



## “We are body, soul and spirit”: Person, disease and processes of healing and exorcism in contemporary Catholicism in Argentina

“Somos cuerpo, alma y espíritu”: Persona, enfermedad y procesos de sanación y exorcismo en el catolicismo contemporáneo en Argentina

Verónica Giménez Béliveau<sup>1</sup>, Natalia Soledad Fernández<sup>2</sup>

<sup>1</sup>PhD in Sociology. Principal researcher, Centro de Estudios e Investigaciones Laborales, Consejo Nacional de Investigaciones Científicas y Técnicas, Autonomous City of Buenos Aires, Argentina.



<sup>2</sup>PhD candidate in Sociology, Universidad Nacional de San Martín. Fellow, Centro de Estudios e Investigaciones Laborales, Consejo Nacional de Investigaciones Científicas y Técnicas, Autonomous City of Buenos Aires, Argentina.



**ABSTRACT** At the intersection of religion and health, demands for healing, liberation and exorcism express undefined discomforts that span from physical and psychiatric conditions to relational and psychological problems. To understand this growing demand in the population, this study seeks to analyze, on the one hand, the underlying conceptions of person and disease and, on the other, the therapeutics that priests and their assistants put into action, based on an ethnographic study with participant observation and in-depth interviews carried out between 2013 and 2017 in parishes in the city of La Plata and other localities of the province of Buenos Aires. The results enable us to understand that the conception of person based upon which therapeutic actions are carried out involves an expansion of the individual to the physical, psychological and spiritual planes, and that the notions of disease and wellbeing include the person, their environment and past generations.

**KEY WORDS** Religion; Therapeutics; Argentina.

**RESUMEN** En la intersección entre religión y salud, las demandas de sanación, liberación y exorcismo expresan malestares indefinidos que van desde afecciones físicas y psiquiátricas hasta problemas psicológicos y relacionales. Para comprender esta demanda creciente, este estudio se propone analizar, por un lado, las concepciones de persona y enfermedad y, por otro, las terapéuticas que los sacerdotes y sus asistentes ponen en funcionamiento, a partir de una investigación etnográfica con observación participante y entrevistas en profundidad realizadas entre 2013 y 2017 en parroquias de la ciudad de La Plata y otras localidades de la provincia de Buenos Aires. Los resultados nos permiten comprender que la concepción de persona –sobre la cual se desarrollan las terapéuticas– supone un ensanchamiento del individuo hacia los planos físico, psicológico y espiritual, y que las nociones de enfermedad y bienestar abarcan a la persona, a su entorno y a las generaciones pasadas.

**PALABRAS CLAVES** Religión; Terapéutica; Argentina.

## INTRODUCTION

In 2013, based on the fieldwork conducted in parishes in the city of Buenos Aires and its periphery, we were surprised to learn about the presence of exorcism and deliverance rituals. The idea of the coexistence of rituals for the expulsion of evil spirits in charismatic Catholic communities,<sup>(1,2)</sup> whose practices were focused on health and healing, raised questions about socially operative definitions of health, discomfort and disease, and also about the interaction between biomedical healing processes and Catholic therapeutics. In this field, in fact, the boundaries between religion and medicine are labile, therapeutics intertwine and interact with each other, and the efficacy of rituals is often evoked by physicians and psychiatrists.

From the 1980s onward, a series of questions regarding the meaning of the symptom arose from medical anthropology, and an ethnography of disease and therapeutics was proposed, thus restoring a social and cultural meaning to the practices related to discomfort, disease and cure.<sup>(3)</sup> Even the relationship among disease, pain and death is being revisited with the aim of resituating it in a social context and showing the ways in which community shapes and gives meaning to particular ways of experiencing pain.<sup>(4)</sup>

The exorcism ritual, in the traditional sense, refers to practices that were temporally situated in dark periods marked by the authority of a Church that exerted control over people's lives, bodies and sexualities. This type of ritual has been studied by social science from a historical perspective,<sup>(5,6,7,8)</sup> which attributed the expression of social discomforts to demonic possession and expulsion phenomena. In the field of sociological and anthropological studies, the analysis of exorcism practices has been ethnographically addressed by Talamonti<sup>(9)</sup> in Italy, who works on the physical dimension of the possession-expulsion of entities; Amiotte-Suchet<sup>(10)</sup> wonders about the interactions between psychological and spiritual conceptions in the practices of a diocesan exorcist

in France; Giordan and Possamai<sup>(11)</sup> analyze the interactions between exorcism and New Age practices; and Csordas<sup>(12,13)</sup> incorporates the exorcism ritual into broader processes in connection with healing and salvation.

In Latin America, possession and exorcism phenomena in neo-Pentecostal contexts (especially in the case of the Universal Church of the Kingdom of God) have aroused interest in various academic fields. Ribeiro<sup>(14)</sup> analyzes the deliverance and cure rituals performed by the Universal Church as discursive mechanisms of construction of otherness, and highlights the ritual and discursive artifacts that oppose this Church to Afro-Brazilian groups, in the context of a binary cosmological scheme that aligns some individuals with good and some others with evil. De Almeida<sup>(15)</sup> analyzes possession within the Universal Church, and underscores that the figure of the devil, and the game of opposites that emerges as a result, is one of the axes that have promoted its spectacular growth; while Semán and Moreira<sup>(16)</sup> and Tadvald<sup>(17)</sup> work on the effects of religious transnationalization processes in demonic and evil representations within a neo-Pentecostal Church (the Universal Church of the Kingdom of God).

The priests who perform exorcisms and the groups they form devote a substantial amount of time to caring for people showing a wide range of problems that affect their health: from lack of sleep and recurring fears, to skin rashes, digestive disorders, and relationship problems at home and in the workplace. Patients attribute some of these disorders to interventions by non-human agents who come from the spiritual sphere and affect the physical plane: as proposed by Tadvald<sup>(18)</sup> in his study on Kardecist spiritism, the experience undergone in and from the bodies of the subjects also depends on spiritual health. This strong connection between physical and spiritual health is bidirectional, and this is the reason why health care and body wellness are so important for Catholicism.

We reached these groups greatly attracted by the exotic nature of these practices, but suddenly we were much more interested

in the depth of a field that helped us think society in terms of the analysis of ritualistic and clinical forms of treating modern disorders.

### METHODOLOGICAL APPROACHES

We worked with Catholic groups of faithfuls involved in parishes, who were committed to healing and deliverance practices. The priests leading these groups perform their practices along with Catholic psychiatrists and psychologists, who regard their professional careers as some type of call to serve God. The interactions with the "psy field" are strong in terms of readings, participation of professionals and work schemes.

As part of our fieldwork, we attended healing and deliverance masses, retreats and training meetings, observed fixed days for consultations and registered particular meetings between the faithfuls and the priests by implementing ethnographic strategies,<sup>(19,20)</sup>

interviews and text analysis. Cases were selected based on a search criterion that prioritized information rich cases.<sup>(21,22)</sup> The groups selected in the northern area of Greater Buenos Aires (San Isidro), the southern area (Quilmes and Ezpeleta), the Autonomous City of Buenos Aires and the city of La Plata were ethnographed between 2013 and 2017. Twenty-three dialogical interviews were conducted,<sup>(23)</sup> fourteen of which are textually quoted in this work. The cases under study (Table 1) are somewhat connected to the Catholic Charismatic Renewal Movement: moderately renewed (Quilmes, San Isidro) and renewed (Ezpeleta, City of Buenos Aires). Although the La Plata group moves away from the charismatic institutional movement, we can observe in all the cases studied beliefs and practices that are related to the so-called "charismatization" process of Catholicism, which is present in different degrees of intensity: the incorporation of elements such as the belief in miracles, spiritual gifts, healings, emphasis on baptism and

Table 1. Selection of interviewed individuals, quoted in this research study, organized according to activity, date of interview, and locality. Buenos Aires, 2013-2017.

Fictitious Name	Activity	Date	Locality
Father B	Exorcist priest	January 28, 2013	Quilmes, Buenos Aires
Father A	Exorcist priest	August 2, 2013	La Plata, Buenos Aires
Juan	Father A's assistant	August 2, 2013	La Plata, Buenos Aires
Carlos	Father A's assistant	August 2, 2013	La Plata, Buenos Aires
Father B	Exorcist priest	November 19, 2014	Quilmes, Buenos Aires
Iván M	Psychiatrist	November 28, 2014	Ciudad Autónoma de Buenos Aires
Amalia	Psychologist and psychiatrist	December 1, 2014	Quilmes, Buenos Aires
Padre C	Exorcist priest	February 13, 2015	San Isidro, Buenos Aires
Father I	Exorcist priest	November 2, 2015	Ciudad Autónoma de Buenos Aires
Estela	Faithful from father C's parish	November 25, 2015	San Isidro, Buenos Aires
Bernadette	Father C's assistant	October 7, 2016	San Isidro, Buenos Aires
Father L	priest	February 26, 2017	Ezpeleta, Buenos Aires
Father L	priest	February 26, 2017	Ezpeleta, Buenos Aires
María	Committed laywoman from father L's parish	May 22, 2017	Ezpeleta, Buenos Aires

Source: Own elaboration.

on the superior power of the Holy Spirit, and the dominant representation of a powerful and loving Christ replacing a suffering Christ, performed through dramatic representations supported by extended and homogenized music styles.<sup>(1,2,24,25,26,27)</sup>

Four of the priests belong to the secular clergy of the diocese of San Isidro, Quilmes, Buenos Aires and La Plata; and the fifth priest belongs to the religious order of Servants of Mary, and was assigned to the diocese of Quilmes. The texts analyzed are part of the materials that are read and examined by the groups during the retreats and internal training workshop: this is the case of psychiatrist Marcelo Dezzi's writings, which are essential reference works for priests and for laypeople involved in healing and deliverance practices. These people were trained during retreats and workshops and permanently quote Dezzi in interviews and ceremonies. Dezzi is one of the most active professionals in charismatic circulation networks linked to healing and exorcism practices.

This article is part of a more extensive research study conducted by the authors in the Society, Culture and Religion Program of the Occupational Research Studies Center, which reports to the National Scientific and Technical Research Council.<sup>(28)</sup> The research study complies with the ethical guidelines for Social and Human Science drawn up by the CONICET's Ethical Committee, Resolution No 2857 of the Ministry of Education, Science and Technology. The groups and subjects contacted were briefed about the exclusively academic nature of our research work. The interviews guaranteed the confidentiality of the informants who, at all times, were aware of the scientific purposes. Pseudonyms were used in this article to protect the confidentiality of our records.

This article is divided into two parts: in the first part we will go deeper into the native theories about person, body and disease and, in the second part, we will work on the therapeutics that, along with the native theories previously mentioned, are implemented by the groups under study. During this research work, the interactions between the

biomedical discourse and other contemporary social discourses will be revealed.

## RESULTS

### The permeable body: native theories about person, disease and discomfort

The anthropological tradition has worked on the notion of person since Marcel Mauss' pioneering writings.<sup>(29)</sup> His definition links the subject to his or her peers and also to his or her ancestors through the moral dimension, which is primarily social. In this study, we are going to raise some questions related to this line of thought: the subjects we work with have ideas about themselves, their own bodies and social relationships, which should not be taken for granted. What we call a person, what the limits are, how we define the body, and what the scope of these therapeutics is, are questions based on collective, vivid, operative definitions, in which the possibilities of group intervention in the health conditions and wellbeing of their members, as well as the limits of such interventions, are at stake.

From the perspective of the subjects we worked with, the body is inextricably linked to the soul and the spirit. The human person is addressed on three levels: the physical, the psychological and the spiritual levels, which are inextricably linked to each other. As father C (exorcist priest) holds, "*we are a unit of body, soul, mind and spirit.*" In this sense, Catholic psychiatrist Marcelo Dezzi states the following:

We are a unit. Each part of the body depends on a central part that is the anatomical brain, which not only includes the purely organic aspect, but also the soul, which is part of each material structure and animates the brain.<sup>(30)</sup>

The person is, then, body, psyche and soul. The various sources we used for this study (interviews, observations of rituals and consultations, texts, and so on) repeat these three levels, although they name them differently:

the psychiatrist working with father A calls them physical, psychological and spiritual levels. (Figure 1)

As for psychiatrist Marcelo Dezzi, he speaks of the division of a person into two parts: body and soul. After the original sin, these two parts get separated by the "para-psychological subconscious or door of the soul."<sup>(31)</sup> People who attend consultations with father C are given the publication *Consejos pastorales contra la acción extraordinaria del Demonio* [Pastoral advice against extraordinary demonic attacks],<sup>(32)</sup> edited by the team of the Pastoral of Consolation of the Diocese in San Isidro. In that information leaflet, which people take to their homes, the relationship between body and soul is explained by asserting the following:

... love is communicated through the body. Without a body, love would remain hidden in the soul, and it is through the body that charity becomes stronger. It is through this impact on the corporeality of the soul that the way you experience your sexuality is so important for complete deliverance.<sup>(32)</sup>

In this sense, body, psyche and soul not only make up the unit of a person, but they also interact with each other through communicating vessels that make feelings, diseases and discomforts circulate among the different levels: a disorderly conduct infringing moral rules will cause physical and bodily discomforts.

The representations of the physical, psychological and spiritual levels, in terms of unit, lead subjects to think about the discomforts and diseases they suffer from in relation to the different levels. In a long explanation about the origin of diseases, Dezzi argues the following:

... the will is the driving force of life, and if this driving force is not focused on Christ, answers become blurred [...] This driving force may have flaws (what is known as a disease) of an organic type (endogenous depression), which are caused by a decrease in chemical neurotransmitters (when these neurotransmitters are restored with medication, the person's health improves) or of a spiritual type, due to the opening of the soul to the filth of darkness. In both situations, the will "dies out," but, as we saw, for different reasons. Sometimes both situations are combined.<sup>(30)</sup>

The causes that agents attribute to the origin of a disease are closely connected, in fact, with the interpretation of person: they are found in the body, soul and/or spirit levels. However, a fragilization of the subjects causing mixed causalities is also identified. One of the psychiatrists working with father A holds that:

... mentally ill individuals live in a state of hyper alertness, and it is for this reason that they are hypersensitive to some diseases. And they perceive things that maybe you do not. Then they are more likely to be influenced by that contamination. (Iván M, psychiatrist)

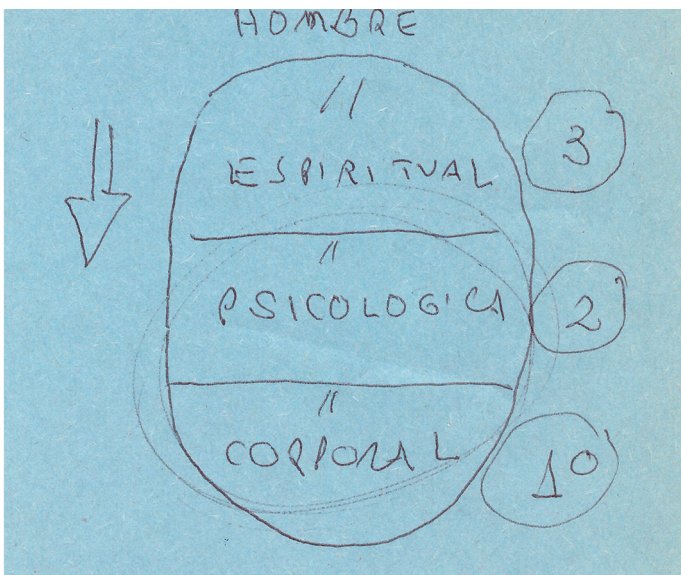


Figure 1. Drawing that outlines a person, made by psychiatrist Iván M. November 28, 2014.

The combination between psychiatric diseases (which are found in the psychological level) and the opening to suprasensible worlds (spiritual level) shows a conception of a person that is permeable to natural and supernatural influences. The human being is porous and open to different influences. The evil that enters a person's body in the form of spirits, expresses itself through physical manifestations: dilation and contraction of pupils, fidgety movements, belches, yawns, skin rashes, and changes in body temperature are mentioned by exorcists as recurring manifestations at the time of the diagnosis. Consultations with exorcists are usually related to discomforts expressed in an indefinite manner: insomnia, chronic and/or recurring pain, chest tightness at night, persistent sadness, anxiety, visions and voice hearing. Patients see their symptoms as diseases or alterations that go beyond the scope of action of scientific medicine.

In accordance with the native definitions of person, the exorcists and their assistants believe that discomforts are the product of different causes found in the physical, psychological and spiritual levels. Diseases are caused by "open doors" in one of the levels, or in a combination between them. The door, a liminal space that links a person to the outside world, is even defined as an "anatomical fissure" caused by the original sin that would be closed when the person is baptized. Nonetheless, a person's persistent tendency to commit sins reopens the limits to bad influences.<sup>(31)</sup> The intervention of a person and his or her free will to choose between good and evil is one of the keys to understanding the causes of disease.

The agents think about the different portals of entry of a disease and attribute disease to a multiplicity of causes that we can typically classify into three types: the wounds caused during childhood, the sins and excesses committed by faithfuls, and the strictly organic causes. The first of these portals of entry of diseases and evil, and the most common one, are the wounds caused during childhood: sexual and psychological abuses,

lack of care and love, among other causes. A priest defines it as follows:

*Usually when people come to us it is because they have entered areas of sin through the eyes of faith, but not only that. The doors also open after a wound, psychological trauma or sexual abuse.*  
(Father L, priest)

To these psychological wounds we should add the fact of not having been able to process those wounds psychologically and physically: the negative feelings generated – hatred, resentment, pain – sicken the body and soul, enabling the entrance of evil influences. Father B explains it as follows:

*...there are many types of wounds, many types. A common wound is caused by the lack of forgiveness. Something happened and I don't forgive... but I neither forgive God for the loss of a mother, a brother, a husband, a son and that just emotionally paralyzes the person. Not forgiving causes a mental block. Then grace does not circulate as much as it should.* (Father B, exorcist priest)

The sins and excesses committed by the faithfuls also cause the entrance of evil and diseases into a person. It is not only about sexual transgressions, but also about "sinful actions" connected with the act of "placing faith outside Jesus Christ,"<sup>(31)</sup> either consciously or unconsciously. The practice of different spiritual disciplines, the consultation with psychics and clairvoyants, the act of resorting to reiki and yoga sessions and the practice of occultism and, the most dangerous of all these practices, making deals with the devil, are clear ways of attracting evil spirits into a person. Juan, an exorcist's assistant, states the following:

*Many people attend reiki and other healing sessions, which leave the person completely vulnerable, the person's spirit..., succumbing to the devil's possession...*

*They think that if they devote an hour to breathing or doing reiki, they will become spiritually pure or that these sessions will be good to their bodies, when in fact these practices will cause... their faith to wane greatly... and will also lead them to evil. (Juan, father A's assistant)*

The third portal of entry of evil and disease has to do with organic causes. The priests, their assistants and their patients describe a wide range of discomforts directly connected with biomedicine (organic causes, pathogen agents). The psychiatrist working with father A maintains:

*I see patients who come visit me because [they say that] they have a spirit exerting control over themselves, who talks to them, tells them things, and you can almost be 99.9% sure that they are psychotic individuals experiencing auditory and visual hallucinations. [Without contradicting them] I tell them that I will give them medication, but I don't tell them that it is in fact an antipsychotic... that is the psychiatrist's job. (Iván M., psychiatrist)*

The interpretation of the origin of disease comes from both medical etiology and Catholic demonology. The explanations about the origin of evil coexist, articulate and function together: the question about believing or not is present in people, especially in those subjects on the peripheries of the Catholic groups, such as occasional consulting patients or newcomers to the groups. The multiple causations that Evans Pritchard<sup>(33)</sup> found in the Azande people to explain their discomforts and misfortunes, which in turn were natural and supernatural, also apply to the field of exorcists, their assistants and their consulting patients: diseases are contracted due to a combination of causes, due to the action of supernatural entities and pathogen agents; and the emphasis on one explanation or another depends on the cases and the circumstances. There is an association between disease and evil that is notorious but

still non-exclusive: evil, assuming the shape of various spirits (fallen angels or demons, doomed souls, curses),<sup>(31)</sup> disturbs individuals when it enters their bodies. As will be seen in the next section, whether the causation of the discomfort is attributed to the action of evil spirits or to natural causes, the healing process must consider the compliance of religious practices and healthy lifestyles to be deemed successful.

The notion of person does not only encompass body, psyche and spirit, but also goes beyond its limits to include his or her relatives, friends, and ancestors. The environment may sicken, and ailments are passed on from one generation to another. Individuals are also their community, their peers (the horizontal line) and their ancestors (the vertical line). This environment has an impact on their health. The psychologist working with father B describes a patient whom she treated along with the exorcist:

*...naturally, her personal environment was obviously sick. Her partner, with whom I have already set a date to talk to, was sick, in fact, really sick and dangerous. The patient's partner started treatment but then discontinued it, manipulating and doing a lot of other things to her. (Amalia, psychologist and psychiatrist)*

Diseases are transmitted from one generation to another. And it is not only a genetic transmission – as seen, the subjects do not deny biomedical principles –, but it is also an intergenerational transmission: diseases, as well as the sins committed by previous generations, may reemerge in other forms in the current generation. Amalia, the psychologist, tells us about another case, also addressed along with father B, where they helped a patient to

*...break free [from her] ancestors and it was not easy at all. It seems that it is something that is passed on from generation to generation because sometimes you receive it and you have nothing to*

do with it. (Amalia, psychologist and psychiatrist)

Dezzi (psychiatrist) states that

*...the body has its own biological laws, which are transmitted from one generation to another. Inheritance laws are the ones acquiring importance not only in the transmission of diseases, but also in the transmission of attitudes and gestures.<sup>(34)</sup>*

A person is conceived beyond the biological body: this conception extends to the psychological and spiritual planes and to previous generations, who pass on their distinctive features present in those planes – attitudes, gestures – to current generations.

In short, the native theories about the person go beyond the limits of the body and expand it. Diseases and discomforts are not limited to a sick body, given that the subject is body, psyche, and spirit<sup>(35)</sup>; however, they are neither limited to an individual: both the origin of a disease and the methods used to cure it may also be found in the person's environment and descend from his or her ancestors.

The genetic language in the definition of the origin of diseases, analyzed by Steil<sup>(35)</sup> and based on the case of "generational demons" exorcized by charismatic Catholic groups in Porto Alegre (Brazil), shows a discursive convergence between the religious and medical universes. Furthermore, the principle of the hereditary transmission of illnesses and moral and spiritual values<sup>(35)</sup> refers to the imaginaries of disease-cure processes in contemporary western societies: in order to be able to achieve a legitimate listening status, a medical-scientific language should be used in religious contexts. In the next section, we will work on the therapeutics and rituals aimed at healing the discomforts previously defined in detail.

### Cures, therapeutics and rituals

In connection with the representations of a person, the therapeutics proposed by exorcist

priests are aimed at healing the physical, psychological, and spiritual levels. During the fieldwork we carried out in a parish in Ezpeleta, province of Buenos Aires, where father L is the parish priest, a campaign called "Nights of Miracles" was conducted.

The activity consisted of three meetings held during three consecutive days: inner healing, deliverance prayer, and physical healing. The three meetings, preached by father L and another priest, clearly show the three levels on which the agents work on the cure: the psychological (inner healing in native terms), spiritual (deliverance prayer), and physical (physical healing) planes are combined to achieve a full improvement in the person's wellbeing.

Father L, whose eclectic education includes neo-Pentecostal readings, revisits in his healing and deliverance rituals the world views based on the spiritual battle that comes from these traditions. In this context, the faithful's bodies and the territory where the parish is located are seen as battlefields where spiritual battles are fought and the fight for the sacred is at stake.<sup>(36)</sup>

The faithfuls who attend the meetings to be treated by exorcist priests and their teams tend to arrive at these meetings after a long therapeutic itinerary that includes from agents of the "psy" field to religious and spiritual specialists: they relate previous consultations with physicians, psychologists, and healers. In that moment of contacting an exorcist priest, they have already undergone an experience of "suffering" that helps them go deeper into the interpretations on their disease and healing possibilities. The consultation with the priest is usually mediated by a person belonging to the sufferer's environment who suggests a consultation with the priest as a potential solution. It should be highlighted that those who ask for this type of consultations are often baptized Catholics, with greater or lesser religious observance: the contact with a priest is established by word-of-mouth. We noticed a certain territorial connection between the patients and the parish they attend, despite the fact that as the priest gets more social recognition, the



priest's territorial range increases, first in the area of residence, and then beyond it.

The exorcist priests treat their patients with the support of a team.<sup>(9,28)</sup> This group of assistants collaborates on tasks related to appointment scheduling, attention, and listening. If the assistants suspect that there is a more serious problem, they refer the patient to an exorcist. The interview is usually conducted in accordance with an organized and relatively fixed scheme: it starts with a consultation about the patient's symptoms and the medical, psychological, and psychiatric treatments received by the patient, as well as about his or her life of faith. Bernadette, a member of father C's team, describes the process as follows:

*... first, we take note of [in the record card] everything related to the reason for consultation, why the person is asking for a consultation: sometimes it is because some weird things had happened in his or her house, or to him or her, things that have no explanation... We write down all the patient's symptoms and, from then on, we start to investigate a bit more, what the patient's life of faith is like, if he or she had been baptized and had received the sacraments, and so on. Once we understand the patient's reality in some way... patients are mainly persons who have turned away from the church, aren't they? Once we notice this we start to ask if he or she have had some type of contact with esotericism because we need to identify which the portal of entry is. (Bernadette, father's C assistant)*

Searching for symptom causes is usually crucial in the first interview. If the exorcist or his or her assistants identify diseases that must be treated by the biomedical system, they insist that the patients should visit their specialist. The same applies in the case of interrupted psychological or psychiatric treatments. If some malignant spiritual influence is detected, the exorcist or his or her assistants proceed to the stage that we could call proof/

confirmation. The sufferer is exposed to symbols, practices and sacred objects and, if he or she reacts violently, his or her condition is confirmed. The priests resort to several procedures, such as displaying religious cards, one of which is blessed, in order to verify if the sufferer recognizes and attacks the blessed card; praying in silence and invoking the name of Jesus in order to perceive any patient's transformations or aggressions; touching the patient with holy water to observe adverse reactions when faced to the sacred symbol. Animosity toward prayer and sacred objects is considered a sign of evil spirit presence, not only in Catholicism, but also in Pentecostalism and neo-Pentecostalism, as well as the interaction of human and non-human agents identified with the Umbanda universe, to which a symmetrical meaning is attributed with respect to the Christian devil, understood as the incarnation of evil.<sup>(14,15,16)</sup>

The moment of diagnosis/discernment is considered pivotal by the exorcists, because it helps them decide what type of treatment to follow.<sup>(10,28)</sup> During this process, the priest combines theological knowledge with listening skills and insights on medical and psychiatric knowledge. Father A's assistants associate the extraordinary strength of possessed women with the phenomenon "of *san-sonism*, which is a supernatural force; it has strength and the demons inside the possessed people also fight because they have different categories too" (Carlos, father A's assistant). The display of superhuman strength, the knowledge of occult things, and the ability to understand and speak unknown languages are three of the signs through which the Catechism of the Catholic Church recognizes possession. However, canonical and biblical knowledge are not the only resources that exorcists use. The dialogue with discourses and texts coming from Protestantism – identified by Uribe<sup>(37)</sup> and Ospina Martínez<sup>(38)</sup> in the Colombian context and including elements of the alternative spiritual circuit or New Age – is strongly present. Identifying the agency of spiritual beings and detecting the symptoms of psychiatric disorders demand from the exorcists and their teams a complex combination

of skills and knowledge, resources that come from both the “psy” knowledge and the religious and spiritual field.<sup>(10,11,13,16,18)</sup>

Father C explains, for example, that discernment is a process in which

*...we must follow a path... this path is traversed along with the person and involves listening first, listening to the people around him or her, accompanying, reassuring, showing other paths... providing company, if necessary. (Father C, exorcist priest)*

Father A, who has always been interested in “psychiatry, psychology, parapsychology,” states the following:

*...I just know it... A boy talks to me on the phone and I say: schizophrenia, I know... Schizophrenia is the easiest mental illness to identify, because it is the only illness that has auditory hallucinations that orders you what to do... The person who hears voices suffers from schizophrenia, and paranoid patients are those who suffer from systematized persecutory delusions. (Father A, exorcist priest)*

Another possibility, which not all exorcists resort to and which is questioned by some agents of the same field (the psychiatrist working with father A, for example), is the performance of diagnostic rituals, that is, the performance of an exorcism in order to confirm if there is a reaction from the entities possessing the person. This practice is based on the theory that holds that the demons haunting or possessing the sufferer are compelled to react against this ritual.

The expulsion of demons is characterized by the Catechism of the Catholic Church that, in 1999, announced the new ritual of exorcism that replaced that of 1614. Present in the gospel texts, the figure of the devil and the ways of expelling it were not widespread until early modernity. During the Middle Ages, Satan was an ordinary person and demonology was mainly an erudite concern:

it was only in the sixteenth and seventeenth centuries that a great fear of the devil arose at the same time that modern Europe was facing religious and moral crises. This terror was pinpointed and spread through treaties on demonology and witchcraft, whose circulation was possible thanks to the printing press.<sup>(39)</sup> The strongest presence of the devil in the Western public sphere (Europe and America) is concentrated in the sixteenth and seventeenth centuries. Later on, the rationalization processes implemented by society and the Church<sup>(40)</sup> confined the demonic figure to restricted social spaces, such as the so-called “popular religiosity” and the border line between religion and the manifestation of physical and mental discomforts.<sup>(41)</sup> The reappearance of the figure of the devil at the center of the practices of several religious groups since the mid-1980s has been evidenced both in Catholic<sup>(9,10,11,13,25,28,37,38)</sup> and evangelical traditions.<sup>(14,15,16,26,27)</sup> Associated with charismatic and Pentecostal practices, disseminated by economic, moral, and social crises, and promoted by the autonomization of the construction of beliefs, the satanic imaginary steps in the early decades of the twenty-first century.

In the Catholic tradition, an exorcism should only be performed in cases of proven possession, with the intervention of physicians and psychiatrists. However, we can see a widespread use of ritual practices that, without resorting to the ritual of exorcism, are similar in some of their formulations: the healing and deliverance prayers, which use parts of the ritual of exorcism without resorting to imprecations (“*Vade Retro, Satana*”). These ritual practices also use supporting materials also present in the ritual of exorcism: holy water, exorcised salt, anointing oil, the cross, and the rosary.

Father C clearly describes the practice in all its indeterminacy:

*...Here, there is nothing magical or gruesome to look for, they are... the word of God, psalms, prayers, litanies of the saints, invocations to the Blessed Virgin Mary and, essentially, two types of*

*prayers called exhortative and invocative prayers, calling upon God, in the first place, that if there were a presence or if there were some malignant presence exercising some type of influence over a person, to end this, and then if that influence became manifestly evident, the exorcism practice includes this exhortative prayer, in the name of God, I insist on this, the only one who expels the evil spirit is God. (Father C, exorcist priest)*

In rituals, whether of exorcism or of deliverance, people may expel fluids from their bodies (by crying, coughing and retching, vomiting or expelling strange objects): this represents both a metaphor of the end of oppression/possession after the specific expulsion of various elements from the body, as well as a sign of the beginning of the deliverance/healing process. However, the spirits possessing the person, and that can enter and leave the body, are not just evil spirits. In fact, to fulfill the healing of the sufferer, the body must expel the evil spirits – the “filth”<sup>(31)</sup> – and let the Holy Spirit in. It is the Holy Spirit, one of the three persons of the triune God for the Catholic theology, who heals physical, psychological, and spiritual conditions.<sup>(38)</sup>

During the masses of physical healing and deliverance, one of the strongest segments is the moment in which the Holy Spirit is invoked, both during the mass, in the prayer and the “Pass over of the Holy Sacrament” as well as afterwards, when the priests lay hands on and pray over the faithfuls (Figure 2).

A person is not only permeable because he or she is open to malevolent influences, but also because he or she can open up to good and divine action. María, a faithful from father L’s parish, tells us that she has made pacts with evil entities, and describes the moment in which she felt that she was healed:

*I felt that at that moment God put his hand inside my body, inside my heart and took out everything that was not good and took out a lot, because I felt the detachment and I felt that, in turn, the evil left my body, but a feeling of*

*love entered ... and only God does that. (María, a committed laywoman from father L’s parish)*

The body is permeable and that is why, during the laying of hands, the moment in which the priest prays touching the person’s head, many of the faithfuls fall to the floor, or almost faint, others cry when the consecrated host is offered. The native interpretation holds that the Holy Spirit is acting to heal them.<sup>(1,2)</sup> Estela explains this in her own words:

*[the priest] he put his fingers on my eyes ... And I don’t remember anything else. When I woke up, I was lying on the floor, I felt something, I felt a strength, a strength that I didn’t have. It was something that relaxed me, that left me lying*



Figure 2. Priest laying hands at the end of a healing mass. Ezpeleta, Buenos Aires, February 26, 2016.

Photo: Verónica Giménez Bêliveau.

Note: The picture shows people who have fallen to the floor after the ritual practice.

*on the floor. They say it is the Holy Spirit that enters your body and acts.* (Estela, a faithful from father C's parish)

The priests, their assistants and the health agents unanimously emphasize that cases of possession are extremely rare. Father C explains that

*...the Devil can take possession of a person, a truly rare case, I insist, very rare. I have been doing this for 8, 9 years and I have never had a case of demonic possession, and I see 30, 40 people seeking a diagnosis, along with a whole team of professionals, psychiatrists, psychologists, counselors, physicians, among others.* (Father C, exorcist priest)

They themselves identify, however, a series of disturbances that they attribute to the action of spirits: temptations, oppressions, humiliations, vexations, obsessions, possessions that affect the will, the feelings, the body – from the outside or from the inside –, the environments or animals, the imagination.<sup>(42)</sup> The therapeutic-ritual forms to face this series of problems are of the same type, and they are found in an arch at the end of which we find the ritual of exorcism. Healing and deliverance prayers, masses of intergenerational healing, prayers for the healing of past generations are the practices that priests propose to the patients to conclude the curing process.

The therapeutics proposed by the priests is complex and articulates several levels of action: the referral to physicians, psychologists and psychiatrists when they deem it necessary, the recommendation of a healthy lifestyle, and the proposal of (re)integration into the Catholic community. The priests and their assistants always emphasize the need to resort to the biomedical system: during the diagnostic interview they ask about the treatments that the person undergoes, and after the rituals, they require patients to continue with their treatments. In the publications, the need to visit the physician is continuously reaffirmed:

It is essential, during any deliverance process, to continue with the treatments or drugs prescribed by physicians, both in physical (specialist doctor) and psychological orders (psychological or psychiatric attention).<sup>(32)</sup>

These recommendations are also reiterated in public, during the masses, in the prayer groups and healing campaigns. *“God uses physicians, that is why people have to visit the physician,”* stated father L at a mass, before about 200 people in Ezepeleta (field record). The agents do not come into conflict with the biomedical system, they articulate their practices with it, they incorporate the medical and spiritual perspectives, positioning themselves in one of the poles without denying the other.

Nevertheless, the medical follow-up is not enough to complete the healing process. The affected person must stick to a lifestyle that conforms to his or her willingness to heal at all levels. These arguments are present in most of the conversations with the exorcists and their assistants, but it was father L, in the mass of physical healing, who, in April 2017, strongly encouraged people to lead an *“orderly life, because an orderly life brings health, and also mental health.”* (field record)

An orderly life involves several processes: the control of excesses regarding food and drink – which the priest comments setting himself as an example after having lost several kilos – and the regulation of sexuality. Accepted sexual practices take place in the context of religious marriage and they are heterosexual. However, it is not the only type of recommended practice to follow the moral order: people should also control anger and violence, fight against laziness and, above all, live a true life of faith and (re)incorporation into the ecclesiastical community. *“To heal ourselves, we have to follow a serious path of conversion,”* says father L at mass (field record). This path implies adopting healthy lifestyles: good nutrition, physical exercise and adequate rest.

A morally and religiously regulated life cannot be separated from the integration into

the religious community: it is the same movement, through which people return to an adequate religious framework and adopt rules that keep them away from dangerous situations.<sup>(35,36)</sup> Following are two descriptions of the curing/healing/integration process performed by the healing agents, a priest and a Catholic psychologist:

*Many people are not properly trained in catechesis, proper training should be ensured, they come with intermingled ideas, and with certain confusions... It is enough to accompany people in their catechesis and see what their emotional, family, work ties are like, what is worrying them in their personal environment, what their wounds are. This is when professional psychologists and psychiatrists need to act and, after giving the patients their support, listening to them... it is about leading the patients, and if they choose to open themselves to God, God will not let them down. And this simple change of perspective in people places them before God, and not before evil, in their own fears and confusions. (Father C, exorcist priest)*

Psychiatrist Dezzi,<sup>(31)</sup> in turn, states that:

...these patients wander about [...], we must try to support them emotionally, to shepherd them and help them. The treatment consists in, [first], integrating them into the Church and letting them know that they will be freed from Satan in the times of God, trying to find the entrance door, the action, the serious sin that opened the door of the soul (the parapsychological unconscious) and demanding a general confession of their sins [...] As a psychiatrist and layperson, I believe that the medical diagnosis of patients that were oppressed-possessed by the devil is essential, it is the first step. Then, we must give them emotional support within the Church, accompany them; ask those who pray as a mission within the church to pray for them, and advise them

to take a conversion path and follow the Lord [...] When people are infected, they require medical and spiritual assistance to return to their health status.

In the therapeutic proposals, as well as in the conceptions of person, the interaction with the medical-scientific discourse is permanent. The interaction among concepts from one field and the other converges on a discourse that not only does not present them as contradictory but integrates them as complements: both spheres work together. In addition, it is important to emphasize that these spheres are not only aimed at the individual: responding to conceptions of person of the patients, the exorcists and their assistants, the healing action must also be performed in the patient's personal environment. During an evangelization retreat, father L leads a prayer aimed at healing family ties that states:

*[at this moment] the chains are broken, the bonds are broken, all evil over my family is removed. Let's pray now for your homes, if there is any disturbance in your home, we will pray for your home to be blessed as well. Those who are not present, your child, husband, boyfriend, girlfriend, but the most important thing is that you pray..., it is important that you open your lips and say your prayer: bless my home, Lord, bless my children, my husband, all my loved ones, may your blessing rest upon my home, my family, in your powerful name, Lord, I annul, cancel, cut off all influence of the evil spirit on my family, on my finances, on my health. Let's pray for your children... if your children are addicted to drugs or alcohol, ask God: Lord, free my son, I surrender my child to you. (Field record)*

As stated by Ribeiro,<sup>(14)</sup> in the discursive functioning that rules the dialogue between the priest, God and the faithfuls, it is observed that the word of the priest has various performative powers: the priest acts, at the same time, as an arbitrator of interlocutions, an

agent who controls the bodies of the faithful, and a subject who produces different images about social and family relationships in terms of otherness-identity, which are linked during the ritual practice. The words of the priest are perceived by the faithful as guided by the intervention and power of the Holy Spirit. In this way, they visualize the presence of the sacred in the priests' bodies, thus legitimizing their discourses and practices.

The healing process involves not only the deliverance of the body, mind and spirit of the faithful: it must also reach the patient's relatives. The personal environment of the patient must be healed, and this is achieved thanks to the ritual practices of integration of the patient and his or her family into the community that, ideally, should follow the patient, and thanks to adopting, as we have seen, a set of practical and moral rules that extend to those around the subject's personal environment.

The therapeutic work on the horizontal line – relatives, friends – of the patient is complemented with the action on lineage: past

generations must be reconsidered in order to "heal the family tree" (field record). This process is carried out both during the prayers in spiritual retreats and healing masses, as well as in special events, such as the Intergenerational Healing Seminary that Sister Inés Brown delivers in different parishes in Argentina. The ritual scheme proposed in the Seminary includes moments of prayer and preaching, and moments of reflection of each of the participants on their ancestry and "the diseases, sins and vices" of their ancestors. During the reflection, a blank image of a family tree as the one below is distributed and must be completed by the attendees with the names of their ancestors and the vices/diseases/sins of each of them (Figure 3): this work is done on the patient's own ancestry and on the lineage of his or her spouse.

At the end of the three meetings of the seminary, and during a mass, all the family trees are gathered and placed on the altar, to "cut harmful ties" (field record). This instrument is surprisingly similar to the genogram used in family therapies to identify

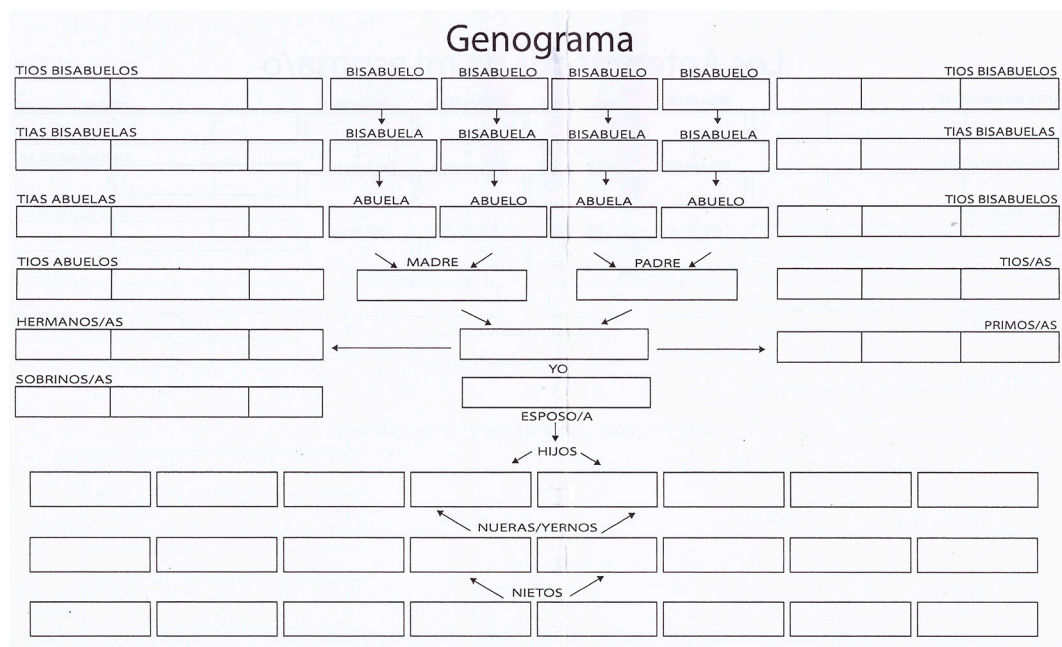


Figure 3. Genogram: work instrument provided in the Intergenerational Healing Seminary, held by Sister Inés Brown. October 2015.

unresolved conflicts, non-emotionally processed aggressions, problems in the patient's family and ancestors.<sup>(43,44)</sup> Again, the dialogue with the medical-scientific system is pivotal in the elaboration and implementation of the therapeutic process.<sup>(35)</sup> The instruments for collecting and organizing the patient/attendee's data are also similar, and are aimed at a basic conception that works in both fields: the actions of the ancestors influence the present of the subjects, and it is possible to perform therapeutic interventions to restore the wellbeing of the person and his or her lineage.

## CONCLUSIONS

Our review of the conception of person, disease and therapeutics in Catholic groups linked to the deliverance practices and exorcisms have led us to understand that this demand responds to a series of discomforts found on different levels of contemporary society – physical, psychological, relational levels – and this demand is based on extended conceptions of person, health and wellbeing. Regaining health involves a series of therapeutic processes in which a healthy lifestyle and ritual practices are articulated in the search of a state of wellbeing. The discourses and practices, far from being anchored in past ecclesiastic references, establish a dialogue, above all, with essential discourses of contemporary society: the scientific-medical discourse, especially in its psychological and psychiatric branches,<sup>(37,38,45)</sup> and other discourses related to the beliefs that we could associate with the New Age.<sup>(46)</sup>

Both in the discursive space and in the organization of practices, the interrelation

with the medical terms organizes the emissions: people are "infected" by bacteria and by evil spirits, the exorcists "diagnose" the degree of influence or non-influence of the demons, the patients are encouraged to adopt a lifestyle that mixes advice on how to manage nutrition, physical exercise and rest with the integration into the religious community and the recovery of regular ritual practices. The scheme of incorporation into the treatment mirrors that of medicine: asking for an appointment, being interviewed by different agents (some of whom are also health agents), making a diagnosis/discernment and undergoing further treatment. The emphasis placed on the diagnosis and the insistence on the rational processes at stake there show the importance of the dialogue with scientific medicine.<sup>(47)</sup> The exorcist priests organize teams that are found in a space of intersection between the spiritual and medical fields. This type of practice responds to a huge demand that the medical and healthcare institutions of the public and private systems are not able to satisfy.

From the understanding of the healing and deliverance processes at the intersection of different world views, the therapeutic practices are established based on a plurality that is not always assumed, but is clearly present: just as in the case of spaces of alternative medicine in hospitals studied by Saizar and Korman<sup>(48)</sup> based on the concept of "therapeutic complementarity," as well as in the case of practices performed by exorcists,<sup>(10)</sup> the healing agents and their patients resort to a plural universe of meanings and actions to try to face broadly defined discomforts, using multiple resources, and managing to express in a religious and spiritual language the discomforts that are found in the intersection field between religion and health.

## ACKNOWLEDGMENTS

The authors would like to thank the generosity of the anonymous reviewers who read the first version of this article with interest and a sharp eye. Their comments and observations helped us improve the text.

## REFERENCES

- Cabrera P. Nuevas prácticas, nuevas percepciones: la experiencia de la Renovación Carismática Católica. *ILHA Revista de Antropología*. 2001;3(1):121-137.
- Giménez Béliveau V. *Católicos militantes: sujeto, comunidad e institución en la Argentina*. Buenos Aires: Eudeba; 2016.
- Kleinman A. *Writing at the margin: discourse between anthropology and medicine*. Berkeley: University of California Press; 1995.
- Schepere-Hugues N. *La muerte sin llanto*. Barcelona: Ariel; 1996.
- Ginzburg C. *I benandanti: ricerche sulla stregoneria e sui culti agrari tra Cinquecento e Seicento*. Torino: Einaudi; 1966.
- Ginzburg C. *Storia notturna: una decifrazione del sabba*. Torino: Einaudi; 1989.
- De Certeau M. *La possession de Loudun*. Paris: Folio-Gallimard; 2005.
- Messana MS. *Inquisitori, negromanti e streghe nella Sicilia moderna: 1500-1782*. Palermo: Sellerio; 2007.
- Talamonti A. *La carne convulsiva: etnografía dell'esorcismo*. Napoli: Liguori; 2005.
- Amiotte-Suchet L. *Un ministère de bricolage rituel: le cas d'un exorciste diocésain*. *Ethnologie-Française*. 2016;161(1):115-126.
- Giordan G, Possamai A. Branding the devil in New Age and catholicism: a Sociology of Exorcism. *Religioni e Società*. 2016;86:90-98.
- Csordas TJ. *Body/meaning/healing*. New York: Palgrave Macmillan; 2005.
- Csordas TJ. *Language, charisma, and creativity: ritual life in the Catholic charismatic renewal*. New York: Palgrave Macmillan; 2012.
- Ribeiro J. O simulacro da alteridade: uma análise discursiva do ritual de exorcismo da Igreja Universal do Reino de Deus. *Debates do Ner*. 2005;6(7):11-78.
- De Almeida R. A guerra das possessões. In: Oro AP, Corten A, Dozon JP, organizadores. *Igreja Universal do Reino de Deus: os novos conquistadores da fé*. São Paulo: Paulinas; 2003. p. 67-77.
- Semán P, Moreira P. La Iglesia Universal del Reino de Dios en Buenos Aires y la recreación del diablo a través del realineamiento de marcos interpretativos. *Sociedad y Religión*. 1998;16:95-110.
- Tadvald M. Exorcismo e corposterritórios: notas sobre possíveis marcos interpretativos da transnacionalização religiosa. *Revista NURES*. 2012;8(20):1-8.
- Tadvald M. Corpo e possessão na teodicéia racionalista do espiritismo kardecista. *Ciências Sociais e Religião*. 2007;9(9):117-139.
- Ameigeiras A. El abordaje etnográfico en la investigación social. In: Vasilachis de Gialdino I. *Estrategias de investigación cualitativa*. Barcelona: Gedisa; 2006.
- Guber R. *La etnografía: método, campo y reflexividad*. Bogotá: Norma; 2006.
- Patton MQ. *Qualitative research and evaluation methods: integrating theory and practice; the definitive text of qualitative inquiry frameworks and options*. Thousand Oaks: Sage; 2015.
- Patton MQ. *Qualitative evaluation and research methods*. Newbury Park: Sage; 1990.
- Mishler EG. *Research interviewing: context and narrative*. Cambridge: Harvard University Press; 1991.
- Corten A. *Le pentecôtisme au Brésil: emotion du pauvre et romantisme théologique*. Paris: Karthala; 1995.
- Ospina Martínez MA. Apuntes para el estudio antropológico de la alabanza carismática católica. *Convergencia Revista de Ciencias Sociales*. 2004;11(36):31-59.
- Bastian JP. De los protestantismos históricos a los pentecostalismos latinoamericanos: análisis de una mutación religiosa. *Revista de Ciencias Sociales*. 2006;16:38-54.
- Beltrán Cely WM. *De microempresas religiosas a multinacionales de la fe: la diversificación del cristianismo en Bogotá*. Bogotá: Bonaventuriana; 2006.



28. Giménez Béliveau V. Terapéuticas católicas, males modernos: procesos de sanación y exorcismo en la Argentina. *Sociedad y Religión*. 2017; 27(47):33-59.
29. Mauss M. *Sociología y antropología*. Madrid: Tecnos; 1979.
30. Dezzi M. *Liberación*. Mendoza: Allubgraf; 2004.
31. Dezzi M. *Cristo o Satanás*. Mendoza: Edición del Autor; 2003.
32. *Pastoral de la Consolación. Consejos pastorales contra la acción extraordinaria del Demonio y Oraciones de Sanación y de Liberación [folleto]*. Buenos Aires: Diócesis de San Isidro; s/f.
33. Evans-Pritchard E. *Brujería, magia y oráculos entre los azande*. Barcelona: Anagrama; 1976.
34. Dezzi M. *El alma humana*. Mendoza: Talleres Gráficos de Inca; 2011.
35. Steil CA. Os demonios geracionais: aherança dos antepassados na determinação das escolhas e das trajetórias pessoais. In: Duarte LFD, Heilborn ML, Barros ML, Peixoto C, organizadores. *Família e religião*. Rio de Janeiro: Contra Capa; 2006. p. 51-88.
36. Tadvald M. O simulacro da alteridade em perspectiva: comentários acerca de uma análise discursiva de um ritual da Igreja Universal. *Debates do NER*. 2005;1(7):89-97.
37. Uribe CA, Martínez Medina S, Vásquez Rojas R, Castro C. Virginidad, anorexia y brujería: el caso de la pequeña Ismenia. *Antípoda*. 2006;(3):51-90.
38. Ospina Martínez MA. Satanás se "desregula": sobre la paradoja del fundamentalismo moderno en la Renovación Carismática Católica. *Universitas Humanística*. 2006;61(61):135-162.
39. Zamora Calvo MJ. *Artes maleficorum: brujas, magos y demonios en el Siglo de Oro*. Barcelona: Calambur; 2016.
40. Weber M. Excurso: Teoría de los estadios y direcciones del rechazo religioso del mundo. Tomo 1. In: Weber M. *Ensayos sobre sociología de la religión*. Madrid: Taurus; 1987. p. 437-438.
41. Giordan G, Possamai A. Mastering the devil: a sociological analysis of the practice of a catholic exorcist. *Current Sociology*. 2017;66(1):74-91.
42. *Manual de la Convivencia con Pablo*. Buenos Aires: Editorial Convivencia con Dios; 2011.
43. Alfödi F. *L'évaluation en protection de l'enfance: théorie et méthode*. Paris: Dunod; 1999.
44. Schützenberger AA. *Aïe, mes aïeux*. Paris: Desclée de Brouwer; 1998.
45. Funes M. Mito y ritual: terapeutas religiosos en el contexto del catolicismo en el área metropolitana (Argentina). *Mitológicas*. 2007;XXII:55-68.
46. Viotti N, Funes ME. La política de la Nueva Era: el arte de vivir en Argentina. *Debates do NER*. 2015;2(28):17-36.
47. Corten A. *Alchimie politique du miracle*. Montréal: Éditions Balzac; 1999.
48. Saizar M, Korman G. Interactions between alternative therapies and mental health services in public hospitals of Argentina. *SAGE Open*. 2012;2(3):1-13.

## CITATION

Giménez Béliveau V, Fernández NS. "We are body, soul and spirit": Person, disease and processes of healing and exorcism in contemporary Catholicism in Argentina. *Salud Colectiva*. 2018;14(2):161-177. doi: 10.18294/sc.2018.1504.

Received: 6 Jul 2017 | Modified: 28 Mar 2018 | Approved: 9 Apr 2018



Content is licensed under a Creative Commons Attribution-NonCommercial 4.0 International. Attribution — you must attribute the work in the manner specified by the author or licensor (but not in any way that suggests that they endorse you or your use of the work). NonCommercial — You may not use this work for commercial purposes.

<https://doi.org/10.18294/sc.2018.1504>

The translation of this article is part of an inter-departmental and inter-institutional collaboration including the Undergraduate Program in Sworn Translation Studies (English < > Spanish) and the Institute of Collective Health at the Universidad Nacional de Lanús and the Health Disparities Research Laboratory at the University of Denver. This article was translated by Laura Antonella Del Vecchio and Daiana Carrarini under the guidance of Victoria Illas, reviewed by Hannah Thayer under the guidance of Julia Roncoroni, and prepared for publication by Nazarena Galeano under the guidance of Vanessa Di Cecco. The final version was approved by the article author(s)