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Spirituality and health: problems during pregnancy and postpartum and their consequences in women and children's life trajectories (Salta, Argentina)

Espiritualidad y salud: problemas de salud durante el embarazo y el puerperio y sus consecuencias en las trayectorias de mujeres y niños (Salta, Argentina)

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ABSTRACT This article addresses the relationship between health and spirituality through the analysis of narratives of illnesses that occur during pregnancy and postpartum and that affect women and children in rural communities of Molinos (Calchaquí Valleys, Salta). It is based on research carried out from 2009-2017, in which 33 semi-structured interviews were conducted with women caring for children under six years of age. We focused on the way in which the interviewed women presented the sequence of events surrounding the emergence of illnesses affecting their own health and that of their children, in which organic, emotional and spiritual aspects interact in both the etiology of the illness and its treatment. We analyze as an example *susto* [fright] and its variations, as well as *recaida* [relapse] and *matriz* [womb]. The meanings attributed to these illnesses stress the spiritual dimension involved that justifies the use of traditional medicine resources. Our approach seeks to go beyond a taxonomic and essentialist perspective to focus on aspects involved in the process of the experience of illness.

KEY WORDS Ethnography; Maternal and Child Health; Spirituality; Argentina.

RESUMEN Este trabajo aborda la relación entre salud y espiritualidad a través del análisis de la narrativa de padecimientos que ocurren durante el embarazo y el puerperio y afectan a mujeres y niños en comunidades rurales de Molinos (Valles Calchaquíes, Salta). Se basa en una investigación desarrollada entre 2009 y 2017, en el marco de la cual se realizaron 33 entrevistas semiestructuradas a mujeres cuidadoras de niños menores de seis años, y en la que se focalizó en el modo en que las entrevistadas presentaban las secuencias de eventos que rodeaban la emergencia de problemas de salud propios y de sus hijos, en las que se conjugan aspectos orgánicos, emocionales y espirituales tanto en su etiología como en su terapéutica. Tomamos como ejemplos de análisis el *susto* y sus variantes, la *recaída* y la *matriz*. Los sentidos otorgados a estos padecimientos ponen de relieve la dimensión espiritual que justifica la apelación a recursos médicos tradicionales. Nuestro enfoque busca trascender la perspectiva taxonómica y esencialista para dar cuenta de los aspectos procesuales involucrados en la experiencia de enfermar.

PALABRAS CLAVES Etnografía; Salud Materno-Infantil; Espiritualidad; Argentina.

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INTRODUCTION

The relationship between health and spirituality is an object of reflection and debate in contemporary societies, in the quest for alternatives to achieve and keep well-being in critical moments of life trajectories. New and old experiences around spirituality converge in multicultural settings and become alternatives for health care. Thus, the need for a body/mind/spirit balance to face illnesses and crises emerges and is redefined, particularly in life stages where the subjects perceive themselves as vulnerable. In light of the increasingly diverse group of practices related to spirituality in cosmopolitan communities, where heterogeneous traditions, knowledge and values are combined, biomedical institutions have become more receptive, to the point of introducing some of these practices as complements to treatments in order to meet patients' needs and demands.[1] However, it is clear that this process does not take place without conflict, which results in numerous discussions about the therapeutic legitimacy of those practices. Even though biomedicine acknowledges the influence of non-organic factors in the state of health – in fact, the continually repeated definition of the World Health Organization[2] refers to complete bio-psycho-social well-being, – the biomedical approach recognizes attitudes that range from sanction and patient referral to other therapists or specialists to ways of passive acceptance or appropriation.[3] In general, the patient and those close to them are the ones who carry out the interaction between diagnoses and therapies, which is realized through trajectories that combine different acceptable and effective practices- from the point of view of the patient and their socio-cultural circle-that enable health recovery and well-being maintenance.

This setting of therapeutic pluralism in modern cosmopolitan societies, where the relationship between health and spirituality has been redefined, is seen as a sign of the times.[1] Nevertheless, the verification of such therapeutic interactions is not new from an anthropological perspective. Even though the hegemony of biomedicine in health care – unlike what is assumed in relation to so-called traditional communities – is supposed, research in anthropological medicine has shown the limits of these assumptions. Authors such as Taussig,[4] Kleinman,[5] Douglas[6] and Good,[7] among others, have contributed to increasing the visibility of the plurality of knowledge, values and practices that patients combine in their decisions concerning their health, highlighting the fact that he use of multiple complementary or alternative therapies is a rule rather than an exception.[8,9] Good[7] has identified the existence of an "ethnomedical system" which is the result of the combination of biomedicine, medicine practiced by healers, self treatment and religious and alternative medicine.[8]

Although these practices are not exclusive of "traditional" communities, studies on therapeutic complementarity were initially focused on rural contexts – country and indigenous communities – and they analyzed the tensions derived from disagreements between scientific and traditional medicine regarding the expansion of biomedical health programmes and services in different regions of the Third World. Studies on ethnomedicine[10,11,12] originated in classical ethnographic contexts, that is to say, outside the Western world, as the by-products of studies on "primitive" religion and they studied "beliefs and practices related to illness" which were the result of the "cultural indigenous development."[13]

These studies addressed the classification of illnesses and traditional therapies derived from the "worldview"[10] that developed independently from those derived from the European contact and colonization. Rivers was one of the first researchers who stated that magic, religion and medicine were deeply intertwined in these indigenous communities and that it was not possible to study one without the others. This contrasts with the study of medical practices in Western societies, a vision which has been criticized by Foster.[14]

This view on the relationship between medicine and religion in ethnically distinctive

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societies persisted in ethnomedical studies in Latin America, and Argentina was no exception. Studies were mainly focused on rural and indigenous societies and dealt with religious practices and beliefs involved in the etiology and therapy of a disease.

In the case of the communities in the northwest of Argentina, beliefs and traditional medical practices articulate both the spiritual and organic dimensions of the diagnosis and the recovery of several illnesses.[15,16,17,18,19] Research carried out in recent decades in the Calchaquí Valleys in Salta by our research team can be placed within this framework. Some of the illnesses of the local medical corpus have been classified as "spiritual illnesses,"[15] since their manifestations involve the spiritual component of the person. Considering both beliefs and practices, which combine empirical treatment with magical-religious rituals, a juxtaposition of indigenous elements and Christianity can be observed.[15,20]

Based on recent research which led to several publications,[20,21,22,23,24,25,26,27,28,29,30,31,32] progress has been made in the analysis of narratives which account for the overlap between psycho-emotional and organic aspects in the etiology of different illnesses. Therefore, it is essential to focus on the experiences of those who suffer from them and on how symptoms and treatments are combined in complex sequences which integrate various aspects of the life trajectory of affected subjects. In this way, symptoms and illnesses make sense as they are re-interpreted in light of concrete vital experiences.

In this article, we characterize perceptions and experiences of women of different generations based on a group of illnesses that they suffer during pregnancy and postpartum, which have an impact on following stages of their own life trajectory and/or that of their children. They are *susto* (fright) and its variations (*aikado*, *quedao*), *recaída* (relapse) and *matriz* (womb). On the following pages, we analyze the way in which women from different generations in Molinos (Salta, Argentina) described illnesses, categories that refer to them and their symptoms, as well as different meanings assigned to them. This analysis is organized according to three closely connected issues: 1) the root (not immediate) causes of the illnesses suffered by the women and/or their children that appear in the pre- or post-natal stage, whose antecedents are recognized in previous moments of their life trajectories; 2) the effect of such illnesses on their emotional state, usual behavior and the development of the psychophysical competencies both in the short and the long term; 3) the indissociability of the organic, spiritual and social components in their etiology, development and therapy.

The communities of the valleys

The department of Molinos, in the northern *Calchaquí* Valley in the province of Salta, has a population of 5,565 inhabitants.[33] The region, located in northwest Argentina, has been continuously settled over the past 2,500 years. The current population represents a partial fusion and overlap of indigenous and Hispanic elements.[34] Previous research points out the ecological diversity of the region, which has an impact on the settlers' life strategies. In terms of this ecological differentiation, there is a distinction between the town of Molinos, the capital of the department and the rural areas called *fincas*. This distinction is in line with the local distinction between the *bajo* (low) and the *alto* (high) or the *cerros* (hills) respectively.[27]

The town is the seat of the administrative, political, commercial and service activities. The families who live mainly in the *fincas* carry out farm work and their production combines manual labor (tenancy, share-farming and grazing) with a kind of agro-industrial exploitation, particularly in winemaking. Advancements made in this productive system have entailed a remarkable reduction in the population of the *fincas* and a change in the subsistence practices of households along with the relocation of the population displaced in the town or other places within or outside the region.[35] The division of labor by gender prevails in the households of the

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fincas: adult and young men and boys carry out agricultural work in their own or leased plots. They are salaried employees at the *fincas* who take part in activities mainly related to cattle handling. Adult women, on the other hand, are in charge of sheep, goats and llamas. Every day and with the aid of children, they look after the livestock and participate in activities related to cooking, cleaning, laundering, textile work and collecting firewood and water. Some are involved in agricultural activities in the absence of men. In the town and its surroundings, men and women do not often participate in these "traditional" activities, since very few families have enough land to cultivate and keep livestock. Instead, commerce, paid work and new opportunities for professional training and practice take on more relevance. Within this area, women take part in activities concerning household chores and child care. The few women who work outside their homes are mostly under informal conditions of employment.

Both in the town and the rural areas, a high number of households are extended and matrifocal, which is the result of multiple factors such as migration associated with work or the search for tertiary or university level education, abandonment by their spouse or their refusal to recognize offspring and/or the choice of not entering a long-term relationship. At the time of the research, the average number of children was four in the town, while in the surrounding fincas the number was between seven and eight. Accordingly, the care of young children is divided among the mother, a young woman (generally a single sister), an elderly woman and older siblings. Traditionally, Molinos was characterized by the significant abundance of matrifocal households with alternate generations.[21,31] As the result of the temporary or definitive absence of young and adult individuals, the eldest members-blood-related or putative grandparents-usually take over the upbringing and care of their grandchildren. This way of organization is recurrent and has persisted over time.

In these circumstances, elderly women are fundamental reference for upbringing and health care in critical moments of the life course. Their experience is the source of hypotheses in order to make decisions about alternatives in health care in the context of greater availability of resources, knowledge and actors with different levels of legitimacy.

There are differences between the town and the *fincas* with respect to the availability and accessibility to biomedical services. While the provincial hospital "Dr. Juan A. Fernández" is located in the town, there are six health clinics which have a nurse and/or a health worker in the *fincas*. The hospital treats basic pathologies and child births and it refers more severe pathologies and Cesarean deliveries to higher complexity centers. Healthcare professionals visit all of the *fincas* every week. These are the only medical services available to people, who, in general, do not have employment-based nor private medical insurance. Despite the greater accessibility of biomedical resources in the last years, coping with emergencies and complications during child-birth and performing Cesarean deliveries due to lack of qualified staff remain problematic.

At present, most biomedical services are complemented by actors, knowledge and resources of "traditional medicine." Several illnesses are still treated in households or "rural doctors," particularly in cases of illnesses that are not recognized or treated by biomedicine, in order to complete medical treatment or at different instances of pregnancy, birth and postpartum.[20, 21,31]

THEORETICAL-METHODOLOGICAL STRATEGIES

Our research is based on studies that date back to the 1970s in the department of Molinos.[34,36,37,38,39,40,41] A significant proportion of this first body of work describes culturally specific diseases which affect the individuals in different stages of their lives, as well as references to beliefs and practices about their etiology, symptomatology and treatment. As a result, the study shows the need for paying attention to the variability of beliefs and

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practices concerning health care, as well as incorporating the case-study method when adopting strategies regarding the disease and its articulation with other domains of collective life, transcending expert discourses.[34]

Research was resumed in 2009, and it focused on the upbringing of the children and health care through the narratives of caretakers along with the observation of their domestic routines and everyday itineraries with the aim of identifying, characterizing and evaluating the factors that shape the developmental niche[42] and their incidence in the health trajectories of children from an ecological perspective.[43,44] From there, a line of inquiry based on the study of cases and itineraries related to maternal and child health care and attention in the perinatal stage is opened. Within this framework, we are interested in the description and comparative analysis of therapeutic sequences which involve, for example, episodes of *susto* and other vernacular categories of disease and identifying actors, relationships and resources that are selected and articulated in their development. We are interested in these sequences since they connect mothers and children's health trajectories and reveal the expectations and values around the growth and development of children.[32]

From a methodological point of view, this research follows a qualitative design based on the complementary use of semi-structured interviews, observations (systematic, spot and participant) and audiovisual material. The discursive information in which this article is grounded is taken from interviews conducted with 33 women of different ages (18 to 70) who were caretakers of children under 6 years old. Some of them were interviewed more than once between 2009 and 2017. They were selected because they were part of households that had different compositions, localizations and means of subsistence. Another feature considered was the differential access to educational and health care institutions. Each interview lasted, on average, an hour and a half.

We chose 12 narratives that account for the sequences of interest for the analysis and that illustrate the diversity of life trajectories among of the women interviewed. We identified categories used to refer to illnesses suffered during pregnancy, child-birth and postpartum as well as expressions related to the description of symptoms and the sequence of diagnoses and treatments applied. Additionally, we established the events that preceded and followed the reported episodes. We also analyzed the narratives comparatively to identify and characterize recurrences and differences using Nvivo 10. This software allowed us to formalize, code and systematize qualitative data and identify categories for the description of the conceptual field and its semantic relationships.

The ethical aspects of this research were approved by the Committee of Bioethics of the Faculty of Arts and Science (*Comité de Bioética de la Facultad de Artes y Ciencias*) of the Universidad Católica de Salta. The interviewees gave free and informed consent pursuant to Act 25326 and personal information was protected through the use of initials.

RESULTS

Life trajectories and experiences of maternity

In this section we describe the way in which interviewees combined in their narratives different aspects of life trajectories and maternity experiences with the events surrounding the emergence and development of illnesses included in the field of the traditional medicine in the Andean region: *susto* and its variations (*aikado* and *quedao*), *recaída* and *matriz*.

According to the most general characterization of *susto*, it creates a body-spirit imbalance, more specifically, a temporary loss of the spirit. It causes both emotional and physical symptoms.[20] The situations that may cause *susto* are related to environments that are unexpected or contrary to the individual's expectations (consequences of natural phenomena, witnessing accidents or deaths, falls, animal attacks, visions or contact with supernatural entities).

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For the purposes of this article, we focused on the references to *susto* that appear in the narratives about disruptive events during pregnancy and postpartum, which caused different illnesses or problems in the development of women or their children. These traumatic experiences may occur during everyday activities, they may be the consequence of the violating taboos (contact with the dead) or going to places considered "dangerous" (such as the *bajo*, the river or the cemetery). In these places, far from their homes, people may have encounters with supernatural entities. With regard to the river, its strength, power and capacity to transport sediment may be considered negative, since water may carry away animals or people and overflowing rivers may cause restlessness and fear.[35,45]

> *…this one* [her eldest son] *has always been asustado… he never grew and it attracted our attention* [...] *we took him to Doña I.* [rural doctor] *and she told us he was* aiqueado. *That's what´s they call it when a woman is pregnant and goes to a funeral and gets frightened or upset, and then, the child comes badly from the belly, he doesn't grow…they say that it is because you get upset at the funeral or are frightened by the dead.* (MT, 44 years old, Molinos)

> [When you are pregnant] *they say that if you get frightened and the baby gets frightened, then the baby comes out asustado from the belly. Maybe he won´t sleep or be quiet.* (IL, 25 years old, Molinos)

> *The worst is the river; they say that it frightens babies. Because, they say, it's complicated when the river takes their spirit* [the child's] [you have to] *call them, because the river takes* [the spirit]. (PR, 41 years old, Tomuco)

If the child is healed immediately, *susto*does not have a severe effect in the long term, but, postponing or interrupting its treatment may result in more serious disorders that appear throughout the life trajectory. In this sense, it may lead to other health problems of varied intensity and importance.

Women during pregnancy and small children (*guaguas*) are particularly likely to suffer *susto*. A variation called *aique* alludes to episodes that pregnant women suffer and causes a high susceptibility to illness and developmental disorders in the child (motor disorders, poor muscle tone problems, deafness, muteness and blindness). It is considered that *guaguas* are *tiernitas* (fragile) and "they get frightened by anything" because their spirit is weakly connected to the body and it can separate and escape.[46] The spirit can also escape due to events that take place beyond the gestation period, for example, when children feel attracted to a supernatural entity which, in general, is in an isolated or uninhabited place. The main indication of this situation is that the children "don't want to come back" or "they want to leave and not come back".

To be born *aicado* or a "badly healed *susto*" has consequences in their behavior, emotional state and sociability. In the narratives, these effects are expressed as: "*ser malito* (being bad), *llorón* (weepy), *renegón* (grumpy), *pegote* (being too close to the adults), being grouchy, sad, desperate, *loquito* (nuts), (he/she) wanting to call your attention all the time."

> *…mine* [her children] *are all* asustados [...] *they are bad, they start crying, for example… he wants something, he is bad, he gets angry, he doesn't want it, he gets restless, it is like they disobeyme all the time, like they aren´t listening to me…* [they are] *also underweight, but I mostly see them grumpy.* (DF, 52 years old, Molinos)

> [Her son] *gained weight but very little, he was mischievous, terrible, his little body was so skinny.* (MT, 44 years old, Molinos)

When these problems persist during childhood and even adulthood, it means that the healing

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process has not been effective or appropriate and it is said the individual is *quedao*.[15,20] This expression refers to developmental delay (*se ha quedao*, "the person starts to get behind") which is reflected in the child's behavior and it reduces the chances of integration of the valuable activities to their future trajectories.

> *...he was weaker* [than his brothers and sisters], *it took him a longer time to walk... I could already tell he was different... he didn't listen, so I was very worried and I went to the hospital and they told me he was deaf... since he got sick, I took him to almost all the rural doctors around here, most of them told me that he is going to be a mute little boy...* (PC, 30 years old, Churkal)

> *...because this one* [girl] *is already six and she lives like this,* asustada, *because since the fire she has been asustada, and I told her mother: "have her healed, have her called" but she didn't have her called and she hasn't recovered well.* (DF, 52 years old, Molinos)

> *All the people that saw him* [her son] *said that he has been very* asustado *since the womb. And it is true; I got frightened with him inside my belly* [...] *so I took him to two or three men and they all told me the same thing, because he was so strongly* asustado *and still is. He was like desperate, a bit crazy* [...] *always trying to get attention* [...] *when they are asustados it is as if they turn to the evil side* [...] *one woman told me that it goes to their heads and they stay like that, crazy, tormented.* (NM, 34 years old, Molinos)

> *...you didn't have him healed when he was a small child so, when they grow older it is as if they are angry, you don't know what's going on with them, why they have that temper.* (IL, 25 years old, Molinos)

> *Maybe there are many times as they go to school when they don't pay attention to their work* [...] *they are* asustados... *they are thinking about something else besides their studies, they are in another world, let's say.* (DF, 52 años, Molinos)

> *Once, our cousin* [...] *used to go to play to the riverside beach* [...] *one night he came back home barefoot, feverish, sweating and trembling with fear* [...] *after that, he didn't have his head on straight, he was nuts* [...] *my aunt had him healed but he is still like that, restless, he works in one place, then he leaves and goes somewhere else. And that's the way he is, he never settles down, he is like restless; he is never in peace or safe.* (NM, 34 years old, Molinos)

According to our findings, *aique* is related to experiences and negative emotional states during pregnancy that are described as "being upset, crying a lot, being sad, afraid of everything and nervous."

> *Rural doctors always told me that I suffered a lot when I was pregnant, it is true, I cried because I was frightened of everything. I was always crying, upset and frightened... when I got pregnant, I went to work with my dad and a snake had been there and it had passed right by me* [...] *that was when I got most frightened... from that moment on, I wasn't the same, I was frightened of everything, anything made me cry.* (PC, 30 years old, Churkal)

> *...It didn´t cross my mind that I could be pregnant and then, of course, I couldn´t process it. On top of that, I was feeling bad because, let's say, I was no longer close to X's* [her son] *father. And later, for Christmas, I had a very bad time, it made me feel bad, I had a stomachache, the only symptom was the stomachache* [...] *I was frightened, I was terrified. I didn't know how I was going to face that and on top of that, I was alone* [...] *He* [her son] *must be like that, nervous* [...] *because I had such a bad time* [...]

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> *The thing was that in the last months I calmed down, I had accepted that things had gone badly for me, everything had happened at the same time: the break-up with X's father, my frustration about the university, I don´t know, many failures and it turns out that I got a terrible fright and my water broke* [...] *I got frightened because we were making empanadas* [...] *then, I saw that one of them was burning and I asked for help* [...] *my little nephew turned the burner off and the frying pan slipped out of my hands and it burned all his hands with hot oil. It was horrible, I got really frightened* [...] *my due date was two weeks away, maybe more. The thing is that my water broke and then I had a dry birth, I didn't have dilation, it was very difficult for X to be born*. (NM, 34 years old, Molinos)

Thus, the characterization of the circumstances which cause *susto* corresponds – at least partially – to other states described for Andean communities such as *pena* (sorrow) and *nervios* (nerves),[34,47,48] specifically when *susto* is connected to adverse situations that predispose the woman to a negative emotional state, such as loneliness, uncertainty, the lack of social support, the burden of responsibility and the expectations about life plans or children. This individual condition of susceptibility is combined in the narratives with sudden unexpected events which trigger *susto*.

Based on what we have discussed up to this point, it can be said that in reconstructing thesequence of events that unleash problems which worry mothers, the ultimate cause of these can be attributed to a *susto* from childhood, a badly healed *susto* or having been born *aicado*. Therefore, the chance of remaining *asustado/a* may be the result of the impossibility of resolving them or the accumulation of negative experiences along with the inefficiency of the therapy.[47]

> *…I felt as if I was depressed* [...] *in fact that is why he* [her son] *must be like that, nervous* [...] *I had him healed once or twice, actually, they say that they have to be healed three times… I didn't take him for the third time* [...] *I didn't have him healed as I was asked because he didn't want to take some of the little medications* [...] *or he wouldn't let me smudge him, then, I had to clean him with rue because* [the rural doctor] *told me that he was very nervous, very* asustado. (NM, 34 years old, Molinos)

In this way, *susto* is usually the ultimate cause of a range of problems that persist over time and are combined with non-lineal and complex sequences where different treatments and diagnoses are chosen, ruled out, confirmed or redefined. Physical/organic as well as spiritual consequences arise at the same time. For example, if the body "opens" due to *susto* – which causes the loss of the spirit – it can be combined with other symptoms (diarrhea, vomiting), leading to a complex case that requires an integration of therapeutic actions.

The "problems of the spirit" can be recognized and treated only by those people whose spiritual condition is unquestionable because of their devotion and strength. It is fundamental that these people must be *baqueanos/baqueanas* (experienced) considering the risks this task involves, as it can include encounters and disputes with supernatural entities.

The first therapeutic action is "the call of the spirit" by the members of the household (old men and women mainly) immediately after the event that caused *susto*. If the symptoms persist, they call the rural doctors[37] who may administer remedies from *yuyos* (a combination of medicinal plants) orally, carry out *limpias, refregadas* (massages and rubbing) and *manteadas* (using blankets/shawls) when it is necessary to "close" the body.

> [When someone is *asustado/a*], *he/she opens their arms widely and gets stiff. My mum healed them, she used to say: "you have been asustado/a", then, she would touch your here and say that your chest had been opened. She used a blanket to move you, because when you are asustado/a, you start vomiting, a little of everything. And, just like that,*

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she healed me; she put a blanket around my chest. (YC, 25 years old, Molinos)

My mother calls him [her son], *takes holy water, she makes him drink a bit of it and she tells him: "Come here, Z, come here, my boy, don't be afraid, come here", and then, she gives him more water, she makes little crosses here* [on top of his head], *she prays and that's it. I don't know if it is just a belief or what, but he gets better.* (MT, 44 years old, Molinos)

…my mother also used to say: "you have to smudge them" and she would prepare a little remedy with yuyitos [medicinal plants] *and birds' feathers. You have to use that to smudge them* [...] *she places the children like this in* [the smoke]. (SR, 43 years old, Molinos)

The treatment reveals the syncretism of beliefs and practices taken from Catholicism, such as the invocation of the saints and virgins, prayers, elements like holy water, incense, candles and images, the allusion to Tuesdays and Fridays, the recurrence of the numbers 3 and 9 as ideal frequencies and periods to the application and duration of treatments. The use of biomedicine is limited to the treatment of some organic symptoms and it is carried out simultaneously with the attention of rural doctors.[20] In this sense, our data enable us to state that the efficacy of the therapeutic procedures and resources are derived from their combination, instead of the exclusive properties of each of them.[15]

The considerations made about *susto* can be applied to the analysis of other local nosological categories such as *recaída* which refers to a group of symptoms and certain types of discomfort that can be experienced in the days following childbirth due to the exposure of the puerperal women to situations that involve a cold/hot imbalance.[49] Such situations may include contact with water, fire or wind (air). In order to avoid these situations, a set of prescriptions which include everyday activities and space restrictions must be followed. Reclusion is the central preventive measure and it implies that the puerperal woman must stay in an enclosed space, avoid exposing to changes of temperature, must rest and follow a healthy diet. This means that the other women of the household will take over the responsibilities of the puerperal woman. Moreover, after child birth, women are *fajadas* (made to wear a sort of abdominal strap) to prevent their bodies from "opening",[39] as an "open" body is exposed to the pathogenic actions of the natural and supernatural entities.[46,50,51] Just like *susto*, the possibility that the body may open or cool down is related to several ordinary or extraordinary circumstances, both in children and in women at different moments of their reproductive cycle. Moreover, the therapy includes the administration of healing herbal infusions and, less frequently, smudging and rubbing.

Fifteen days they made me stay in bed [...] *they say you have to be in bed because* recaídas *are dangerous, they say the sun, water and all that aren't good at all, see? She* [her mother does the housework] *because she is healthy, she does everything that can be done… maybe I have to be* fajada *or my body might fall apart* [...] *if I had had [a delivery] in a hospital, after two days, they'd make me get up, I 'd have to wash everything and on the third day, I'd have to go out, into the sun… and five days later, I'd be here* [at her home] *cooking, washing and being out into the sun.* (EG, 41 years old, Gualfín).

The compiled narratives reveal the discrepancies in the degree of adherence to these rules ("*las creencias de las mamis*" [mums´ beliefs]) among women of different generations:

In the past, they used to take care of you a lot after birth… at that time, I remember that mum made me stay in bed so that I didn't have a recaída [...] *according to the past beliefs, if you get up and get some air, you may have a headache,* [you have to] *rest in the room and don't*

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> *get exposed to air, wind, cold* [...] *and you shouldn't touch water, our* mamis [mums] *used to clean us, I was afraid of that, the* recaída. *"Because, you see, some may die,"* mami [mum] *used to say*. (MT, 44 years old, Molinos)

> *After I had them* [her children] *I had a bit of a stomachache and she would always give me oregano tea* [...] *that helps cleaning out the rest of the blood that remains* [...] *she wouldn't let us have a bath for about fifteen days* [...] *she didn't let us go out, we'd have to be shut in for fifteen days, you couldn't use cold or boiling water, we were very careful of not going near the fire and we didn't get up* [...] *only after a month you could go near the fire because it is said that it can cause a recaída and you could begin to feel some pains, in the head or breasts*. (DF, 52 years old, Molinos)

> *...my* mami [mum] *says that you shouldn't go near the fire or eat heavy meals because they could make the baby sick and because of the milk* [...] *don't go near the fire, don't cook in the oven* [...] *seven days she used to say you have to be careful* [...] *I suffered a lot, I would always have a headache, my mother says that it is because you don't take care of yourself at birth* [...] recaída *she calls it* [...] *and then, she used to tell us not to take off our clothes because your back may get cold and then you don't have milk for the baby*. (CC, 23 years old, Santa Rosa)

Just like *sustos* that have not been healed, the symptoms may extend over time and combine with new ones, causing more complex illnesses. Thus, being *recaidos* means that the woman has suffered more than one *recaída* and has not been properly treated, which places her in a more susceptible situation. This statement accounts for the recurrence of physical and emotional symptoms which prevents women from carrying out their everyday activities. In this sense, in order to explain current symptoms and diseases, appeals are made to illnesses that affected individuals in key moments (such as pregnancy and child-birth) of their life trajectories and that have not been properly treated play a central role.

> *I was told that they were* recaídas *those things what happened to me so, I have myself healed by the rural doctor and he told me that they are* recaídas, *the aches in my bones, hands, I couldn´t clean, headaches, a lot of them, I'd sweat and* [the rural doctor] *says that those are* recaídas... *and also they are arthrosis* [...] *because I didn´t take care of myself in those days of the birth... maybe at that time I didn´t take care of myself because my children were older. In the past, I had* recaidado *(relapsed) a lot and I had the third, the fourth, and the fifth child and maybe, I had* recaidado *badly. And well, maybe with the first and the second one too, because as I didn´t feel anything, I got up and then, I had the headaches* [...] *many rural doctors told me "you have had many recaídas from the past", "you and your child haven´t been careful with fire, water or the sun at all", that's what was going on with me, I'd go out into the sun a lot and then I'd have a headache, body and bones would ache* [...] *it takes away your strength* (EG, 41 years old, Gualfín)

In the case of this interviewee, she associates the repeated episodes of *recaídas* to activities she did during pregnancy and postpartum, ignoring the recommendations that apply to this stage. In her narrative, there are several expressions that refer to her almost exclusive responsibility as the family support and the lack of help ("I was always alone," "I had to do my things," "who is going to help me?") while she had to continue doing housework and craftwork to sell as well:

> *...I used to work with wool a lot, because before having a child you don't take care of yourself at all, then you soften, it*

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> *hurts, because llama wool is recaidosa, it has a lot of air, airy, that is why we aren't supposed to work with wool until fifteen days or a month* [after child-birth]. (EG, 41 years old, Gualfín)

The long term consequences of this cumulative effect of untreated episodes are different types of discomfort that are repeated as age increases: "you are an older person, you have a *recaída* over anything because you are weaker, when you are younger, you feel nothing". (EG, 41 years old, Gualfín)

Finally, the references to the etiology of *matriz* or *pulso* (womb), another illness that may affect women during pregnancy and beyond it, similarly combine the risk of getting ill from situations derived from women's activities and responsibilities and the available social support. *Matriz* is expressed in organic symptoms such as aches, palpitations, sharp pains, abdominal swelling, vomiting, and lack of appetite.[39] In addition to these organic symptoms, there are emotional symptoms that are referred to as lack of energy, general tiredness and feeling "devalued", "sad", "weak" and/or "lonely".

Even though it is held that women in the reproductive stage may "suffer from *matriz*," adult men may also suffer from *pulso* o *padrón*, an analogue illness when they are exposed to effort or labors related to agriculture and/or keeping cattle. That is to say, both categories are versions of the same illness (*pulso*) that can affect adult men and women who carry out activities that entail excessive effort, called *mala fuerza* (bad force/effort). As they are not involved in this kind of activities, children do not have any risk of suffering these problems.

> *It is said that we have man and woman... Men have* padrón *and women have* matriz, *and they call it* pulso... *and it is said that that moved, that little shovel sinks, like this...and it is as if it beats... because they say that the* matriz, *when one has been* falseado [slackened], *they say that the* matriz *moves up, and you vomit and feel weak and it aches and they say that that happens because the* matriz *has moved up*. (MV, 36 años, Gualfín)

In the case of women, doing *mala fuerza* while they are pregnant may lead to different problems for them and their unborn child, as well as causing difficult deliveries:

> *I used to carry very heavy bins and wood and* [her *mamí*] *used to say "No!" "You'll bust your* matriz*" and then it ached here* [...] [Between the chest and the stomach] *and I didn't use to eat anything because I would throw up, I had nausea and I threw up everything,* [the rural doctors] *say that the* matriz *is* falseada. *I went to the hospital but they couldn't find anything wrong with me... the tests showed nothing... and then, every week,* [I felt] *weak, I wanted to pick up something and I wasn't strong enough, he'd generally heal me with alcohol, he rubs me and after going there for three days, I was fine, but he told me "You are going to have problems when you have a child because your* matriz *is very small and* falseada*", and, yes, in her birth, I was there from three in the afternoon to eleven! And then, I had a Caesarean*. (EL, 21 years old, Santa Rosa)

Even though both *mala fuerza* and *falseado* are also mentioned as diseases – the latter may affect children as well, – it seems that they could be the origin of the illnesses previously mentioned.[52,53,54]

The most important preventive measure is to be *fajado* in the abdominal area. This measure, together with *refregadas* and *manteadas* are the only effective therapeutic practices which aim at "adjusting" (relocating) and containing the internal organs.

> *The stomach aches... it has a small thing in the stomach, right in the centre, it is a small thing... it is in one side because it isn't where it is supposed to be* [...] *so they say that that happens when you do something with lot of effort, you exert*

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> *a lot of force and that is misplaced* [...] [rural doctors] *heal* pulso *and they rub you* [...] *but if you go to the doctor* [biomedical], *the stomachache wouldn't stop, you have to be rubbed two or three times and you have to be* fajada. *It can happen to men and women but not to children, what kind of force do they do? The older ones work with the cattle* [...] *when I was pregnant, they didn't let me go to work inthe field* [but] *I have to do my stuff! Sometimes, she* [her *mamí*] *used to pay someone to work in the field* [...] *she used to pay someone to help me.* (MV, 36 years old, Gualfín)

> Matriz *we call it. You go to the hospital, it doesn't rest, your stomach aches, you feel weak, sleepy* [...] *your* matriz *is in a bad condition, it moves, they say. And he* [the rural doctor] *fixes it, doesn't he? You can be rubbed.* (NM, 34 years old, Molinos)

DISCUSSION AND CONCLUSIONS

In this article, we have tried to show the relationship between spirituality and health based on the analysis of the narratives about illnesses that, to a greater o lesser degree, suppose an imbalance between the person and its environment. In the first place, the narratives analyzed clearly show that the risk of *asustarse*, *aicarse*, *recaidarse* or of suffering from *matriz* are closely connected with violating taboos[39,55,56,57] that are supported by religious practices and beliefs.

Second, these narratives deal with episodes of diseases whose origins and consequences in the health trajectories of women and their children are interpreted in light of life experiences that account for the role of the social environment, not only in the etiological explanation but also in the search of alternative therapies. The environment may be the origin of the problem but, at the same time, actors and resources to which people appeal in order to cure the diseases, seek emotional support and help during the process are present as well. Following Price,[48] who has studied cultural forms of dealing with diseases in Andean communities, the set of religious beliefs about threats and the possibilities of finding cures are recreated in narratives and practices that are shared across generations. This author highlights that religious rituals and beliefs are reinterpreted and adapted by the individuals in terms of their own life experiences which include personal abilities and social support on the basis of the collective consensus. The illnesses analyzed here illustrate this situation as they show a negotiation process in which individual decisions are combined with the available options. Appealing to cultural models is justified since these are situations that are traumatic and new and, therefore, there is no effective answer. In consequence, this situation redefines ways of solving the disease whose efficacy is legitimized by personal experience as well as the one of those whose word is valued: mothers and rural doctors. In this sense, traditional medical beliefs, due to their practical and symbolical efficacy,[47] offer alternatives to women within their nearby social environment. In addition, they suppose a lesser dependence of biomedicine, whose options are not always effective, accessible and/or acceptable. In this regard, it can be said that even though people turn to biomedical professionals, the agents of the domestic environment are the ones that take part in healthcare, which refers to relatives and experts along with deities and spirits that inhabit the same environment as the person affected.[34] Following Price again, the culturally accepted ways of facing illnesses go beyond the personal abilities at a psychological level and relate to the ability of mobilizing resources and support from the social environment.

Third, our analysis emphasizes the meanings that women attribute to these illnesses appealing to life experiences, bonds and environments for which the etiological explanations exclusively based on organic and psychological factors are insufficient. The analyzed testimonies allow us to suggest that

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the categories of *susto*, *recaída* and *matriz* condense a group of senses associated with the manifestation of a negative emotional state that, if it continues over time, make women and children vulnerable. In addition to the organic symptoms, the emotional ones play a central role in the etiology and the choice of treatment.[47,58]

In the narratives of *susto*, *nervios* and *pena* are also mentioned. This relationship has already been observed by Crivos,[34,36] which accounts for the inclusion of this category within the set of diseases of the spirit, since it has consequences at the spiritual level and it also affects the human condition in terms of cultural expectations and values. Diseases of the spirit also alter the well-being of the household because the child or adult who is *asustado* cannot carry out their activities and assume their responsibilities. Even though men and children may be *asustados,* we focus on the references where *susto* is derived from the combination of stressful recurrent situations and sudden events that have an impact on women in susceptible conditions. The central aspect of *matriz* is its relationship with *mala fuerza* as the consequence of the activities women have to perform during pregnancy and postpartum when they do not have the necessary support. In this way, the references mix physical effort, violating of taboos and inadequacy of the woman's situation with respect to her expectations, which reveals the perception of a threat to certain life plans, the stability of the sentimental relationships and their own survival and well-being and that of their children. In this respect, the possibilities of suffering from some of these illnesses are associated with stages of life where vulnerability is greater, in addition to the burden of female responsibility perceived in family care.[47,48,59] This aspect can be recognized as a central element of female identity that persists through generations in spite of the changes in the activities and new work and educational opportunities. In women's discourses, autonomy and responsibility for making decisions and facing different problems related to their children's upbringing are highlighted. References to the participation of their partners or husbands during pregnancy and child- birth are minimal and are associated with financial support.[12] Under these circumstances, they emphasize the support and assistance provided by older women or peers within the household, not only in critical moments of their life trajectories-such as pregnancy and child birth-, but also in everyday activities. This dynamic has been noted by studies carried out in other communities in the northwest of Argentina.[60,61]

Since they are framed within traditional medical categories, these illnesses are legitimized forms of expression. In this sense, references to the female condition marked by sacrifices and suffering (being *curtida* [experienced, tough], long-suffering and courageous) identified in the narratives of elderly women contrast with the expressions of the younger ones, who, in spite of not necessarily considering these characteristics remarkable based on their conception of "being a woman", identify with them at some point of their life trajectory. Thus, going through a pregnancy without a partner or without the support in raising children is one of the most commonly identified to emotional states that predispose a woman to *susto*.

Fourth, the emergence of *susto* is explained as aspirit/body imbalance derived from a stressful or traumatic situation. Several authors agree that *susto* will only appear in events the individuals considered stressful in each context and its manifestations vary according to cultural ways of facing adverse circumstances and the expectations of the roles in those contexts.[34,62,63,64,65,66] When women refer to themselves, *susto* – when not properly treated – may lead to other health problems of variable intensity and seriousness for them and/or their children, depending on the co-occurrence of other factors such as changes in the everyday life and/or different types of stressful events.[20,21,27,30] In the etiological explanations given by the women, the possibility of a child being *asustado/a* reveals an imbalance between his/her behavior and the expectations and practices of the caretakers. Beyond the component of unpredictability in its etiology, the consequences of *susto* and

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its variations in the long term are attributed to the caretakers' negligence, which shows what is expected from mothers: to intentionally avoid situations that jeopardize health, pay attention to their children behavior and provide proper treatment. At the same time, it emphasizes the expectations about the children's behavior and competence as well as the implications for their future development. Both types of representations are a central element of the developmental niche and they show intercultural variations as it has been analyzed by Super *et al*.[67] Therefore, the differences in children's behavior and temperament can be explained in terms of health/disease and, in this sense, such explanations are displayed as a social control mechanism that has practical and moral implications.[30]

Fifth, the categories of disease examined in this paper are included within the scope of "traditional medicine" in the Andean region[34] and they have been approached from classical perspectives of ethnomedicine as a group of vernacular discrete categories.[14,68] However, as Tousignant[47] notes regarding *pena*, *susto* refers to a wider range of states than a specific illness, and it is difficult to isolate it from other simultaneous emotional states and symptoms. These are articulated in discourses that alternatively consider them as consequences or factors that increase the susceptibility of being *asustado* and originate another set of symptoms.

It is therefore necessary to disregard essentialist perspectives that prevail in the taxonomic approach to explain concrete itineraries and experiences related to episodes of disease. This implies opting for a pragmatist approach of the meanings assigned to these experiences based on specific contextual conditions and with attention to variability among individuals.[34] The narratives analyzed above account for a process of attribution of meanings and values to symptoms and diagnoses which change in accordance with contextual conditions and the way in which each narrator interprets their life experiences. On this basis, they justify the use of different actors and resources that modify the course of the therapeutic sequence, which leads us to focus on the procedural dimensions involved in the experiences of disease allowing us to explain women's active role in the search for alternatives to understand and solve their health problems. It is, ultimately, a reflexive process where hypotheses are constructed and rejected, new diagnoses are sought and actions that facilitate the improvement of health are implemented.

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