

# Concepts of Health and Illness

## Introduction

'Health' and 'illness' are very much words the meaning of which we take for granted according to our own understanding in the modern world we live in. Therefore, a key objective in the study has been to understand what indigenous Andean people mean by these terms. There is evidence that until a generation or so ago, certainly in more remote parts of the sierra, these terms were glossed rather differently reflecting distinctive Andean pre-European experience of life, the human body and its wider cosmological context. Section 4 of the questionnaire asked people about their understanding of these terms in a number of ways, to try and elicit views upon whether any of these distinctive notions still survived in any way.

### 4.1 What 'health' means

Language is one fundamental way that meaning in life and life experience is communicated to others, so to start the evaluation of health and illness concepts, it was clearly important to establish what people agreed was a word that best described 'health' for them. Responses across the three communities suggest that any subtle semantical nuances of health and illness states according to any pre-European understanding have by and large already been lost. Health is health in much the way that we see it now, and also illness. Variations on 'well', well-being' and being 'animated' were often given, but one of the commonest responses was simply that 'Life' was the best word that many people felt described what health was for them. These responses were universally expressed across the three communities:

"Health is Life" (3 and 11). "For me health is to have a healthy life" (2); "For me, health is to live without illness" (6); "To be well and healthy" (4); To live well (9 and 10); "Life is health, wellbeing. [It is a] life in equilibrium; balance/harmony" (16).

Others were uncertain what word might best describe health for them and so responded "No", or "I don't know". Still others responded with the absence of perceived negative influences such as being pain free (14).

Rarely there were more nuanced responses that might hint at earlier understandings of health in its wider social context:

“In this question it was asked, what do you understand by *ally kawsay* (living well)? It is very possible that it is addressing a different concept of health. She answers: ‘for me the *ally kawsay* is to live with joy and sadness. We live in constant communication with our loved ones’” (15)<sup>1</sup>.

The Kichwa speaking respondents from Salasaka offered a range of words and expressions which had meaning for them, in their autochthonous language<sup>i</sup>, and translations of these mainly include variations on the gloss ‘to live well’, ‘I am living well’ and its complementary version ‘I have not got sick yet’.

## 4.2 Describing a healthy person

This question asked respondents: “How do you explain that someone is healthy?” Here the question at times was a little misunderstand, as it actually asked “how do you *explain* that someone is healthy”, but many people replied as though they had been asked how you could tell that someone was healthy from their exterior appearance and comportment, which several people then said they wouldn’t be able to:

“It’s not possible to affirm the health of someone from the outside. Nowadays, everyone has some sort of illness” (2).

“Honestly, I cannot put together a value judgment saying if someone is healthy” (6).

“You can only know through a doctor’s check-up” (9).

Generally people responded with descriptions of what, in their view, a healthy person would be like, which centered upon states of perceived happiness: happy and fit for work; humorous; enthusiastic and happy for work; in good spirits; having no pain or illness; manifestly happy and able to converse well; contented; in a good mood; with the appearance of good health with no appearance of physical or mental illness, and so on. Many replies centered on being able bodied and having the ability and enthusiasm for work, which, given that ‘health’ is so often equated with ‘life’, then being able to work is what sustains that. Other life sustaining processes were also highlighted:

“It’s someone who is well fed” (14).

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<sup>1</sup> Comment by the interviewer Jorge Caisabanda

Others felt you could tell that someone was healthy as being:

“Someone who walks happily. They salute [you] with firmness and health” (13).

“When you see them walking happily, or when you have a happy conversation, you can conclude that the person is healthy and without any disease (15).

More considered responses were sometimes offered:

“When a person has both spiritual and physical health in balance. When there are imbalances there are problems with health, such as with stress, [and a] lack of equilibrium” (16).

### **4.3 Health (as a concept)**

The question “what is health (as a concept)? was another designed to try and elicit any nuanced understanding of the term, outside of straightforward ideas associated with how a person presents with good health. There is ethnographic evidence that suggests that health itself was something viewed a part of a metaphysical reality that was an expression of an overall harmony and balance within the cosmos as a whole, of which humanity was merely an integral part. This would relate to previously discussed ideas about Inca physicians’ understanding of the human body (see Section 3). It was not uncommon for respondents to feel that they had already answered this in question 4.1 however:

“I maintain the same as before, to have a healthy life” (2)

“What I said before, to be well and healthy” (4).

“As I said before, to live healthily” (5).

“As I said at the beginning, health is to live without any illness” (6)

“As I already said, health for me is to live well (11).

However, not all people felt this and some made a stab at describing something a little more abstract. One Zuleta respondent described it as being “a universal concept which includes all the family”; another as being “a vital force that protects you”; yet another as “the basis of being human”. An Ugsha respondent believed that it was something “given by God”. In

Salasaka, other respondents described it as being “the power of living beings”, or as “a person’s happiness”.

But generally health was seen as being something that could be determined by the qualities that it conferred upon a person, rather than as an abstract concept in its own right:

“[It is something which] gives enthusiasm for life in leisure and work”(Salasaka respondent).

“To be physically well with the whole body functioning” (Ugsha respondent).

Or as the absence of illness; simply expressed as:

“Not having a sick body” (13).

And once again, having the ability and enthusiasm for work was also well represented amongst responses, suggesting, once again, a confounding with question 4.1.

An educated Zuleta respondent (16), who had a much wider understanding of indigenous Andean epistemology, was the only one who really offered views close to those mentioned above, that life and health might be seen as part of an overall universal dynamic related to cosmological wholeness and balance.

#### **4.4 Loss of health**

Having attempted to establish what health is and how you define a healthy person, this question asked people: “when do you lose your health?” This, however, was again a nuanced question which sought to look beyond mere ‘causes’ of illness (asked in the following question 4.5). However, very few respondents noticed any difference.

There were many rather literal interpretations of this, of the “when you get ill” and “when you die” kind, which, given that ‘health’ is often seen as being the equivalent of ‘life’, then loss of health would be just that – death.

“You lose your health when you get ill” (2).

“We are all destined to lose our health by getting ill or dying” (3).

But there were also a range of other views too, which variously had to do with self-care, environmental influences, age and the passage of time:

“We lose our health when we don’t treat ourselves” (6).

“Getting old gives you many illnesses” (4), when “your body doesn’t work anymore” and “your organs degenerate” (Zuleta respondents).

Pessimistic views about the impact of the modern world and stressful lifestyles were also cited, with “Bad culture, like modern life” being blamed by one respondent from Zuleta. Psychosocial causes were similarly recognised:

“When we have sorrows or problems in our homes, or when we lose someone dear to us, illnesses start to appear causing the loss of health and from here, disease originates” (15), with two Zuleta respondents also observing the influence of feeling disempowered or getting sad on losing your health.

However, the commonest response was probably poor diet and over work (which was also cited frequently in the following question 4.5). Seeing health as being equivalent to harmony, the Zuleta respondent (16) saw loss of health as a problem with loss of balance or harmony. And a young Salasaka respondent had similar views:

“When we misalign with the environment. For example, when we disrespect nature and when we do not eat well “(14).

Some Ugsha respondents were inclined to cite divine destiny, in that only God knew when you lost your health, or else you lose your health when you die, and when you die you go to God. More practical amongst them cited the more usual ‘Poor diet’, and ‘When we are ill’ determinants.

And finally, one more enigmatic response from Salasaka cited being in a state of ‘*hucha*’ as being when you lose your health. *Hucha*, a Quechua (and Kichwa<sup>2</sup>) term, is often glossed as meaning ‘sin’, and certainly Spanish evangelists who compiled the first Quechua dictionaries saw it thus. However, and here is the rare indication of a survival of an earlier cosmological view, *hucha* can also mean the absence of something, as it was seen in Inca times. ‘Sin’ was not so much a wrong doing, as a blemish or an imperfection, or the lack of something that should have been there. Consequently, being in a state of ‘*hucha*’ would likely pre-dispose a person to illness, being a weakness. It is highly likely that this view would have pertained in pre-Colombian cosmological understandings of health and illness (see Urioste 1981). But, of course, it is hard to know exactly what the respondent actually meant by this and it may be the case that they simply saw the word as being ‘sin’, in the conventional understanding, in which case, more prevalent European Catholic Christian views of the soul being in a state of sin predisposing to illness would be the case.

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<sup>2</sup> Quechua is the original pre Spanish Inca indigenous language and now refers to people who speak it from Peru. Kichwa is the ethnic group from the northern Andean region including Ecuador, who speak a variant of Quechua, known locally as Kichwa.

## 4.5 Causes of illness

As noted above, this question which asked “What is the origin/causes of illness?” was generally interpreted as being equivalent to 4.4, although some people seemed to recognise a subtle difference. Responses offered were along a spectrum, from more modern understandings of the causes of disease, through to more folkloric beliefs, into the realms of the indigenous ancestral, with many respondents being prepared to believe in a mix of these.

Probably the most popular ‘modern’ culprit for the origin/cause of illnesses in all three communities had also been referenced in 4.4, being environmental contamination from modern life, with too many chemicals used, and from polluted air and water:

“Bad diet; through eating food products contaminated with a lot of chemicals and fertilisers” (9).

“When we eat fruits harvested with too much fertilizer, for example, the bananas we buy in supermarkets. It’s important to remember that we ate food without chemicals” (10).

“Through water and food with too much fertiliser” (6).

Poor diet was also frequently cited by many people, which was associated with modern food products and what indigenous people understand to be the kind of diet eaten by mestizos, which they thought was less healthy than their own:

“When we destroy nature. When we replace the indigenous diet with that of the mestizo” (14).

There was also a general view that disease could originate from contagion with micro-organisms, reflecting a more modern understanding:

“We contract diseases through the bacteria that circulate in the air; also by the cold, and by contact with sick people” (8).

“There are several causes, for example, by contagion, some diseases are hereditary and others appear through age” (1).

However, more traditional belief systems still persisted, alongside more modern:

“The wind, and infections between people or from animals” (2).

“It comes in the wind” (13).

Not looking after yourself or getting timely treatment, which included prophylactic treatment, with a yachak, was also perceived to be a cause:

“These illnesses originate in our own bodies because we don’t cleanse ourselves frequently enough with [the services of] a yachak “(12).

Stress, worry, drinking too much alcohol and working too hard were also cited, as they had been in question 4.4.

At the other end of the spectrum, and representing a clear break with 4.4, were the traditional Andean maladies, particularly the condition ‘*malaire*’ or ‘*malviento*’ (see below), and also the negative influence of witchcraft (Zuleta) and evil spirits (Salasaka). These in particular are what you would seek out the services of a traditional healer such as a yachak or curandero for (Salasaka and Zuleta). Occasionally, more religiously devout respondents cited divine punishment as the reason behind illness (Ugsha).

#### **4.6 Common family and community illnesses**

This question asked respondents “What are the most common illnesses in your family or community?” Whilst the majority of people responded with the sorts of illnesses most likely to afflict them: “we get a lot of flu in my family” (11), others interpreted this rather more loosely: “Appendicitis, cancer, AIDS, flu, fever, gastritis” (10).

Perhaps unsurprisingly, across the three communities including the Galápagos subset, flu (referred to a ‘gripe’ and probably also meaning a severe head cold), was easily the most frequently cited illness. Coughs followed closely behind, often paired with other complaints such as allergies, headaches, colds, appendicitis and even witchcraft. In addition, Salasaka respondents cited stomach ache, ‘foot pains’, cancer, diarrhoea, alcoholism, drug addiction, stress and family problems, whereas people from Zuleta noted ‘body pains’, physical injuries, diabetes, cancer, liver problems, heart murmur and Intestinal infections, in addition to the headaches. The Galápagos subset also cited things like ‘cancer, gastritis, painful bones and also blindness” (4). The prevalence of the mention of conditions like cancer is interesting, as this is considered to be a ‘modern’ illness and also something referred to as being a ‘white person’s illness’:

“Cancer [and] tumours; these are mortal” (14).

“Cancer, alcoholism and recently I’ve started to hear drug addiction too” (13).

The Salasaka respondent (15), who is also a yachak and partera, always noted psychosocial issues as being the basis of most illnesses:

“Stress and family problems”.

All three communities also occasionally cited the traditional Andean malady *malaire/malviento*, although Ugsha, with its very rural and traditional community, cited three of them: *malaire*, *espanto* and *cuichig*, although others of a more conventionally Catholic Christian persuasion here denied any belief in these.

“*Malaire*. It’s very bad when you have this illness, you don’t want to eat, walk, lie down or talk” (12).

An interesting condition, as the precursor or result of an illness, is that described as being ‘*decaido/a*’ literally translating as ‘decayed’ or ‘down’, and sometimes here translated as ‘run down’, although it might also mean depressive illness and it was difficult to determine this any better. It was the most commonly cited way that you could tell that a person was unwell (see below). It might also loosely translate into terms we use, such as being ‘under the weather’, ‘off colour’ and so on, in other words, a syndrome of feeling dispirited, tired, depressed, unwell and so on.

#### **4.7 Knowing that someone is ill.**

In the context of understanding what you mean by saying that someone is healthy, how do you know, or say, that someone is ill? This question asked respondents “when do you know that someone is ill?” Responses uniformly fell into either the behaviour and appearance of the person, ie symptomatic, or into the professional/clinical diagnostic realm, given that you couldn’t know just by looking at them.

Of the behavioural characteristics cited, seeming sad or unhappy, angry, low spirited, or lacking enthusiasm, even “wearing old clothes” (Zuleta), was reported across the three communities:

“When we see them walking sadly, when we see them sad in a conversation, we generally assume that the person is sick, or suffering some pain or has some discomfort” (15).

But the overwhelming majority of the symptomatic group of replies cited ‘*decaido/a*’ (see above) as being how you could best tell someone wasn’t well:

“When you talk with them, or when you see them looking run down (*decaido*)” (2).

“When they talk [as if they are] ‘*decaido*’, sad or in pain, or annoyed, you ask the person directly why they are like that and they share their trouble with us” (12).

“They walk ‘*decaido*’, not able to talk” (13).

“Physically one could see it, when one sees a healthy person suddenly [becoming] pale, skinny. But internally we could not know” (14).

Looking into a person’s eyes was cited by some as being indicative of illness:

“Looking carefully at their eyes; when you see them looking rundown or even walking in a dizzy way” (3).

“Through seeing through their eyes [that they look] run down, but you don’t know to what depth” (10).

Alternatives were suggested by some, such as:

“When you see that they are in pain, covered or protected with something (mask or glasses), or also when you see them hospitalized” (1).

6) When they cough or are covered up/seem run down (6).

7) When you see them thin, with yellow skin and weak (7).

Loss of appetite, motivation or enthusiasm, particularly in relation to work (all three communities), was seen by others as a clear signal:

“When they lack motivation, are run down or lacking enthusiasm” (11).

Others simply re-affirmed that they couldn’t say:

“As before, I can’t tell the state of a person’s health” (5)

These respondents felt that you could only tell if someone was ill by carrying out a formal diagnosis, which could either be in the traditional Andean way, through going to a traditional healer and having a diagnosis by using a *cuy*<sup>3</sup> or candles, or through going to a doctor or a modern clinic for a check-up. In the rural and religiously devout community of Ugsha, it was felt by other respondents that only God knew if someone were ill or not.

## 4.8 Sickness and identity

Ethnographic studies suggest that a part of the alternative concepts of health and illness coming from pre-Colombian times down into colonial periods included different ideas about the identity of people who were ill. A sick person couldn’t be a wise person for example (Bastien 1981; see also Greenway 2003). So respondents were asked: “How do you see a sick person? That is to say, is illness related in any way to identity?” In order to try and explain the idea underlying this, contemporary examples were offered, such as the way some people use social media now to construct an identity around being ill, something

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<sup>3</sup> Andean guinea pig

which is not uncommon. Responses uniformly confirmed that no-one really understood this, with several people repeating the same kinds of things that they had done for the previous question 4.7. Others took it literally, thinking it referred to ethnic identity and responded that they thought indigenous people were healthier than mestizos; or that disease was no discriminator of person, whether indigenous or mestizo. Pejorative stereotypes were occasionally mentioned too:

“In Salasaka, there is a stereotype that indigenous Salasakas are drunks” (13).

“I believe that if there is a relationship. For example, mestizos have healthier teeth. On the other hand, the Salasakas (indigenous) have damaged teeth” (1).

“Illness is directly related to cultural identity; in this way we indigenous people are stronger and less sick than mestizos who are delicate and ill” (3).

“Illness doesn’t distinguish the cultural origin of people or family; we all get sick of the same type of disease with the same or different degree of intensity” (5).

“No-one is safe from illness, whether we are indigenous or mestizos. But I must admit that we indigenous people are healthier. The Salasakas we get sick of more ‘venerable’ [veneras] diseases and the mestizos more acute diseases” (6).

“Whether mestizos or indigenous, we are all the same. In spite of that, I could say that the indigenous Salasakas are healthier” (4).

“For me there is no relationship between disease and indigenous cultural identity. Diseases affect all people to the same degree” (11).

There was a rare reference that ‘sin’ or ‘hucha’ might be responsible, and that someone who was always ill was someone who had also done ‘bad things’, or who was otherwise an unhappy person (see above). This in a way related broadly to the notion mentioned earlier, that a sick person couldn’t be a wise person:

“If a person is always sick, it’s because they have done bad things” (16).

Also, a sick person could also be seen as someone with family problems:

“We assume that person is sick because of a problem with their children or their family” (15).

## **4.9 Prognosis**

Given that people get ill, the next question asked respondents “Is illness a condition that can be changed?” This question was simple enough and most people understood it, responding overwhelmingly that yes, it could be changed if you followed proper treatment with a doctor or, more rarely, with a traditional healer. People also recognised the need to get timely treatment, noting that advanced illnesses were harder to cure completely. The need to live healthier, regular lives, sometimes requiring life changes was cited by some:

“ [Yes] If we can change, taking care of hygiene and [our] food has to be healthier. And all this has to come from the parents” (1).

“Yes, with changes to healthy living” (Salasaka).

“Yes. [It] Can be changed. Especially with your attitude” (Zuleta).

“We can prevent diseases by living cleanly” (12).

“Yes, with [good] hygiene” (8).

A spectrum from faith healing through prayer at one end (Zuleta and Ugsha) to mind over matter (ie body) at the other was also recorded (Ughsa). Several people had faith in the healing properties of medicinal plants and herbal teas (Salasaka and Ugsha):

“As soon as we have some pain, preparing a healing drink straight away” (12).

“Yes, by getting medicinal plants” (3)

“Yes, through educating us, by investigating the healing functions of plants and then applying them” (14).

The traditional Andean maladies (*malaire*, *mal de ojo*) had a reputation of being particularly difficult to heal (something noted by other authors eg Greenway 2003).

“If the person wants to be healed s/he has to have faith. We can help you by cleansing [you of] *malaire* or *mal de ojo* [evil eye]. But already well-advanced evil is difficult to heal in its entirety” (15).

Most people (three communities) thought that getting conventional treatment with a doctor was the best way to get better however:

“Yes we can always get better by going to the doctor” (2).

“Yes, following treatment with the doctor” (7).

“It’s difficult but yes, through medical treatment” (9).

“Yes, we can change it through following treatment with the doctor, but not all” (10).

“Yes. Always by looking after ourselves and by following medical treatment” (11).

“As soon as a sick person is seen, they are directed to the ordinary health centre. Almost no-one goes to a *yachak* anymore. Also, in the village of Salasaka there are no trained healers” (14).

#### **4.10 Traditional Andean illnesses**

The final question in this section asked people whether they believed in any of a list of twelve traditional Andean illnesses. This question was coded up as ‘yes/no’ for statistical analysis. It was clear that many people did still believe in these illnesses, even if not all of them, and this was across communities.

- i) Mal/*malaire*/*malviento*/*aire*, maladies caught from ‘evil air’/wind

- ii) Susto/espanto, 'soul fright'/shock/trauma/ dissociation
- iii) mal de ojo (ojeado) evil eye
- iv) agarrado del cerro, seized by the hills/mountains
- v) la luna, moonstruck
- vi) cuichig, negative effects of rainbows
- vii) hualambario/acapana negative effects of small local tornadoes
- viii) brujería witchcraft
- ix) San Gonzalo, or another evil saint  
e.g. San Martín de Porras Catholic saints with the power to inflict harm,  
also called 'witch-saints'
- x) castigo divino divine punishment
- xi) mala suerte bad luck
- xii) envidia the negative effects of nurturing envy

		Greater Salasaka		Greater Zuleta		Total	
		Count	Column N %	Count	Column N %	Count	Column N %
Do you believe in Mal/Malarie/malviento /aire?	Yes	39	92.9%	33	82.5%	72	87.8%
	No	2	4.8%	6	15.0%	8	9.8%
	NA	1	2.4%	1	2.5%	2	2.4%
Do you believe in Susto/espanto?	Yes	30	71.4%	35	87.5%	65	79.3%
	No	7	16.7%	4	10.0%	11	13.4%
	NA	1	2.4%	0	0.0%	1	1.2%
	NA	4	9.5%	1	2.5%	5	6.1%
Do you believe in mal de ojo (ojeado)?	Yes	27	64.3%	25	62.5%	52	63.4%
	No	13	31.0%	14	35.0%	27	32.9%
	NA	2	4.8%	1	2.5%	3	3.7%
Do you believe in agarrado del cerro?	?	0	0.0%	2	5.0%	2	2.4%
	Yes	28	66.7%	18	45.0%	46	56.1%
	No	12	28.6%	18	45.0%	30	36.6%
	NA	0	0.0%	0	0.0%	0	0.0%
	NA	2	4.8%	2	5.0%	4	4.9%
Do you believe in la luna?	?	0	0.0%	2	5.0%	2	2.4%
	Yes	17	40.5%	15	37.5%	32	39.0%
	No	23	54.8%	22	55.0%	45	54.9%
	NA	0	0.0%	0	0.0%	0	0.0%
	NA	2	4.8%	1	2.5%	3	3.7%
Do you believe in cuichig?	?	0	0.0%	1	2.5%	1	1.2%
	Yes	32	76.2%	22	55.0%	54	65.9%
	No	8	19.0%	16	40.0%	24	29.3%

	NA	0	0.0%	0	0.0%	0	0.0%
	NA	2	4.8%	1	2.5%	3	3.7%
Do you believe in hualambario?	?	7	16.7%	3	7.5%	10	12.2%
	Yes	7	16.7%	15	37.5%	22	26.8%
	No	26	61.9%	17	42.5%	43	52.4%
	NA	0	0.0%	0	0.0%	0	0.0%
	NA	2	4.8%	5	12.5%	7	8.5%
Do you believe in brujería?	?	0	0.0%	1	2.5%	1	1.2%
	Yes	10	23.8%	13	32.5%	23	28.0%
	No	30	71.4%	24	60.0%	54	65.9%
	NA	0	0.0%	0	0.0%	0	0.0%
	NA	2	4.8%	2	5.0%	4	4.9%
Do you believe in San Gonzalo, o otro Santo malo (como San Martín)?	?	0	0.0%	1	2.5%	1	1.2%
	Yes	8	19.0%	13	32.5%	21	25.6%
	No	32	76.2%	24	60.0%	56	68.3%
	NA	0	0.0%	0	0.0%	0	0.0%
	NA	2	4.8%	2	5.0%	4	4.9%
Do you believe in castigo divino?	?	0	0.0%	1	2.5%	1	1.2%
	Yes	18	42.9%	26	65.0%	44	53.7%
	No	22	52.4%	12	30.0%	34	41.5%
	NA	0	0.0%	0	0.0%	0	0.0%
	NA	2	4.8%	1	2.5%	3	3.7%
Do you believe in mala suerte?	Yes	30	71.4%	27	67.5%	57	69.5%
	No	11	26.2%	12	30.0%	23	28.0%
	NA	1	2.4%	1	2.5%	2	2.4%
Do you believe in envidia?	Yes	32	76.2%	26	65.0%	58	70.7%
	No	9	21.4%	12	30.0%	21	25.6%
	NA	1	2.4%	2	5.0%	3	3.7%
	Total	42	100.0%	40	100.0%	82	100.0%

#### Belief in Traditional Andean Maladies by Greater Community

The commonest belief was in the traditional Andean maladies *malaire/malviento* (ill/evil aire/wind) and *susto/espanto* (soul fright/shock), with some 93% of respondents from Greater Salasaka, and 82.5% of Greater Zuleta respondents, affirming belief in the first, an overall total of some 88%. Interestingly, more people from Greater Zuleta believed in *susto/espanto* (87.5%) than from Salasaka (71.4%) when it is more usual for people from the more traditional community of Salasaka (71.4%) to affirm belief in these conditions. Beyond these Andean 'classics', there is a gradual decline in belief in the other groups of conditions, which represent in many ways an odd amalgam of cultural influences which might include European and African belief systems coming in after the 16<sup>th</sup> century. Sixty

three percent of people across communities believed in the influence of *mal de ojo/ojeado* (evil eye), 56% in the topophobic condition *agarrado del cerro* (seized by the hills), 66% in *cuichig*, (the influence of rainbows) and just 39% in *la luna* (being moonstruck).

The rather strange disorder *hualambario/acapana* (whirlwinds) was generally not now believed in, although less people from Greater Salasaka believed in it (17%) than in Greater Zuleta (37.5%); an overall 52% of respondents from all communities did not believe in it.

Moreover, during the interviews there was a general feeling that of those who responded in the affirmative, the association of influence had become more 'natural' than 'supernatural' (ie that whirlwinds can physically harm a person/environment).

There was little expressed belief in the witchcraft group of maladies *brujería* (66% did not believe in them overall) and *San Gonzalo*, (68% of people did not believe), but again, more people from Greater Zuleta than from Salasaka believed in them (see table above).

Far fewer people from Greater Salasaka (43%) believed in *castigo divino* (divine punishment) than from Greater Zuleta (65%). Nearly 70% of all communities believed in *mala suerte* (bad luck) with little difference between groups (see table above). That other great Andean 'classic' *envidia* (envy) was generally believed in (71% all communities), but more so in Greater Salasaka (76%) than in Greater Zuleta (65%).

Some respondents provided useful insights into what these conditions were, their aetiology and the way they could be cured, which was generally through employing a number of the traditional 'cleansing' therapies using *cuyes* (guinea pigs), the blowing of *puntas* or holy water, and/or with herbal beatings and bathing in sacred springs/waterfalls. The preparation of a 'medicine bundle' (sometimes called '*despachos*') by a *yachak* (shaman) which symbolically incorporates the antidotes to the illness and the reconstitution of the healthy identity of the sufferer is also employed (Greenway 1998). It is generally believed to be the case that some of the traditional illnesses, such as *malaire*, are both common and very hard to cure if not treated immediately (see 4.9 above).

## Discussion and Conclusion

The daily reality of the life experience for indigenous Andeans was clearly reflected in the associations that these states evoked. Health was generally seen as Life and life is maintained by the ability and the energy to work. In response to the question: "How do you say/explain that a person is healthy?" many people responded that a healthy person had the ability and desire to work and you knew they were sick when they were unable to work.

Conversely, illness is seen as a decayed or a declined state, the word most generally employed to describe a sick person being '*decaida*' (decayed or declined, but probably

better translated as 'run down') when someone has no enthusiasm for life and work. The notion that sickness is related to identity was also poorly understood, although ethnographic studies dating back to as recently as the 1980s in Bolivia and also the central highland regions of Peru make it clear that Aymara and Quechua peoples did distinguish between well and sick people in a way that suggested a relationship to identity. Wise people couldn't be seen as sick people for example. I tried to explain this notion with a very relevant example today, where it is not uncommon to see people constructing an identity around being sick. This is quite commonly observed in social media sites for example. However, the example was still not experienced very meaningfully and again exemplified the reality of life for rural Andean people, wherein health was seen as the normal state and sickness a misfortune that impacted your ability to work and therefore sustain life. To the question "When do you lose your health?" many people replied "when you die", reflecting the polar opposite to the notion that health is life.

The origin or causes of illness, sickness and disease were commonly viewed as both lifestyle and environmental. People who worked too hard, ate poorly or drank too much were likely to get ill; also the exposure to modern day environmental pollutants were seen as hazardous reflecting a consciousness of how life had changed in recent years with more toxic substances abounding, whereas in the recent past, people only used organic products, particularly in horticulture and agriculture.

The most common family illness is, perhaps unsurprisingly, 'gripe' – meaning 'flu, but most likely to mean the common cold, although this was rarely literally cited (*resfrio*).

There were several people, both women and men, who claimed never ever to have been ill in their life and who had a poor understanding of what illness actually was and what caused it. One of these – a man in his seventies – presented with a slight cough at the time of the interview, but clearly did not view this as a significant health altering condition that he might have called 'illness' – unlike the majority of people in modern day societies for whom a cough is a clear sign of a respiratory tract infection and might elicit several days off work. And the consciousness of the passing infection through the respiratory tract is now seen everywhere in the country, in that many people now take to wearing face masks if they feel at risk of catching a cold or cough. None were ever observed in the most rural settings of the survey however.

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#### <sup>i</sup> **Kichwa translations for 'health'**

I have talked about this with three friends (two are from Salasaka and one is from Imbabura), where we have concluded that the best word is "ally kawsay" in order to say health or 'salud' in Spanish. But ally kawsay could be understood in a different context easily; generally ally kawsay can be understood like sumak kawsay, which is 'buen vivir' in Spanish. So, when someone is talking or writing about ally kawsay has to be very careful and he/she has to be specific and clear. Also, ally kana or "ally gana" (in Salasaka dialect) could be used to understand 'health', but this word is limited, for example, that word could not refer to life health. So, in

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Salasaka, it is common to hear allyllami purini (I am living well), allyllami kawsani (I live well), allymi kawsani/purini (refer: I live well), or you can hear kunungamallaga mana unguipanamash japishkachu (I have not got sick yet), and other similar phrases. (Jorge Caizabanda Caisabanda)

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