was repeated three times. On Easter Monday people would examine the dirt that passed through the victim to look for the worm that fell to the ground. This really happened. And this I can tell you is a true story. That boy is still alive today.

[Where do these worms come from?]

We all have worms in us. Our health depends on these worms. The worms we have in our stomachs help us digest the food. But, sometimes they get out from the place they are supposed to be. Once they start to move around, they can cause problems. They might move towards the mouth, and choke a person. They might travel to another part of the stomach where they begin to eat in a different way. Here they don't eat the food they are supposed to work on, and this may cause stomach problems. Sometimes they move themselves back into the right place, and no longer give the person problems.

[Some people, then, are able to cirmari li viermi.]

Yes, they can cirmari or calm the worms. It's as if the worms are put to sleep. The prayer helps to get the worms back to their proper place. But, if one of these worms remains out of place, the last part of the prayer ensures that that worm will fall to the ground on the next Easter Monday.

[You have told me how nierbi can bring on this trouble with worms. Can other things also activate or disrupt the worms?]

The worms can be disrupted by high fever, what you eat (too many sweets), sometimes by a sudden fright, and even laughter. Anything, anger, anything can activate the worms I could tell you more true stories³⁷

Zia Tomino's discussion clearly implicates "nerves" as a causal factor in human suffering. She makes use of the "nerves" idiom to explain why the young boy experienced the attack of intestinal worms. According to Zia Tomino, the bout of nirbusu upset the boy's symbiotic relationship with

the viermi, and caused him to undergo further pain and discomfort. This account is consistent with Sicilian-Canadian beliefs concerning the nature of nirbusu. From a Sicilian-Canadian perspective, emotional distress can stimulate a malfunction of the physical "nerves" which, in turn, may disrupt various physiological and psychological processes. The nierbi are capable of operating as positive feedback mechanisms to generate a much more serious disruption of the natural equilibrium.

Unlike Zia Tomino, most Sicilian-Canadians do not regard intestinal worms as necessary and natural ingredients in the process of healthy digestion. This notion represents a remnant of past belief. Although community elders can recite the orazioni (prayers), and recall various stories that link viermi with nirbusu, this aspect of medical lore is rapidly disappearing from the Sicilian-Canadian oral tradition. I suspect that this is due to the fact that la virminoria, though a problem for rural Sicilians in the past, is not a matter of concern in the Canadian context. Zia Tomino's account, however, still contributes to our understanding of the "nerves" complex; it does this by: (1) identifying "nerves" as an etiological concept; and, (2) providing a glimpse of traditional beliefs that are no longer prominent among the Racalmutese of Hamilton.

Case #31: Acid Indigestion. Sig. Molinaro, a 62 year old widow, resides in Hamilton with her son Gianni. Her two

married daughters also reside in the city. Sig. Molinaro often suffers from "nerves". In early April of 1985, she related to me how an episode of nirbusu caused her to experience the effects of acid indigestion. The account proceeds as follows:

My eldest daughter paid me a visit the other evening. I was upset. I tried to tell her what had happened to me earlier in the day. You see, I had gone to one of the Italian stores to buy gifts for Easter. I either gave the woman too much money, or I must have dropped some money while I was in the store. Anyway, I was missing twenty dollars when I got home. I phoned the woman, but she said she didn't have the money. She said she would phone if anyone found it. Well, I started to tell my daughter this story, but she wouldn't listen. She didn't want to hear my story; she said she had her own problems. I didn't expect this. I was disappointed, and I bottled up my feelings. My nierbi became active, but mancu putiva spuvari (I couldn't release the tension).

That night, I was also worried about my son. He had gone out with friends, and he didn't get home until about 2 a.m. I heard him come in. I tried to meet him at the door, but I began to feel dizzy. My legs were shaking. I went into the living room to sit down, and I turned on the T.V. It was just too loud for me. I tried to shut it off, and that's when I started to feel really bad. My stomach was upset, I had acitu (acid), and I felt confused. I had to vomit.

It was better that the acitu came out this way. If it didn't, if it built up in my stomach, it would cause more discomfort and pain, and eventually lead to diarrhea. It's like poison that must come out somehow.

My acitu was related to the food I ate. I was upset with my daughter, and I was worried about my son. I ate supper while I was nirbusa. That's why I couldn't digest the food properly. The nirbusu caused me to develop acitu, and to experience those problems.

In contrast to the previous case history, Sig. Molinaro's account is much more consistent with current

Sicilian-Canadian views concerning the nature of health and illness. People believe that nirbusu is capable of either upsetting a person's natural equilibrium as a whole, or disrupting the functioning of a particular physiological process, to cause further pain and suffering. In this case, three primary factors precipitated Sig. Molinaro's bout of "nerves": (1) the monetary loss; (2) her inability to release tension during a conversation with the daughter; and, (3) the concern and worry she experienced due to her son's late arrival that evening. These factors combined to stimulate the episode of nirbusu. The emotional distress, in turn, caused Sig. Molinaro to undergo a number of negative effects -- i.e., a tightening of the abdominal "nerves"; a disruption of her digestive system; acid indigestion; and, the need to vomit. From a Sicilian-Canadian point of view, "nerves" help explain how and why Sig. Molinaro experienced these symptoms. The concept of "nerves" operates as a key component in the language of distress; it serves as both an idiom of distress and an idiom of explanation.

The ambiguity surrounding the concept of "nerves" manifests itself once again when the discussion focuses on the interrelationship between nirbusu and causality. Although Sicilian-Canadians recognize nirbusu as a potential cause of suffering, they do not always associate the phenomenon with negative consequences. People believe that, in certain cases, "nerves" may affect various body parts and

organs to generate beneficial effects. The following example will illustrate this aspect of the phenomenon.

Case #32: Physical "Nerves" and Emotional Distress.

Zio Ri is a seventy-five year old pensioner. He was born in a small village on the outskirts of Racalmuto, Sicily. He has lived in Canada for approximately 25 years. This case history represents one of the earliest accounts I collected during my investigation of the "nerves" complex.

I was walking home from the supermarket, carrying several heavy bags of groceries, when I felt a duluri (pain) in my right elbow. By the time I got home, the nierbu was sticking out; it had become agruppatu (knotted).

I visited my family doctor, and he told me that I might need an operation. I didn't like that idea. Although I was in great pain, I would not agree to an operation. Instead, I visited Zio T. (a healer); he uses massage to help people with this type of problem. Zio T. did help me, and I felt better, but the gruppu was in a bad location. You can't work too well around the elbow. So, whenever I tried to do anything strenuous, the gruppu would return and cause more pain.

I was willing to put up with a little pain. In fact, I used to make up excuses to explain why I couldn't have the operation. I would tell people that I was just too busy with the garden, or that my wife was sick and I couldn't leave her alone to go to the hospital. I didn't want an operation.

Recently, one of my son's was in an accident. He was taken to the hospital with a mild concussion. I remember receiving a phone call from the hospital emergency. They told me about my son. After that call, I became very nirbusu. I was so nirbusu that the nierbu in my elbow went back into place. My arm has been much better since that day. I notice that it is sticking out sometimes, but it doesn't bother me anymore. I still massage the area myself sometimes, but the little gruppu won't go away. I don't bother visiting the doctor or [the healer], because there is no pain.

It was the fright that helped me. I can't explain it. Maybe it was the movement of blood. I became nirbusu. The strong dispiaciri (sorrow) upset the movement of my blood, and this affected my "nerves". It caused the gruppu to untangle. It didn't completely untangle but, as the nierbi stretched, the gruppu became smaller. I didn't even realize that this had happened. I remember using my hands to help myself up from the chair, and for the first time in a long time there was no pain. The little gruppu is still there, but it's not really a problem any longer.

Zio Ri indicates that he experienced a bout of nirbusu, or emotional distress, in response to the emergency call he received concerning his son's sickness. The ensuing disequilibrium process, however, did not operate as an etiological factor to promote additional symptoms. Instead, Zio Ri stresses that the emotional disturbance actually stimulated a positive effect.³⁸ He makes use of the "nerves" concept as both an idiom of communication and an idiom of explanation. Through the "language of distress", Zio Ri communicates two primary messages. He expresses: (1) a deep concern for his son's welfare; and, (2) the personal anguish he felt upon hearing the unexpected and disturbing news of his son's misfortune. At the same time, Zio Ri makes use of the concept of "nerves" as an explanatory device. He attributes his recovery from the nierbu agruppatu on the effects of nirbusu. According to Zio Ri, the attack of "nerves" was directly responsible for causing an improvement in his health status.

Among Sicilian-Canadians, the concept of "nerves" is

shrouded with ambiguity. People, therefore, are in a position to manipulate the concept to serve a number of purposes. I have presented the preceding case histories to demonstrate how members of the Racalmutese community can make use of nirbusu as an explanatory device. In the process, I have established "nerves" as an etiological category. However, although I will focus on the interrelationship between "nerves" and distress in the remainder of the chapter, it is important to remember that Sicilian-Canadians recognize nirbusu as a potential cause of both positive and negative health effects.

CLASSIFICATION, ETIOLOGY, AND DISTRESS

The Sicilian-Canadian language of distress consists of several folk categories, and modes of expression, that serve a number of functions. In certain cases, for example, a phenomenon may operate as both an idiom of distress and an idiom of explanation. This is true of "evil eye" and "nerves". In order to address the similarities and differences between these two phenomena, I will now compare mal'-uocchiu and nirbusu within the context of the classificatory model I developed in chapter four. Before proceeding, however, I will reintroduce some of the key features of the model.

The classificatory model itself consists of three

intersecting continua. Briefly, they are:

(1) The "separate entity" - "holism" axis.

This continuum represents two distinct, yet occasionally overlapping, theories of etiological explanation. At one extreme, causality is understood solely in terms of the actions, or intentions, of specific etiological agents. These agents are capable of producing adverse effects for the victim. Although the specific entity may vary from one society to another, we can include phenomena such as spirits, witches, and viruses under this general category. The nature of the causal explanation differs considerably at the other end of the continuum. Here, the focus is on a holistic understanding of causality. Etiological explanations attempt to deal with distress within the context of the complete individual, and his or her place within the group's physical, social, and spiritual universe. In other words, people view distress as a disequilibrium state.

(2) The "sensible" - "suprasensible" axis.

In contrast to the "specific entity" - "holism" axis, this continuum allows the investigator to classify etiological explanations of distress in terms of a different metaphysical perspective. The "sensible" - "suprasensible" axis discriminates between causal explanations that are based on observable, as opposed to those that are based on unobservable, phenomena. What constitutes an observable or unobserv-

able phenomenon, however, must be understood within the context of the socio-cultural beliefs and practices of the particular group under study.

(3) The "immediate" - "ultimate" axis.

This third continuum deals specifically with levels of causation. To represent the two end points of the axis, I make use of Evans-Pritchard's (1937: 63-72) views concerning the distinction between the "immediate" and the "ultimate" cause of distress. The "immediate" cause explains how the ailment occurred, while the "ultimate" cause explains why the ailment afflicted a specific individual, at a particular time and place.

Metaphorically speaking, these three continua represent distinct, yet complementary, dimensions of the same general phenomenon. As a unit, the tri-axial model provides both a context, and the specific criteria, for the classification of various etiological explanations of distress. My intent in creating this taxonomic structure was to establish a means by which I could give order to a variety of inherently ambiguous, folk categories that function as both idioms of distress and idioms of explanation. The model allows me to compare and contrast phenomena such as "evil eye" and "nerves".

CLASSIFICATION I: EVIL EYE

Sicilian-Canadians regard the evil eye (mal'uocchiu) as an evil power that may emanate from the eyes of an individual (the ittaturi), who is in a highly emotional state, to affect others (the culpiti). Everyone is a potential ittaturi; it is strong emotions, especially envy, which activate a power within each individual. The ittaturi, however, often does not know that he or she possesses this power, and has no direct control over its effects. Only witches (stregi) have the innate power to intentionally cause harm by means of mal'uocchiu. The evil eye, then, is a suprasensible, external (at least with respect to the victim) power capable of injuring unsuspecting individuals.

In my view, this suprasensible, external power is the "immediate" cause of suffering. It explains how certain ailments come about. The "ultimate" cause must be understood in terms of both the ittaturi and the victim. More specifically, certain individuals become victims of the evil eye because both they and the ittaturi are in a state of disequilibrium. Sicilian-Canadians believe that each person possesses a degree of internal strength, or power, that varies from individual to individual. As long as this internal strength does not exceed or fall below a particular level, the person is unlikely to either cause or be affected by the evil eye. Envy, and strong emotions in general, tend to

upset this strength - weakness balance, making the ittaturi a potentially dangerous person. It is at this point that the ittaturi is capable of injuring others by means of the evil eye. The victim is also in a state of disequilibrium -- due to factors such as previous illness, physical disability, etc. -- which makes him or her susceptible to the effects of the evil eye. In other words, the "ultimate" cause of evil eye related suffering is classifiable as a sensible/holistic explanation, while the "immediate" cause is classifiable under the suprasensible/specific entity categories.

CLASSIFICATION II: "NERVES"

In contrast to evil eye, "nerves" represent a sensible/holistic explanation of distress. This is true whether we are dealing with the "immediate" or the "ultimate" level of causation. Sicilian-Canadians, for example, recognize nirbusu as a disequilibrium state. They believe that a victim of nirbusu experiences an emotional disturbance which affects the functioning of both the physical "nerves" and the circulatory system. Unchecked, this condition can lead to an escalation of negative consequences. More specifically, the person may experience a further disruption to his or her natural equilibrium and, as a result, undergo additional psychic and somatic effects. These effects may range from minor abdominal distress to

severe psychopathology. "Nerves", then, are a potential cause of further pain and suffering.

With respect to the "immediate" level of causation, it is the reaction of the "nerves" themselves that causes the escalation of effects to proceed along a very dangerous course. I identify the "nerves" idiom as a holistic explanation of distress, precisely because the nierbi play such an integral role in the disequilibrium process. From a Sicilian-Canadian perspective, the nierbi cause subsequent damage by literally tugging and pulling at the various body parts and organs. This pressure upsets the functioning of the organs, and leads to psychic and somatic distress. I classify this aspect of the phenomenon under the sensible category, because the victim actually perceives a trembling sensation, and a decrease/increase in blood pressure, as he or she experiences the effects of nirbusu.

The "ultimate" cause of suffering must also be understood in terms of the disequilibrium process. The nierbi operate as a potential source of distress only when they themselves are experiencing a disruption. This disruption, or nirbusu, occurs in response to one or more precipitating factors. These include: physical injury; a preoccupation with certain thoughts; upsetting situations; and, a variety of other phenomena. The precipitating factors alone, however, are insufficient to generate a loss of emotional control. Whether an individual does, or does not, succumb to

nirbusu depends on the outcome of the interplay between precipitating factors and individual characteristics (i.e., physical constitution; personality; ability to communicate distress to others; ability to cope with stress; etc.). In other words, at the "ultimate" level of causation, we are dealing with a sensible/holistic explanation of distress. The explanation focuses on the complete individual, and his or her relations with others.

CLASSIFICATION III: EXAMINING THE IMPLICATIONS

A comparison of evil eye and "nerves", based on the tri-axial model, reveals that the two phenomena are very similar in some respects, yet quite different in others. In terms of similarities, I suggest that both phenomena are classifiable as sensible and holistic explanations, at the "ultimate" level of causation. A key feature, in both cases, is that the victim for one reason or another is in a state of disequilibrium. The primary distinction between the two phenomena occurs when we examine the "immediate" cause of suffering. Here, I categorize mal'uocchiu as a supra-sensible, specific entity. The evil eye is an external power which is capable of afflicting the intended victim with either illness or general misfortune. The idiom of "nerves", in contrast, provides people with a sensible -- holistic means of explaining both how and why the ailment occurred. I

summarize these findings in table #2 below.

Table #2: "Evil Eye" vs "Nerves"

| CAUSAL FACTOR | LEVEL OF CAUSATION | SENSIBLE | SUPRASENSIBLE | SPECIFIC ENTITY | HOLISM |
|------------------|--------------------------|----------|---------------|--------------------|--------|
| EVIL EYE | ULTIMATE | *** | | | *** |
| | IMMEDIATE | | *** | *** | |
| "NERVES" | ULTIMATE | *** | | | *** |
| | IMMEDIATE | *** | | | *** |

Although distinct, evil eye and "nerves" are not necessarily mutually exclusive categories. In certain cases, the two phenomena are superimposed one over the other, and they function as complementary idioms of explanation.³⁹ The specific nature of the interrelationship between the two phenomena, however, may vary from one illness episode to another. For instance:

(1) Evil Eye as Cause of "Nerves".

Sicilian-Canadians recognize mal'uocchiu as a potential cause of psychic and somatic distress involving the nierbi. In Case #10: Paralysis and the Evil Eye, for example, Alfredo is the victim of partial paralysis. He experienced severe damage to his nirbatura, as a direct consequence of repeated exposure to a witch's taliatura (gaze). The evil eye represents the precipitating cause of

Alfredo's sickness, while the damaged nierbi are the final outcome of the disequilibrium process. The two phenomena serve as complementary aspects of the "language of distress". The account incorporates elements of Sicilian-Canadian belief concerning both the evil eye and the physical "nerves", to explain Alfredo's current predicament.

Identifying the cause of one's suffering is often the first step towards developing a plan of action to deal with the problem. As idioms of explanation, evil eye and "nerves" provide people with a rationale for taking culturally appropriate remedial action. In Alfredo's case, however, all efforts to restore his natural equilibrium ended in failure. He was not suffering from a simple case of "nerves". Significant others diagnosed the ailment as due to repeated exposure to an intentional evil eye (i.e., witchcraft). This diagnosis carries the implication that nothing could be done to assist the victim. Alfredo and his family will have to deal with a chronic case of suffering. However, because the problem occurred as a result of a suprasensible, external entity, he and his family cannot be held responsible for the misfortune. It was not tensions within the family that disrupted Alfredo's natural equilibrium. His ailment is due to the actions of a malicious, and inherently evil, witch. This explanation allows the family to externalize responsibility without having to identify a specific ittaturi (gazer).

(2) Evil Eye and "Nerves" as Joint Cause of Distress.

In some cases, people implicate both evil eye and "nerves" as the cause of an individual's suffering. This occurs for instance in the following case history.

Case #33: The Unsuspecting Victim. La Zza Simona is approximately 58 years old. She resides in the Hamilton-Wentworth region with her husband, Lorenzo, and their two children. The account I present below represents my reconstruction of information I collected from Zza Simona in the fall of 1983.

I remember that I was downtown waiting for the bus. I was on my way home from the market. I was tired, but I felt fine. Suddenly, this car stopped at the corner. I recognized the woman in the car. It was Mrs. B. She and I are not on good terms; we are enemies. I didn't expect her to say hello, and I didn't expect her to offer me a ride. But, I have reason to complain, the woman gave me a taliatura, before the car drove away.

Well, I became nirbusa. I was very upset. By the time I got home, my hands were trembling. The incident agitated my nierbi. I couldn't stop thinking about what had happened. That night, I couldn't sleep. I kept seeing the woman looking at me. I fell asleep nirbusa.

In the morning, I had severe stomach cramps. I had to vomit! The nierbi upset my stomach. I should have had a cup of tea before going to bed. It is not good for someone to go to bed when they are nirbusi.

The woman must have given me the mal'uocchiu. That's why I became nirbusa, and that's why I couldn't sleep properly. Then the nierbi upset my stomach.

[Did the "nerves" cause the stomach problem?]

Yes, my nierbi were so agitated that they disrupted my stomach, and caused the vomiting. But, it was the mal' uocchiu that caused me to become nirbusa.

[How did you deal with the problem?]

I said a little prayer for myself; my mother taught me how to handle mal'uocchiu. I performed the cure, and I started feeling better. I became calm. Maybe I was just upset from seeing the woman, and I became nirbusa. But, I think she gave me the mal'uocchiu.

Zza Simona strongly suspects that she is the victim of mal'uocchiu. From a Sicilian-Canadian perspective, this etiological explanation is plausible. The two women are enemies. As enemies, they bear a great deal of hostility towards one another. These strong emotions may have disrupted Mrs. B.'s strength/weakness balance, and activated the evil eye power within her. Intentionally or unintentionally, an emotionally charged taliatura (gaze) is capable of directing the evil power towards a victim. The fact that Zza Simona was tired, and unprepared to deal with mal'uocchiu, placed her in a potentially dangerous position. Her internal strength was inadequate to ward off an evil eye. Zza Simona's assertion that her ailment was due to the evil eye is therefore consistent with Sicilian-Canadian conceptions of mal'uocchiu.

In terms of the "ultimate" level of causation, we are dealing with a sensible, holistic explanation. Zza Simona experienced negative effects, because she and Mrs. B. were both in a state of disequilibrium. At the "immediate" level, the evil eye operates as a suprasensible, specific entity to precipitate a disruption of the natural equilibrium. As a

consequence, Zza Simona suffered a bout of "nerves". She lost control over her emotions, and she experienced the initial effects of nirbusu. The evil eye explains how Zza Simona developed this health problem.

The preceding explanation, however, is incomplete. Zza Simona indicates clearly that the disequilibrium process escalated, during the night, to generate additional symptoms. The "nerves" themselves were responsible for causing further pain and suffering. Nirbusu, then, provides a sensible, holistic explanation of how and why Zza Simona experienced a complication in her health status. In order to understand what has transpired in this case, I contend that it is necessary to recognize mal'uocchiu and nirbusu as the joint cause of distress.

By identifying both phenomena as causal factors, Zza Simona communicates two interrelated messages to significant others. First, she indicates that she is in need of support and understanding. Zza Simona will require the assistance of family and friends to ensure that she does not experience further symptoms of nirbusu. Second, she implies that Mrs. B. caused the distress by giving her an intentional taliatura. In my view, this explanation not only externalizes responsibility for the ailment, it also allows Zza Simona to distance the ittaturi. The explanation reinforces the notion that: (1) she and Mrs. B. are enemies; (2) Mrs. B. is a potentially dangerous individual; and, (3) they

should avoid one another.

(3) **Evil Eye and "Nerves" as Alternative Idioms of Explanation.**

Within the Sicilian-Canadian community, mal'uocchiu and nirbusu often operate as alternative idioms of explanation. The existence of alternative explanations allows individuals the luxury of choice. It allows people to interpret the events that have transpired, and to provide an explanation that conveys a particular message to significant others. In other words, people can manipulate the "language of distress" to suit their personal needs. The following examples will illustrate this point.

Case #34 The Gift. I obtained this case history from Zia Cerino, in the fall of 1984. The woman is approximately 60 years old. She is married, and she has four children. The incident Zia Cerino describes occurred about two months prior to our meeting. It occurred shortly after her return to Canada, from a pleasure trip to Racalmuto, Sicily.

Last summer, we spent some time with distant relatives in Sicily. When we got back to Hamilton, I sent these relatives a large parcel; I sent something for everyone in the family. We wanted to show our appreciation for their hospitality.

The people in Sicily acknowledged receipt of the parcel by writing a letter to a close relative here in Hamilton. The lady wrote to her sister-in-law, Mrs. R. She told Mrs. R.: how much they enjoyed receiving the gifts; how much they appreciated the thought; and, they asked her to thank us.

Mrs. R. phoned to let me know about the letter.

During the conversation, however, she sounded upset. She said that she tries to save her money, and commented that there was no need for me to send all those things to Sicily. I told Mrs. R. that I just wanted to repay them for allowing me, my husband, and my daughter to stay at their home while we were in Sicily.

Some time later, I too received a letter of thanks from those people in Sicily. In the letter they asked me to say hello to Mrs. R. and her family.

A few weeks later, my family and I attended a wedding reception. I didn't notice Mrs. R., but I saw her son and daughter. I asked them to tell their mother that I had received a letter from Sicily, and that their aunt said hello. Minutes later, Mrs. R. and her friend approached me. They enquired about the letter. Then she repeated that I should not have gone through the trouble of sending so much to her relatives. At that point, the friend touched my dress and commented on how nice it was. I began to choke. I lost my breath; I could hardly breathe. I excused myself, and rushed back to my table.

At the table I ate a candy; I thought it might help. It didn't! I vomited a few minutes later. I felt weak all the time we were at the reception hall, but we didn't leave. The next day, my sister reminded me that I should take a clove of garlic, in my purse, whenever I go to large gatherings. [This statement implies that the evil eye may be responsible for causing the problem].

I'm not sure if it was mal'uocchiu. I think it was just the upsetting experience. Mrs. R. is upset about the parcel, because she never sends any. The people in Sicily sent her the message to show her that outsiders are sometimes more thoughtful than relatives. I don't want Mrs. R. to feel bad. It's not my fault that they used my gift to make a point. I had no control over the matter. I think Mrs. R. is jealous [not envious], because I sent the parcel. I could sense the hostility and it really upset me.

In this case, evil eye and "nerves" operate as alternative means of explaining the occurrence of the same health problem. Zia Cerino chooses to disregard her sister's insin-

uation, and to identify the complaint as an episode of nir-busu. She is inclined to believe that the distressing encounter with Mrs. R. precipitated the problem. I suspect that Zia Cerino deliberately resists labelling the complaint as an outcome of evil eye, in order to avoid a possible escalation of hostilities.

Yet, Zia Cerino's statement indicates that she is not prepared to rule out mal'uocchiu altogether. The evil eye remains as a potential, although not likely, explanation of what transpired. I believe Zia Cerino is simply not sure how to interpret the events surrounding the encounter. She can sense that Mrs. R.'s hostility is too great to be ignored. By retaining mal'uocchiu as an alternative explanation, Zia Cerino expresses her concern about the situation, and the implications the hostility may have for her future well-being. In my view, the ambiguous statement places Zia Cerino in a position where she can reinterpret the events in terms of evil eye, if hostilities do not cease.

Case #35: Knowing When to Stop. La Zza Lolinda is approximately 58 years old. She resides in the Hamilton-Wentworth region with her husband, and two daughters. The following account represents my reconstruction of the events the woman related to me in June of 1984.

My sister and brother-in-law came over for a visit the other day. It was my birthday. We had a cup of coffee, and we started talking about various things -- illnesses, weddings, various things. We talked about

the various good and bad things that had happened to our family over the last few years.

While we were talking, I began to feel nirbusa. I thought it might be the coffee; it was very strong. I felt bad! My veins were burning, and the burning feeling reached my head.

Meanwhile, a neighbor (Mrs. N.) and her daughter had come over. My brother-in-law continued to talk about the family problems. My husband saw that I was upset, so he asked him to go out to see the garden. He tried to get my brother-in-law out of the house, and end the conversation. But, Mrs. N. sat down and started talking about the same subject with my sister. I didn't feel the strength to stop them. I didn't want to shame (mortificari) them by asking them to stop.

The more they talked the harder it was for me to breathe. Then I started burping. I asked Mrs. N.'s daughter to rub my back and shoulders, but it was too painful. I kept burping. All of a sudden I felt myself mmuddari (weaken). I couldn't see clearly! I told them I wasn't feeling good, and I laid down on the couch. I seemed asleep, but I could hear everything.

Someone brought out the vinegar, and they placed some on my nose and face to wake me. I asked for a cup of tea. Instead, my sister made me a cup of addau (tea made from laurel leaves). While I was waiting, I began to sweat; the perspiration was as cold as snow. I had difficulty breathing; I could feel it in my chest. I drank the addau, and later vomited. I started thinking that maybe my stomach was causing the problem. So, I asked for a cup of tea.

While they were busy with the tea, I secretly recited a prayer against mal'uocchiu. I said to myself: "Is this 'la tantazioni (an evil attempt to injure)'? Did someone, near or far, give me mal'uocchiu?" I made the sign of the cross, and I repeated the prayer. Then I drank the tea. I was still weak but, and I don't know whether it was the tea or the prayer, I had no further problems. That was three days ago. I'm still weak, but I haven't had any other problems.

Whenever I experience any disturbance, my blood seems to react. Abberta! [It serves as a warning.] It tells you that something is going to happen. You feel the bad news early. Since they didn't stop talking about our family problems, I became more nirbusa and I

fainted.

For the next few days, my sister and Mrs. N. kept phoning to check on my condition. My sister kept saying that next time we shouldn't talk about family problems in front of others; she was sorry for continuing the discussion after the neighbor had arrived. My other sister was very upset when she heard what happened. She said that they had no business discussing those family problems with outsiders, especially in my home. My husband and daughters were very helpful; they did many of the chores around the house.

Next time, I will ask them to leave if they start talking like that again. I have enough problems, I don't want them discussing my problems with outsiders.

Zza Lolinda's account reveals that she makes use of both evil eye and "nerves" in her efforts to understand and explain the illness episode. The two systems of explanation are superimposed over one another. The account also reveals that Zza Lolinda is, at least initially, uncertain about the cause of the complaint. She wavers from one explanation to the other. In order to deal with this uncertainty, Zza Lolinda takes culturally appropriate action aimed at solving the problem, no matter what the cause. She recites a prayer to ward off mal'uocchiu, and she drinks tea to calm her "nerves".

By the end of the account, however, the evil eye is no longer a topic of concern. Zza Lolinda seems to accept nirbusu as the most likely explanation. In her view, the discussion of family problems agitated her blood, and precipitated a bout of "nerves". The fact that family members

continued to discuss personal matters, in Mrs. N.'s presence, served as a complicating factor to generate further emotional distress. Identifying the illness as nirbusu helps ensure that significant others respond favorably. In this case, everyone responded with support and understanding. To openly suggest that a close relative or neighbor has given you the evil eye is equivalent to implying that the nature of your relationship should change. It would serve to distance the other person.

Case #36: Jehovah's Witness. Sig. Boscia related the following account to me in April of 1984. The woman is approximately 62 years old. She and her husband have resided in the Hamilton-Wentworth region for about 30 years. They have three children, all of which were born here in Canada.

Two women, Jehovah's Witnesses, came to my home last week; they wanted to give me some magazines. Both women spoke Italian. Well, I told them I didn't want their magazines, because it wasn't my religion.

Instead of leaving, they took out a bible, and began to read a section. I asked them if they always read those few words. They said, 'those are God's words'; then they added, 'Jehovah is God's witness'. I told them it was no use reading to me, because I have my own religion. When I was born my parents made me a Catholic, and I want to die a Catholic just as my parents did.

They still wouldn't leave! They began to argue with me. They asked, 'do you understand the English version of the mass at your church'? I told them that I have attended that church for 18 years, and that I have an Italian prayer book so I understand everything. I also told them I have my own bible, and that the two bibles are the same. My husband reads the bible, but I don't read it often. Then they said, 'we will send

someone to help you read it, and understand it'. I wasn't interested.

They said, 'when the final earthquake comes, the homes of Catholics will be destroyed, but the homes of Jehovah's Witnesses will have less damage. I told them that there was one God, and the damage would be the same for everyone. God takes care of those that have faith. I told them that my religion was better than theirs. One of them said, 'we are weak, we go walking around preaching, and you must be strong, because you stay at home'. I'm not sure what she meant by that statement. We argued for a long time.

One of the women is Racalmutese, I know her; the other Italian. I asked the Racalmutesa: 'is this your religion. When your father died you went to the cemetery. What did you go for? You didn't even give him a final salutu (farewell gesture), by taking the flower from the priest and placing it in the grave'. She replied, 'why; were you there'. I said, 'no, but I believe the people when they talk about the vergogna chi facisti (shameful way you acted). The woman responded by saying, 'what if this lady says to me that you are evil; I would say that I don't know, because I don't know you". She said that as she was leaving, as she went down the steps. She was upset, nirbusa; she almost fell down, but she held on to the railing.

At the bottom of the stairs she turned and said, 'my father, before dying, told me to do the right things; my father will come again'. But her father was Catholic. He was buried in a Catholic cemetery. His wife went to the cemetery; she is Catholic too. I told them to forget this house; I told them that I had already said this to others, and that I was now telling them. As they were leaving the Racalmutesa turned and said, 'have a good day'.

All this talk made me very nirbusa. I took some salt, and made the sign of the cross on the steps. Then, I cut a clove of garlic into four pieces, and threw them in four different directions [as a sign of the cross].

I was so nirbusa I had to go out. I visited my neighbor Mrs. Vertino. She told me that they had been to her home as well. But, they didn't stay long. There had been no hostility at her home. Well, I was so nirbusa I had to talk; I told her everything that happened. I was talking very loud, very angry. My face

was red. I didn't calm down until my friend read me some passages from the bible. The words the Jehovah's Witnesses read are false; where they should read that Christ will come again, they say Jehovah will come again. Hearing the bible passages helped to calm me down. I was able to spuvari (release tension) with Mrs. Vertino.

I went home, but I was still feeling a little nirbusa. That's when I made the sign of the cross on the steps with the salt and garlic. You see, when the woman said 'have a good day', I took it as a ittatura (casting of evil). Salt and garlic can ward off ittatura, whether it is mal'uocchiu or mali lingua (evil tongue).

I obtained additional information concerning this case from Mrs. Vertino, a 66 year old Racalmutesa. The neighbor's version of the story differs significantly from the account I obtained from Sig. Boscia. Mrs. Vertino states:

She told me the whole story. She told me how she got upset, and how she yelled at those women. Sig. Boscia was very abusive to the Racalmutesa. She should not have talked about the woman's father and mother in that way. I know she was upset, but she should try to take it easy and not act in that way. She has to remember that they are people too. Maybe they sin because of their beliefs, but we can also sin by mistreating them. We are all people! Sig. Boscia got upset with me for saying this, but I don't care. She was wrong for doing that.

Initially, Sig. Boscia identified her emotional distress as nirbusu. The encounter with the Jehovah's Witnesses caused her to experience a disequilibrium state. In order to deal with the problem, Sig. Boscia made use of the concept of "nerves" as both an idiom of distress and an idiom of explanation. She sought, and according to her statement

received, support from her neighbor, Mrs. Vertino. The neighbor helped Sig. Boscia regain some control over her emotions by: (1) allowing her to spuvari; and, (2) reading her passages from the bible.

Mrs. Vertino, however, recalls a different version of what transpired. It is clear from her statement that, although she may have helped her neighbor cope with the effects of nirbusu, Mrs. Vertino does not condone the type of behavior Sig. Boscia displayed towards the Jehovah's Witnesses. She feels that Sig. Boscia had no right to insult the visitors. By arguing with the Jehovah's Witnesses, and bringing the discussion to such a personal level, Sig. Boscia is at least partially responsible for generating the stressful situation. The woman is not blameless in the matter. I believe that Sig. Boscia chose not to address this aspect of her conversation with Mrs. Vertino, in order to protect her public- and self- image.

Sig. Boscia did not receive the level of support and understanding she had expected from Mrs. Vertino. Use of the "nerves" idiom failed to elicit a satisfying response. In fact, Mrs. Vertino's comments cast doubt upon the woman's moral character. Given this scenario, it is not surprising that Sig. Boscia continued to experience certain ill effects after her return home. Sig. Boscia reevaluted the situation at this point, and she identified ittatura as the possible cause of her suffering. This explanation allows the woman

to: (1) take additional, culturally appropriate, action to restore her natural equilibrium; and, (2) protect her public- and self- image. Sig. Boscia communicates that she was the helpless victim of ittatura. This idiom enables her to externalize the cause of the problem, cast blame upon the Jehovah's Witnesses, and take attention away from her role in the conflict. In my view, Sig. Boscia chooses the idiom of explanation that does least damage to her self-image. I also contend that this explanation reinforces the notion that the Jehovah's Witnesses must be kept at a distance.

The preceding case histories reveal that mal'uocchju and nirbusu are complementary, rather than conflicting, idioms of explanation. The two phenomena serve as alternative means of explaining many of the medical and social problems people encounter during their lifetime. A comparison of evil eye and "nerves", however, indicates that a diagnosis of evil eye carries very different implications for social interaction. Mal'uocchju operates as both a means of expressing social tensions, and as a distancing mechanism (at least in the case of the suspected ittaturi). Nirbusu, in contrast, elicits the support of significant others, including the individual(s) who may have precipitated the attack of "nerves".

(4) "Nerves" as Cause of Evil Eye.

Sicilian-Canadians believe that an individual can be

transformed into an ittaturi, or potential gazer, if strong emotions disrupt his or her strength/weakness balance. It is strong emotions which activate the evil power within a person, and direct mal'uocchiu towards others. Theoretically speaking, then, a bout of "nerves" could activate the evil eye. Nirbusu represents a state of emotional disequilibrium. Victims of "nerves" are no longer in control of their emotions.

Although theoretically possible, I was able to gather little evidence to support this argument. I have no case histories in which people implicate "nerves" as the cause of evil eye. Of my informants, only three agreed that nirbusu is capable of activating mal'uocchiu. What is significant, however, is that these three individuals did not raise the issue themselves; they responded in the affirmative to a suggestion I raised. Other informants rejected the suggestion outright. They stressed that nirbusu could make an individual susceptible to evil eye, but it could not activate this evil power.

In my view, the concept of "nerves" would be ineffective, as an idiom of distress, if Sicilian-Canadians recognized nirbusu as an activating force behind mal'uocchiu. This belief would place people in a paradoxical position. A sufferer of "nerves", for example, suddenly would be both a victim of distress, and a potential ittaturi. The individual would be seeking assistance from the very people that he or

she might injure, by means of an evil eye. This helps explain why Sicilian-Canadians do not implicate nirbusu as a cause of mal'uocchiu.

IMPLICATIONS FOR SOCIAL INTERACTION: A REVIEW

The concept of "nerves" provides a sensible, holistic explanation of suffering. A person's interaction with others is an important element in this equation. In many cases, an attack of nirbusu signifies that an individual is experiencing either family problems, or problems with close friends and neighbors. Low (1981), Guarnaccia (1989) and others report similar findings among other socio-cultural groups. "Nerves", as an idiom of both distress and explanation, focuses the attention of significant others on the needs of the victim. It serves as a means of eliciting assistance. If significant others do not respond positively, the distress, from a Sicilian-Canadian perspective, will escalate and generate additional symptoms. The victim requires support and understanding to cope with the stressful situation.

A diagnosis of mal'uocchiu also elicits support from significant others. However, the diagnosis carries the implication that the victim's distress is due to the actions of a suprasensible, external entity. To counteract the effects of evil eye, an individual does not seek the assistance of the ittaturi. Instead, he or she takes steps to

neutralize the evil power. In addition, the individual (or significant others) may attempt to distance the ittaturi. This is particularly true in cases of suspected witchcraft. The emphasis, then, is not on restoring harmony between ittaturi and victim. Sicilian-Canadians focus remedial action on restoring the natural equilibrium of the culpiti (victims), and limiting contact with potentially dangerous individuals.

As distinct, yet complementary, idioms within the "language of distress", evil eye and "nerves" provide people with alternative means of explaining their personal suffering. The identification of the causal agent, however, influences: (1) how people perceive one another; and, (2) the type of interaction that is possible between them. The existence of alternative explanations, then, allows individuals to manipulate the belief system to suit their specific needs. Mal'uocchiu serves to distance people, while nirbusu communicates the victim's desire for harmony in his or her interpersonal relations.

ALTERAZIONE: A HEALER'S CONCEPTION OF DISTRESS

The Sicilian-Canadian "language of distress" includes several, inherently ambiguous, folk categories. One of my primary aims in the dissertation is to find ways to deal with this ambiguity. In this section, I will examine briefly

a concept Don Gesualdo, a traditional healer, has devised to understand these phenomena. More specifically, I will present Don Gesualdo's views concerning the concept of alterazione -- alteration or change.

Don Gesualdo makes use of alterazione as an umbrella term to discuss the effects of various phenomena, including: "nerves"; sudden fright; evil eye; and, witchcraft. He uses the term to indicate that some etiological factor has disrupted the victim's internal equilibrium to generate distress. Alterazione, then, refers to a severe disequilibrium state. Don Gesualdo, however, does not attribute causal or symptom specificity to this phenomenon; a number of factors may precipitate a case of alterazione, and the disequilibrium state itself may involve a variety of adverse effects.

Although my informants generally do not use the term alterazione to describe their distress, Don Gesualdo's views are not radically different from those expressed by other Sicilian-Canadians. The basic difference is that Don Gesualdo provides a "label" to identify the disequilibrium state, and he isolates two significant features that are characteristic of this phenomenon. The significant features are: (1) the victim experiences some type of physiological and/or psychological change; and, (2) the disequilibrium process involves a disruption of the victim's "blood". According to Don Gesualdo,

alterazione affects the sangu (blood) Once the

blood is alteratu, the entire person becomes alteratu blood is the life of the person. If the sangu is alteratu the entire body is alteratu.

The specific symptoms may vary considerably from one case of alterazione to another; however, the individual always experiences a disruption of his or her circulatory system -- i.e., a change in blood pressure and, in some cases, a change in the quality of the blood.⁴⁰ This is particularly true in the case of nirbusu and spavientu (fright). The following case history illustrates the interrelationship between alterazione and "blood".

Case #37: Terror in the Night. Mr. and Mrs. A. are an elderly Sicilian couple; they are both pensioners. Mrs. A was born in Racalmuto, while Mr. A. is from Caltanissetta. The couple paid Don Gesualdo a visit during one of our interview sessions. The conversation focuses on nirbusu, nightmares, and alterazione.

Mrs. A: I was in bed. I had felt ill all day with acitu; I had to vomit. Anyway, I was half asleep, and half awake. I happened to stretch out my hand off the bed, and I felt someone's knee. I didn't recognize the person; it was a woman, a sgorbu (spirit, apparition). She grabbed my hand, and wouldn't let go. I was frightened! I tried to yell out, but I couldn't; nothing would come out of my mouth. I needed help. It took five minutes before I could scream. That's when my son came into the room. The sgorbu disappeared. I was released, because I was able to make the sign of the cross with my tongue. Up to that point, I couldn't move. The release helped eased my fears.

Mr. A.: At the very moment she became free, the sgorbu put one leg on me. I felt it touch my leg and stomach. In my dream, I grabbed her leg and said: 'e levati' (get off). I pushed the leg away. I think this is what

released my wife. In the morning when she told me her story, I told her mine.

Mrs. A.: It happened because of my illness. I was still feeling bad when I went to bed. I was agitated; I was nirbusa. The poison from the acitu was in my system. I have had bad dreams on other occasions when I have been ill. One time, in Sicily, I was very ill; I had malaria. I remember having a vision of a woman dressed like a nun. She came to my bed, and told me that I still had time. Then she pushed the blankets off my bed. I started to feel better after that; I recovered completely.

Mr. A.: I wondered if it could have been one of the donni di notti (ladies of the night, witches), but they have all been excommunicated, and no longer exist. It must have been due to the illness. It was a vivid dream. It was a bad dream, because she was feeling bad.

Don Gesualdo: She was feeling bad; she was nirbusa. Maybe it was sangu ingrussatu (agitation of the blood). The heart beats faster and the person experiences a rapid blood flow. It may have been alterazione. With a rapid heart beat and blood flow a person can become fearful. It may be due to thoughts; a person's thinking can upset her equilibrium. You need cool water to help calm the person. It is worse than nirbusu [the episode of "nerves" has lead to complications]. Alterazione can be brought on by thoughts, nirbusu, spavientu, and other things. You might take ribarbaro [some type of medicinal plant] to calm the alterazione of blood. Or, you might drink a glass of wine with charcoal. You take the hot coal, and let it cool in a glass of wine. When you take the coal out, the wine is ready for drinking. The wine works like the ribarbaro. It fixes the blood.

When the blood is alteratu, the good and bad microbi (microbes) interact. The good microbi weaken, and the bad microbi become stronger.⁴¹ Ribarbaro strengthens the good microbi; it helps to bring the blood back to normal. When the blood is alteratu, it turns to water; it no longer has strength. Cures like wine or ribarbaro help restore the blood's strength. When the blood is alteratu it can lead to illness, and even death. A person suffering from alterazione should not go to sleep in that condition. It leads to complications. They have to calm down. They should go out for fresh air.

Don Gesualdo explains Mrs. A.'s nightmare in terms of alterazione. He suggests that the woman's initial bout of nirbusu precipitated an escalation of the disequilibrium process. As a result, Mrs. A. experienced additional symptoms, including a disruption of her circulatory system. The nightmare occurred, because Mrs. A. fell asleep while her blood was still alteratu. The disequilibrium process had not been brought under control.

Don Gesualdo's account, then, provides an insight into: (1) his conception of alterazione; and, (2) the techniques people can employ to counteract its effects. He reveals that it is necessary to first calm the victim. This enables the blood pressure to return to its normal state. The second step is to take medicinal action, such as ingesting ribarbaro, to restore the blood to its former quality or strength. Although these views are consistent with Sicilian-Canadian medical belief, Don Gesualdo places much more emphasis on the role of blood, in the disequilibrium process, than do other informants.

Alterazione represents Don Gesualdo's attempt to impose order upon the "language of distress". I suspect that two factors contributed to the development of this emic, yet personal, concept. First, Don Gesualdo's desire to better understand the various folk illnesses that he has had to deal with over the years. And, second, his need to reflect upon, and synthesize, the information so I could better

understand the ideas we discussed in the interview sessions.

THE MEDICALIZATION OF "NERVES"

Through the idiom of "nerves", and the "language of distress" in general, Sicilian-Canadians are able to communicate their personal pain and suffering to significant others. The victim, however, may not necessarily receive the assistance that he or she requires. Significant others may simply not respond with support and understanding, or they may not be in a position, for various reasons, to assist the individual. Cross-cultural evidence indicates that victims often respond to this situation by seeking assistance from medical professionals (e.g., Camino 1989; Dunk 1989; Guarnaccia *et. al.* 1989; Low 1988; Van Schaik 1989). A similar process occurs among Sicilian-Canadians.

Case #38: Chronic Distress. The following case history represents my reconstruction of a series of illness episodes involving Mr. and Mrs. Munto, and their two daughters Maria (age 24) and Rosetta (age 19). The couple emigrated to Canada from Racalmuto in the late 1950s. Mrs. Munto is approximately 65 years old, while Mr. Munto is about 73 years old. They are both pensioners, and they live on a meagre fixed income. I collected segments of this case history between August 1984 and January 1985. Mrs. Munto is a chronic sufferer of "nerves"; she reports that she has had

several serious attacks of nirbusu. As treatment, Mrs. Munto's doctor has prescribed a weekly vitamin B (anti-stress) injection and a dose of tranquilizers (Ativan, one per evening). Mr. Munto is also on medication.

Mrs. Munto (August, 1984):

I have not seen my daughter, Maria, for two weeks. [Maria is employed as a secretary, and has her own apartment]. I have phoned her several times, and my husband has also tried to phone her. Maria is either not home, or she is too busy to talk. I'm worried about her! Maybe she is running around with some man. But I don't think so. She is probably so busy with work and her friends that she is not taking care of herself. She may not be eating properly. I worry about her.

I want to visit her. I want to bring over some food, help with the laundry, and help clean up the apartment. But Maria is just too busy. The other day, I phoned early in the morning, 8:00 am, to let her know that I was making a visit to a friend who lives near her. If Maria was going to be home, I could drop in to visit. Maria was still in bed. She wasn't sure if she would be home. She asked me to phone back later.

I left home around 9:00 am to visit my friend. I got to the bus stop, but I didn't feel well. I became dizzy. I had to go back home. I was out of breath, my heart was pounding and my stomach was upset. I felt very weak; I had to lie down and rest. My husband went to the pharmacy to buy me some antacids [Mrs. Munto has a duodenal ulcer]. I felt better after taking the antacids.

My husband helped me phone Maria. I told her that I wouldn't be able to visit, and I explained what had happened. I told her I was looking forward to seeing her, but that I just wasn't well enough today. Then I asked her to keep in touch. I told her that it was probably indigestion, and that she shouldn't worry. I also phoned my friend.

[A few days after the interview with Mrs. Munto, I discussed the case with Maria].

Ms. Maria Munto (August, 1984):

I know that I should visit, and phone, my parents more often. But, I have been so busy. My mom phoned me some time ago; she seemed anxious to visit, but I was just going out at the time, so we had a short conversation. She asked if I was alright, what I had eaten, and she wanted me to make sure I eat properly. The next morning my mom phoned really early. I was still half asleep; I had been out late with friends the previous evening. I wasn't sure what I would be doing later in the day, so I asked her to phone back to make sure I was home before she came over.

I didn't make any plans for that day. I waited for my mom to visit. At 10:30 am, I got a call from my parents. My mother wasn't feeling well, and she couldn't come over. She was disappointed that she couldn't make it over here. But, she told me not to worry about her, she would visit some other time.

I felt guilty. I should have let her visit earlier in the week. I'll have to visit my parents soon, and I'll phone them this evening.

[I spoke to Maria again the next day].

Ms. Maria Munto (August, 1984):

My mom phoned me this morning at approximately 10:30 am. I was busy working here at home. My mom asked if she could visit around noon. I felt guilty, so I said yes. But, at the same time, I was annoyed because I was so busy. I rushed to get as much work done as possible before my mother arrived. At noon the door bell went off, and I was so involved with my work that it made me jump. Both of my parents were at the door.

As soon as my mom was in the door, she started asking questions, and she began to do things around the apartment. Then she started making lunch. I found all this very upsetting. I snapped at my mom; I asked her to just sit down for a few minutes. She started asking me why I was so nervous. This upset me even more. I told her that I was just nervous and upset, and to please not say anything for the next few minutes. After a few minutes, my mom made camomile tea for everyone. Then she started talking again; she said: first she was sick, and now I was so nervous, someone must have something against us, and that they wouldn't let us rest.

After the tea things settled down. We had a good visit.

[I collected a second case history from Mrs. Munto the following month].

Mrs. Munto (September, 1984):

My daughter Rosetta is attending university in Windsor. She left about a week ago. But, we made sure we visited all the relatives so Rosetta could say goodbye to everyone. I expected my relatives to return the visit the day before Rosetta's departure. First you go to say goodbye to everyone, and then they come to wish you a good trip. I planned to prepare some food and drinks for everyone.

My sister phoned, and asked if she could come over a day earlier; she said that she couldn't come later. We were busy packing, but we agreed to the visit. My sister, her husband, and their son came over at 2:00 pm and stayed until 9:30 pm. I mentioned that we were busy, and that there was little time left for packing, but my sister didn't take the hint. They stayed until late.

My sister had prepared a big meal for us when we visited them, so I felt that I should offer them supper. My sister said no at first, but later accepted. [Mrs. Munto was bound by Sicilian etiquette to insist that the visitors remain for supper, while the sister was bound by the same rules of etiquette to accept the offer because of Rosetta's imminent departure]. The problem was that I was not prepared to provide hospitality; I expected everyone to come the following day. We had planned to just have a small snack while we packed. I had to scramble around, in front of my sister and brother-in-law, to find something to eat.

I wanted to prepare something light, but my sister kept making different suggestions. I had to make excuses; we didn't have very much at home. Finally, I found two pizzas in the freezer. Rosetta had bought the pizzas in case some of her friends came over to say goodbye. I prepared those pizzas. But, my brother-in-law started to complain that he didn't like frozen pizza. He asked why I couldn't make my own pizza. I felt bad. I had just used my daughter's pizzas, but it didn't satisfy anyone. I made some excuse. I told them that I never make good pizza. I accepted the blame, and

made jokes about my cooking. After supper, everyone stayed for coffee. That took another hour away from packing. Then my sister and brother-in-law sat down in the backyard, and talked the evening away.

There was more trouble when Rosetta's friends arrived. Rosetta was upset because she didn't have anything to offer her friends. They were hungry, but now we didn't have any pizza. Rosetta said some abusive things to me. I had to scramble around to find them a snack.

Later, my sister and I went out for a walk. My sister said that maybe she and her husband would come over the next day for just a short time to say goodbye to Rosetta. I started to feel weak. My sister had to help me home. When we got home, I fainted; I had no energy, and I could feel a cold sweat. That's when my sister and brother-in-law decided to leave. Rosetta sent her friends home. She was worried about me. Then Rosetta and my husband got me to bed.

The next day I said to my husband: 'didn't she [sister] know that we were so busy. Why come at that time'? It put me in a position where I couldn't pack, and I had to scramble to prepare a meal. It was unexpected; there was no food in the fridge. I must have looked bad. There were boxes in the living room, suitcases, and clothes everywhere. The place was not ready for visitors. I had not gone shopping; there was little food at home. Then I got criticized for not preparing more to eat. I was very upset. My sister had prepared so much for us. No one was satisfied with the frozen pizzas, and Rosetta was upset because I prepared them. My sister stayed too long. The pressure was too much for me. I was also upset, because my sister left when I needed help.

With all these things going on, my nierbi got to me. The nierbi agitate some people; they can't stop moving. They tremble all over. I'm different. When I'm nirbusa I begin to feel weak; I get a cold sweat. I can't handle any chores, and I can't talk to people. Sometimes I faint.

In the morning Ginu [husband] told me that he was afraid. He had a pain in his heart. He was worried that I might not be able to handle Rosetta leaving for university. He was worried about having so many people over to say goodbye. He didn't know whether I could handle it. I told him I would go to the doctor's office

for an injection, and that I would take my nerve pill in the morning rather than at night. Things went well; I was strong.

[I obtained additional information from Mr. Munto several months later].

Mr. Munto (January, 1985):

I started taking nerve pills two months ago. I suffer from nirbusu. The pills help calm me; when I take the pills I don't think about problems. My mind is clear.

[Why do you need them?]

My wife is very sick with nerves, but now I'm more sick than she is. I realize that she is sick, but she really upsets me. If I move this ashtray from here and place it here [Mr. Munto took the ashtray from his leg, and placed it on the couch], she has to say something: 'why did you put it there?', or 'it doesn't belong there'. No matter what I do, she has to complain about something.

Because she is sick, I do the washing and then take them out to dry. When I bring them in, she inspects the clothes. She looks at them, and complains that they aren't very clean. I do all the work, so she doesn't have to get her hands wet, but she is still not satisfied. So, I told her that she should do the washing so the clothes will come out clean, and I could do other things instead of women's work. Then she says: she's sorry; she doesn't want to upset me, its the nerves that get her talking and saying things she doesn't mean. She says she can't do the washing, because she's sick; as soon as she puts her hands in cold water, she gets a cold. I told her it was too late for saying sorry; she should think before she says things. Then I went out for a walk.

I know she is really sick. The other day she was really upset. She was nirbusa. We went to visit her sister. She knows I don't like to drive when it gets dark. My eyes are not what they used to be. I had told her that we shouldn't stay too long, and we didn't. Instead of driving on Main St., I decided to travel along one of the side streets to avoid traffic. I prepared to stop as we came up to a stop sign. She starts

yelling: 'push on the gas'; 'keep going'. All that yelling got to me. I didn't see anything, so I drove through. Half way through the intersection, another car started beeping at us; but it was too late to stop.

I told her not to say anything until we got home, and she didn't. She always makes me nirbusu when I'm driving. Now I was so nirbusu that I didn't want her to say anything. She must have realized that we were almost in an accident; when we got home she apologized. She told me that we had passed by the house of one of the people she doesn't get along with. She said that she just wanted to get out of there. This upset me even more. We could have been killed just because we happened to pass by someone's house. The person wasn't even outside; and, even if they were, its not as if they have a gun or something. I told her that I didn't want any more problems like that. I told her that we should take the bus. If she is not well enough to take the bus, we should just stay home.

So, now I'm taking these pills [Motilium]. I feel calm. We take the bus everywhere. The problem is that I don't get enough sleep. Since Rosetta went away to university, I have been waking up at 2 or 3 a.m., and I can't get back to sleep. I just sit in the kitchen and smoke [while we talked, Mr. Munto smoked one cigarette after another]. During the day I feel tired, but I can't sleep properly. I have little naps on the couch, but no solid sleep. This makes me nirbusu. I also have problems walking. The ground seems to jump up at me. When I put my foot down, it doesn't go down far enough. I step on air, and I almost fall over. I'm going to have to talk to the doctor again; maybe he will give me some sleeping pills.

[The interview ended when Mrs. Munto returned home. Before I departed, however, I witnessed an argument between Mr. and Mrs. Munto. The couple has given me permission to present what transpired. The following represents my reconstruction of the argument, based on the notes I recorded later that evening.]

Mr. Munto: I can't find the screwdriver. I was looking for it earlier.

Mrs. Munto: I'm tired and nirbusa. I can hardly stand up. I can't stand to hear anything right now. I'm sick with nerves. You should take that into consideration before

you start saying things to upset me.

Mr. Munto: I'm not trying to upset you. I just can't find the screwdriver, and I want to know if you know where it might be. I place things in one place, and then they disappear. This gets me upset.

Mrs. Munto: Mi sta facienu muriri (you are going to make me die).

Mr. Munto: I suffer from nerves too. You always complain out loud, and make a fuss. You 'can't listen', you 'can't stand up', you yell. But, I suffer from nerves too. Mine are different from yours. Your nerves make you talk and yell, while mine are inside. Just because I don't say anything doesn't mean that I'm not suffering. I try to remember that you are sick, but you have to remember that I'm sick too.

Mrs. Munto: I know you are sick too. I can't help snapping at people. Su li nierbi ca parlanu (its the "nerves" talking).

Mr. Munto: It's as if someone has something against us. We are always sick.

Mrs. Munto: Every time I visit ... [names an acquaintance] we are both nirbusi for days, and we get upset with each other.

Mr. Munto: I know. It is as if she does it on purpose. Why do you visit her?

Mrs. Munto: She is a friend, but she says things that she shouldn't say.

Mr. Munto: Try to cut down on visits with her, and don't spend so much time with her.

Mrs. Munto: I'm going to visit the doctor again.

Mr. Munto: I should go with you. Maybe the doctor can give us both something.

[After Mrs. Munto had left the room, Mr. Munto provided the following information.]

Mr. Munto: My wife is like the man who went up to the man in the coffin and said: 'you think you have problems,

you should have experienced my suffering'. She feels her pain, but she can't understand that others can be just as sick. She has been getting more and more difficult, more and more nirbusa since Rosetta left town.

Rosetta is so busy with her work that we don't see her very much. We can't drive to Windsor! We see Maria, but she is busy too.

My wife's problems really started when she was working at the clothing factory. It was piece work. She would always come home nirbusa. She worked hard to try to make some extra money. We both had to work hard. Now we are both sick. In Sicily, daughters help their parents. Here you work hard, and then your children leave home. They leave even before they marry. Things are different here.

Mr. and Mrs. Munto are victims of chronic distress. They make use of the "nerves" idiom to express their suffering to others. The message, however, does not achieve its purpose. The couple does not receive the support and understanding they require. Maria and Rosetta have their own lives to lead; they are not in a position to provide the attention Mr. and Mrs. Munto seek. Part of the problem is that Maria and Rosetta adhere to certain North American values, and that they are attempting to achieve goals that are significant within the Canadian context. Mr. and Mrs. Munto, on the other hand, have different values and expectations. They would like to see their children adhere to the traditional image of the dutiful daughter, who remains at home until she is ready for marriage. In Sicily, a dutiful daughter should continue to respect, and care for, her elderly parents even after she has left the home. Many of

the case histories I have collected involve intergenerational conflicts between immigrants and their Canadian-raised children. I will discuss this issue further in the conclusion.

I believe that Mr. and Mrs. Munto's distress has reached a critical peak. If the argument I witnessed is any indication, the personal suffering these individuals are experiencing is beginning to interfere with their ability to provide each other with understanding and assistance. This has raised the stress level within the home. In order to deal with the situation, Mr. and Mrs. Munto are relying more and more on their family doctor. Their expression of distress is being treated as a medical complaint that requires medical intervention. Both Mr. and Mrs. Munto are being treated with tranquilizers. The medicalization of "nerves", however, does not resolve the underlying problem (Guarnaccia & Farias 1988; Lock 1989; Low 1989; Scheper-Hughes 1988). Prescribing tranquilizers does little to untangle the social problems that continue to plague the Munto family.

USE AND ABUSE OF FOLK CONCEPTS⁴²

Within the Hamilton-Wentworth region, according to my informants, medical professionals are often unable to deal effectively with cases of nirbusu. I suspect that medical professionals have difficulty with cases of "nerves" for two

primary reasons:

- (1) Physicians generally do not understand the Sicilian-Canadian "language of distress". They fail to recognize that people are capable of communicating their social and economic problems through the idiom of "nerves". By focusing attention solely on the psychic and somatic effects the patient presents, physicians place themselves in a position where they can treat the symptoms, but not the causal factors responsible for generating the distress. At best, medication provides the victim with temporary relief from his or her problem(s).
- (2) Medical professionals are often presented with cases of "nerves" in situations where the victim and significant others have already failed to deal with the social origins of distress. Although some Italian-speaking physicians may interpret correctly the message contained in the "nerves" idiom, the patient may not allow them to address the social tensions that he or she is experiencing. Instead, the patient seeks medication. It is not culturally appropriate to discuss on-going family conflicts with outsiders. One woman, for example, stated:

I went to see the doctor about my "nerves". He thought the problem was in my head. He wanted to talk to me and my husband. He started asking questions about how we get along. I told him we didn't have problems. I came because I have

severe headaches and stomach problems.

Based on my knowledge of the woman's family situation, her physician was insightful. The woman does have problems at home. Medical professionals, however, do not have the right to raise questions concerning family tensions.

In this case, the woman made use of the "nerves" idiom to: (a) communicate her pain and suffering; and, (b) metaphorially draw attention to her social problems. The physician interpreted the metaphorial message(s) correctly, but he failed to respond at the same level of communication. His response focused explicitly on the family conflict. In my view, medical professionals must first recognize "nerves" as an idiom of distress, and then communicate with the patient at the level the patient has chosen for communication. Under these circumstances it would have been more appropriate for the physician to discuss the matter in general terms that do not address the social problems explicitly, or to relate information concerning a similar case involving an unnamed third party. This would allow them to discuss the matter without actually speaking the problem. This is a technique traditional healers sometimes employ to discuss personal matters with patients and significant others.

In my view, the medicalization of "nerves" represents the medical profession's attempt to deal with a phenomenon, or set of phenomena, that they do not understand entirely. Physicians are prepared inadequately to handle the ambiguities inherent in the Sicilian-Canadian "language of distress". The problem is complicated further, however, by some Italian-speaking physicians who make use of the "nerves" idiom to identify a complaint that the patient has not labelled as a case of nirbusu.

Case #39: No, Not My "Nerves" Again. I obtained the following account from Zia Rosa in June, 1986. Zia Rosa is a middle aged Racalmutesa who resides in the Hamilton-Wentworth region with her husband, Rocco, and their son Salvatore.

I get a vitamin injection from my doctor once a week, and I'm supposed to take a "nerve" pill every night. The doctor prescribed Ativan to help me relax, and to sleep at night. I go to the doctor's office with heart pain, and he calls it "nerves". I complain about a pain in my side, and he calls it "nerves".

On my last visit to the doctor, I told him that I was having problems with my heart. My heart sometimes beats too fast. I also develop a cold sweat, and then I start sleeping. I can't stay awake. The doctor gave me my injection, and prescribed more pills. The doctor calls it "nerves", but I'm afraid that my problems are due to internal bleeding, or maybe stomach problems.

I don't take the pills regularly. How can I take them? The pills make me sleep. I want to stay awake. My son comes home late some evenings. I want to be awake to see that he gets home okay. I worry when he comes home late. But I can't take the pills, because I worry that the pills will make me sleep. I won't know when my son gets home. What if he needs help? So I don't take the pills.

I don't know what my problem is, and I don't know what causes it. I don't think the doctor knows either.

In this case history, the physician employs a folk concept to facilitate communication with his patient. He makes use of the "nerves" idiom to explain the occurrence of what he regards as stress-related symptoms. The physician's diagnosis and treatment regimen, however, does not coincide with Zia Rosa's perception of the illness experience. As a result, Zia Rosa is dissatisfied with the medical attention she is receiving. She feels that the physician uses the concept of "nerves" in situations where he does not understand a particular complaint.

A diagnosis of "nerves", in itself, is consistent with Sicilian-Canadian beliefs. The symptoms Zia Rosa describes could be attributed to nirbusu. The physician's use of the concept, however, is inappropriate and unsatisfactory for the following reasons. First, by identifying the problem as a case of "nerves", and prescribing tranquilizers, the physician trivializes and ignores the physical dimension of the woman's complaint. He fails to address (at least to Zia Rosa's satisfaction) the concerns the woman has expressed during the medical examination. Second, the physician's lack of knowledge concerning the social tensions responsible for generating the woman's symptoms prevents him from addressing this aspect of the problem.

Third, if Zia Rosa's ailment is due to "nerves", the medication is not appropriate for the symptoms the woman describes. Nirbusu represents a disequilibrium state. Zia Rosa experiences heart problems which cause her to sleep for extended periods of time. From her point of view, the medication will only compound the problem; the tranquilizers also make her drowsy. Rather than restore her to a state of equilibrium, the medication would serve to complicate the disequilibrium process. Zia Rosa is concerned about her son, and the fact that he arrives home late in the evenings. She has no control over this situation. By taking the medication, the woman would have even less control; she feels that she would not be in a position to assist her son in the case of an accident. Zia Rosa is concerned that the medication will cause her to sleep at the very moment her son may require vital assistance. The woman cannot take the medication; it would escalate her worries.

In my view, medical professionals should not make use of folk concepts, unless they are prepared to acquire a working knowledge of the concept and its implications for the patient (and significant others). Without this knowledge, use of the "nerves" idiom may lead to misunderstanding and, in certain cases, to the trivialization of the patients physical, psychic, and social concerns. Physicians must avoid the tendency to transform and use "nerves" as a gloss

for their conception of the ailment the patient is experiencing.

SUMMARY

A number of interrelated, yet distinct, folk categories constitute the Sicilian-Canadian "language of distress". These phenomena operate as both idioms of explanation and expressions of distress. The existence of several folk categories which serve very similar functions, however, is a source of ambiguity within the "language of distress". In order to deal with this ambiguity, I make use of a classificatory model, based on etiological explanations of distress, to compare and contrast phenomena such as evil eye and "nerves". My investigation reveals that, although both mal'uocchiu and nirbusu are idioms of distress, the messages they communicate differ significantly. The evil eye serves as a means of maintaining, or establishing, avoidance behavior between certain individuals, while the "nerves" complex operates as a means of attracting the support and understanding of significant others. Identifying the cause of one's suffering provides the victim with a basis for: (1) communicating distress; (2) establishing a course of action to relieve symptoms; and, (3) reaffirming or reconstructing social relations.

In my efforts to make sense of the ambiguities

inherent in the Sicilian-Canadian "language of distress", I focus largely on the communicative dimension of both causal thinking and illness behavior. Don Gesualdo, in contrast, makes use of an emic, yet idiosyncratic, concept (i.e., alterazione) to deal with this ambiguity. According to Don Gesualdo, there is a unifying principle which underlies various folk illnesses -- including evil eye and "nerves". He suggests that the victim experiences a severe disruption of his or her natural equilibrium, and that this disruption often involves an alteration of the person's blood or blood pressure. Although the specific causal factor may vary, and the victim may experience a wide range of symptoms, the illness process always involves a disequilibrium state. Don Gesualdo's concept of alterazione gives voice to an important Sicilian-Canadian assumption concerning health and illness.

In the final segment of the chapter, I concentrate on the medicalization of "nerves". I argue that Sicilian-Canadians often seek medical assistance for "nerves"-related problems in cases where the victim and significant others have failed to disentangle strained social relations. Medical professionals, however, lack the knowledge and understanding of folk concepts to deal effectively with these crisis situations. As a result, there is a great potential for patient dissatisfaction, and frustration on the part of physicians.

CH. 10: CONCLUSION

One of the primary themes to emerge from recent research on "nerves" is that the phenomenon represents a culturally appropriate and acceptable means of expressing distress. My findings tend to support this point of view. Nierbi and nirbusu constitute key elements in the Sicilian-Canadian "language of distress". The Racalmutese of Hamilton, Ontario make use of the "nerves" idiom to communicate their pain and suffering to significant others.

Recognizing the concept as an idiom of distress is a necessary first step towards giving order to what is otherwise an inconsistent and variable folk construct. Among Sicilian-Canadians, each aspect of the "nerves" complex involves certain inherent ambiguities. The term itself, for instance, can refer to a diverse, although interrelated, set of phenomena ranging from muscle and sinew to the folk illness nirbusu. In addition, the ailment people identify as nirbusu lacks both causal and symptom specificity. This ambiguity, however, does not render the folk model inoperative; instead, it confers a degree of flexibility upon the phenomenon. I contend that it is this flexible nature of the idiom, and the "language of distress" in general, which makes "nerves" an effective means of expressing one's

personal experience of psychic and somatic distress (rather than conformation to a diagnostic category). It enables individuals to communicate that they are in need of immediate assistance, and that they require support and understanding from family members.

Identifying "nerves" as an idiom of distress, however, does not provide a complete understanding of the phenomenon. Individuals can manipulate the ambiguities inherent in the "nerves" complex to communicate a number of alternative messages. For this reason, it is necessary to examine how people make use of the concept in both medical and non-medical contexts. My investigation reveals that the idiom of "nerves" operates not only as a means of expressing distress, but also as an effective impression management technique. Depending on the nature of the situation, Sicilian-Canadians may employ "nerves" as part of the "language of argument" to promote or maintain a positive image of themselves within the community.

At a more general level, it is necessary to understand "nerves" within a particular historical and structural context. Sicilian history has been characterized by repeated episodes of foreign domination, exploitation, and severe socio-economic problems. These conditions set the stage for the large-scale out-migration and emigration from Sicily. People emigrated to Canada to improve both their own, and their childrens', socio-economic status. The emigration/

immigration experience, however, generated new problems for the Racalmutese; these problems range from financial difficulties and employment related problems, to serious inter-generational tensions between immigrants and their Canadian-raised children. In many cases, nierbi and nirbusu serve as idioms of personal distress, or popular topics of conversation, that voice discontentment with certain aspects of life in Canada, and concern about the implications of the immigration experience for individuals and families.

Although people can, and do, convey these messages in other ways, I argue that the use of a metaphorical representation of suffering helps to charge the original message with added significance and meaning. People manipulate the concept of "nerves", in both medical and non-medical contexts, because it is a dominant symbol of distress. The use of a powerful and culturally recognizable symbol allows individuals to make an emphatic statement that is difficult for others to ignore.

The ideas I develop in the dissertation have several implications for the study of "nerves", and the study of idioms of distress in general. In the remainder of the chapter, I will examine these implications, and raise suggestions for future study.

"NERVES": CULTURALLY INTERPRETED SYMPTOM OR CULTURE BOUND SYNDROME?

One area of discussion in the literature concerns the question: 'does the concept of "nerves" represent a Culture-Bound Syndrome (Dresp 1985), or a Culturally Interpreted Symptom (Low 1985)'? To a large extent, the answer to this question depends on how we define culture-bound syndromes. According to Prince and Tchong-Laroche (1987: 4), the term refers to disease symptoms which are restricted to specific areas, and to specific cultures. This definition does not apply to "nerves" for the following reasons:

- (1) In the case of "nerves", we are dealing with a very widespread phenomenon; it is not restricted to specific areas or cultures. This is precisely the point Low (1985) makes in support of her position. Based on cross-cultural comparison, she argues that the condition itself is not culture-bound; instead, it is the meanings and interpretations people attribute to the condition which are culture-specific (see also Finkler 1989).
- (2) A key element in this definition is the term "disease". Disease, from a western medical perspective, represents some type of biological or psycho-physiological disorder (Kleinman 1980: 72-73). Yet, due to the variable and ambiguous nature of the phenomenon, the Sicilian-

Canadian "nerves" complex does not constitute a specific disease or set of diseases. Although people discuss certain core symptoms at a general level, individual victims can attribute practically any symptom to nirbusu. This lack of symptom specificity makes the identification of "nerves" as a culture-bound syndrome problematic.⁴³

- (3) Among Sicilian-Canadians, the concept of "nerves" can signal a variety of meanings. These meanings are not restricted to the presentation of illness symptoms. A similar argument can be made for other ethnic and cultural groups (see Davis 1989; Dunk 1989). To identify "nerves" as a culture-bound syndrome, then, is to lose sight of the multi-vocal nature of the "language of distress" (Davis & Guarnaccia 1989).

Given Prince and Tchong-Laroche's (1987) definition of culture-bound syndromes, Setha Low is correct. "Nerves" cannot be classified as a culture-bound syndrome.

The situation changes, however, if we define culture-bound syndromes differently. According to Cassidy (1982: 326), a syndrome is culture-bound if it has a unique meaning within the culture where diagnosis takes place. Defined in these terms, an argument can be made that all forms of suffering are, at least to a certain extent, culture-bound. People make use of cultural symbols to identify and inter-

pret the distress they experience. "Nerves" constitute a culture-bound syndrome, because they have a unique meaning for individuals who share a particular socio-cultural background (Dresp 1985).

In my view, "nerves" represent a culture-bound syndrome if, and only if, we accept a very broad definition of the phenomenon. Such a broad definition, however, transforms the concept into a meaningless construct; it renders both classification and cross-cultural comparison problematic. For this reason, and the reasons I discuss above, I suggest we follow Low's (1985) lead and identify "nerves" in terms of culturally interpreted symptoms. Dresp's (1985) views can easily be subsumed under this category, because she focuses specifically on the cultural interpretation and meaning of "nerves" or nervios among Puerto Rican women. It is her definition of culture-bound syndromes, and not her discussion of "nerves", which leads her to arrive at a significantly different conclusion.

Low (1985), Dresp (1985) and others agree that one of the crucial features of the "nerves" complex is how people interpret and express their suffering to significant others. My findings are consistent with this point of view. At the same time, however, I suggest that we accept Dunk's (1989: 30) qualification of Low's position to stress that the meanings people attach to "nerves" are not only influenced by culture, but also mediated by gender and economic condi-

tions. This modification is necessary, because it draws attention to some of the factors that contribute to the social production of distress (DeLaCancela et. al. 1986; Singer 1990). The Sicilian-Canadian "nerves" complex serves as both: a culturally appropriate means of interpreting, explaining, and communicating distress; and, a metaphorical means of commenting on the factors responsible for generating one's suffering.

"NERVES": ADAPTIVE OR MALADAPTIVE PHENOMENON?

The identification of "nerves" as a culturally appropriate and acceptable means of expressing distress carries the implication that the phenomenon operates as an adaptive mechanism within a given society. As an idiom of distress, for example, the concept enables individuals to seek support and assistance in symbolic terms that are easily understood by other members of the community. A review of the anthropological literature, however, reveals that scholars recognize that the presentation of "nerves" may serve as an effective coping strategy in certain situations, but not in others (eg., Davis 1983b, 1984; Camino 1989; Guarnaccia 1989; Kunde 1985; Low 1988). The success, or failure, of the coping strategy depends primarily on: (1) the ability of significant others to decode and respond to the messages they receive; and, (2) their ability and

willingness to respond positively to the victim's needs.

Among Sicilian-Canadians, the idiom of "nerves" often does operate as an effective coping response to distress. This is particularly true in cases where the victim has a well-defined social support network that is prepared to deal with the person's cry for help. Zia Pina (see Case # 22), for instance, successfully employs the "language of distress" to explain the nature of her suffering, and to seek the assistance of family members. More specifically, Zia Pina, through the idiom of "nerves", addresses the social tensions responsible for generating her distress, and implicitly invites significant others to help rectify the situation. The woman's account indicates that her extended family responded in a culturally appropriate manner; they provided the attention, support, and understanding she required. The Sicilian-Canadian "nerves" complex, then, has the potential of operating as an adaptive mechanism.

Victims of "nerves", however, do not always receive the attention they require. In the Sicilian-Canadian context, this may occur as a result of a variety of factors, including: interpersonal conflicts; intergenerational tensions; and, employment-related problems. The underlying feature that links these phenomena together is the fact that the victim is experiencing a disruption in his or her social support network. In the case of interpersonal conflicts the tension and emotion the combatants experience often inter-

feres with their ability to respond positively to the victim's metaphorical use of the "nerves" idiom. For example, in case #27, Zia Tana makes use of the concept of "nerves" in an attempt to both communicate her distress, and defuse the conflict between Mr. Abbatti and Mr. Ortica. The two men, however, did not respond as Zia Tana had hoped; instead, the hostility escalated to a more serious level to generate further distress for Zia Tana and others.

Sicilian-Canadians recognize intergenerational tensions as a prime source of distress within the community. The emigration experience has placed people in a position where they do not share many of the values and expectations of their Canadian-raised children. As an idiom of distress, nirbusu allows people to voice their concerns about the situation, and to communicate the pain they experience when intergenerational tensions arise. Unfortunately, sometimes the young people either do not understand the parent's "language of distress", or the differences in values and expectations make it difficult for them to respond in a culturally appropriate manner. This is precisely the situation that Mr. and Mrs. Munto describe in case #38. Both husband and wife are chronic sufferers of "nerves". The "nerves" idiom has failed to elicit the response they desire, and tensions have reached a critical level. To cope with the situation, Mr. and Mrs. Munto have sought medical attention.

The medicalization of "nerves", however, has failed to solve the victim's problems. Physicians generally do not understand the Sicilian-Canadian "language of distress". As a result, patients are treated with tranquilizers and sleeping pills. Although this treatment regimen may provide temporary relief from specific symptoms, it does not address the issues responsible for generating the victim's suffering. The medicalization of "nerves" represents the failure of the patient, the doctor, and significant others to deal with the social production of distress. Under these circumstances, then, the "nerves" idiom does not operate as an adaptive coping mechanism. This conclusion is consistent with the findings of other researchers (e.g., Guarnaccia & Farias 1988; Lock, 1989; Scheper-Hughes 1988).⁴⁴

In the Sicilian-Canadian context, the medicalization of "nerves" has actually complicated the problem for certain individuals. Zio Vol. (Case #11), for example, makes use of the "nerves" complex to communicate two interrelated messages: (1) he is experiencing a great deal of physical and psychic distress; and, (2) he is dissatisfied with, and concerned about, the treatment he is receiving at his place of employment. The physician responded to these messages by identifying the complaint as a case of psychic distress. Zio Vol. received a dose of tranquilizers to help him overcome his problems. The doctor's diagnosis, however, failed to address the man's employment-related concerns. In fact, it

placed Zio Vol. in a compromising position. Significant others (i.e., the employer and co-workers) made use of the diagnosis as a rationale to discredit the man's complaint, and to trivialize both his pain and his concerns.⁴⁵

Without an understanding of the implicit meanings Sicilian-Canadians attach to the idiom of "nerves", it is difficult for medical professionals to deal effectively with cases of nierbi and nirbusu. Understanding alone, however, will not necessarily resolve the problem. The victim and significant others (including physicians) must also come to terms with the social and economic factors responsible for causing a person's distress. In my view, there are signs that the Racalmutese community is beginning to address some of these issues.

In recent years, for example, the Racalmutese of Hamilton, Ontario have made a concerted effort to promote a sense of community among themselves and their Canadian-raised children. They have also been active in developing ways to express their ethnic and cultural identity. To a certain extent, the Racalmutese have accomplished these goals. They have met success in their efforts to: (1) promote the "twinning" of Hamilton and Racalmuto; (2) encourage various cultural exchanges between the two cities; (3) reintroduce the feast of the Madonna del Monte to Hamilton (June, 1989); and, (4) introduce plans to establish the feast as an annual celebration.

Although specific members of the community may participate in these activities for their own political, economic, or personal reasons, the immigrant population tends to view these efforts as an attempt to make their children more aware of, and interested in, Sicilian values, beliefs, and culture in general. These are the sentiments people communicated to me at the June, 1989 celebration of the feast. The parish priest gave official voice to these sentiments, during the commemorative mass for the Madonna del Monte. In his address to the young people in the congregation, the priest acknowledged the strong desire of parents to share their "culture and faith" with their children. A similar message appears in one of the leaflets distributed by the Committee of Maria S.S. Del Monte at the time of the feast. In the leaflet, Sig. Giuseppe Pillitteri writes:

Maria S.S. Del Monte for us is love, sharing, faith and belief in a better world. This cordial event of living, loving and sharing is only a small token of what makes us better humans for ourselves and the world.

It is the intention of the Comitato of Maria S.S. Del Monte to preserve those very traditions which had made us rich in the past and are giving us hope for our future and the future of our children and humanity, religiously and intellectually.

Sicilian-Canadians, then, recognize that intergenerational tension, and other consequences of the emigration experience, often are responsible for the distress community members experience. They also are aware that value differ-

ences play a significant role in these intergenerational problems. I suggest that, at one level of analysis, the construction of various techniques to symbolically celebrate shared "ethnicity" is an attempt to acknowledge the problem, and to seek a means of rectifying the situation. I propose that efforts to revitalize feelings of ethnic and cultural identity can be interpreted as a coping strategy -- a strategy that aims to defuse one of the primary precipitating factors of "nerves" and other forms of suffering.

"NERVES" AS AN ABNORMAL STATE

Generally speaking, anthropologists identify "nerves" as both an idiom of distress and a folk conception of sickness (Low 1988: 415). Identifying the concept in these terms carries the implication that "nerves" represent an abnormal state. The victim is experiencing some type of psychic and/or somatic distress. Emic conceptions of "nerves" tend to support this point of view.

In some socio-cultural contexts, for example, people recognize the phenomenon as a psychiatric abnormality, and attach stigma to its victims (Hill & Cottrell 1986). This is not the case among Sicilian-Canadians and a number of other peoples (Dinham 1977; Harwood 1981). The Racalmutese of Hamilton make a sharp distinction between "nerves" and mental illness; victims of "nerves" are not labeled as pazzi

(or crazy), and they are not stigmatized. People believe that nirbusu may cause psychopathology, but they do not regard the phenomenon as a category of mental illness. Yet, nirbusu does constitute a state of disequilibrium. Although Sicilian-Canadians do not link "nerves" with mental illness, it still represents an abnormal state. Individuals make use of "nerves" to communicate that they are experiencing a disturbance.

This view of "nerves", however, is based on an examination of the medical aspects of the phenomenon. Within this context, the concept provides people a means by which they can identify, explain, and express their suffering in a culturally appropriate manner. In order to gain a more comprehensive understanding of the phenomenon, it is necessary to move beyond the interrelationship between "nerves" and distress. As Low (1989: 92) suggests: "Research on nerves would benefit from a more detailed examination of the term and its implicit meanings". Dona Davis' (e.g., 1989) work is a step in this direction; she examines both medical and non-medical aspects of the phenomenon. My work contributes to this discussion by examining: (1) the positive role of physical "nerves" in Sicilian-Canadian conceptions of anatomy; and, (2) how people can manipulate the idiom of "nerves" to communicate alternative messages. The ambiguous and variable nature of the concept makes it imperative that scholars focus on the meanings individuals generate as they

interact with one another. I agree with Davis' (1989: 76) statement that: "As a folk concept, nerves lacks literal definition and is embedded in action, social relations and common sense". Whether "nerves" represent a normal, or an abnormal, state depends largely on the meanings people attribute to the concept in specific situations and contexts.

DISTRESS, GENDER, AND "NERVES"

A review of the literature indicates that scholars tend to view "nerves" primarily as a female complaint (e.g., Barnett 1989; Cayleff 1988; Davis 1989; Dunk 1989; Guarnaccia *et. al.* 1989b; Naegele 1984). Recent articles, however, suggest that the gender issue requires further attention (see Davis & Guarnaccia 1989; Low 1989). Davis and Guarnaccia (1989:10), for example, state that: "more work needs to be done on nerves as an expression of gender and on how the patterns of female and male nerves differ within and between groups". This is one of the issues I have addressed.

Among Sicilian-Canadians, both males and females make use of the "nerves" idiom to communicate distress, and other messages, to significant others. The metaphorical discussion of suffering, however, tends to focus on different aspects of the "nerves" complex. Women are more likely to express their problems within the context of nirbusu. Nirbusu

represents a disequilibrium state that is characterized by psychic and somatic effects. It involves the somatization of emotional distress. Men, in contrast, tend to draw attention to problems involving the physical "nerves". Although men may also somatize, they present their experience of suffering in terms of damage or strain to specific muscles and tendons. This allows men to "voice" their pain, but deny that the problem has an emotional or psychic basis. Victims of nirbusu are no longer in control of their emotions. Cultural conceptions of omerta (manliness) make it difficult for males to acknowledge that they have been subdued by emotional distress.

Yet, on occasion, men do complain of nirbusu. Zio Vol., for instance, attributes his problems to both physical "nerves" and nirbusu (see Case # 11). In these cases, I suggest that the victim is attempting to communicate the extreme and desperate nature of his predicament. The individual feels helpless in the face of adversity. This is the message Zio Vol. presents. Medical professionals have failed to address his concerns over the physical injury, co-workers have trivialized his pain, and he must continue to perform a task that he views as a health risk. Zio Vol. makes use of nirbusu as both an idiom of distress and a symbol of his powerlessness. Most men are not prepared to present this image of themselves except in extreme circumstances.

In the Sicilian-Canadian context, then, males and

females tend to manipulate different aspects of the "nerves" complex to express their pain and suffering. "Nerves" represent a predominantly female complaint if, and only if, we focus on the emotional dimension of the phenomenon. In order to understand gender differences in the way people utilize the "language of distress", it is necessary, as Low (1989: 92) suggests, to examine all aspects of the "nerves" concept. Scholars will have to pay greater attention to the physical "nerves", and their relationship to peoples conceptions of anatomy and distress. This is an area that has not received attention in the literature. Future research must address this issue, and the possibility that males and females make use of different idioms of distress to communicate their suffering (Camino 1989; Sluka 1989).

THE CLASSIFICATION OF FOLK IDIOMS

As an idiom of distress, the concept of "nerves" operates as a means by which people can identify, express, and explain their experience of suffering. Other folk concepts, however, serve a similar purpose. "Nerves" represent only one aspect of the Sicilian-Canadian "language of distress". The evil eye, for example, also constitutes a mode of expressing and explaining suffering. The question I have asked in the dissertation is: 'How can we compare and

contrast the various phenomena that scholars have identified as idioms of distress'? In order to address this question, I examined evil eye and "nerves" in terms of the classificatory model I developed for this purpose.

The classificatory model consists of three intersecting continua: (1) the "separate entity" - "holism" axis; (2) the "sensible" - "suprasensible" axis; and, (3) the "immediate" - "ultimate" axis. Each continuum concerns a specific aspect of an etiological explanation of distress. Together, the three continua provide both the criteria and the context for a discussion of various folk concepts. In applying this model to evil eye and "nerves", I discovered the following. The evil eye represents a suprasensible, external entity at the "immediate" level of causation, and a sensible, holistic explanation in terms of the "ultimate" level of causation. "Nerves", in contrast, provide a sensible, holistic explanation of distress at both the "immediate" and the "ultimate" level of analysis. This information not only provides a basis for classifying the two phenomena, it also raises certain implications concerning the message(s) people communicate through these idioms.

Among Sicilian-Canadians, evil eye and "nerves" serve as complementary idioms of distress. They provide alternative means of explaining one's suffering. The choice of explanation, however, also communicates a particular message, or set of messages, to significant others. These

messages are aimed at eliciting an appropriate response from the individuals the victim is interacting with. In the case of mal'uocchiu (evil eye), the focus of attention is on: counteracting the effects of the suprasensible, external entity; and, distancing the suspected ittaturi. An explanation that implicates the "nerves" communicates a different message. The victim expresses his or her need for support and understanding. The focus of attention is on restoring harmony in one's social network. The victim requires the assistance of others to cope with what he or she perceives as a stressful situation. In the case of "nerves", the emphasis is on eliciting a positive response, not on distancing others.

The classificatory model, then, contributes to our understanding of the "language of distress". It does this in the following ways. First, the model provides a means by which we can compare and contrast various folk concepts within a given society. Second, it provides a basis for cross-cultural comparison. Third, it reveals that an examination of the explanatory dimension of a phenomenon can lead to a better understanding of the messages people attempt to communicate through specific idioms of distress. At a personal level, the model has helped me deal more effectively with some of the ambiguities inherent in the Sicilian-Canadian "language of distress".

CONTRIBUTIONS TO THE STUDY OF STRESS: A SUMMARY

Hans Selye (1936) introduced the scientific community to the stress concept in the 1930s. Since that time, scholars have examined the phenomenon from a variety of perspectives. These works fall into four primary categories: (1) physiologically-oriented studies; (2) studies that focus on the cumulative effects of "stressful life events"; (3) psychologically-oriented studies; and, (4) studies that concentrate on the socio-cultural dimension of the phenomenon (Lumsden 1981). My work contributes directly to this fourth category. "Nerves" represent a cultural construct which allows victims of stress and, in serious cases, distress to communicate their problems to significant others. The dissertation, however, also raises certain implications for the study of stress in general.

My analysis of the Sicilian-Canadian "nerves" complex contributes to our understanding of stress and, more specifically, the "language of distress" in the following ways:

- (1) Although folk conceptions of "nerves" have received considerable attention in the scholarly literature, few studies have focused specifically on Sicilians. The dissertation provides the first detailed study of this aspect of the Sicilian-Canadian "language of distress". My comparison of evil eye and "nerves", as alternative idioms of distress, serves as a further contribution to

this field of study.

- (2) The dissertation documents an "emic" understanding of distress. I examine the Sicilian-Canadian theory, or model, of health and illness. This model identifies "nerves" as a disequilibrium state that involves and affects the nirbatura (muscles and sinew), the circulatory system, emotional stability, and thought processes. The Sicilian-Canadian belief is that an escalation of these effects can lead to serious health problems. As part of the discussion I examine Sicilian-Canadian views concerning prevention and treatment of "nerves". I supplement this material with a brief discussion of Don Gesualdo's (a traditional healer) specialized knowledge and understanding of various distress-related phenomena.
- (3) I unravel some of the metaphorical meanings people communicate through the "language of distress" in both medical and non-medical contexts. Based on this investigation, I suggest that researchers must pay greater attention to the ways individuals, consciously or unconsciously, manipulate powerful symbols of distress as part of the "language of argument".
- (4) The dissertation reveals that, although members of a particular group may share certain conceptions of

distress, they may not communicate their pain and suffering in similar terms. Among the Racalmutese, men and women tend to address different aspects of the folk model to present their complaints to others. For future study, scholars must pursue the study of the inter-relationship between gender and "nerves" (and other stress-related phenomena). In addition, we must expand our knowledge of possible differences in the expression of distress among various sub-groups within a society (see Clark 1989; Kay & Portillo 1989). Clark, for example, associates "nerves" in Greece with age, rather than gender. Among Sicilian-Canadians it would be relevant to examine the differences that exist between parents and their Canadian-raised children.

- (5) The dissertation makes a contribution to both anthropological theory and the study of stress/distress by:
 - (a) evaluating the strengths and weaknesses of various models designed to classify etiological explanations of distress; and,
 - (b) developing a new model to deal with these phenomena at three different levels of analysis.The model provides a basis for intra- and cross-cultural comparison of folk concepts.

At a more general level, the dissertation demonstrates that social and cultural factors cannot be ignored in the study of stress/ distress. Stress is a multi-

dimensional phenomenon. Health researchers must realize that an understanding of stress must move beyond the examination of physiological and psychological aspects of the phenomenon to include a discussion of the social origins of distress, and the cultural expression and explanation of suffering. I also believe that anthropologists should participate to a greater extent in multi-disciplinary studies that examine all aspects of the stress concept.

IMPLICATIONS FOR HEALTH CARE PROVIDERS

One of my goals in examining the Sicilian-Canadian "nerves" complex is to generate information and suggestions that may assist medical professionals in their efforts to provide adequate health care for Sicilian patients. My study reveals that Sicilian-Canadians, or at least the sample of people I have interviewed, consider "nerves" one of the primary health concerns of the community. These people also indicate that they are not satisfied with the medical treatment they are receiving. From their point of view, medical professionals simply do not understand "nerves", and are not able to provide adequate assistance for victims of nierbi and nirbusu.

In order to satisfy the needs of patients, medical practitioners must become more sensitive to the Sicilian-Canadian "language of distress". They must gain an under-

standing of the meanings people attach to "nerves" and other folk concepts. The term "nerves" is not simply a synonym for stress; it is an emic category that helps people identify and discuss their problems through a familiar, and culturally appropriate, idiom. The meanings people attach to the "nerves" idiom vary depending on the situation, and the specific circumstances of the victim.

This information raises certain implications for health care providers. The fact that the idiom of "nerves" is capable of conveying a variety of messages increases the risk of misunderstanding and misdiagnosis. In dealing with Sicilian-Canadian patients, I recommend that medical professionals keep the following in mind. First, a patient can explain his or her sickness in terms of "nerves". The actual ailment, however, may correspond with one of several biomedical diagnoses (Lock & Dunk 1987). Physicians, then, must be aware of the potential masking effects of folk concepts that resemble our conception of stress. Second, the idiom can serve as a communicative device that allows individuals to express anxiety and concern about the consequences a health problem may have for their future well-being (Migliore 1989). In this case, the victim is seeking support and reassurance from both medical professionals and significant others.

Third, people use the "nerves" idiom to communicate that they are experiencing severe distress, due to social

and economic problems that are difficult to resolve. The victim and significant others already have failed to deal effectively with the social origins of suffering. In this case, a physician cannot focus solely on the symptoms the patient reports. Medication may help victims cope temporarily with psychic distress, but it does not provide a solution for the underlying factors responsible for generating the problem(s). In order to assist the patient, health care providers must gain access to information concerning these underlying factors. Health care providers, for example, can attempt to get at this information by discussing the problem at a level of communication that makes use of analogy and metaphor. From a Sicilian-Canadian perspective, it is inappropriate for medical professionals to ask direct questions relating to a patient's family problems. The ultimate solution, however, is to help individuals address their social and economic problems. Physicians cannot ignore the social protest dimension of cultural idioms of distress.

Fourth, although a complaint of physical "nerves" may signal psychosocial distress in some cases, it can also refer to an actual physical injury involving muscles and tendons. Physicians, therefore, cannot assume that "nerves" automatically implicate psychic distress. Health care providers must also remember that, from a Sicilian-Canadian point of view, failure to alleviate pain and restore proper functioning of physical "nerves" can activate an episode of

nirbusu. The combination of physical and psychic symptoms, then, does not mean necessarily that the patient is somatizing an emotional or psychological problem. To focus solely on the psychic dimension of the problem is to trivialize the patient's pain and suffering.

In conclusion, I argue that an understanding of Sicilian-Canadian idioms of distress is essential to ensure that patients receive proper medical attention. "Nerves" and stress are not equivalent concepts.

NOTES

¹ For a discussion of the historical background to the development of Selye's stress concept see Hinkle (1974) and Mason (1975).

² The concept of "nerves" can be found among: (1) residents of the Appalachian region of the United States (Arny 1955; Flannery 1982; Leighton & Cline 1968; Ludwig 1982; Ludwig & Forrester 1981, 1982; Mabry 1964; Nations et. al. 1985; Van Schaik 1988, 1989); (2) Black women in the American South (Camino 1989); (3) various Caribbean and Latin American groups (Barlett & Low 1980; Fabrega & Metzger 1968; Finerman 1989; Hill & Cottrell 1986; Low 1981, 1988, 1989a); (4) circum-Mediterranean and Middle Eastern peoples (Clark 1989; Cronin 1977; B.J. Good 1977; B.J. Good et. al. 1985; M.J.D. Good 1980; Krieger 1989); (5) the people of Northern Ireland (Sluka 1989); (6) Newfoundland women (Davis 1983a, 1983b, 1984, 1989; see also Dinham 1977); and, (7) North American ethnic groups (Berle 1958; Dresp 1985; Dunk 1989; Garrison 1977; Guarnaccia et. al. 1989; Harwood 1977, 1981; Lock & Dunk 1987; Ragucci 1981). Historically, "nerves" and "neurasthenia" also represent popular medical concepts in both the British and North America tradition (Cayleff 1988; Davis 1989a; Davis & Whitten 1988; Drinka 1984; Kunde 1985; Omark 1980), and the Asian tradition (Kleinman 1982; Lin 1989).

³ For example: (1) evil eye, illness, obsessive pre-occupation with purity, and spirit possession among Havik women in South India (Nichter 1981); (2) susto (magical/sudden fright) among Latin American peoples (Rubel 1964); (3) heart distress and fright illness among Iranians (B.J. Good 1977; M.J.D. Good 1980; Good & Good 1982; Good et. al. 1985); (4) colerina (the negative effects of extreme sadness) in the Peruvian Andes (Stevenson 1977); (5) both specific Culture-Bound Syndromes (see Carr 1978; Kenny 1978; Newman 1964; Prince 1985) and Culture-Bound Syndromes in general (Carr & Vitaliano 1985; Helman 1984: 158; Karp 1985); and, (6) somatization (Good & Good 1980; Katon et. al. 1982; Kleinman 1982, 1986; Kleinman & Kleinman 1985; Nichter 1981; Parsons 1984; Racy 1980).

⁴ To provide anonymity, I use fictive names to refer to many of my informants. Don Gesualdo is a name I have taken from a novel by Giovanni Verga (1940) -- Mastro Don

Gesualdo.

⁵ It is not unusual to find Italian communities here in North America, which are represented by a high percentage of individuals whose ancestry can be traced to a particular town or province in Italy (see Bianco 1974; Boissevain 1970: 4; Lee 1987; Venturelli 1982).

⁶ Leonardo Sciascia is a major literary figure in Italy, and other parts of Europe. Two of his works, Le Parrocchie di Regalpetra (1956) and Morte dell' Inquisitore (1964), deal directly or indirectly with Racalmuto and its past. The city of Racalmuto established recently a new Cultural Centre -- Centro di Cultura: Fondazione Sciascia -- which will house the writer's literary works, letters, and notes (see G. Restivo 1987).

⁷ The Italian community that developed in the northwest section of Hamilton consisted predominantly of Sicilians and other Southern Italians. A separate Italian community, consisting of individuals of Northern and Central Italian background, was established in the area of Barton St. and Sherman Ave. (Cumbo 1985; M.J. Foster 1965). The focal point for this particular Italian cluster was the Church of St. Anthony of Padua, which was founded in 1912 (M.J. Foster 1965: 42-43).

⁸ This is my brief summary of the legend. For additional information concerning the tradition of the Madonna del Monte see Caruselli (1856); Martorana (1982: 96-106), Messina (1969: 90-95), Messina et. al. (1982), and Morreale (1986). Similar accounts and legends can be found in other parts of Sicily (Correnti 1975), and variations on this theme can be found throughout the Mediterranean portion of Western Europe (see Christian 1973: 107). For a general discussion of the myth and cult of the Virgin Mary see Warner (1976).

⁹ In the mid-1930s members of the Racalmutese community in Hamilton also organized a group to perform a Passion Play -- a play focusing on the death and resurrection of Jesus Christ. The group gave several performances of the passion play at both the Grand Opera House and the Savoy in Hamilton, and two performances in Buffalo, New York.

¹⁰ In fact, Lucia Chiavola Birnbaum (1986: 7-9) argues that the special place of the Madonna in Sicily may reflect the preservation of a much older Earth Mother religious tradition dating back to prehistoric times.

¹¹ For a biographical account of Pietro D'Asaro's

life, and a discussion of his work, see Demma (1985).

¹² Etiology is obviously not the only means by which diseases can be classified. Every effort should be made to examine how the people under study classify the ailments they suffer from. Scholars, for example, have discussed disease/illness in terms of: (1) diagnostic criteria (Frake 1961); (2) the types of action people take when ailments occur (Gillies 1976); (3) the severity of the ailment (Furbee & Bender 1983; Gould 1957, 1965); (4) color symbolism (Turner 1967); (5) modes of organizing facts (A. Young 1976); and, (6) various other factors (D'Andrade 1976; D'Andrade *et. al.* 1972; Fabrega 1974; Fabrega & Silver 1973; Lewis 1975; J. Young 1978, 1981). In addition to focusing on distress, there is also a need to develop a taxonomy of health and therapeutics (Janzen 1981; Janzen & Prins 1981).

¹³ In his paper "Primitive Concepts of Disease", Clements (1932: 186) arrives independently at a similar taxonomic structure as that presented by Rivers. According to Hallowell (1935), however, Clements fails to refine the model, because he does not distinguish between levels of causation. Rogers (1982) has modified the model recently to include a discussion of "levels of causation", by distinguishing between proximate and remote causes.

¹⁴ This problem is also apparent in Fosu's (1981: 471) article on disease classification in rural Ghana.

¹⁵ For a general discussion of the history of western medical philosophy in terms of the "physiological" and "ontological" doctrine see: Cassell (1986); Cohen (1961); Engelhardt (1974;1981); King (1982); Rather (1959); Riese (1953); Taylor (1979); Temkin (1977a). In addition to these general works, there are a number of articles that examine the physiological and/or ontological views of specific medical philosophers and practitioners. For example: Engelhardt (1974: 228-230); Niebyl (1971); Pagel (1944;1945;1972); and, Pagel and Winter (1968).

¹⁶ Within a different context, Whiting and Child (1953) have also attempted to discuss disease etiology in terms of a broader frame of reference. They discuss the correlations between explanations of disease and certain aspects of child-rearing practices in terms of a modified psychoanalytical approach.

¹⁷ Glick (1967:52), for example, makes use of three levels of causation -- i.e., efficient; instrumental; and, ultimate -- in his discussion of causal explanations among

the Gimi of New Guinea. For a recent discussion of these "levels of causation" see Ngokwey (1988).

¹⁸ In discussing her research in Sicily, Charlotte Gower Chapman (1971: 205-206) indicates that she found no sign of evil eye beliefs in the community of Milocca. She suggests that the belief was confined to eastern Sicily. Since Milocca is located a short distance from Racalmuto, my data does not support this suggestion.

¹⁹ My findings concerning Sicilian-Canadian conceptions of envy are consistent with Foster's (1972) general discussion of the phenomenon.

²⁰ Cosminsky (1976) arrives at a similar conclusion for Guatemalan evil eye beliefs.

²¹ The diagnostic and therapeutic information I present is comparable to, and relatively consistent with, the ethnographic data described by other writers dealing with Italians (e.g., Appel 1976: 18-20; Foulks, et al. 1977: 30-32).

²² Rush (1974:48) provides the following example of a prayer recited by an Italian-Canadian woman to treat cases of evil eye:

Father, Son, Holy Spirit.
Think of your Mother,
Think of your Mother,
Let us fight with Holy Mary.
Two eyes offended me,
Four eyes offended me.
First, Second, Sixth Saints,
The Universe blow away the evil.

²³ Although Evans-Pritchard first published Witchcraft, Oracles, and Magic Among the Azande in 1937, many scholars continue to find his model of value in the analysis of beliefs and behavior associated with the supernatural (e.g., Brown 1970; Douglas 1970; MacFarlane 1970a, b; Thomas 1970; 1971).

²⁴ Unless otherwise marked, the case histories I present in this section represent new material which I collected during my investigation of Sicilian-Canadian conceptions of "nerves".

²⁵ Both the Oxford English Dictionary (1989: 329) and Webster's Ninth New Collegiate Dictionary (1983: 793) indicate that the noun "nerve" can also be defined in terms of "sinew" in the English language. This is true

particularly in British English.

²⁶ In her discussion of folk medicine among Sicilian-Americans of Buffalo, New York, M. Estellie Smith (1972) mentions that her informants use the term lu spilatu to refer to traditional healers that treat cases of evil eye and sorcery. Among Sicilian-Canadians, the term spilatu or spilatura refers to a specific secondary condition that may afflict strained muscles and tendons. It does not refer to traditional healers. Sicilian-Canadians refer to healers simply by name.

²⁷ Among Sicilians, the term cumpari signifies that the two individuals are ritual kin. In this particular case, Sig. To. and Zio Sa. are ritual co-parents; Sig. To. baptized Zio Sa.'s youngest son.

²⁸ Sicilian discussions of "hot" and "cold" are not restricted to thermal temperature. Various food items, drinks, medicines, and other things are classified as having either a "hot" or "cold" quality, irrespective of their actual thermal temperature. Hot foods, for example, include grapes, figs, pears, and cauliflower, while cold foods include cheese, apricots, plums, and prickly pears. Mal'uocchiu or evil eye is a "hot" suprasensible force.

²⁹ The hot/cold equilibrium theory of health and illness is not restricted to Sicilians; the phenomenon is both temporally and geographically widespread. The theory can be found in various social and cultural contexts (see Foster 1987; Laderman 1981; Manderson 1987; Migliore 1983b). According to Foster (1987), the European and Latin American versions of this theory are simplified folk variants of ancient Greek and Persian medical beliefs.

³⁰ One woman suggested that the veins and arteries could also be classified as nierbi. She stated that: "in the person there are two types of nierbi, those that carry the blood and those that provide the strength". This view, however, was not shared by others.

³¹ I would like to qualify this statement. It is my impression that Sicilian-Canadians regard the heart as the seat of emotions. My impression is based on the fact that: (1) a few people have stated this to me explicitly; and, (2) a number of phrases, anecdotes, and proverbs link various "feelings" with the heart. In addition, my suggestion is consistent with the views expressed by Giuseppe Pitre (1971: 97) in his discussion of Sicilian folk beliefs. At the same time, however, I am left with nagging doubts as to whether I have captured the essence of folk belief, or whether I have

uncovered a cultural symbol that allows people to transform metaphorically something intangible into something much more concrete and understandable.

³² Sicilian-Canadians, and others (see Tousignant 1984; Tousignant & Maldonado 1989), recognize pena ("sorrow" or "sadness") as a powerful emotion that is capable of causing a great deal of physical and psychic distress.

³³ For a more general discussion of the idiosyncratic and variable nature of folk medical beliefs see Blumhagen (1980) and Young (1981).

³⁴ This case study also appears in "Punctuality, Pain and Time-Orientation Among Sicilian-Canadians" (Migliore 1989).

³⁵ The phrase Bedda Matri is a reference to the Blessed Virgin Mary. In this context, however, it serves as an equivalent to our "honestly".

³⁶ Italo Pardo (1989) discusses the role of ambiguity in other realms of Italian social dynamics. For a general discussion of ambiguity, and its use in literature, see Empson (1947).

³⁷ I recall being told, as a child, not to stand on my head, because that could upset my stomach and activate my worms.

³⁸ Zio Ri's account is not an isolated example of a case where "nerves" are responsible for causing a beneficial effect. On several occasions I have heard people discuss how a minor emotional disturbance (nirbusu) activated their nierbi, and gave them the strength and energy to complete certain chores.

³⁹ This is also true of the interrelationship between "nerves" and other folk categories, such as "sudden fright".

⁴⁰ Since evil eye and witchcraft can cause general misfortune, the statement holds true only in cases where the victim experiences a disruption of his or her internal equilibrium.

⁴¹ Don Gesualdo's views concerning 'microbes in the blood' were influenced by a medical film he saw, in Italy, before he emigrated to Canada.

⁴² The views I express in this section are based

entirely on information I collected from Sicilian-Canadian informants. I did not interview medical professionals for this study. For future study, it would be appropriate not only to examine this issue further, but to elicit statements from physicians as well.

⁴³ The absence of symptom specificity is also a characteristic of the "nerves" complex in other socio-cultural contexts (e.g., Scheper-Hughes 1988; Van Schaik 1988), and of other folk illnesses (e.g., Swagman 1989).

⁴⁴ The outcome is different in situations where medical professionals are cognizant of the "language of distress", and respond appropriately (see Low 1988).

⁴⁵ Dona Davis (1984) reports a similar outcome, under very different circumstances, in Outport, Newfoundland.

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