Therapeutic itineraries of Qom mothers in a peri-urban community of Formosa [Commentary]

The article poses a global problem related to indigenous peoples' health and sanitary conditions. Far from being adequate, these conditions are extremely poor and, as in every situation of structural exclusion, the health care scenario perpetuates inequalities in the domains of education, work, justice, and access to land (or housing). Even though the acknowledgment of indigenous peoples' rights has progressively entered national political agendas in the last decades, with the implementation of different public health programs, their management was erratic and results were discontinuous. Coming to terms with this reality shared by many indigenous peoples, and specifically by Qom people in Formosa (Argentina), this study considers an essential aspect for its comprehensive understanding by focusing on how indigenous mothers act when their small children are ill.

The study falls within a domain of anthropological research aimed at understanding the sociocultural management of diseases and resulting therapeutic paths. Two key questions summarize this issue: How is the individual's disease understood by their family and social environment? Which measures are taken for its resolution?

These questions point us to the universe of *culture*, understood as a dynamic set of socially-acquired, shared and standardized meanings and behaviors, and not as a fixed set of beliefs, ideas or world views (associated with "superstitions" or "fantasies"). The notions and actions regarding diseases by mothers living in the Namqom neighborhood (the largest peri-urban indigenous settlement in Formosa) can be understood on the basis of their daily social life, family trajectories, and relationships with non-indigenous societies (creole or "white"). Particularly in the case of this study, such relationships are established with the medical team of the health center. In this complex interaction, mothers assemble health, disease and cure knowledge based on indigenous medicine (shamanism or *curanderismo*), Evangelical religion, and biomedical science. A brief review of these dimensions will enable a final reflection on the challenges proposed by the researchers in the article regarding the relation between prevention and medical pluralism in indigenous populations.

In Qom people, the definitions of health and disease are linked to a set of concepts regarding the body, as well as customary rules and social taboos that always express inter-subject relationships. Health is understood as a state of strength and well-being, a unified source of physical, psychological and emotional power an individual has, and the weakening of their capacity for action is considered a sign of disease. The notion of "natural" disease –similar to that of biomedical science– is partially incorporated, especially among schooled adults and adolescents, such as the mothers who were consulted in this study. The perception of disease as "unnatural" entails precisely its social, symbolic and cosmological dimension (as shared ideas about the world's structure and order). Therefore, illness codes a constellation of meanings and practices linked to the relationships one establishes with their relatives, neighbors or close friends, where envy and bitterness are powerful feelings inflicting harm. All this takes place within a conception of surrounding reality in which the presence and action of non-human or supra-human entities (usually translated as "spirits" or "gods") is not questioned. Such entities are powerful and establish contractual relationships with an individual, the *pi'ogonaq*, who is gifted with healing, protection, harm, and interpreting the omen of important events.

As a corollary of the conquest and colonization of indigenous lands in the Argentine Gran Chaco in the first decades of the 20th century, the spread of infectious diseases such as smallpox, tuberculosis and flu was catastrophic. In spite of this, in the "plague" eras, new knowledge about diseases was acquired and new treatments were discovered. In fact, these new ways of healing were linked to the settlement of numerous Christian missions (Anglican, Evangelic, and Catholic) during 1914 y 1960, where physicians and nurses treated diseases and implemented the first immunizations. In the large sugar mills and forest enclaves of the provinces of Salta, Jujuy and Chaco, health care providers also treated the indigenous populations; however, unlike the missions, both the context and the way they treated the natives were not humanitarian in nature. The current memories of the elders, and the stories their parents and grandparents told

them, prove how important was the close relation between the Christian missions and biomedicine in the Qom and Wichí populations.

In the mid-20th century, the greater presence of the state under the public health and primary care paradigms coincided with the emergence of the Qom (or Toba) Evangelical movement, which resulted in new therapeutic hybridizations. The formation of the United Evangelic Church in 1958 and the growing diffusion of new congregations throughout the province of Chaco are unavoidable milestones in order to understand the interweaving among the Qom culture, community leadership (where the pastor gained a key position), and healing practices. As the article points out: "most mothers trusted faith 'healers' unequivocally" (p. 4). As a matter of fact, Qom people consider that overcoming an illness entails some sort of religious or spiritual experience. Moreover, the prayer that believers offer to the sick is considered an essential part of every healing process. This is a fundamental aspect in order to recognize the importance of therapeutic itineraries in the pursuit of health, broaden current knowledge, and foster an emphatic dialog between the biomedical system and the indigenous community.

In addition, for future research, it is important to link the cultural rules of social prophylaxis to the health prevention problem. Traditional taboos regarding the consumption of certain food during pregnancy, sexual intercourse at certain moments, menstruation and contact, prohibited places or activities, among others, and the new principles of Evangelical morality, such as the interdiction of alcohol and tobacco use, night dancing or gambling, etc., are aspects that should be considered in order to develop a health prevention policy that does not disregard them but integrates them selectively. Despite their differences and effectiveness, these rules define behaviors that are socially perceived as dangerous and, therefore, have a community function directed towards care and prevention.

The different paths Qom mothers follow between the health center, the Evangelical Church or the healer in order to cure their children's illnesses should be understood as a *relation of composition* and not of opposition. In other words, as the authors of the article state, such itineraries "were not necessarily incompatible", and in this articulation lies one of the main challenges faced when developing an effectively pluralist health system. ■

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REFERENCES

1. Lorenzetti M. Los enfoques de salud intercultural en los ámbitos de gestión e investigación en Argentina. *Rev Estud Marít Soc.* 2017; 11(1):148-76.
2. Langdon E, Wilk F. Antropología, salud y enfermedad: una introducción al concepto de cultura aplicado a las ciencias de la salud. *Rev Latino-Am Enfermagem*. 2010; 18(3):177-85.
3. Wright P. Ser-en-el-sueño: crónicas de historia y vida toba. Buenos Aires: Biblos, 2008.
4. Ceriani Cernadas C. Los evangelios chaqueños. Misiones y estrategias indígenas en el Siglo XX. Buenos Aires: Rumbo Sur/Ethographica, 2017.
5. Ceriani Cernadas C. Espíritus, biblias y remedios: sentidos prácticos de la sanación en el Chaco indígena argentino. En: Algranti J, Mosqueira M, Settón D (eds). La institución como proceso. Configuraciones de lo religioso en las sociedades contemporáneas. Buenos Aires: Biblos, 2019.
6. Miller E. Los Tobas Argentinos. Armonía y disonancia en una sociedad. Buenos Aires: Siglo XXI, 1979.
7. Hirsch S, Lorenzetti M (eds.). Salud pública y pueblos indígenas en la Argentina. Encuentros, tensiones e interculturalidad. Buenos Aires: UNSAM EDITA, 2016.
8. Douglas M. Pureza y peligro. Un análisis de los conceptos de contaminación y tabú. Buenos Aires: Nueva Visión, 2007.