

## *Gypsies: pentecostalism and health*<sup>(1)</sup>.

### *The Vie et Lumière Evangelical Church*

Susana Ramírez Hita

Universitat Rovira i Virgili, Tarragona (Spain)

#### *Introduction*

This paper is part of a wider investigation that covers the articulation of all the health care practices that are customary nowadays among the Catalan gypsies of Perpignan (France). In particular, we should mention the scientific medical system, traditional medicine, self-medication and the healing practices of the Evangelical and Catholic churches. This article attempts to describe the reality of the health-sickness processes that occur within the Gypsy Pentecostal church called '*Vie et Lumière*', as well as the more common health care practices among the Catalan gypsies of Perpignan.

During 4 months of fieldwork in 1999, we carried out this study basically using the technique of observation-participation, together with interviews with gypsy women (our unit of analysis), and pastors, health workers (doctors, nurses, and pharmacists) and traditional therapists<sup>(2)</sup>.

#### *Vie et lumière*

To illustrate the influence of the Pentecostal churches on the French gypsy population, the '*Mission Évangélique Tzigane*' first appeared in France in 1952, joining the French Protestant Federation in 1975, and it is thought to include approximately 60,000 believers, of whom about 35,000 have been baptised into the faith. Baubérot estimates that 'Assembly of God' is the denomination that congregates the greatest number of other Pentecostal churches in France (Baubérot 1993).

'*Vie et Lumière*', the name of the gypsy Pentecostal church in France, is the same congregation that is called '*Filadelfia*' in Spain, and both belong to the *Assembly of God*'. The only difference between them is that whereas the

first two are exclusively aimed at the gypsy population (all the participants are gypsies, as are the pastors and all the positions in the church hierarchy), the *Assembly of God* only includes the 'payos' or non-gypsy population. This is the first time that this branch of the Evangelical church has given special treatment to a particular ethnic group.

Over a period of time, the gypsy Evangelical church spread from France to other countries, where healings and 'miracles' was the key to conversion. In his book *The Call of God to the Gypsy People*, Adolfo Giménez, a gypsy, says that the gypsies started to convert to Evangelism in France in 1950, and from there the cult spread to other countries, among them Spain, where it appeared only recently, in 1965. Around that date a group of seven Spanish gypsies, who had gone to work in France, converted to the Pentecostal church, returning home to preach the Gospels.

### *Pentecostalism and Health*

Among the health care practices of the gypsy community, that of the Evangelical Pentecostal church is a question of faith healing, through the mediation of God, Jesus Christ and the Holy Ghost. The healings and 'miracles' that are produced in the context of ecclesiasticism, especially when they affect a family member, are among the main reasons for the adherence of the gypsy population to this religion.

At first, many of the gypsy believers were converted because they witnessed a 'miracle' cure, although nowadays it is possible to find believers who attend the church because they have grown up among Evangelists or, as one gypsy woman told us: «*I am an Evangelist by birth*».

When a member of the congregation has a serious illness they are prayed for in the church and presented before God. On these occasions, the pastor will act as a mediator, or channel, for this healing power, but it is possible, on occasions, that the sick people themselves or some member of their family will try to establish direct contact with the divine powers without the need of an intermediary.

They will often resort to doctors and divine power at the same time, or else they turn to God when the medical profession has given up on the sick person, and this is when the 'miracle' of a cure can happen.

The Evangelical gypsies have a strong belief in the efficiency of doctors, as they affirm, «*they are wise men that have been put here by God to cure*».

We can observe the lack of conflict between religion and medicine in one pastor's remarks:

*«We are not against doctors (...) if it is a fatal illness, that's one thing. However, if you have a sore mouth, you go to the Doctor and he cures you. We are not fanatics. My wife has had a terrible cold since the start of the year and takes pills for it. God isn't curing her. I myself have asthma, diabetes, epilepsy and I go to the doctors. We know that the doctors cure. God is the great Doctor, but if God has given us wise men, we respect these men».*

Doctors, therefore, are respected and accepted in as much as it is accepted that they have been 'put here by God', and in the end it is the same divinity who gives them the power to cure. On the other hand, it's the seriousness of the illness that will determine the need to resort, or not, to the curative power that is attributed to the Holy Ghost.

'Testimonials' of faith healing are numerous among French gypsies, and the following account from a gypsy woman is just one example:

*«My son had his heart all wrong, like the legs of an octopus, and I took him to the Doctor because he would go black. I told the Doctor what the matter was. The Doctor checked him over and said to my cousin that came with me: 'Look, señora, no.' I wasn't baptised. Moreover, he said to my cousin: 'This child isn't going to live, he is very sick and his heart is all wrong.' Afterwards, when I went to the church, we went to every meeting, my cousin says to me: 'Take the child to the church and present him, because he is very ill.' The baby was just a few months old then, very small. I told Berio (the pastor): 'The Doctor told me that my son is very sick, and that he has this, this and this.' And he said: 'Start praying and close your eyes.' I went into a corner and his wife was by my side. I had my eyes closed and his wife told me: 'Ask God for it, ask him for it, you'll see that he will give it to you'; and I asked God, I asked God and God gave it to me. I said, 'Lord, see how my son is, he will die because he has the heart not of a person but of a beast'; and when I finished praying, the servant of God told me once more: 'Give thanks to the Lord, give thanks to the Lord, that God has cured him for you'. I said: 'Merci Lord, merci Lord', but didn't know why. And some days later I took him to the Doctor again and the Doctor told me: 'Listen, señora, this child isn't the same one you brought me.' Because I had health insurance for one of my children and didn't have any for the other one, and the first day that I took him, I took him in his own name and I paid; and the second time I took him with the insurance of the other one, under another name and he told me: 'This child isn't the one you brought me the other day, a week or two ago, because that child was very ill and this child has nothing wrong with him.' And he's now 35 years old».*

The structure of the 'testimonials' reproduces a model that is often repeated: there is a serious sickness that the doctors cannot cure, prayer is resorted to, with the mediation of the pastor between God and the sick person, and this produces the cure, the 'miracle'. The cure of the sick person reinforces the faiths of those that witnessed the 'miracle' and were not believers, and it is likely that both the sick person and their family convert to the church after this event.

On the other hand, the Evangelical church holds a great number of precepts that could be called preventative medicine; these include restrictions on alcohol, smoking, drugs and depression.

Sickness and its cure play a key role for the Evangelical gypsies in that it gives them the chance to justify their doctrine

At the same time, if the Pentecostals admit the validity of scientific medicine it is because they recognise that the Apostle Saint Luke was a Doctor: «*God put doctors in this world to attend the sick*». Faith healing forms part of day-to-day living for the members of this church. To this therapeutic representation, known as 'healing', is added another in which the Holy Ghost also participates: the 'miracle'. Nevertheless, apart from the 'miracle' and the 'healing', the cult emphasises other differences between 'healing' and 'salvation', the first referring to the body, and the second to the soul. To obtain salvation one must, therefore, accept the written words of the Gospels, abide by the established norms, believe in the Holy Ghost and, above all, undergo religious conversion.

### *The sicknesses they address*

We could say that within the institution of the Evangelical church, treatment is available for every sickness, whatever its origin or nature. In the old days, the gypsies went to their own traditional therapists who dealt with the full repertory of common pathologies, and, depending on the seriousness of the sickness, they also went to doctors.

Although nowadays there is a big demand for standard medicine, in many cases they continue to use traditional medicine, which they call 'the old medicine'. Since the arrival of Evangelism among the gypsies a whole new therapeutic system has been established that gives an apparent solution to all those sicknesses that neither the traditional nor the scientific therapist could find an answer to, especially those considered 'very serious'. Even though the usual Catholic pilgrimages continued to Lourdes and Santa Sara, for example, where miraculous cures were often produced, Evangelism occupied its own sphere, attending new sicknesses among the gypsy population (such as drug addiction, HIV, etc.), but also helping and offering a solution to the sick for whom the scientific medical system had given up all hope. Thus began a new strategy that based the possibilities of healing and salvation on the power attributed to the Holy Ghost.

These circumstances caused obvious changes in the ways the processes of health-sickness-treatment were perceived, installing among the gypsies the possibility of a miracle cure, closer to them and more frequently occurring than the one offered by the Catholic religion.

The role of therapist in this new health care practice falls on the figure of the pastor. He does not replace the traditional therapist (in spite of the fact that he may use apparently similar techniques, such as the laying on of hands); rather he takes care of sicknesses or ailments that are basically different, from the simpler ones to the more complex.

Not all the pastors possess the same healing power, as they have different abilities as mediators. When the sicknesses are considered simple, prayer is the means by which relief or a solution to the ailment is requested. This can be done directly by the patient, without any need of intermediary action by the pastor.

### *Types of treatment*

Evangelical medical practice presents us with two types of treatment, depending on whether it takes place in the public or private sphere, or whether these public or private treatments are for groups or individuals:

1. Group: This takes place inside the church. There may or may not be a direct relationship with the sick person. The mediation is established through a group of the faithful.
2. Individual: This takes place inside houses or hospitals or also during worship. There is a direct relationship between the pastor and the sick person, and the mediation can be carried out by the pastor or based on the 'prayer' of the patient himself.

1. In the case of group treatment, the ailment is exteriorised inside the church, and pronounced aloud in front of the believers. At the same time, the Pastor and the entire congregation pray in unison for the sick person. In this collective prayer, which calls on the healing power of the Holy Ghost, the faithful constitute the channel of mediation. It is not necessary for the sick person to be inside the building, as it is possible to petition on their behalf in their absence, or in the presence of one of their family members.

'Missions' may also be included within this type of treatment. That is to say, meetings that last for several days and where Pastors from other churches (be they from the same country or from abroad) also attend. These meetings are considered to possess 'great healing power' and group healing ceremonies take place. This form of group or collective treatment is different

from all other types of treatment for health-sickness that are applied in the other medical practices of this gypsy community, not only those of the scientific medical system but also those of the traditional medical system, and is functionally adapted to the structural core of the gypsy culture, in which the conception of community constitutes one of the bases of social existence.

2. The second type, treatment that is effected in the private sphere, is personalised and the relationship pastor-sick person is a direct one, as the former becomes the mediator between the Holy Ghost and the patient. The most commonly used techniques in this practice are the laying on of hands and the anointing of oil. On occasions, the connection between the sick person and the healing power can be direct (without the brokerage of the pastor), and the mediating channel will be the 'prayer' offered up by the subject himself.

The treatment that is effected within this religious belief involves a continuous follow-up by the sick person. When a church member or some member of their family suffers an illness, the faithful will pray constantly for them to be healed and, at the same time, the pastors will regularly visit the sick. The care of the sick, the disabled and the old is highly valued in the gypsy community, and the whole family throws itself into it, although the women (above all, the mothers and grandmothers) are the ones who take care of the patients. As well as the care received from the family group, the faithful know that they can also call upon collective treatment from outside the private sphere that will effectively take place on the days of worship, within the church.

From these perspectives, we can distinguish between treatment that takes place in the family sphere and treatment that takes place in the religious sphere, both of which are sustained by biblical precepts and turned into acts of faith.

In the sphere of ritual, the most common therapeutic techniques are prayer, the lying on of hands and the ointment of oil. The laying on of hands is accompanied by the prayers of the pastor, and is usually effected in church; if the sick people cannot go there, the pastor will go to their home. Oil, which symbolises the Holy Ghost, tends to be anointed where the sickness is more serious; in these cases, a drop of oil is splashed on the patient's head, and prayer, too, accompanies this.

But the thing that will validate the act of healing, in both types of treatment, will be prayer as a concrete fact, being used as a therapeutic mecha-

nism whose efficiency will depend on the repentance of the believer and on their faith, which is shared with their community.

### *Classification of sicknesses*

The doctrine of the Evangelical church considers that only divine power has the capacity to cure sicknesses, not only those considered 'serious' but also the 'simple' ones. Much as doctors are thought to have been put here by God to cure, which allows for their consultation, when it comes down to it, the cure does not depend on the knowledge of the Doctor but rather on the decisions of the Holy Ghost. That is why it is common to ask God to guide the Doctor before consulting him.

For the Evangelical gypsies of Perpignan, 'simple' sicknesses are treated according to the problem, either at home or by seeing a Doctor. In Spain, on the contrary, we were able to witness the laying on of hands for relatively simple ailments, such as a headache.

In many cases more than one therapy is used, combining the laying on of hands with patent medicine.

The doctors can 'not' treat sicknesses that are considered 'serious' include all those that, and this is understood to mean that only God can cure them. It is at this moment when the family of the gypsy, be they believers or not, will call on the services of the Pastor, asking him for the laying on of hands and waiting for the 'miracle' to be produced.

In general, it could be said that the Evangelical gypsies group sicknesses, according to the possibilities of their treatment, into:

1. What the doctors cure
  2. What the Holy Ghost cures
1. The former include all those that can be cured through patent medicine or through a simple operation, although the Doctor is considered to be merely a mediator between the healing power of God and the sick person.
  2. The latter encompasses ailments that can only be treated effectively by the Holy Ghost, especially those for which scientific medicine has no answer. Among these last two variants are *sicknesses of the soul* and the *sicknesses of the body*.

Sicknesses of the soul refers to the intervention of the devil, as in the case of possessions, and are exemplified in this account by a pastor:

*«One day they brought me a gypsy from Tolosa possessed, possessed, by the devil. He did things, said bad words, and swore by the dead. As a gypsy, he knows that you should never mention the dead. And they had him tied up; three ropes and he opened his mouth to bite us. The young pastors that were with me were afraid. I was sitting there. How can it be that we are afraid! And I say throw down the ropes...they say, 'no, no he's going to kill you' and I say, 'throw down the ropes' and he makes faces at me with his mouth like this.» (He gesticulates).*

*«'What's your name?' and he made fun of me and said: 'Lucifer'. I said 'Leave in the name of Christ' and he fell down dead, and the spirit went out. I worked as an exorcist. Now I am old, you have to have lots of strength, because it can last ten days or hours and hours. You must be young and strong. The doctors are very wise but they are wrong when they see someone who is possessed and say that it is epilepsy. Because it looks the same, the same. The devil doesn't just want your body, he wants your soul, as he is jealous that you have happiness in God. So what does he do? He possesses you.» (Pastor).*

The sicknesses of the body, for their part, include all those sicknesses or physical ailments that have been treated fruitlessly by scientific medicine (cancer, HIV, drug addictions, etc.).

In both cases, the effectiveness of the treatment is associated with the will of the divine power. Evangelical gypsies understand that when the cure does not happen, it is because God has decided that the sick person and their family should go through this test, where they must demonstrate their faith. The very condition of being a believer puts the patient in the hands of a supernatural power, and this leads them to ignore normal measures for preventing illness, shifting the responsibilities and the solutions to the problem onto an external force: *«Even if you take preventive measures against certain illnesses'— explains a gypsy woman —,'if God wants you to get sick, you'll get sick and if God doesn't want anything to happen to you, nothing will happen».*

### *The diagnosis and prevention of sicknesses*

Within 'Vie et Lumiere' Evangelism, the only therapist trained to be able to diagnose types of sickness and the possible means of healing them is the pastor, above all when it comes to those ailments considered to be of the soul. One of the most significant instances is that of possession, where the therapists who represent the two most important religions among the gypsies of Perpignan, the Catholic and the Evangelical, dispute the job of healing.



On the contrary, as far as the sicknesses of the body are concerned, the standard medicine practitioner is recognised as a person who has been trained through 'the power of God' to diagnose any illness, and in a certain way, the powers of traditional medicine and the therapists that practise it are denied. It could be said that the diagnoses made within this religion are for those sicknesses that are exclusively related to the Spirit and faith.

Prevention, on the other hand, does not exist in the traditional strategies of gypsy traditional medicine, but was introduced as one of the stronger elements of this religion. Prevention, (for the 'salvation' of the body as well as the soul) is based on the demand for a healthy lifestyle, without vices, addictions, stress or depressions that spare the faithful all those ailments that are shown to be the most common problems of this century. The model that the Pentecostal church proposes for spirit and the body transcends the sphere of the religious to reach not only the level of hygiene but also the social and political spheres.

Even though the prevention that Evangelism proposes has as its final objective the salvation of the souls of its believers, its influence in the processes of health-sickness-treatment is very important. Underlining the importance of 'the Word of God' and the fact that any ailment can be prevented with faith and conversion, the message aims to instil in the faithful the conviction that this way can put an end to the suffering caused by sickness or ailments of any type.

The differences between the prevention proposed by the hegemonic medical model (which follows the course marked out by sanitation policies, and more concretely by the specific programmes that are carried out in each neighbourhood or with each individual sick person) and by Pentecostalism, are to be found not so much in prohibitions and changes of habits, but rather in the consequences of the disobedience of such norms. Whereas in the scientific model the non-fulfilment of preventive actions can cause the patient to suffer a sickness without solution, in the Pentecostal church, simple repentance establishes an open door to healing, however serious the ailment may be.

The same occurs with the causes of sicknesses, that can be as much due to the sick person's wrong behaviour (what could be considered as divine punishment) or a trial of faith and spiritual strength. In the second case, any prevention is considered ineffective, as *«only God decides when one gets ill...»*

Often, the concept of prevention sustained by the doctrine of the church enters into contradiction with its own discourse as, on the one hand, it proposes special prevention for any type of sickness or ailment (based on conversion and faith), while on the another, it imposes positive behaviour to avoid sickness. Nevertheless, both seem to be in a certain way complementary, and respond to particular strategies for each social situation, based on fundamental preventive reasoning, centred on 'prayer' and 'fasting', two factors that favour communication with the supreme being.

### *Traditional Medicine*

The coexistence of traditional medicine with other healthcare practices that take place within the community seems conflictive in some cases. Although, in this religion, standard medicine is accepted the same doesn't apply to traditional medicine; where the conflict is produced by the theory of the therapy.

The 'traditional medicine model' is modified by the Evangelical church's doctrine, which regards some of the techniques used in this practice as being against the commandments of God, and connected with the devil. Because of this, the traditional therapists can go from (in some cases) having a certain role and prestige within the community, to being considered subordinate to the hegemony of the new therapists, the pastors. At the same time their positive image is stigmatised.

Traditional medicine and all that is related to these ancestral forms of healing (whose repertory includes prayers to the saints, or some type of divination or contact with the occult) is called witchcraft by the gypsies. The church regards any type of witchcraft or ancient healing practices as diabolic, and for that reason is strongly persecuted. The Holy Ghost is considered the only power that can heal, prophesise, or perform miracles. Anything that is not done in the name of the Spirit is regarded as diabolic. The Evangelical Church's strict way of looking on traditional medicine frequently enters into contradiction with the gypsy faithful that have, until recently, been using their traditional therapists assiduously; and we still find that these therapists are the only ones that can cure a wide range of popular pathologies.

Some gypsy believers choose to obtain their cures through praying to God combined with seeing the Doctor. Other gypsy believers choose to continue with the traditional therapist for certain illnesses, as they are consid-

ered the right people for certain cures, above all for childhood ailments. However, they do not in the least consider that they are doing anything diabolical, they still tend to hide the fact that they are involved in these practices.

### *Drug addiction and addictions in the gypsy population*

Drug addiction constitutes one of the processes of health-sickness treatment that is treated in a special way by this health care practice. In Perpignan, drugs began to take hold among the gypsy population during the '80s, when many male gypsies started to consume drugs, basically heroin and cocaine. The Evangelical church produced a response to this ailment, which not only affected the sick people but also their immediate family and the gypsy community in general.

'Apart from affecting the family economy, the increase in 'drug addiction' emphasised the negative image of the gypsy in the majority society and generated episodes of domestic violence. The Evangelists took action in the form of the work of a neighbourhood pastor, who set out to be a companion to the drug addicts, putting it to them that faith was the only possible way to solve their addiction problems. In this way he managed to get some of them to give up drugs and become pastors or deacons. After the conversions of the first ex-drug addicts, especially after seeing the obvious change in them, members of the gypsy community began to accept that their husbands, fathers or brothers could cure their problem through the church. As the majority of the gypsy women in the city belonged to the church, many of them began to visit the temple to ask for help for their relatives who were drug addicts.

For the gypsy believers, drug addiction is regarded as, at the same time, a sickness of the soul, the morals, and the body, which can then go on to propitiate other ailments:

*«To be a drug addict is to be sick both morally and in the soul, because why does a drug addict take drugs? He has problems at home, his mother and his father aren't together, and they have separated... many things. Others do it for pleasure, because that's the way it is, first one does it, then another.»*

*«It is also a physical sickness because among them there are sick people. The first thing the drug addict gets is hepatitis C and so on. The least they can get is Hepatitis C and so on and so on.»*

Although the origin of the addiction comes, in the interpretation of the Evangelical gypsies, from the power of the devil and can only be cured

with the addict's repentance and the healing power of the Spirit, the Pastors recognise that there are changes in the new generations.

*«At eight, nine years of age they are smoking and all that, at fourteen, fifteen, sixteen, seventeen there is already a problem, but I notice – relates a Pastor – that with today's generation not all of them get involved in drugs, they go out with women, they smoke, they drink a little alcohol, but they aren't like before, like our generation».*

The incidence of this problem in the process of health-sickness-treatment has brought the church closer to a greater number of the faithful, who consider it a miracle when the addiction is cured. As with other aspects of the health issues associated with the church, a failure in the treatment is attributed to the bad will of the subject or the non-fulfilment of the church's precepts.

Although some addicts are treated with methadone through the official medical system, this treatment is believed to be no more use than a sticking plaster as the gypsy believers consider the only really effective solution to be conversion to Evangelism.

In the case of Perpignan, it would seem that other health care practices cannot address this problem, as it is not one of the common pathologies treated by traditional medicine, nor is it recognised by the church's therapeutic mechanisms as a treatment practice for the gypsy population. Some gypsies reaffirm this condition, from a point of the faith: *«The solution is God, for me it is God, for another it is methadone, for another it is to leave this world to go to find work».*

This public health problem has been so significant among the gypsies of Perpignan that the majority society regards the action of the 'Vie et Lumière' church as being almost exclusively to do with drugs, and the healing of drug addicts. Although in other Pentecostal denominations there is a special treatment consisting of disintoxication farms, in Perpignan there is a special religious service exclusively for young drug addicts, without farms, or any type of parallel attention on the part of the church during the rest of the time. Since 1992, the Monday service has been dedicated to adolescent male drug addicts, and nowadays the young people run it, generally the deacons and the candidates.

The present incumbent of these meetings is a young 29-year-old pastor who tells his story with these words:

*«I have taken drugs, I came here when I was very much burdened with the things of the world. My father is a Servant of God. I came here; I heard the word and God touched me. In addition, from that day on I have not touched drugs any more, or alcohol, or anything. Most of the people who come here are into drugs, others take alcohol, coffee. There are different kinds: some on drink, others on drugs, others on the world...»*

The meetings for young drug addicts arose from the community's need to deal with a problem that was affecting the majority of the male gypsies in the neighbourhood. For the rest of the community, fundamentally for the mothers and wives, such gatherings represent hope of improving a health problem associated with the devil and the non-fulfilment of the norms and conduct expected of a gypsy man.

### *Conclusions*

In spite of the fact that the ideology of the gypsy community is greatly influenced by Evangelism, the Pentecostal discourse does not come from within its own socio-cultural context; rather it is a religion that has been imported from and developed by Occidental culture. Nevertheless, the mediators are usually social actors from within their own community and, despite bearing an ideological discourse that is external to the group, they are incorporated into its very core. This makes them behave in a specific way and changes how they act as a group.

In the context of the wider society, Gypsy Evangelism is subordinate to the Catholic religion, which is also treated as hegemonic. However, in the context of the gypsy culture this new religion has abandoned its subordinate role to become hegemonic in its own right (while the Catholic religion has been displaced to a subordinate role within the group). Whether this phenomenon is apparent or not will depend on whether the analysis is macro or micro, or whether the object of study is the gypsy culture or the majority society. Thus, the same religion will be alternately hegemonic and subordinate.

If *ethnic identity* is the ideological form of the collective representations of an ethnic group, Perpignan gypsies ethnic identity has been modified by the incorporation of this new religion into its culture, as much in relationship with the majority society as within themselves. The new ways of living proposed by the Gospels and the Bible have made significant changes to their representations and practices, and in this context the Evangelical gypsies think of themselves as God's chosen people, the people of the biblical texts. Their function in this world has changed, therefore, from being a persecuted and stigmatised people to becoming a people for whom that stigma has become positive. It should be remembered that, according to Goffman, 'stigma' is a social process that does not separate groups and individuals, but rather roles of interaction.

The changes have come about in different spheres; group situations (image, customs, leaders, etc.) and in individual subjects. In this latter aspect, the subjects go from being despised or marginalised, as in the case of drug addicts or delinquents, to being respected by their community, even to the extent of becoming pastors.

Within the framework of the constructions that each social group elaborates to permit the reproduction of its own culture, the gypsy community of Perpignan is choosing its own course when it chooses its strategies in the processes of health-sickness-care. More than taking charge of the possibility of choosing gypsies takes on certain practices, such as those proposed by Evangelism. This way allows them to resist the pressures of the hegemonic society, but above all, of being able to choose those instances where they can find an immediate answer to their needs, are they pathological or socio-cultural. Possibly it is this characteristic that is peculiar to Pentecostal churches (offering solutions and therapies for problems that other medicines cannot or will not address) which is the reason for the growing acceptance of this type of practices among the Catalan gypsies of Perpignan.

## Notes

<sup>(1)</sup> Translated by Lesley Clarke

<sup>(2)</sup> After this 4-month stay with the Evangelical church in Perpignan, I carried out participant observation during a year (1997-98) in two Pentecostal churches in Barcelona. The first one 'Filadelfia' (the name given to the gypsy Evangelical church in Spain), the second the 'Assembly of God'.

## References

- ÁLVAREZ, Albert; IGLÉSAS, David and Joan-Anton SÁNCHEZ (1995) *Sabor de Rumba: Identitat social i cultural dels gitanos catalans*. Lleida: Pagès Editors.
- ASSIER-ANDRIEU, Louis (1998) *Les Gitans de Perpignan: essai d'Anthropologie de l'insertion par la culture*. Perpignan: Institut Catalan de Recherche en Sciences Sociales.
- AVRIL-FAVRE, Hélène (1977) *Contribution a l'étude d'une population marginale: les Gitans du Roussillon*. Thèse 3e. Cycle d'Ethnologie. Montpellier III.
- BARTOLOMÉ, Miguel (1987) "Afirmación estatal y negación nacional. El caso de las minorías nacionales en América latina". *Suplemento Antropológico*, vol. 20, num. 2.
- BARTOLOMÉ, Miguel (1989) "Indigenismo, dialéctica y conciencia crítica". *Antropología e indigenismo en América latina*. San Pablo.
- BARTH, P. (comp.) (1976) *Los grupos étnicos y sus fronteras*. México: FCE.
- BAUTISTA, Alfredo (1994) *Milagros y curaciones por la fe entre los gitanos españoles*. Barcelona: Ed. Clie.
- BERGER, Peter and Thomas LUCKMANN (1995) *La construcción social de la realidad*. Buenos Aires: Amorrortu.

- BERTHIER, R. (1986) "Enquête sur les Rom de Montreuil (1965-66): Conception de la maladie et de l'hygiène". *Recherche Coopérative*, num. 10.
- CALVO, Tomás (1990) *¿España racista?. Voces payas sobre los gitanos*. Barcelona: Anthopos.
- CANTÓN, Manuela (1996) *Protestantismo histórico, pentecostalismo y movimiento "aleluya": Aproximación socioantropológica al subcampo religioso protestante en la Granada urbana*. Memoria final, CIE "Ángel Ganivet". Universidad de Sevilla.
- COHEN-ADDAD, Paul (1976) *Sédentarisation des Gitans à Perpignan*. Mémoire pour le Diplôme de Directeur d'Établissement Spécialisé. Perpignan.
- COLLIERE, Marie-Françoise (1982) *Promouvoir la vie. De la pratique des femmes soignantes aux soins infirmiers*. Paris: InterEditions.
- COZZANET, Françoise (1973) *Mythes et coutumes des Tsiganes*. Paris: Payot.
- DOLLÉ, Marie-Paule (1969) "Le comportement des Tsiganes en face de l'hospitalisation de leurs enfants". *Bulletin de l'ARENO*.
- ESCUDERO, Jean-Paul (1989) *La llengua dels Gitanos del Barri de Sant Jaume*. Mémoire de Maîtrise de Catalan. Université de Perpignan.
- ESCUDERO, Jean-Paul (1992) *Complements a l'estudi de la llengua dels Gitanos de Perpinyà*. Mémoire D.E.A de Catalan. Université de Perpignan.
- FAINZANG, Sylvie (1988) "Les ethnologues, les médecins et les Tsiganes devant la maladie". *Etudes Tsiganes*, num. 2.
- FASSIN, D. (1986) "Le migrant malade". *Cahiers de Laënnec*, num. 2.
- FERRÉ, Monique (1992) *La naissance chez les Gitans de Perpignan, Quartier Saint-Jacques*. Université de Perpignan, DUNSS.
- FRIGERIO, A. (comp.) (1994) *El pentecostalismo en la Argentina*. Buenos Aires: CEAL. (Biblioteca Política Argentina)
- GAMELLA, Juan F. (1996) *La población Gitana en Andalucía. Un estudio exploratorio de sus condiciones de vida*. Sevilla: Secretaría para la Comunidad Gitana, Junta de Andalucía.
- GARRIGA, Carme (2000) *Els gitanos de Barcelona. Una aproximació sociològica*. Barcelona: Diputació de Barcelona, Serveis Socials.
- GIGOT, Jean Gabriel (1962) "Notes sur les Gitans en Roussillon". *Cerca*, num. 17.
- GIMENEZ, Adolfo (1981) *Llamamiento de Dios al pueblo gitano*. Jeréz de la Frontera: by the author.
- GITANOS (1923) "Les gitans à la foire de Saint-Martin à Perpignan". *Revue Montanyes Regalades*.
- GOFFMAN, Erving (1970) *Estigma. La identidad deteriorada*. Buenos Aires: Amorrortu.
- GÓMEZ ALEFARO, A. (1980) "Los gitanos en Cataluña en el siglo XVIII.". *Historia y Vida*, num. 150.
- LAFUENTE, R. (1955) *Los gitanos, el flamenco y los flamencos*. Barcelona: Ed. Barna.
- LEBLON, Bernard (1987) *Los gitanos de España. El precio y el valor de la diferencia*. Barcelona: Gedisa.
- LEBLON, Bernard (1998) "Historia general de los gitanos en España". In SAN ROMÁN, T. (ed.) *Integración y exclusión social de las minorías: el pueblo gitano*. Bellaterra: Universitat Autònoma de Barcelona.
- LELOUP and M. GIRAUD (1980) "Réalités et images de la santé en milieu Gitan. L'expérience d'une enquête médico-sociale de terrain". *Revue Française de Santé Publique*, vol. 11.
- LELOUP, GIRAUD and COROCHER (1981) "Culture, société et éducation pour la santé. Une expérience tentée en milieu Gitan". *Revue Internationale d'Éducation Sanitaire*, vol. 2.
- LOIRDI, Marie-Neige (1995) *Respect de la composante culturelle dans le cadre des soins infirmiers*. Perpignan: Institut de Formation en Soins Infirmiers, CHG.
- LOUX, Françoise (1983) *Traditions et soins aujourd'hui*. Paris: InterEditions.
- MAIGNANT, G. (1986) "Santé et Tsiganes". *Le Voyage*, num. 8.
- MÉNDEZ, C. and S. RAMÍREZ (1999) "Gitanos: contextos, trayectorias y salud". *Formación médica continuada en Atención Primaria*, vol. 6, num. 4.

- MENÉNDEZ, Eduardo L. (1981) *Poder, estratificación y salud: análisis de las condiciones sociales y económicas de la enfermedad en Yucatán*. Tlalpan, México: Casa Chata. (Ediciones de la Casa Chata; 13)
- MENÉNDEZ, Eduardo L. (1985a) "Modelo hegemónico, crisis socioeconómica y estrategias de acción del sector salud". *Cuadernos Médicos Sociales*, num. 33.
- MENÉNDEZ, Eduardo L. (1985b) "Saber médico y saber popular: el modelo médico hegemónico y su función ideológica en el proceso de alcoholización". *Estudios Sociológicos*, vol. 3, num. 8.
- MENÉNDEZ, Eduardo L. (1987) *Medicina tradicional, atención primaria y la problemática del alcoholismo*. Tlalpan, México: Casa Chata.
- MENÉNDEZ, Eduardo L. (1990a) *Antropología médica. Orientaciones, desigualdades y transacciones*. Tlalpan, México: Casa Chata. (Cuadernos de la Casa Chata; 179).
- MENÉNDEZ, Eduardo L. (1990b) *Morir de alcohol: saber y hegemonía médica*. México: Alianza Editorial; Consejo Nacional para la Cultura y las Artes. (Los Noventa; 48)
- MENÉNDEZ, Eduardo L. (1992a) "Grupo doméstico y proceso salud-enfermedad-atención, del historicismo al movimiento continuo". *Cuadernos Médicos Sociales*, num. 59.
- MENÉNDEZ, Eduardo L. (1992b) "Autoatención y automedicación: un sistema de representaciones sociales permanentes". In CAMPOS, R. (comp.) *La antropología Médica en México*. México: Universidad Autónoma Metropolitana; Instituto Dr. José María Luis Mora, vol. 1 (Antologías Universitarias).
- MENÉNDEZ, Eduardo L. (1994) "Participación social en salud como realidad técnica y como imaginario social". *Dimensión antropológica*, año 2, vol. 5.
- MENÉNDEZ, Eduardo L. (1998) "Estilos de vida, riesgos y construcción social. Conceptos similares y significados diferentes". *Estudios Sociológicos*, vol. 16, num. 46, p. 37-67.
- MERLE, M. S. (1982) *Les Gitans. Leur attitude face à la maladie et à la mort*. Thèse de Doctorat de Médecine. Université de Clermont-Ferrand.
- MISSAOULI, Lamia (1999) *Gitans et santé de Barcelone a Turin*. Perpinyà: Trabucaire.
- MÓDENA, María Eugenia (1990) *Madres, médicos y curanderos: diferencia cultural e identidad ideológica*. Tlalpan, México: Casa Chata. (Ediciones de la Casa Chata; 37)
- OLIVE, Jean-Louis (1989, 1966) *Espaces et corps Gitans. Le cas de la Région Languedoc-Roussillon*. Montpellier: C.N.F.T.P., Cesam. Stage de Formation Familles Tsiganes et Gitanes, de la tradition a l'intégration.
- PRAT, Joan [et al.] (1980) "Sobre el contexto social del enfermar". In KENNY, M. and J. de MIGUEL (eds.) *La antropología Médica en España*. Barcelona: Anagrama.
- PRAT, Joan (1997) *El estigma del extraño: un ensayo antropológico sobre sectas religiosas*. Barcelona: Ariel. (Ariel Antropología)
- RAMÍREZ, Susana. (1999) "El pentecostalismo y las prácticas de salud en una población rural". In CANTÓN, M.; PRAT, J. and J. VALVERDÚ (coords.) *Nuevos movimientos religiosos, iglesias y "sectas"*. Santiago de Compostela: Federación de Asociaciones de Antropología del Estado. VIII Congreso de Antropología.
- ROCHAS, Víctor de (1895) "Les Gitanos du Roussillon et de l'Espagne". *Revue des Pyrénées et de la France Méridionale*.
- SAN ROMÁN, Teresa (1976) *Vecinos Gitanos*. Madrid: Akal.
- SAN ROMÁN, Teresa (1984) *Gitanos de Madrid y Barcelona: ensayos sobre aculturación y etnicidad*. Bellaterra: Universitat Autònoma de Barcelona. (Publicaciones de Antropología Cultural; 3)
- SAN ROMÁN, Teresa (1997) *La diferencia inquietante: viejas y nuevas estrategias culturales de los Gitanos*. Madrid: Siglo XXI.
- SÁNCHEZ ORTEGA, M. H. (1977) "Evolución y contexto histórico de los gitanos españoles". In SAN ROMÁN (ed.) *Entre la marginación y el racismo, reflexiones sobre la vida de los gitanos*. Madrid: Alianza.
- SPADÁFORA, A. M. [et al.] (1994) "Creencias milenaristas e identidad religiosa pentecostal: el ministerio ondas de amor y paz". In FRIGERIO, A. (comp.) *El pentecostalismo en la Argentina*. Buenos Aires: CEAL. (Biblioteca Política Argentina).



- TAYLOR, Baron Justin (1914) "Les Gitanos du Roussillon". *La Veu del Canigó*.
- TRILLE, Pierre (1955) "De le butte Saint-Jacques aux champs du Haut-Vernet, les Gitans de Perpignan gardent leurs traditions, leurs us et leur coutumes". *Reflets du Roussillon*, num. 9.
- VALET, J. (1971) *Les Manouches devant la maladie*. M.G., 41.
- VERDEILHAN, E. and J. P. BEAUGRAND (1992) "Les échanges culturels dans le corps à corps thérapeutique soignant-soigné". *Soins*, vol. 565.
- WILLIAMS, Patrick (1984) "Pour une approche du phénomène pentecôtiste". *Etudes Tsiganes*, num. 2.
- WILLIAMS, Patrick (1987) "Le développement du pentecôtisme chez les Tsiganes en France: mouvement messianique, stéréotypes et affirmation d'identité". In *Vers des sociétés pluriculturelles: études comparatives et situation en France*. Paris: ORSTOM. (Colloques et séminaires). Actes du Colloque International de l'AFA, Paris 9, 10, 11 janvier 1986.
- WILLIAMS, Patrick (1991) "Le miracle et la nécessité: a propos du développement du pentecotisme chez les Tsiganes". *Archives des Sciences Sociales des Religions*, num. 73.
- WILLIAMS, Patrick (1993) *Nous, on n'en parle pas. Les vivants et les morts chez les Manouches*. Paris: Éditions de la Maison des Sciences de l'Homme. (Ethnologie de la France)
- WYNARCZYK, H. (1994) "Campo evangélico y pentecostalismo en Argentina". In FRIGERIO, A. (comp.) *El pentecostalismo en la Argentina*. Buenos Aires: CEAL. (Biblioteca Política Argentina).