"Now he walks and walks, as if he didn't have a home where he could eat": food, healing, and hunger in Quechua narratives of madness

Article (Accepted Version)

This is the post-print version of the article. The final publication is available at Springer via http://dx.doi.org/ 10.1007/s11013-013-9336-9

‘Now he walks and walks, as if he didn’t have a home where he could eat’: Food, Healing and Hunger in Quechua Narratives of Madness

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Abstract

In the Quechua-speaking peasant communities of southern Peru, mental disorder is understood less as individualized pathology and more as disturbance in family and social relationships. For many Andeans, food and feeding are ontologically fundamental to such relationships. This paper uses data from interviews and participant observation in a rural province of Cuzco to explore the significance of food and hunger in local discussion of madness. Carers’ narratives, explanatory models, and theories of healing all draw heavily on idioms of food sharing and consumption in making sense of affliction, and these concepts structure understandings of madness that differ significantly from those assumed by formal mental health services. Greater awareness of the salience of these themes could strengthen the input of psychiatric and psychological care with this population, and enhance knowledge of the alternative treatments they use. Moreover, this case provides lessons for the global mental health movement on the importance of openness to the ways in which indigenous cultures may construct health, madness and sociality. Such local meanings should be considered by mental health workers delivering services in order to provide care that can adjust to the alternative ontologies of sufferers and carers.

Keywords mental illness – global mental health – food – Quechua – Andes

As the World Health Organization's mental health Global Action Program (mhGAP) has been rolled out across a number of low and middle-income countries in an effort to 'scale up' delivery of psychiatric services (WHO 2008), it has not been immune from critique. Debate has focused on both the effectiveness and the ethics of exporting treatment models from Euro-American psychiatric hospitals and clinics to different settings (e.g., Bass, et al. 2007; Fernando, G. 2012; Fernando, S. 2012; Myers 2010; Summerfield 2008, 2012). In particular, doubts have been raised over the suitability of standard, evidence-based psychiatric treatments, which are based on assumptions about the autonomous, independent individual, for application with indigenous populations whose worldviews often place greater emphasis on relatedness, mutual collaboration, and mutual influence (Kirmayer 2012); such concerns echo and amplify concerns raised in Western contexts over what are sometimes seen as excessively individualistic clinical approaches to facilitating recovery (Saavedra, et al. 2012; Topor, et al. 2011). It has commonly been observed by medical anthropologists that in many indigenous cultures, illness is less the isolated manifestation of pathological symptoms within an individual than it is a disturbance in the social relationships of which the sufferer forms a part (e.g., Cartwright 2007; Goddard 2011; Greenway 1998). This is particularly clear with regard to mental illness, or 'madness' as it would more usually be described among the Quechua; disturbances of these relationships are often considered the most prominent aspect of such disorders. By tracing how such an understanding shapes sufferers' experience of madness and their families' experience of care, it is possible to provide lessons for the global mental health program in how to take account of local meanings, the better to ensure implementation in a culturally sensitive manner.

In this article, I take food and its cultural associations as my example in showing how alternative ontologies of sociality influence narratives, notions of care, explanatory models

and favored therapeutic modalities in cases of mental disorder. Food, feeding, and hunger, taken together, form a core dimension of Quechua sociality and personhood, and consequently are key to understanding how the families of people with psychosis make sense of their experiences. I argue that ethnographic attention to unremarked aspects of sociality such as this may lead to more effective mental health care, informed by a better, culturally-inflected understanding of how individuals react to madness in those close to them.

Other than in relation to eating disorders, discussion of the significance of food has been rare in cross-cultural psychiatry.[1] That more mental health studies have not alighted on this topic is surprising, particularly in view of the insights that medical anthropological research in dietary public health has given into culturally shaped 'logics of care' (e.g., Wilson 2010; Yates-Doerr 2012) or the thriving interest in social aspects of food in mainstream anthropology, where it has been shown to play a significant role in the creation and maintenance of relatedness and personhood (e.g., Counihan 1999; Janowski and Kerlogue

[1] One noteworthy example is by Scheper-Hughes (1988), who described how lack of food was translated by the Brazilian poor into the idiom of *nervos* (nerves), thereby medicalizing structural violence and denying the phenomenology of hunger. Food thus occupies a central place in her analysis, though interestingly its significance was effaced in the accounts of her informants themselves. In contrast, Brijnath's (2011) discussion of the importance of food and its preparation to the relatives of people with dementia in India shows what an integral and explicit part it played for them in the maintenance of identity and continuity of relationships, and argues that this should be more frequently addressed in care interventions. Dossa (forthcoming) also analyzes how food is bound up with self-identity and memory work for Afghan women coping with the effects of post-conflict trauma and social suffering. Pandolfo (2008), meanwhile, depicts how care through food can also feed conflict, as a Moroccan mother's cooking becomes the site of contestation with her possibly psychotic son during a psychiatric assessment. For him, the food she serves him is emblematic of her 'traditional' lifeworld, which he complains ensnares him and jars with his frustrated aspirations to a more cosmopolitan sensibility; there are also undertones of suspicion that she may be concealing magical charms in it.

2007; Meigs 1987). Anthropological studies of the Andes have been an integral part of this latter trend, showing ideas about food and feeding pervade sociality, relatedness and identity in that region. Here I will show the relevance of understanding this aspect of social life if mental health professionals are to maximize the effectiveness of their communication with Quechua patients and family carers.

Method and Setting

The findings described here emerged from a 12-month period of fieldwork as part of a study into experiences, understandings and therapeutic pathways followed in severe mental illness among the Quechua-speaking peasant communities of a rural province of Cuzco, in the southern Peruvian highlands.[2] Most of these communities are villages whose populations range from 80 to 1000 inhabitants. The indigenous Quechua language is the mother tongue of the majority, but bilingualism is increasingly the norm among men and younger women as the reach of Spanish increases. Because of the fragmented, mountainous terrain and the outcomes of agrarian reform in the 1960s, scattered collections of smallholding plots farmed by households are the norm. Maize, barley and potatoes are the main cash crops grown.

Road links between villages have been extended in recent years but still consist mostly of dirt tracks, with some settlements only reachable on foot. This relative isolation has left the population markedly underserved by biomedical health care, and although it is now considerably easier than in the past to access psychiatric services in the region's main city of

[2] Ethics permission was obtained from UCL Ethics Committee (Ref. 0649/002). Institutional support and permission in Peru were provided by the CMHC and San Antonio National University of Cuzco.

Cuzco, the traditional healers called *yachaq*s[3] continue to be considerably more influential than biomedical professionals in shaping dominant understandings of madness (Orr 2012). Even many patients who have attended psycho-education groups generally retain little of the information presented, and are more likely to fall back on alternative, vernacular accounts of their condition than psychiatric/psychological ones. There are of course exceptions among those who aspire more intensely to 'modernize,' but for the most part biomedical discourse has gained little purchase on local understandings of madness.

Yachaqs draw eclectically on a syncretic blend of Catholic tradition and indigenous animist cosmology, according to which the living natural surroundings are populated with a range of spirits which can affect human life and health. Among the most powerful are the *apu*s, the mighty mountains which dominate the landscape and often determine the well-being of livestock, crops and humans. The yachaqs themselves are important and frequently-consulted intermediaries between peasant supplicants and the spirits who wield so much power over their lives.

This cosmological outlook is often scorned by the nationally dominant mestizo class, and consequently Quechua-speaking peasant patients and families (hereafter *campesinos*[4]) may

[3] Literally translated, *yachaq* means "one who knows." In the context of healing it refers to spiritual knowledge, often alongside some degree of expertise in herbal cures. Other terms for healers commonly used in the province include *paqo*, *hampiq* and *curandero*.

[4] Some Quechua-speakers object to the term 'indigenous.' They feel it denotes a demeaning form of second-class citizenship and prefer to embrace a class identity, according to which they call themselves *campesinos* ('peasants') to distinguish themselves from the mestizos. Though this view is not universal among Quechua-speakers, out of respect for those who hold it I use the term *campesino* to refer to my informants. However, there are useful lessons to be drawn from these research findings for mental health work with groups elsewhere

be reluctant to voice their own views on madness to mental health professionals. Hence although the early stages of fieldwork were spent at Cuzco's Mental Health Centre (CMHC), ultimately participant observation in the community afforded better insights into patient and carer perspectives on their condition. Local fieldwork assistant, Grimanesa Toledo, and I carried out semi-structured Quechua-language interviews with the family members of 24 campesinos who had a mental disorder[5], and, where the disorder allowed for meaningful consent to be given, with the sufferers themselves. These interviews took place in or near the interviewees' homes, usually early in the morning before they started work in the fields. Initial interviews focused on the sufferer's life story; what the first signs of mental disorder were; how the family reacted and what possible treatments they considered; how they reached decisions on treatment; their current socioeconomic circumstances insofar as that may have affected their decisions; and the reactions of other community members. In 20 of the 24 cases, it was possible to follow up with further, successive interviews at intervals ranging from days to weeks; these gathered additional socioeconomic data, explored more deeply the themes already discussed, and entered into more open-ended discussion of the significance of the disorder for the family, their attributions about it, and its effects on daily life; latterly, they also afforded an opportunity to check analysis and interpretations with informants. These repeat visits to the villages not only enabled us to get a sense of how families lived with mental disorder, but helped to build up a degree of familiarity over time, expanding the range of issues that it was acceptable to broach.

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who auto-identify as indigenous, and in order to make clear the relevance of my discussion to them, I continue to make comparisons with 'indigenous' cosmologies. I hope that this causes no offense.

[5] Ten of the afflicted individuals were male and 14 female. Many interviewees did not know their exact age, but they ranged from 12 years to approximately 60-70. All families lived primarily from farming, although for the poorest this meant working on others' lands, as they lacked enough of their own.

Formal interviews were also carried out with 15 yachaqs and 8 mental health professionals, focusing on conceptualizations and explanatory frameworks of mental disorder, cases they had treated, and their biographies as healers. In addition, participant observation in the communities presented opportunities for countless informal discussions with these individuals and with other community members about madness, what caused it, and how it might be treated, as well as to be present at healing rituals and during the daily routine of some households. All these modes of gathering data contributed to the compilation of a detailed picture of emic conceptualizations of madness. Thematic analysis of the transcribed interview data first identified the significance of food and eating; further elaboration was then sought from interviewees on particular points of interest or ambiguity, and the Andean ethnographic record was consulted. The interpretations resulting from these comparisons were again checked with interviewees to ensure that the resulting analysis seemed plausible and 'rang true' to those who daily live through the situations described. Although it would have been possible to develop categorizations from this data corresponding to discrete 'idioms of distress,' as is commonly done in culturally sensitive mental health care (Abramowitz 2010), a considered decision was made not to take this additional step, in order that the analysis should remain more grounded in the data. Avoiding premature systematization of the ways in which food and hunger were made relevant to madness revealed how consistently they were implicated in cases of madness.

Andean Relatedness and Food

Rural populations in highland Peru have long suffered serious levels of chronic malnutrition, at least partly as the result of highly inequitable socio-economic structural forces (Larrea and Freire 2002). Food and eating are thus bound up with ethno-class identity in ways that have biologically measurable outcomes; at the same time they are highly symbolically elaborated

among campesinos. A number of authors have provided useful pointers to orient discussion of food's meanings in Andean cultures. For example, Gose has emphasized the political aspect of feeding, claiming that "in the rural Andes, feeding people is an expression of power and proprietorship" (1994, p. 11; see also Weismantel 1988). This symbolic association has a long history, deriving from the pre-conquest period when the capacity to feed was the dominant symbolism underpinning Inca authority (Ramirez 2005; see also Silverblatt 1987, pp. 49-50). Certainly today – despite the increasing importance of the monetary economy and legal contracts – offerings of food retain considerable symbolic significance in the contexts of local micro-politics. If other villagers labor on one's land, the provision of ample food should be part of the recompense, regardless of whether the main return is cash payment or mutual labor exchange (Gose 1994, p. 11). A campesino or mestizo undertaking sponsorship of a religious festival, which necessarily implies considerable expenditure, invariably seeks to recruit others to contribute and hence defray some of the outlay; this is known as *hurk'a*, and is marked by the offering of food and drink, acceptance of which signifies a commitment to provide something toward the requirements of sponsorship. Likewise, it is necessary for community councils to provide food when they seek to raise communal work parties for maintenance work on roads or irrigation systems. In all these cases, food acts to affirm the legitimacy of labor exchange (ibid). The manner in which food is shared, with whom, and on what occasions, can also code a wealth of messages about ethnic identification and relative social status (Bourque 2001).

Aside from its centrality to the social bonds of intra-community hierarchy and economic exchange, food is also significant in forging the bonds of family affection and intimacy. For campesino families, the act of feeding may come to constitute a biological relationship that outweighs the importance of conception in creating kinship between parents and children

(Weismantel 1995; van Vleet 2008). As food is served and shared over time, it establishes a corporeal bond, over time transmitting certain qualities between those involved as it does so. The self can be powerfully shaped in this way: Tapias (2006) has described how Andean infants in Bolivia are thought to ingest their mothers' emotions through the breast milk, and may become ill or undergo personality changes as a result. Consequently, for Andeans, food is the most effective medium through which to establish relatedness, both within and beyond the household (Harvey 1998; Allen 2002, pp. 127-149). Sending food is the preferred means of maintaining links, even over great distance (Skar 1994, p. 93; Allen 2002, p. 140).

In the Andes, food and feeding are thus serious matters that encapsulate issues of power, social status, family relatedness, and even the formation of the self. Not only do they mediate relations between people, but also with the spirit world, which both feeds and receives food from humans – and may, if hostile, feed *on* them. The importance of food for these purposes arises from the fact that it embodies the circulation of energy according to highly-regarded social norms of reciprocity – a value that largely defines Quechua social life, as well as relations with spiritual beings (Gose 1994; Allen 2002). Unlike in the modern West, where food is often devalued as belonging to the realm of the domestic, in the Andes it retains formidable symbolic power domestically, socially, and cosmologically, with important implications for health, illness, and sociality.

Findings and Discussion

Food and eating emerged in the ethnographic and interview data on Quechua mental disorder under three principal, overlapping categories: as symptom, as explanatory model, and as a facet of healing. Each of these is discussed in turn.

Eating as Symptom

When asked to describe the condition of those identified as mentally ill, it was striking how often relatives highlighted disturbances of commensality or appetite among their principal symptoms. Even when apparently more arresting 'positive symptoms' were present, such as delusions, or auditory or visual hallucinations, in accounts of the illness they were rarely mentioned ahead of behaviors revealing disordered sociality. Refusal to eat in a way that the respondent viewed as normal featured prominently among these behaviors, alongside deliberate withdrawal from the home and family group; unusual arguments, insults or aggression were also commonly mentioned. The presence of positive symptoms generally emerged later in the narrative or in follow-up discussion; at times, they were only identified in response to a prompting question from the interviewer. Of course, this does not necessarily accurately reflect the relative significance accorded to different classes of symptom by those living with the sufferer, as there might be other reasons for this order of priority; for example, interviewees might have considered positive symptoms as more stigmatizing, and as a consequence initially refrained from volunteering information about them. Nevertheless, the prominence of these particular forms of disordered sociality in the transcripts does indicate that they feature strongly in what family carers considered salient about madness. It thus provided the spur for further discussion with informants and, ultimately, for the present analysis.

Parental carers frequently interspersed general laments about their child's madness with the complaint that he or she now refused to eat with the family. "Now he walks and walks, as if he didn't have a home where he could eat," said one mother about her son, who had a long-standing psychosis and spent most of the day wandering. Another, in a moment of near-despair, said of her stepson, Hilario, who also suffered from psychosis and would disappear

for days, "It'd be better if he died, and then we'd bury him. And that way he wouldn't live like this, eating or not eating he wanders." In the context of wondering whether his life is still even worth living, she focused particularly on whether or not her son was eating. "He eats like the fox," she complained tearfully on another occasion, the comparison to an animal that in Quechua folklore is perceived as selfish, foolish, impulsive and gluttonous (Allen 2011) bringing to mind images of scavenging and a pitiable refusal to participate constructively in domesticated, civilized society:

> They just give him food out of charity […] When the bus runs over a pigeon, he eats it, they tell me. Then, raw hens, that – what d'you call it … what's been thrown away in the rubbish, and things. He eats dead hens he's picked up, out of hunger, y'know! Nobody's throwing him out of the house …

In these and numerous other accounts, food stood for relatedness more broadly. Although disturbances in commensality were far from the only way in which breakdowns of sociality occurred, their significance was such that they took on something of a metonymic function within carers' narratives. That eating could so often stand in for the full range of familial social experiences reflects its special significance in a culture where relations of respect, and even kinship itself, are forged by the varying contributions each family member makes to feeding the household (Harvey 1998). The allusion to eating as a symptom shows how madness seems to occasion the rejection of family, society, and the dynamic reciprocity that ideally characterizes relationships (van Vleet 2008, p. 51), as Hilario's case so strikingly illustrates. Particularly disturbing is that, in a world where domestic and community sociality is so thoroughly based on food and reciprocity, those who reject it so totally are likely to be moving into relatedness with supernatural beings instead.

This can be seen in accounts of another madness-related symptom reported to disturb established patterns of eating: changes in the taste of certain foods. Leonora, a grandmother

who suffered a severe depression and hallucinations, said that potatoes tasted bitter in her mouth; she had no wish to eat, as her "heart just turned over and over" (in Quechua usage, 'heart' (*sonqo*) sometimes overlaps semantically with 'stomach'[6]; Leonora was referring to both in describing her nausea and unsettledness). Her son-in-law mused that her condition had affected her personality so much that it altered her usual food preferences. Two other female interviewees told how they had suffered extended episodes of illness when they vomited blood, but also raved deliriously and hallucinated in attacks of madness lasting several weeks. They spoke of how meat and dairy foods such as milk or cheese had disgusted them during this time. Their illnesses were attributed to possession by *machu*s – inhuman, desiccated survivors from before the sun first rose, who sometimes lust after human women and whose attentions can cause serious illness and death (Allen 2002, pp. 38-40). These human foods, which are the products of ongoing nurturance of domesticated livestock, stopped gratifying the two women as the growing influence of predatory spirits alienated them from everyday forms of sustenance. For their relatives and those of Leonora, such shifts in food preferences underlined the sweeping changes in selfhood that they were undergoing, and threatened established bonds of relatedness; intimacy and care, so bound up with feeding in Andean culture, are often manifested in close attention to satisfying the tastes the individual may have for particular foods. Closeness is in part based upon knowing each other's likes and dislikes. That those tastes altered so suddenly and dramatically seemed to give the lie to that cherished knowledge that family members had built up of each other. The disappearance of relationships to particular foods was thus one aspect of mental illness that rendered shared and intimate histories unstable. Carers wondered whether those suffering from madness remained the same people at their core, when these and other fundamental traits were in flux:

[6] See Classen (1993, pp. 88, 145).

> Before she had appetite, she wanted to eat all day. She loved meat. Now we bring her meat, she doesn't even look at it. She's like another: her body, her behavior. She doesn't eat with us – when we eat together, she looks far away. […] She's changed so much, it's like she's a different person. We don't know her now.

In all these examples, talk of eating is used to index severe disturbances in sociality or selfhood, referencing the disrupted social relationships and kinship roles that are at the heart of carers' concerns. There is a stark contrast between its prominence in carers' own narratives and the space afforded discussion of this theme in the clinical encounter, whether in primary care or at the CMHC. Clinicians, pressured by time constraints and official diagnostic priorities, were usually keen to move on to 'what really mattered,' and would cut short patients' or carers' complaints of disruption to eating. Yet by doing so, they also blocked the communication of a wealth of meanings lying behind these formulations, thereby reinforcing common pre-existing expectations of the inhospitability of biomedical institutions to campesino worldviews. Campesino service-users do not necessarily take offense at this; they are accustomed to the lack of interest 'official Peru' typically shows in the cosmological assumptions many of them live by, and, provided that they are treated competently and well, most find it unexceptional that mental health treatment – like most medical treatment, in their experience – rarely involves any extended exploration of their perspectives or understandings. However, the consequence is that mental health services fail to engage with prevalent explanatory models and know little about the models of healing that their clients often explore in their own communities.

Eating as Explanatory Model

In these communities, food not only plays a role among the signs of madness but is often central to explanatory models of how the madness arose in the first place. Malnutrition is often cited as either the principal, or a subsidiary, cause of the problem of madness.

Interventions by NGOs and the state over the last two decades have played no small part in this. One measure which has done much to raise peasant families' consciousness of the negative outcomes of malnutrition can be found in the implementation of *Programa Juntos* ('Program Together'), a state-funded Conditional Cash Transfer scheme intended to relieve rural poverty. One of its priorities is to ensure that parents have their infants' height and weight measured by medical center staff at least once every three months, in order to detect cases of malnutrition and intervene. The monetary benefits disbursed by the program are conditional on compliance with this requirement. Such regular scrutiny of their children's development has had the side-effect of underlining the centrality of food to health.[7] There have also been many educational interventions to improve diet, led by the medical center and NGOs. Tropes of hunger and insufficiency already characterized campesino self-identity in opposition to mestizos and creoles long before the governance of campesino health outcomes became a national priority, but efforts to encourage awareness of some of the shortcomings of their diet when measured against national and international health indicators have powerfully strengthened the association drawn between nutrition and all manner of health problems, including those of a mental nature.

Pedersen, et al. (2010, pp. 294-296), noted the salience of *vida pobre* ('impoverished life') as an idiom of distress used by peasants dealing with the effects of post-conflict trauma and emotional disorders in Ayacucho, another region in southern Peru. In my field-site, much the same notion was often expressed through the metonym of food. In the case of one young woman in particular, who had become severely psychotic, informants attributed the disorder entirely to the poverty in which the family lived:

[7] "Every time the doctors come here they want to know the children's weight to know if they will get sick," commented one young mother about the medical center workers' community visits. "They tell us we are not feeding our families well," added another. "That's why our blood is weak here and we are unhealthy. Not like in other places."

> She went about perfectly healthy, pasturing the sheep, but then from one moment to the next she went completely mad; or rather, no – they were poor, and just from being poor she went mad. [...] There wasn't enough to eat. She went pasturing the sheep and cows, carrying just her snack – she walked like that, they were poor. She hadn't been well nourished, that girl, for the walking she did, and that's why she turned like that, you see.

Similarly, Hugo, the eldest of eight siblings, drew on food inadequacy as an explanatory model to account for his sister's mild intellectual disability: "When my mother was pregnant, just water was all she had to eat. So she was born kind of malnourished." Then his younger brother, Andrés, began to suffer fits in his teens and became mute. Although Hugo did not explicitly discount the explanations offered by the many yachaqs he had consulted, his own description put more weight on a naturalistic model that incorporated the trauma of bereavement alongside the ill-effects of malnutrition:

> I always say it's from my father's death. He was the son his father loved most. There are many of them [his brothers and sisters] and there was very little food. I raised all of them too. There are many of them and that's why they weren't well fed. Because of his father, that one [Andrés] cried too much, that's all I say. We were only poor. We were seven, eight children. We didn't have my father's animals, and that's why we were badly fed. That's why he faints when the fits take him. I wasn't like his father. That would be it, is all I say.

Rather than describing parental loss and lack of food as separate, though equally relevant, factors in Andrés' condition, Hugo switched back and forth between them in such a way that they seem inextricably intertwined. In keeping with the argument presented above, this again affirms that the circulation of food incarnates affection and relatedness as it is ingested and comes to form part of the substance of one's own body. The absence of sufficient food is significant not just for its physical effects, but for what it indicates about the unsatisfactory state of the lives and relationships of those left hungry. It thus mounts a moral critique at the same time as it provides a way of making sense of the production of madness.

Hence the first thoughts of family carers when facing the emergence of madness in their relative are often as likely to be of diet as of the copiously-documented 'culture-bound

syndromes' (e.g., Sánchez Garrafa and Sánchez Garrafa 2009, pp. 111-224) identified by yachaqs. A widely known remedy for madness, mentioned by several informants, was to serve the sufferer soup made from the head of a black dog; those recommending this solution presumed that the dog's brain contained vitamins that are missing in those who develop mental illness[8]. When Daniela, a teenage schoolgirl, first began to experience severe confusion, forgetfulness, and somnolence, as well as employing a series of yachaqs to call her soul her family began to serve her frog soup, reputed to be a remedy for over-exertion in study. They hoped in this way to replenish her depleted mental energies. Vicentina, meanwhile, mother of four children, had suffered serious post-puerperal psychosis, leading to her being seen at the CMHC. Her father was a low-level yachaq, well accustomed to treating illness through prayers to the saints, yet he attributed her recovery neither to this nor to biomedical treatment, but to his careful supplementing and monitoring of her diet to ensure she was receiving adequate vitamins:

> No, I didn't get her cured [with yachaqs] from anything. I'm a widower and I don't have the means. Just with her food I made her healthy, not with offerings or anything. […] She wandered singing in the nights – she wouldn't stay at home. She went walking, walking. She would be wherever when the sun came up, that's how it was… she went up the road singing through the night, she climbed up the mountains – in her eyes she [thought she] was walking the right way, you see. But it wasn't right at all, it's lack of nourishment. Now she eats those whisked eggs, carrots, vegetables, and from that she's getting better. She says, "It's because of the goodness of my father that I'm alive."

[8] In fact, use of this remedy long predates modern Andean understandings of vitamins (Valdizán and Maldonado 1922, p. 405). Seen in this light, it is interesting to note that black dogs were traditionally sacrificed as psychopomps when campesinos died. It is said that they are more effective in this role than other dogs because they are not afraid to get their coats dirty on the journey (Robin 2005, p. 61). Since madness is often conceptualized as the loss of the sufferer's soul, which is thought to have wandered far from the body and be unable to find its way back, this may be part of the reason why black dogs are considered particularly appropriate for such healing purposes.

Yet the couching of mental disorder in terms of poor nutrition draws attention not just to a deficiency in the physical elements necessary for health; rather, it makes an accusation against the social circumstances of the family or the commitment of its members to their kin. Given how central food is to Andean notions of relatedness, this explanatory model emphasizes madness as a disruption to social interconnections rather than as an individualized pathology. This social aspect may be less obvious now that lay discourse focuses on 'vitamins' instead of on shared substance and the bonds food creates between the person consuming it and the lands that produced it (Skar 1994, p. 93), yet it is no less significant in locating madness in the relations between persons rather than in the individual him or herself.

Food as Healing

The prominence of nutrition in lay thinking about madness is not echoed by psychiatrists[9], or indeed by yachaq healers. While many of the latter acknowledge that weakness due to hunger may render one more susceptible to such afflictions as *susto* (soul loss caused through fright), and they may sometimes recommend additional herbal or animal-based medicines to build up the patient's strength, they generally place less importance on nutrition than do families. This contrast reflects the extent to which families feel themselves directly implicated by questions of nourishment and impelled to address solutions, while healers doubtless feel that their expertise lies much more in negotiating with spirit powers than remedying the problems of poverty that lead to food insufficiency. Nevertheless, idioms of food and hunger loom large in a different form in the explanatory models that yachaqs do employ, a trope that makes its

[9] Recent studies have explored the links between food insufficiency and mental health problems (Sorsdahl, et al. 2011; Weaver and Hadley 2009). However, findings such as these are far from being integrated into the mainstream of clinical practice at present.

own contribution to the strength this association holds for campesino families. In these accounts, it is the hunger of spiritual entities which is significant, rather than that of the sufferer; for example, the condition known as 'hungry earth' – a common cause of illness and madness – occurs when the unfortunate victim's soul is seized by land which hungers, as a result of not receiving sufficient sacrifices (Allen 2002, p. 129; see also Crandon-Malamud 1991, pp. 1-3, 45-61).

Yachaqs describe a wide repertoire of methods for healing madness, all the more so since different healers may disagree as to what cause or remedy is operative in any given case (Orr 2012). Yet since serious mental illness is so refractory to treatment, it commonly requires the invocation of the powerful apus. Once again, it is through the offering of food that their intercession is obtained.

Nineteenth-century orientalist Robertson Smith first drew attention to the ways that sacrifice, such as the Christian rite of communion, embodies the attempt to achieve commensality with the divine recipient(s), thereby entering into a social relationship mediated through food (Meigs 1987, p. 353). In Andean Quechua society, this connection is highly elaborated and explicit, most clearly through the *mesa*, domestic altars used by many yachaqs for healing. Although there is some debate about the precise derivation of the term, it is generally accepted as coming from either the Spanish *mesa*, meaning 'table,' or *misa*, meaning '(Catholic) mass' (Ricard Lanata 2007, p. 144). Whichever is etymologically more accurate, its contemporary meaning partakes of both senses. Through the mesa, the yachaq presents an

offering to the apu, conceived of as a banquet consisting of ingredients[10] chosen to appeal to the tastes of the apu in question. Parallel to the power of the priest to serve as intermediary between man and God in the Catholic mass (ibid) – a function which is also mediated through food and drink in the form of the communion – the mesa thus enables the yachaq to perform the same role with Andean spiritual entities. Adriano, in his thirties and currently one of the most successful yachaqs in the area, describes the process:

> You have to arrange the offering just right. You have to know what the apu likes, what he accepts. If I don't do it with a good heart, it won't satisfy him and the person won't get better. I know [how to do it]; sometimes others don't and the apu doesn't receive their offerings. People go to them in vain.

Only a privileged few are able to bring these powerful spirits fully into therapeutic relationships of reciprocity, but the principle is similar to that informing everyday Andean life at a more mundane level, where the circulation of food between humans also establishes relationships or evokes reciprocity.

Flaws and gaps in the circulation of food, nourishment and energy lead to madness, but families and healers look to restore health by extending these connections. Through the yachaqs, campesinos attempt to bring the apus temporarily into their circles of relatedness. If the meal they serve is adequate, the apu may reciprocate by ensuring the safe return of the patient's soul, or the expulsion of the predatory spirits causing their madness. Just as madness, health, and illness among campesinos have their roots in the intertwined material and moral dimensions of feeding (physical nutrition and social relatedness, respectively), spirits too feel hunger and respond to offerings of food. They are deeply enmeshed within the

[10] These may include flowers, mineral powders, animal fat, incense, perfumes, wool, seeds, coca leaves, figurines, bread, alcohol and/or a variety of other substances, depending on the nature of the request and the preferences of the apu being petitioned.

same dynamic circulation of reciprocity, with its basis in feeding and eating, that governs campesino sociality and permeates understandings of mental illness.

Implications

I have argued that food and hunger are integral themes in how campesinos conceptualize madness, and that formal mental health services are largely unaware of this significance, thereby missing an opportunity to achieve more effective, culturally sensitive communication with these service users. An example of the difficulties this may lead to is found in the case of Francisco, a psychotic young man in his twenties. Various yachaqs had been unsuccessful in returning him to his senses, but a period of internment at the CMHC caused his symptoms to subside. He returned to his village with a prescription of anti-psychotics, but before long began refusing to take them. His despairing parents were advised by a nurse to grind up the tablets and surreptitiously put them in his meals, which they duly did. This tactic worked for only a short time, however, before Francisco started refusing all the food they offered him. Although they soon stopped dosing the food, and he once again started to accept dishes they left, he has only rarely re-entered their house since this episode took place and their relationship has certainly suffered.

Side-effects, alternative priorities, and question marks over its lasting effectiveness are all factors that may contribute to decisions to discontinue anti-psychotic medication in low-income countries (Read 2012), so Francisco's refusal of his adulterated meals is unsurprising. Yet there are culturally-specific connotations to the action his parents, in their desperation, took, of which the nurse may have been unaware. Francisco had been aggressive towards his parents while in a state of florid psychosis, and on two occasions when attacking his father had shouted at him, "Teach me to be a witch!" Ingestion is a powerful means for witches to

transmit their sorcery to the victim, so at the very least this risked reinforcing Francisco's delusion[11] by further convincing him of his father's involvement in magic. Additionally, many Quechua folktales turn on the familiar figure of the maleficent cook, a woman who abuses her position of power in preparing food for others by introducing foreign agents, and sometimes poison, into the meal (Krogel 2011). This narrative figure has her counterpart in real life, from the male perspective, for it is an acknowledged practice of some wives to control their husbands' drinking by mixing herbs with their meals that have an emetic effect when taken with alcohol. Thus this strategy is not unfamiliar to Quechua campesinos, but is given a strange and disturbing twist by being practiced by parents to their child. From Francisco's perspective, this action must have brought to mind many associations, none of which were likely to reassure him about his parents' intentions with regard to the care represented by feeding. The nurse's advice, though well-meaning, seems to have been as ill-advised as it was ill-informed about the implications of these actions.

In the Andean highlands, therefore, greater awareness of the significance of food in mental illness seems warranted, if mental health professionals are to respond sensitively and comprehensively to the suffering of patients and carers. While the notion that a 'psychiatry of the stomach' might complement a psychiatry of the brain may sound rather laughable, even in the Andes, it does serve to remind us of two important issues. First, it resonates with, and emphasizes the importance of, social psychiatry's long-standing concern with poverty, deprivation, structural violence, and the realities of 'empty bellies' for many of the world's mentally ill. The second point, meanwhile, is indicated by the semantic overlap between

[11] In this environment, where witchcraft and magical healing are part of everyday reality for many, this demand was not necessarily as delusional as it may seem. However, careful enquiries uncovered no evidence that Francisco's father had ever practiced witchcraft.

'stomach' and 'heart' (*sonqo*) in Leonora's narrative. Diego González Holguín's colonial Quechua-Spanish vocabulary glossed *soncco* as 'heart and entrails and stomach and conscience and judgment and reason and memory and the heart of wood and the will and understanding' (2007 [1608], p. 218) – a perfectly reasonable focus for global mental health. Though the full semantic breadth of this gloss may not have survived the intervening four centuries intact, it does serve as a salutary reminder that even something as material as the body has been conceived through many different ethno-anatomies in different times and places, as shown by the wealth of meanings that Quechua located in and around the stomach (Classen 1993). The importance of food in this context lies not just in its material significance, but in its privileged role as a conduit for sociality and relatedness – fundamental human notions that also differ dramatically from culture to culture.

While the specific relevance of eating may or may not have quite the same resonance in indigenous settings elsewhere, it has served to illustrate how local conceptualizations of sociality, not envisaged in the standard mhGAP guidelines and similar proposals, should inform a more client-centered approach to mental health care in non-Western settings. Without a sense of how relatedness, intersubjectivity, and sanity manifest for patients and carers, it is hard to engage with their narratives or to grasp the logic behind the therapeutic itineraries that they follow outside the formal health care system. This partly accounts for the limited success among campesino patients and carers of psycho-education interventions that locate etiology, treatment, and prognosis within the individual, by emphasizing genetic and cognitive dimensions of illness. Such disappointing outcomes are likely to be replicated elsewhere, if mental health interventions cannot take into account local cultural ontologies of sociality that highlight distinctive, collective modalities of care and relatedness.

This is the post-print version of the article. The final publication is available at Springer via http://dx.doi.org/ 10.1007/s11013-013-9336-9

Conclusions

This article has analyzed the significance of food in accounts of madness and its treatments among Quechua-speaking Peruvian campesinos, as an example of how locally conceived forms of sociality can have relevance for the provision of culturally informed mental health services. It has shown that eating is an important element of carer narratives that deserves to be taken seriously. The role it plays in the explanatory models of many families has been discussed, and has been shown to inform the therapeutic options they consider. It follows that a more thorough understanding of this aspect of campesino culture could contribute to more effective care for this population. Then, looking beyond Peru, this article supports and builds on work by Brijnath (2011) and Dossa (forthcoming) to argue that food and commensality are both integral aspects of care in mental health and merit further scrutiny in a range of settings. Finally, these findings suggest the importance of contextualizing mental health intervention with a careful sensitivity to local ontologies. Openness to the ways in which indigenous cultures construct health, madness and sociality – whether this is through food or in other ways – will help the global mental health movement to overcome ethnocentric assumptions and provide services that can genuinely engage with people's understandings of the causes of mental health problems.

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