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CULTIVANDO AL COLECTIVO MEDIANTE PRÁCTICAS DE AUTOCUIDADO EN LA CIUDAD DE MÉXICO¹

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RESUMEN

Este artículo amplía y brinda mayor complejidad a la narrativa sobre el autocuidado, la cual circula en la academia y permea al sistema de salud pública en México. La investigación sobre prácticas terapéuticas alternativas de autocuidado, como el yoga, se ha enfocado primordialmente en países del norte, como Estados Unidos y Australia, en donde estas técnicas generalmente operan dentro del sistema de salud privada y proveen a la población urbana (generalmente blanca y privilegiada) con alternativas al cuidado biomédico. Según estas y otras investigaciones, aquellos grupos marginados que de pronto participan en estas actividades, lo hacen únicamente para distanciarse de identidades de clase y de género que son denigradas. Algunos antropólogos médicos, incluso, han

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llegado a sugerir que este exclusivo campo de autocuidado minimiza la importancia de la solidaridad comunitaria y las metas colectivas. Este artículo propone una perspectiva diferente, al estudiar la forma en que mujeres mexicanas de la clase trabajadora que participan en programas de yoga subsidiados por el Estado promueven un sentido de comunidad y, a su vez, un “yo” colectivo. A pesar de que las autoridades de salud pública en México promueven prácticas culturales importadas como el yoga, como un medio para ayudar a los individuos a administrar sus cuerpos, mentes y sentimientos, el sector popular las transforma en un proyecto terapéutico colectivo. Al aprender a cuidarse a sí mismas y las unas a las otras, las practicantes de yoga mexicanas promueven un tipo de autoayuda que refleja su visión de la cultura mexicana y acoge tanto lo individual como lo colectivo. Mi análisis etnográfico sugiere que debido a las intenciones de sus practicantes y al contexto en que se desenvuelven, las prácticas de autocuidado se transforman en cuidado colectivo.

Palabras clave: autocuidado, salud pública, yoga, clase social, Ciudad de México.

CULTIVATING THE COLLECTIVE THROUGH PRACTICES OF SELF-CARE IN MEXICO CITY

ABSTRACT

In this article I aim to expand and complicate a rather thin narrative of self-care that circulates in academia and saturates Mexican public health with *autocuidado*. Research investigating alternative therapeutic practices of self-care, like yoga, has been conducted primarily in Northern contexts, like the United States and Australia, where these techniques generally operate within the private health sector and provide a predominantly privileged white urban population with an alternative self-help approach to biomedical care. According to these and other investigations, the socially disenfranchised who on occasion might engage in such activities would only do so to disconnect from denigrated class and gender identities. Some medical anthropologists have even gone so far as to suggest that this lavish sphere of self-care minimizes the importance of community support and collective aims. This article puts forward a different perspective by examining the ways in which working-class Mexican women involved in state-subsidized yoga in Mexico City enact the collective in their practice and, in turn, a “self” that is collective. Although imported cultural practices like yoga are promoted by Mexican authorities and others as a means to help individuals manage or take “better” care of their own bodies, minds, and emotions, they are refashioned in the popular sector as a collective therapeutic project. Learning to care for themselves and each other, working-class Mexican yoga practitioners, I argue, promote a type of self-care that reflects their visions of (Mexican) culture and embraces both the

individual and collective simultaneously. Self-care practices, my ethnographic analysis suggests, necessarily become care of the collective based on both intention and context.

Key words: self-care, public health, yoga, social class, Mexico City.

“Yoga is for self; it’s the science of self, but this is changing.” This so-called change baffled Rajeev, an Indian yoga teacher I met in passing during a tea break at the 8th annual national conference for yoga practitioners in late 2011 in Mexico City. Rajeev had been living in the capital city since 2000, the year he was invited by a group of physicians affiliated with some of the most prominent public health institutes in Mexico to teach them how his life-long practice “worked.” At that time he was accustomed to repeating what his teachers in India had taught him when he was a young man: “Yoga is for self.” “Honestly, Andrea, I don’t know if what I told those doctors ten years ago is still true today. Yoga is not just concerned with self, but I do not understand what and how this is happening. Do you?” I smiled and paused for a few seconds. Although I had given his question much thought during my first year of fieldwork in Mexico City I was not yet prepared to offer a response. Instead, I turned and pointed towards a group of boisterous, chatty women who had positioned themselves in a circle not too far from where we were standing. “All I can say right now, Rajeev, is that those women you see there, from [the low-income borough of] Iztapalapa, are making yoga meaningful by engaging both the self and community.” How this process unfolds in this particular context is the central focus of the analysis that follows, which aims to provide those concerned with the ethnographic study of self-care a more provocative understanding of such practices.



Figure 1. Rajeev and several yoga practitioners of Iztapalapa at a national yoga meeting in 2011.

More specifically, my objective is to expand and complicate a somewhat thin narrative of self-care that circulates in academia and saturates Mexican public health with *autocuidado* (Leal, 2010:109; Menéndez, 2009).³ As an underlying principle of neoliberal structural adjustments, self-care is typically conceptualized in academic circles as individuals “being responsible for their own health and well-being through staying fit and healthy, physically, mentally and where desired, spiritually” (Wilkinson and Whitehead, 2009:1145).⁴ Research investigating alternative healing practices of self-care (such as yoga) has been conducted primarily in Northern contexts (like the U.S.), where these techniques generally operate in the private health sector and provide a predominantly privileged white

³ Self-care is a particular discourse and strategy that public health has mobilized consistently since the 1990s when neoliberal health reforms were first undertaken by Mexico’s Ministry of Health (Laurell 2001, 2007). Multiple references to *autocuidado* (self-care) in Mexico’s 2007-2012 National Health Program (SS, 2007b) present it as a cost-effective intervention that is directed toward the individual to prevent illness and promote improved health through better lifestyle choices (see also: President Calderon’s “National Strategy of Promotion and Prevention for Better Health” [SS2007a]). Such rhetoric fashions individuals as autonomous agents, who are supposedly able to “control the determinants of their health” by “choosing healthy lifestyles,” despite the social conditions that shape their lives (SS, 2007b:17). In this way, neoliberal public health discourse as articulated through *autocuidado* holds individuals responsible for both their health problems and well-being (care), and thus “further institutionalizes the powerful rhetoric of ‘responsibilization’ that engenders blame” (Schneider 2010:72; see also Cardaci 1999:404).

⁴ The ethnographic study of self-care has been dominated by investigations into biomedical technologies, interventions, and gadgets (e.g., Biehl and Moran-Thomas 2009; Guell 2012; Hogle 2005; Nguyen 2005; Whyte et al., 2002). Overlooking extra-medical practices (like yoga) may risk unintentionally reducing health issues to bioscientific hegemonies, thus reproducing what some of these accounts ultimately seek to critique.

urban population with an alternate self-help approach to biomedical care⁵ (Badone, 2008; Baer, 2001, 2004, 2008; McGuire, 1988; Sointu, 2006, 2006a).⁶ According to these and other investigations, the socially disenfranchised who may on occasion engage in these activities only do so to disconnect from denigrated class and gender identities (for emerging exceptions, see Biswas, 2012; Delfabro, 2011; Kern, 2012). Hans Baer (2001), a prominent critical medical anthropologist, has gone so far as to suggest that by promoting individual responsibility for health, such lavish practices of self-care minimize the importance of community support and collective aims.⁷ My exchange with Rajeev, however, allows me to put forward a different perspective that raises questions about the social foundations and implications of self-care as it flourishes among working-class women in Mexico City.⁸

Social science research has shown that self-care is by no means a new phenomenon among Mexicans, the majority of whom are accustomed to piecing together their course of treatment from a variety of sources rather than depending upon any one as uniquely authoritative (Gálvez, 2011; Haro Encinas, 2000; Menéndez, 1984, 1990, 2009; Napolitano, 2002).⁹ In recent years, however, both

⁵ According to Menéndez (2009:26-27), the current popularity of alternative healing practices in the global North can be explained only in part by the rise in public criticisms directed toward biomedicine. The impact of broader social processes, including the global expansion of mass media and the upsurge of migratory movements both within and across nations, should also be considered.

⁶ Some studies investigating the rise of alternative medicine in the global South have put forth similar propositions (Haro Encinas, 2000; Luz 1999).

⁷ Marsland and Prince (2012:464) thankfully remind us that “[w]e cannot take for granted the relative significance of the individual...or the collective when we examine the ways in which ‘techniques of the self’ might travel.”

⁸ My doctoral research, which encompassed 24 months of field study from 2010 to 2012, specifically pushes against the idea that non-Mexican modes of healing are constituted exclusively by and for those persons that have the ability to pay for them in the private health sector. Since the turn of the 21st century, lower-income populations in Mexico have gained access to yoga and other imported practices through state-sponsored urban initiatives executed in public spaces (parks, plazas, streets), low-income neighborhoods, and government venues (cultural institutes, prisons, drug rehabilitative centers). These efforts, my research suggests, are helping to transform yoga’s status in the public imaginary from an imported, luxury tradition to a modern Mexican health service.

⁹ Scholars in Mexico that have theorized the concept and practice of self-care identify and distinguish between two models: *autocuidado* and *autoatención* (literally, self-attention) (Menéndez 2009:52-54; Haro Encinas 2000). *Autoatención*, Menéndez suggests, encompasses the everyday preventive, therapeutic, and palliative practices that particular groups (e.g., the domestic unit) employ without “the direct and intentional intervention of professional healers” to understand, explain, or respond to the myriad factors shaping their health (2009:52). Oriented toward “collective

federal and local Mexican authorities have begun to identify, regulate, and promote specific cultural activities, like yoga, as a supposedly modern, efficacious mode of self-care. This imported practice, which less than a decade ago circulated predominantly in the private health sector among the middle class and wealthy, has become increasingly accessible to lower-income peoples, like my friends from Iztapalapa, through state-endorsed programs. Public officials in Mexico City assert that these activities are needed to prevent and treat what they refer to as culturally transmitted diseases: illnesses such as heart disease and diabetes that are tied to lifestyle factors.¹⁰ A public health worker described these illnesses to me as the “self-inflicted wounds” that those deficient in culture and consciousness (*consciencia*) impose on themselves. In his view, activities like yoga encourage individuals to *autocuidar* (or self-care)—that is, to become more aware of and responsible for their physical, mental, and emotional well-being.

In this article, I examine the ways working-class Mexican women involved in a

health,” *autoatención* takes into account the social experiences, relations, and processes that inform health and illness (54). *Autocuidado*, on the other hand, indexes the concept of “lifestyle” [*estilo de vida*], which frames health/illness/care as a choice fashioned entirely by the individual. For Menéndez, *autocuidado* represents a component of, rather than an equivalent to, the broader collective practice of *autoatención* (54). Other scholars, however, do not use the same lines of distinction to delineate these two pillars of self-care. In fact, Haro Encinas understands each term as co-constitutive of and synonymous with the other, and thus identifies only one concept in his work: “the concept of *autocuidado/autoatención*” (2000:105). In his model, *autocuidado* refers to practices employed by individuals and households to promote health and prevent illness, while *autoatención* refers to the collective responses to illness that are enacted in and beyond the domestic sphere (114). Public health researchers in Mexico City, citing Haro Encinas (2000), employ both terms in their study, but use them interchangeably to refer to a variety of home remedies, physical activities, informal networks, and self-medication practices that individuals with depression and anxiety mobilize in response to their condition (Berenzon Gorn et al. 2009). Practices of self-care – whether identified in this study as *autocuidado* or *autoatención* – are considered to be constituted by and for a solitary self (114). To eliminate some of the confusion that has arisen over the use of such terminology, I do not make reference to the concept of *autoatención* in the main text of this article. When I write about *autocuidado*, I am referring specifically to how the concept of self-care is employed by public health in contemporary Mexico (much like how Menéndez [2009] frames it above) and refashioned by yoga practitioners in Iztapalapa.

¹⁰ The Mexican Health Ministry’s Office of Traditional Medicine and Intercultural Development, in conjunction with its 2007-2012 public health plan (SS, 2007b), has sought to incorporate more than 120 non-conventional modes of healing currently in use throughout urban Mexico into the National Health System (SS, 2008a). These practices are associated with neither local traditional (i.e., indigenous) medicine nor other legally decreed medical knowledge (e.g., biomedicine, acupuncture, homeopathy) in Mexico. Health authorities encourage citizens to seek these so-called intercultural systems of care to counter the effects and prevalence of non-infectious “culturally transmitted” illnesses, such as diabetes, heart disease, and drug and alcohol addictions, which they associate with poor lifestyle choices, irresponsible behaviors, and ignorance (SS, 2007, 2007b, 2007c, 2008).

state-subsidized yoga program reinterpret these culturally demeaning, detached messages of self-care by enacting the collective in their practice and, in turn, a self that is collective. Although imported cultural practices like yoga are promoted by Mexican authorities and others as a means to help *individuals* manage or take “better” care of their own bodies, minds, and emotions, they are refashioned in the popular sector as a *collective* therapeutic project. Learning to care for themselves *and* each other, working-class Mexican yoga practitioners, I argue, promote a type of self-care that embraces both the individual and collective simultaneously and is thus more aligned with their broader visions of (Mexican) culture. Self-care practices, my analysis suggests, necessarily become care of the collective based on context and intention.

The following questions guide the ethnographic analysis I present below: (1) How is self-care conceived, enacted, and made socially and culturally meaningful to working-class women engaged in state-subsidized yoga in Mexico City? (2) What do they have at stake by engaging in such care? (3) What collective possibilities and limitations are negotiated in their practice?

Cultivating Sisterhood

The start of any ordinary evening was the same at the Youth Wellness Center¹¹ in Iztapalapa, where I spent fourteen months of my fieldwork participating in and observing state-sanctioned yoga offered to family and friends of youth with chemical and drug addictions. I tried to arrive early to help my friends prepare the space we occupied for 90 minutes every Monday and Wednesday night. We would often find the small room in complete disorder, with 30 rusty metal chairs scattered across it, garbage thrown on top of a table in the corner, and dirt, dust, and gum residue stuck to the floor. Without any hesitation Maria and I stacked the chairs and placed them, along with the table, in the hallway, while Sandra swept and mopped the broken-tiled floor. Victoria removed the trash, lit incense and candles, and plugged the CD player she had brought from home into the only working electrical socket in the room. Usually by the start of each class we had managed to

¹¹ This is a pseudonym.

successfully transform the filthy multi-purpose room into a clean, comfortable space where twenty working-class women, between 35 and 70 years of age, learned to focus intently on their bodies, movements, and breath, despite the myriad of potentially distracting thoughts—of sick mothers, hungry husbands, and unfinished chores—that streamed through their minds. Caring for this room was a mere reflection of the care these women extended towards the bodies and lives that occupied it.

Before entering the space, each woman removed her shoes at the door and left her belongings outside the room. Then, she greeted her peers with a smile and a hug and kiss on the cheek. Those who arrived early to clean had first choice in selecting a spot in the room to position their mats, while the others who trickled in shortly thereafter placed theirs in any of the remaining open spaces. The room accommodated 10 to 12 comfortably, but 17 to 20 women participated in the class on any given day, which required some of them to fold their mats in half so that each would have *just* enough space to maneuver her body during practice. Even so, it was not at all uncommon to touch someone's sweaty arms with yours during poses, to feel the feet of another brush against your head during the relaxation phase of practice, or to even share your mat with a partner. Here, in this hot, cramped space, as bodies sweat, voices moan, tears fall, and hands touch, a physical connection to both self and other is engendered.¹²

¹² In her theoretical and ethnographic analysis of how the self is experienced and configured in the practice of Iyengar yoga, human geographer Jennifer Lea (2009) asserts that this form of subjective engagement is “always contextual” (87) and relational (75). I push her argument slightly further in my work by suggesting that it is the very context (understood as physical, social, and embodied space), which yoga practitioners at the Youth Wellness Center in Iztapalapa engage with so intimately, that shapes their practice in and beyond that particular setting and in turn their relation with selves, bodies, and others. In this way, care of the self, as it fashioned on and off the mat in Iztapalapa, entails both subjective and intersubjective processes that ultimately foment “a form of living that not only embodies a mode of attending to the self, but also a mode of attending to others” (74).



Figure 2. Yoga practitioners transform the small room at the Youth Wellness Center in Iztapalapa to accommodate their practice of self-care, which is in turn transformed by this space to encourage intimacy among the women.

The last person to arrive at the Youth Wellness Center was Rosi, our soft-spoken, serious, and thoughtful instructor who volunteered her time at the Center, providing yoga to youth at no cost during the day and to adults at night for a small donation. She, too, like many of her peers, lived in Iztapalapa. Rosi positioned herself somewhere towards the front of the room, except on those days when all of her “girls” (*chicas*), as she called them, were present, and she stood in the doorway, partially outside of the room, to ensure that they were more or less

comfortable inside. Even though they had to squeeze together like sardines to be able to all fit inside the room neither Rosi nor her girls were dissuaded from welcoming new friends, like me, to join their practice and enter their space. In fact, when Rosi first introduced me to the group, Sandra, the most vocal of the women, exclaimed to me with pride (while others nodded in agreement) that “there is always space here; there is always a place for those who arrive. Here, we make room for our sisters, even the new ones.” Then, she handed me a piece of paper with each woman’s name, phone number, birthday, and head shot printed on it. Shouting with joy, she boasted, “Let me introduce you to your new family!”

Certain individuals, namely men, were not overly welcome to participate in the class and join this so-called family, some of whose members had been practicing yoga with each other and Rosi for as many as seven years. Men often walked past the tiny room, which was located in a highly trafficked hallway of the Center, but they barely took any interest in the women or their movements. During the fourteen months I observed the class only one man was bold enough to inquire about the practice and meeting times, though neither he nor any of his brethren dared to enter the tiny room. “They cannot tolerate [*aguantar*] all of us,” Sandra explained to me. “This is our time, our space.” The family that Sandra and her friends fashioned did indeed resemble a support group [*grupo de ayuda*], premised on values of trust, intimacy, and confidentiality. Yet, had these women not made a conscious effort to exclude men from participating in it, the group would not have been able to operate as a sisterhood. I am therefore not entirely convinced that it was the men, as Sandra says, who did not tolerate the women, but rather the women who did not wish to have strange men joining them in this small space where they touched each other’s bodies, felt each other’s sweat and breath, and revealed tearful stories that often involved other men. To do so in this particular context would have likely been considered culturally inappropriate.

My interlocutors, however, were also just as reluctant to invite men to the social gatherings that took place each month outside of the Center. These birthday and holiday pot-luck luncheons were usually hosted by a different woman who volunteered her home for the event. Eating, chatting, joking, meditating, and

dancing were common activities at these reunions. When I suggested to the women early on in my fieldwork that we invite their partners to these events, one woman offered me a direct retort to deflect the discomfort my apparently foolish question had incited in her: “Andrea, why would we want *them* here? We are with them all the time.” Sandra informed me on our way home that the dynamic of the group would change significantly if we invited our male partners to these celebrations because, as she explained, “this is the only time we feel free [*libre*].” Indeed, the one time I observed a husband present at a social gathering, his wife devoted her attention to his (rather than to her friends’) needs. This took place during a birthday celebration when the hostess’s husband interrupted the event with live music and the husband of another arrived early to drive his wife home. While the two men conversed with each other for about an hour, the wives, who would otherwise be exchanging stories and jokes with their girlfriends, prepared their husbands a plate of food from the buffet, served them drinks, and then sat beside them to join their conversation. This unexpected turn of events proved to be rather awkward for the hostess who had to run back and forth between her guests and husband in an effort to be attentive to both.



Figure 3. Yoga practitioners meet outside the class to celebrate birthdays and national holidays.

For many of these women it is not always feasible to engage in practices of self-care, or what Mexican authorities refer to as *autocuidado*, which is premised on the assumption that individuals are at liberty to make space for and by themselves to manage their health. Some are managing a variety of complex

situations at home, including abusive and unfaithful partners, sick parents, teens with drug problems, and financial instability.¹³ Others wrestle with bouts of depression and anxiety and chronic illnesses like diabetes. Still others face criticisms from spouses who describe their yoga practice to me as foolish. In the face of these challenges and competing demands, these women must often exert much effort to engage in self-care. For this reason there is an implicit understanding among them that those who practice yoga are motivated by a particular (self-driven) desire and willingness to improve their lives. While their ideas of self-care may echo the (individualistic) discourse promoted by state authorities, their practice does not necessarily reproduce it. Indeed, what self-care offers them is not only a personal outlet to cope with the daily struggles they confront, but also a social resource and framework to imagine this struggle as part of a larger collective.

As students of yoga, their task, according to Rosi, is to “heal their bodies and harmonize their emotions.” So that no one woman is tempted to compare her body, posture, or pace with that of her peer, Rosi requests that each close her eyes and attend entirely to her own bodily sensations, breathing, emotions, and thoughts throughout the session. Although their movements are never synchronized, they remain connected to each other through the familial identity they have crafted and come to embrace in this intimate space. As sisters their objective is to support each other. Sometimes the women use the yoga class to discuss domestic problems and offer each other advice instead of engaging in physical activities. When a member of the group falls ill, Rosi instructs the women to communicate with that person and to visualize her healthy in their meditations. Taking care of your sisters thus becomes an integral component and condition to taking care of yourself among working-class yoga practitioners in Mexico City.¹⁴

¹³ Much scholarship points to the largely uncontested assertion that women are by and large the primary caretakers of both the sick and healthy in the Mexican home (Módena 1990; Osorio 1995; Robles-Silva 2010-2011).

¹⁴ Robles-Silva's (2004, 2007, 2010-2011) research among the urban poor of Guadalajara, Mexico, outlines the important role the family (specifically, the domestic unit) plays in configuring and mobilizing practices of self-care at home. By attending to this social entity (often consisting of multiple generations living together), her work contributes to scholarly discussions in Mexico that conceptualize self-care as a collective practice (e.g., Menéndez 1990). The author's decision,



Figure 4. Yoga in Iztapalapa encourages practitioners to care for themselves and each other.

The importance of fashioning yoga as both a practice of self-care and a collective care practice became unmistakably clear as interpersonal conflicts arose among the women. This is exemplified well by an incident that became a source of conversation among the yoga practitioners for months to come and, even after a year following its occurrence, would still bring tears to Rosario's eyes. Rosario is a short, heavy-set woman in her mid-50s with long, curly grey hair. Because she lives in a small shanty-like town on the outskirts of Iztapalapa, where public transportation is limited, it takes her more than 45 minutes and two bus rides to arrive at the Center. On a brisk November evening, Rosario walked into the room a bit out of breath and noticed an empty space next to Victoria who had arrived early to help clean the room. Just as Rosario leaned over to place her bath mat on the floor, Victoria informed her in a matter-of-fact manner that "that is Estele's place." Not welcome to occupy that location, Rosario bowed her head in disappointment and looked for another space. She never mentioned the incident to anyone and I even forgot that it had occurred until a couple of weeks later when another woman, Adele, told Rosario in a similarly curt fashion that the empty space next to her was saved for someone else. This time Rosario's eyes grew watery, yet once again she remained silent and retreated quietly to another area in the room. Heaviness and tension filled the space. Although Rosi conducted class as she did any other day, she told me later that she sensed something was amiss the moment she walked

however, to focus only on marriage and blood relations (in the home) limits the extent to which we are able to fully grasp how *families* inform and are even informed by self-care in under-resourced settings in urban Mexico. My research therefore attends to the familial articulations that emerge through informal relations of trust and friendship cultivated in practices of self-care that take shape beyond the domestic locale.

into the room.

Feeling rejected by the very same people who referred to themselves as her sisters was too painful for Rosario to bear alone. After class she approached Rosi and shared what had transpired prior to her arrival. As Rosario described the incident in detail, I noticed that she expressed much sadness, anger, and shock. "Rosi, what do they have against me that they don't want me to sit next to them? With all of the problems I have at home I never expected this to happen *here*. I don't understand how they could do this, especially here. Aren't we supposed to be family?" Rosi listened with much interest and compassion. Just before bidding farewell to Rosario, Rosi gave her a hug and whispered in her ear: "We are family, Rosario, and we need to take care of each other."

Rosi arrived early the following class. She folded her blue mat in a small square, placed it on the floor against the center of the front wall, and sat patiently on it as she waited for each of her girls to arrive. Once everyone was in the room, Rosi motioned us to cease our chatter. We listened attentively to our teacher as she recited the following words calmly and firmly:

Today, we need to discuss something that happened last week to one of our sisters. We treated our sister very badly. Why do we do that? That only divides us. We have done so much in this space and outside it to create a place where it is safe to come together and share, and we are ruining this. We have said before that in this space, no one has a place. It belongs to all of us, not just one or two of us. We destroy this when we hurt each other. There are no places in this space because we are not just any group. We are family. Why do we disrespect members of our family by not allowing them to sit next to us or by telling them to sit somewhere else? Each of us needs to be responsible for getting to class on time. If we want to sit in a specific place, then we have to arrive early. We cannot ask another sister to save us a place if we are late. We need to be responsible for ourselves. Those of us who observed what happened and said nothing is just as culpable as those of us who created this conflictive environment. I am ashamed of our behavior.

The room was completely silent, though Sandra eventually broke the silence by apologizing to Rosi for the group's behavior. No one looked at Rosario or apologized to her.

The way in which space is organized and contested by yoga practitioners occupies a prominent role in how they make meaning of their practice of self-care.

The type of self-care Rosi promotes and aims to cultivate – on and off the mat – embraces both the self and community. It is received as a shared responsibility among women. Her use of the plural pronoun (“we”), instead of its singular form (“you”), is intentional. Speaking as a unit throughout the reproach indicates to the women that the group, of which she, too, is a part, is responsible for the transgression. Given that “we” – as sisters, as family – created the conflict, it was “ours” to correct. No one person in particular should be held accountable for what took place, yet Rosi maintains that each woman still “needs to be responsible” for securing her own place to prevent future unrest. In her view, taking care of the self (to arrive early) may ultimately serve to strengthen or unite the community, which she clearly idealizes. In my view, self-care in Iztapalapa may not necessarily produce a conflict-free or inclusive community (Rosario continues to feel excluded); so much as it validates the role community plays in its enactment. Rosi’s lesson teaches her students that the collective is not only relevant, but also essential, to their practice of self-care. In the next section, I analyze further the relational aspects of self-care to better understand both the possibilities and limitations of the collective in this context.

Lilia’s self-care.

“I didn’t come Monday because my mother is very sick and I have to take care of her,” Lilia explained to Sandra who expressed concern regarding her friend’s absence from class. This was my first encounter with the rather obese 40-year old market vendor whose face was flushed from both exhaustion and sadness. As she spoke to Sandra, she was pulling at her hair with one hand and wiping the beads of sweat that were accumulating on her forehead with the other. Only a few seconds passed by when Sandra got up from where she was sitting and walked over to Lilia’s rug, which was next to my mat, and gently put her arm around her troubled friend. Elena, Maria, and Catarina were immersed in their own conversation, but immediately directed their attention to Lilia when they saw Sandra move to the other side of the room. Catarina encouraged Lilia to share with the others what was troubling her: “We do not want to see you sad. Talking will

help you let it go [*soltarlo*].”

As soon as I noticed a stream of tears roll down Lilia's cheeks I grabbed a tissue from my pocket and handed it to her. She looked at me for a few seconds and nodded her head in gratitude, but she was slightly puzzled by both my presence and that of the digital recorder, which I had placed in front of me and only a few inches from her. Sandra put her friend at ease by introducing me as “our new sister” and “the teacher's good friend.” Patting her eyes and forehead with the tissue, Lilia proceeded to explain to the other women and me that her aging mother with Alzheimer's disease had fallen off a step ladder in their kitchen while Lilia was at work selling fruits and vegetables at a nearby market. “She did not hurt herself very badly, but the fall scared her and she is now more disoriented than I have ever seen her...I'm so worried because she needs a lot of attention now and no one will help me. I have to take care of her. I don't know what to do.”

Maria gently interrupted Lilia and asked her if her relatives might be willing to assist her with any of the caretaking responsibilities. Although the mood was somber, Sandra found Maria's question encouraging and with her typical enthusiasm boasted, “Oh yes! You do have siblings. They will surely help you!” Lilia, however, shook her head and explained with much despair in her voice that she did not have any help; her two brothers had refused to assist her with the daily caretaking activities of their ailing mother. She was now very concerned about how she would be able to devote the necessary time and care that her mother needed while also tending to her duties at the market and maintaining her home for her children and husband.¹⁵ “I just don't know what I'm going to do,” she cried out. As Lilia's voice swelled with anxiety she tugged more nervously at her hair and rubbed her forehead more briskly back and forth with the palm of her right hand, as if these rough, steady movements could pull out her frustration and wipe away her angst. Sandra remained close to her tearful friend and tried to comfort her with her embrace, while Maria praised Lilia for returning to class, “because, you know *mana* [sister], the teacher will help you to relax.”

¹⁵ Laurell (2001) suggests that “[t]his burden on women should be viewed in the general context of impoverishment” and “the lack of minimal public arrangements to alleviate everyday child care and domestic work” (314-315).

Rosi arrived a few moments later, received a summary of what had transpired from Sandra, and modified the class accordingly. In this session, each of our (individual) bodies remained stationary as we sat in a semi-circle on the floor and devoted our time and attention to Lilia, with the hope that our supportive presence (as a collective) might relieve some of the anguish incited in her by the lack of support she was receiving at home from her family. It is important to recognize that while the collective is certainly enacted in these off-the-mat conversations that Rosi encourages in her yoga class, the individual also remains a potent force in her philosophy and discourse. She, along with her students, must negotiate confounding messages of (self- and other-oriented) care alongside the realities of their social lives, a process which proves to be rather challenging for Lilia (as I demonstrate below).

When Rosi asked Lilia how she was feeling Lilia did not initially discuss the emotional angst she had relayed to the others and me earlier, but instead complained about a throbbing pressure she had been experiencing for several days in her neck, back, and head. She turned towards me, as I was seated next to her, and placed considerable pressure on the back of my head and then instructed me to lift it, which was nearly impossible to do with the weight of her body holding me down. This intense pressure, she told the group, was the type of pain she felt throughout the day. Despite Lilia's move to include me in her story Rosi's attention remained completely focused on her. "It's obvious," said Rosi, "that you are holding anxiety and fear and anger in your body. You need to give yourself some time to rest and think of nothing. Listen to your body and give it what it needs. Listen to your breath. That is yoga." She then reminded Lilia that engaging in yoga would help her "to be more gentle and kind" to herself. "Remember if you only talk about how neurotic you are, you can only receive that same negative energy you send out to the world. What you are doing is self-punishing (*autocastigando*)." Catarina then raised her hand and asked Rosi if she could say something. "I identify very much with Lilia's sadness. Teacher, it is not easy. I've been coming here for more than three years and of course I know I feel calmer after class, but I still feel guilty because there is so much to do at home. I have to prepare and warm the food. If I

am not there to serve my husband and children, they won't eat." Many of the other women nodded in agreement, suggesting that they, too, identified with Lilia and Catarina's struggle to navigate between their (personal) need to self-care and their (social) obligations to care for their families.

Rosi herself shoulders many of the same responsibilities that Lilia assumes in her daily life and therefore understands how difficult it might be for Lilia to "think of nothing" or find time "to rest" when her senile mother needs to be accompanied to hospital visits that often last several hours, her husband expects her to prepare a home-cooked meal for lunch, her children must be tended to after school, her house must be kept clean, and she must report to work in the market so she can pay for the medications both she and her mother require. Although Rosi's advice to Lilia (to be more mindful of her body) does not immediately address these lived social realities that contribute to her depression and anxiety, it does not necessarily discount their effects either. Rosi clearly acknowledges the severity of the situation given the time she devotes to it in class and the alternative therapies she offers Lilia during subsequent sessions, but she perceives the deleterious effects it has on her health as something which Lilia must ultimately manage. Rather than become a victim of her life circumstances, Lilia has no other choice, according to her teacher, but to take care of herself. Otherwise, Rosi explains further, her mother and loved ones will suffer. "There is nothing left to do but accept the situation...Do not let yourself get sick. You need to be strong, you need to be well. [Your family] needs you." Rosi does not therefore favor self-care at the expense of those around her. On the contrary, she is instructing Lilia to *not* neglect her obligations towards her family, which will depend on whether Lilia herself is healthy; that is, if she *also* takes care of herself. In other words, Lilia should self-care not only in spite of but also as a way to better manage the challenges that await her at home. By interpreting care of the self as that which can ultimately aid another, Rosi offers her students a culturally appropriate lens to filter and accept some of the self-oriented messages that they find somewhat unpleasant and alienating.

As Catarina and I walked out of the room together I thanked her for sharing

so openly about her own struggle to overcome the guilt she has encountered through her participation in yoga. She claimed that “it’s worth it [*vale la pena*]. We all arrive like Lilia—with much pain and sadness. What I found here are friends. This is a space where you can release everything and leave it there.” While such relational understandings of self-care enable many of the women to negotiate the emotional discomfort their practice sometimes incites, others like Lilia are challenged significantly by their social realities and are unfortunately unable to simply “release everything and leave it there.” Recognizing these diverse experiences allows us to grasp the limitations of the collective that emerges in this context.¹⁶

Lilia remained absent from class for two months following my first encounter with her. Sandra mentioned to me that she had contacted Lilia several times but no one ever answered the phone at her house. When Lilia finally did show one evening she looked very much like the first day I met her – tired and sad. Not much had improved. In fact, it seemed as if the situation at home with her mother had worsened and her own emotional stability had continued to deteriorate. Lilia was suffering from insomnia, depression and anxiety, taking psychotropic medications, and had been admitted overnight to a state psychiatric hospital for a nervous breakdown (*un ataque de nervios*). One week prior to Lilia’s hospitalization her mother, who was also being medicated for depression, had mistakenly consumed a small overdose of pills while Lilia was using the restroom in her home. The incident provoked much anger in her husband, who was at home when it occurred. He reminded Lilia that she (rather than he) needed to take better care of her mother. Even her mother’s doctor, Lilia informed us, added to her anguish when he warned her that she would be incarcerated if “something terrible happens” and her negligence was proven to be at fault.

Lilia attended class on a regular basis for a few weeks after her two-month recess by lying to her husband about her whereabouts. He would stay home with her mother while she was supposedly consulting a therapist at the Center for her

¹⁶ Rosario’s story, as well as Lilia’s, indicates that multiple (heterogeneous) groups or collectives emerge and operate within this space.

depression. In many ways, yoga did indeed become her weekly “medicine,” as she called it, and she became Rosi’s patient. During the relaxation portion of each class Rosi massaged Lilia’s body to alleviate her anxiety (albeit temporarily), and on a couple of occasions she even traveled to her house and provided her with hour-long therapies. In class Rosi pleaded with Lilia to find “tranquility and peace,” which I would argue she found while resting her sleep-deprived body on the floor.

Her friends and I dedicated many hours over several weeks listening to her painful stories, watching her cry out of fear and desperation, comforting her with words of reassurance, and embracing her. We blamed the doctors for their ignorance and disrespectful behavior, the state institutions for their inadequate facilities and care, and the pharmaceuticals for their side effects. At the end of each class Lilia expressed her gratitude to us for helping her, in her words, “come back to life (*volver a nacer*).” Although each of us offered our friend some form of social support that relieved her anguish momentarily, it was obvious to me when she suddenly ceased coming to class that we were limited in what we could do for and how we could care about her. Rosi, however, thought otherwise and took Lilia’s departure to be a promising indication that she had finally chosen to take care of herself. She explained to us that “it is easier sometimes to remain sick. People feel sorry for you, you receive attention. When you choose to be healthy you must resume your role in society: you must work, you must feed your husband, and you must take care of your grandchildren. Once in a while it is easier to be sick and have people take care of you.” For Rosi, Lilia’s engagement in self-care (as well as our engagement in her care) helped her gain the physical and emotional strength to resume her care for others. By no means did yoga give birth to new social conditions in Lilia’s life, but it did offer her a temporary respite from those realities and a group of fictive kin (sisters) who identified with her and showed her they cared about her physical pain and emotional sorrow when it seemed that so few others in her life did.

In the last section of this article I turn to the ways these women extend care to something even greater than each other: their country. Leading the women in a special prayer and meditation a few days prior to the presidential election of 2012,

Rosi encourages them to take care of their country's health by voting. This experience, I suggest, reinforces yoga (and by extension self-care) as not only a socially but also culturally relevant practice to Mexican working-class women in Iztapalapa.

A place to care for Mexico, "our sister".

Scene 1:

I had just completed an interview with Maria, a very friendly housewife in her early sixties who had been participating in yoga at the Youth Wellness Center for almost six years. She had a reputation for spreading laughter, particularly with the sexually provocative stories and jokes she shared with her friends. As we walked from her home to the Center, making our way across a large pedestrian concrete bridge that crossed one of the main avenues in Iztapalapa, Maria suddenly called out to me to halt my movement. Had she not bellowed, "Watch out! [*¡Agua!*], I would have stepped directly into a pile of soggy potato chips that were drenched in chili sauce. I took a large step over the mess and expected that we would immediately resume our pace. Maria, however, had a different plan. She pulled out a small package of tissues from her handbag, hunched herself over the pile of chips on the concrete walkway, and cleaned up the mess. When she stood up, she shook her head in frustration and told me, "Andrea, this is what I do not like about my country. There are so many dirty people who do not take care of themselves [*no se cuidan*]."

Scene 2:

The room in the Center was steamier than usual one evening in late June, 2012, which was somewhat unusual given that only twelve of us were in attendance and Rosi ended our physical activities about fifteen minutes early to engage us in what she called a "very special meditation." I normally joined these meditations as a participant, but as soon as I heard Rosi utter the words, "Mexican Republic," I opened my eyes as an observer and reached for my pen and notebook. I scribbled furiously, trying to remain focused on her words rather than on the darkness in the room, which made it terribly difficult to see what I was

writing. I include below a complete transcript of this meditation and prayer, followed by my analysis, in order for my reader to gain a more comprehensive understanding of both Rosi's message and mine.

Close your eyes and concentrate. Inhale deeply and exhale. Be conscious of how you breathe.

Visualize your Mexican Republic. Remember that it is in the shape of a cornucopia of abundance. Visualize this cornucopia of abundance that is Mexico. Now visualize your Federal District. Ask the Father to shower his gold light completely around the Republic and then ask that light to concentrate itself in this city and from there spread to all of the other states. Visualize that cornucopia of abundance that is Mexico. Visualize yourself taking the love you hold in your heart and sending it to your Republic, to your governing leaders, and towards your brothers who live in all of those states.

Now visualize those people who are competing to gain power, those people who want power. Ask the divine Father to send his light to the minds of those people. Ask the divine teacher to fill their hearts with light and love. Ask the Father to give them wisdom so that they may love their bodies and themselves.

Now ask the Father to give you the wisdom to be able to make a decision this weekend, that those decisions be good for you and for humanity. Visualize in this moment your Mexican Republic, that she is full of light. Visualize this light removing her darkness and that of your mind and indecisions. Ask the Father to illuminate you in the moment you have to make a decision this weekend. Ask him to bring light to your mind, love to your heart, to your brothers, and to humanity. Do not only think of your well-being. Think of the well-being of all. Visualize the Mexican Republic completely full of light, peace, and love. Send this light to people, to humanity. May there be peace, harmony, and light for all of humanity.

And we say [together in unison]: One thought of peace every day. In me there is peace. I feel peace. The peace of the spirit is the peace of the land, the peace of

the individual will be the peace of the world. Light in the mind, peace in the soul.

Be conscious of the words you are saying. It is a declaration. The words manifest.

[Together in unison]: May there be light. That it may be God, whoever it may be, may it manifest in each of my thoughts, in each of my words, in each of my deeds. May there be light, that it may be God, whomever it may be, may it be and be for all of eternity, for my well-being, and that of my sister and humanity.

Inhale deeply, exhale and say [together in unison], Peace.

Send light to our sister, the Mexican Republic, our country. Send this light, harmony and peace as well to our sister, Victoria. Let's send this positive energy, love, forgiveness, and harmony to our sister, our Victoria, that it illuminates her path and that of her family, that it illuminates our homes, that it calms her and her family.



Figure 5. Yoga practitioners engage in prayerful meditations at the Youth Wellness Center.

Rosi and her girls were quite concerned about Mexico's future. They did not have to watch the evening news on television or listen to the radio to know that Mexico's health was being jeopardized by rampant and brutal (drug war) violence taking place throughout the country (but mostly outside of the capital city). At almost every social gathering one of the women shared a story about some episode of violence and crime (assaults, muggings, emotional abuse) that she or a friend (outside the group) had encountered. The woman Rosi identified in this prayer – Victoria – had herself become a victim of a home break-in and robbery only a few days prior to the class and had become quite afraid to leave her house. By incorporating group prayer and meditation regularly into their yoga practice Rosi encourages her students to acknowledge their concerns and address their fears collectively.

Many of the women recognized the fear, insecurity, and distrust they experienced from time to time as symptoms of a larger social disease, the roots of which they located in the (im)moral fabric of their nation's leaders. These leaders, they claimed, did not care about the people (*el pueblo*), but only about power and the wealth they acquired from assuming it. In the weeks leading up to the 2012 presidential election several women mentioned to each other that they received phone calls and visits to their homes from representatives of political parties who offered them money, tortillas, and supermarket gift cards in exchange for their support. Most were openly critical of these incidents, but one woman commented to her friends that she had no choice but to accept the 500-peso (\$45USD) gift card because, as she says, "sometimes you just need help." Such acts of political corruption made the majority so pessimistic about the prospects of the election that many began to question whether they would vote.

The only individual I heard speak in favor of voting was Rosi. She was supportive of her girls participating in their country's electoral process (so as not to become victims of it), and she encouraged them to think carefully about the potential impact their decision to vote (or not) would have on the nation. Overwhelmed by the aggression she observed on television and in student protests across the city and dissatisfied with her own students' growing

indifference, she offered these women a tranquil moment to reflect on their responsibility to care for their country – that is, to “[t]hink of the well-being of all.” This guided meditation does not necessarily alter Mexico’s social realities, but it helps inspire many of these women to envision those realities differently and vote.

In this meditation Rosi urges her girls to embrace Mexico as one of them – a sister – and visualize “her” well (that is, full of light, abundance, love, and peace). Personifying and feminizing their country allows these women to identify it as (a healthy) Self rather than (a sick) Other. In this way Mexico becomes part of the collective self (sisterhood) that Rosi crafts and reinforces in class through visualizations, meditative words, and prayerful recitations spoken in unison. Here, Rosi serves in many ways as a spiritual leader inspiring her congregation of sisters to follow a supposedly divine-driven mandate to “make a decision [to vote] this weekend.” They should do so not necessarily because they are citizens of Mexico but because they have adopted Mexico as their sister and “her” well-being relies on their care. We now can begin to understand the meaning of care that Maria (in the first scene above) alludes to after cleaning the dirty ground on which she and I walked. Taking care of Mexico implies taking care of the collective self (articulated as a sisterhood), which these women cultivate through their practice of yoga both on and off the mat.

Enacting a self that is collective motivates these working-class yoga practitioners to offer support to others, which I have demonstrated repeatedly in this article. However, it may also reinforce certain class distinctions that help them differentiate their social position or status from others in Iztapalapa and beyond. Indeed, many of the women consider themselves to be a select group of Mexicans who are, in their words, “pretty,” “educated,” and “civilized” [*gente bonita, educada, civilizada*]. They arrive at this notion not because they do yoga per se, but because their yoga teaches them to care enough about each other, their families, and even their country to want to engage in self-care. In contrast to their overwhelmingly positive rendering of *us* is Maria’s criticism of *them*, those (Other) “dirty people [in Iztapalapa] who do not take care of themselves.” While Maria and her friends welcome Mexico as their sister, the ethnographic vignettes I have presented in this

article indicate that they do not always embrace every Mexican or every sister as “one of us” (*gente como uno*).

CONCLUSION

In this article, I heeded Guell’s (2012) call to broaden the analytical lens of ethnographic studies of self-care by investigating “self-care at the margins.” I presented Rajeev’s commentary at the beginning to highlight the importance of unpacking the concept of self-care, particularly as it plays out among working-class yoga practitioners in Mexico City. Even though many of the women in my study consider yoga a means for self-betterment and self-awareness, the self that their care engages is often fashioned in practice as a social entity. In this way, care of the self is constituted as care of the collective – where the (improved) collective is envisioned in terms of (a clean, conflict-free) space, (a supportive, inclusive) sisterhood, or even (a peaceful) nation.

I have tried to explain how a supposedly personal (individualized) practice of care – yoga – entails a shared sense of responsibility among working-class women in Iztapalapa; the episodes of conflict I elaborated on in the first two sections showed how the collective (as a shared space and fictive familial group, for example) is mobilized in self-care. Social relations foreground their practice, such that how well one cares for another becomes a standard by which how well one ultimately cares for herself. Lilia’s story helped us to understand the uncomfortable tensions that many of these women must maneuver both on and off the mat. Self-care, I suggest, is necessarily fashioned as collective care in this space, though what this collective can accomplish beyond it is considerably limited. Such limitations leave the women feeling helpless at times.

State authorities I spoke to do not always understand that it is not feasible for women, like Rosario and Lilia, to “be responsible for their health” and “take care of themselves”, given that they often have other pressing concerns for which to care. By invoking the collective, however, working-class Mexican women are able to negotiate some of the guilt surrounding their engagement with self. Going to yoga class, when leaving a sick grandchild at home or defying a husband’s wishes,

becomes more personally and socially acceptable if, as one woman notes of her participation, “My sisters need me.” In other words, care of the self is justified by and enacted in relation to collective care. Self-care in Iztapalapa does not therefore simply involve the collective; it in fact depends on it.

This article will hopefully offer public health officials in Mexico a more complex rendering of self-care. Informal conversations with Mexican public health workers suggest that some of them recognize (at least off-the-record) the collective nature of self-care, yet they often struggle to promote this notion in practice, given the larger discourse of *autocuidado* that structures their work. Such neoliberal health discourses unfortunately reinforce the (incorrect) conception that health, illness, and care are matters that all individuals in contemporary Mexico can manage on their own. Future ethnographic research that works towards unpacking other neoliberal health policy concepts (like choice and lifestyle) through the lens of inequality may provide us with further insight into how particular groups manage their vulnerable life circumstances as best as they can.

BIBLIOGRAPHICAL REFERENCES

- Badone, E. (2008). Illness, Biomedicine, and Alternative Healing in Brittany, France. *Medical Anthropology*, **27** (2), 190-218.
- Baer, H. (2001). *Biomedicine and Alternative Healing Systems in America: Issues of Class, Race, Ethnicity, and Gender*. Madison: The University of Wisconsin Press.
- Baer, H. (2004). *Toward an Integrative Medicine: Merging Alternative Therapies with Biomedicine*. Walnut Creek: AltaMira Press.
- Baer, H. (2008). The Emergence of Integrative Medicine in Australia. *Medical Anthropology Quarterly*, **22** (1), 52-66.
- Berenzon Gorn, S., Alanís Navarro, S., and Saavedra Solano, N. (2009). El uso de las terapias alternativas y complementarias en población mexicana con trastornos depresivos y de ansiedad. Resultados de una encuesta en la Ciudad de México. *Salud Mental*, **32** (2), 107-115.
- Biehl, J. and Moran-Thomas, A. (2009). Symptom: Subjectivities, Social Ills, Technologies. *Annual Review of Anthropology*, **38**, 267-88.

- Biswas, P. (2012). Social Sutra: Yoga, Identity, and Health in New York's Changing Neighborhoods. *Health, Culture and Society*, 3 (1), 96-111.
- Cardaci, D. (1999). Promoción de la salud: ¿cambio cultural o nueva retórica? In M. Bronfman and R. Castro (Eds) *Salud, cambio social y política. Perspectivas desde América Latina*. México: Instituto Nacional de Salud Pública y Foro Internacional de Ciencias Sociales y Salud.
- Delfabro, M. (2011). *El yoga como elemento de identidad y recurso adaptativo en la cárcel de Atlacholoaya, Estado de Morelos, México*. Tesis de Licenciatura. México: Escuela Nacional de Antropología e Historia.
- Gálvez, A. (2011). *Patient Citizens, Immigrant Mothers: Mexican Women, Public Prenatal Care, and the Birth-Weight Paradox*. New Brunswick: Rutgers University Press.
- Guell, C. (2012). Self-Care at the Margins: Meals and Meters in Migrants' Diabetes Tactics. *Medical Anthropology Quarterly*, 26 (4), 518-533.
- Haro Encinas, J. A. (2000). Cuidados profanos: una dimensión ambigua en la atención de la salud. En E. Perdiguero and J. M. Comelles (Eds) *Medicina y cultura. Estudios entre la antropología y la medicina*. Barcelona: Ediciones Bellaterra.
- Hogle, L. (2005). Enhancement Technologies and the Body. *Annual Review of Anthropology*, 34, 695-716.
- Kern, L. (2012). Connecting embodiment, emotion and gentrification: An exploration through the practice of yoga in Toronto. *Emotion, Space and Society*, 5 (1), 27-35.
- Laurell, A. C. (2001). Health Reform in Mexico: The Promotion of Inequality. *International Journal of Health Services*, 31 (2), 291-321.
- Laurell, A.C. (2007). Health System Reform in Mexico: A Critical Review. *International Journal of Health Services*, 37 (3), 515-535.
- Lea, J. (2009). Liberation or Limitation? Understanding Iyengar Yoga as a Practice of the Self. *Body & Society*, 15 (3), 71-92.
- Leal F., G. (2010). 2006. *El final de un sexenio. Salud y seguridad social en el foxismo*, 92. México: UAM-Unidad Xochimilco.
- Luz, M. (1999). Cultura contemporánea y medicinas alternativas: nuevos paradigmas en salud al finalizar el siglo XX. In M. Bronfman and R. Castro (Eds) *Salud, cambio social y política. Perspectivas desde América*

Latina. México: Instituto Nacional de Salud Pública y Foro Internacional de Ciencias Sociales y Salud.

- Marsland, R. and Prince, R. (2012). What is Life Worth? Exploring Biomedical Interventions, Survival, and the Politics of Life. **Medical Anthropology Quarterly** 26 (4), 453-469.
- Menéndez, E. L. (1984). **Hacia una práctica médica alternativa. Hegemonía y autoatención (gestión) en salud.** México: CIESAS.
- Menéndez, E. L. (1990). *Antropología médica, orientaciones, desigualdades y transacciones.* **Cuadernos de la Casa Chata, 179.** México: CIESAS.
- Menéndez, E. L. (2009). **De sujetos, saberes y estructuras. Introducción al enfoque relacional en el estudio de la salud colectiva.** Buenos Aires: Lugar Editorial.
- McGuire, M. B. (1988). **Ritual Healing in Suburban America.** New Brunswick: Rutgers University Press.
- Módena, M. E. (1990). **Madres, médicos y curanderos: diferencia cultural e identidad ideológica.** México: CIESAS.
- Napolitano, V. (2002). **Migration, Mujercitas, and Medicine Men: Living in Urban Mexico.** Berkeley: University of California Press.
- Nguyen, V. K. (2005). Antiretroviral Globalism, Biopolitics, and Therapeutic Citizenship. In A. Ong and S. J. Collier (Eds) **Global Assemblages: Technology, Politics, and Ethics as Anthropological Problems.** Malden: Blackwell.
- Osorio, R. M. (1995). La cultura médica maternal en la atención de la salud materno—infantil. En S. E. Pérez, J. C. Ramírez, and P. Ravelo (Eds) **Género y salud femenina. Experiencias de investigación en México.** México: CIESAS and Instituto Nacional de Nutrición Salvador Zubirán.
- Robles-Silva, L. (2004). El cuidado en el hogar a los enfermos crónicos: un sistema de autoatención. **Cadernos de Saúde Pública, 20** (2), 618-625.
- Robles-Silva, L. (2007). La pobreza urbana. ¿Cómo sobrevivir enfermo y pobre? En P. Arias and O. Woo Morales (Eds) **¿Campo o ciudad? Nuevos espacios y formas de vida.** México: Universidad de Guadalajara.
- Robles-Silva, L. (2010-2011) La autoatención en la enfermedad crónica: tres líneas de cuidado. **Rivista della Società italiana di antropología medica, 29-32,** 279-298.

Schneider, S. D. (2010). ***Mexican Community Health and the Politics of Health Reform***. Albuquerque: University of New Mexico Press.

Secretaría de Salud (SS) (2007). ***Diagnóstico de los aportes de diferentes modelos clínico terapéuticos para la diabetes mellitas***. Dirección de Medicina Tradicional y Desarrollo Intercultural, Dirección General de Planeación y Desarrollo en Salud. México.

Secretaría de Salud (SS) (2007a). ***Estrategia Nacional de Promoción y Prevención para una Mejor Salud***. México.

Secretaría de Salud (SS) (2007b). ***Plan Nacional de Salud, 2007-2012: Por un México Sano: Construyendo Alianzas para una Mejor Salud***. México.

Secretaría de Salud (SS) (2007c). ***Propuesta operativa para abordar la diabetes desde los aportes de diferentes modelos clínico terapéuticos***. Dirección de Medicina Tradicional y Desarrollo Intercultural, Dirección General de Planeación y Desarrollo en Salud. México.

Secretaría de Salud (SS) (2008). Medicina Intercultural. Diversidad y sociedades multiculturales. ***México Sano***, **1** (1) 20.

Secretaría de Salud (SS) (2008a). ***Programa de Acción Específico, 2007-2012. Medicina Tradicional y Sistemas Complementarias de Atención a la Salud***. México.

Sointu, E. (2006). Healing bodies, feeling bodies: Embodiment and alternative and complementary health practices. ***Social Theory & Health***, **4**, 203-220.

Sointu, E. (2006a). The search for wellbeing in alternative and complementary health practices. ***Sociology of Health & Illness***, **28** (3), 330-349.

Whyte, S. R., Van der Geest, S., and Hardon, A. (2002). ***Social Lives of Medicines***. Cambridge: Cambridge University Press.

Wilkinson, A. and Whitehead, L. (2009). Evolution of the concept of self-care and implications for nurses: A literature review. ***International Journal of Nursing Studies***, **46**, 1143–1147.