Critical Medical Anthropology

Gamlin, Jennie, Gibbon, Sahra, Sesia, Paola M., Berrío, Lina

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Susto, usually glossed as ‘fright sickness’ or ‘soul loss,’ has been much studied from a variety of theoretical perspectives in Mexico, Mesoamerica and the Andean region. It occurs when a person experiences a fright, causing their soul to start out of the body. The soul’s absence leads to a range of symptoms, which may appear immediately or gradually over time. These commonly include, but are not limited to, tiredness, disturbed sleep, loss of appetite, diarrhoea, bodily aches, sadness and weakness. Susto is strongly associated with infants, whose souls are not yet securely attached and who startle easily, but adults are also affected by it, often severely. The volume of research carried out into susto attests to its prevalence and importance in the lives of indigenous, and often non-indigenous, populations in Latin America. This goes well beyond strictly anthropological interest, with susto included as one of nine ‘cultural concepts of distress’ within an appendix to the American Psychiatric Association’s Diagnostic and Statistical Manual of Mental Disorders, 5th Edition, or DSM-5 (APA 2013).

Susto is only one of a range of illnesses associated with experiences of intense emotion that are found across most of Latin America (Cartwright 2007; Tapias 2015). These reflect how health and emotions are envisaged as inextricably linked in prevailing concepts of the person. Accounting adequately for the emotional dimensions of experience presents a potential challenge for critical medical anthropology. One criticism often heard is that critical medical anthropology’s relentless focus on socio-economic forces risks reducing individual lives to ciphers that
do little more than play out familiar narratives of oppression, leaving no space for agency or local interpretations (the cultural syndromes) of illness. The ethical imperative to call attention to structural violence can sometimes lead to the assumption that the experience of – and by implication, solution to – suffering is the same everywhere (Robbins 2013); this view is particularly contested in the field of illnesses with emotional, mental and/or spiritual components (Calabrese 2008; Kirmayer 2012), such as susto, where cultural influences on the conceptualisation of the person are closely implicated. As a blanket characterisation of critical medical anthropology this is undeniably a caricature, for many works within the school succeed in combining incisive structural analysis with careful accounts of cultural frameworks of meaning and individual agency. Yet despite these worthy exceptions, there are many examples of scholarly treatments of susto that seek either to unmask the structural violence lying behind it or to take seriously local understandings of the condition. Negotiating this dichotomy is a perennial challenge for critical medical anthropology (Hannig 2017: 5–7).

Maria Tapias’ (2015) exploration of arrebato (the transfer of a mother’s unexpressed feelings of rage to her child through breast milk) in Punata, Bolivia, offers an instructive example of how structural analysis and thick description (Fassin 2012: 245) of emotion illnesses can be reconciled. Following lines of argument that have been well established in critical medical anthropology, she shows how diagnoses such as arrebato may serve to cast blame on individual women for their illnesses and those of their children, by attributing them to their inability to control their emotions and thereby contain the negative effects they have on health. Rage is seen as unfeminine and, above all unmaternal, and succumbing to it therefore represents a failure of role and of responsibility. Arrebato thus acts to direct responsibility towards individual failings and away from the structural (and in many cases, literal) violence with which these women live and which causes the anger they may feel but are discouraged from expressing. From a schematically critical perspective, therefore, local interpretations of emotion illnesses such as arrebato might seem straightforwardly oppressive, and the priority becomes to expose and discredit them. Yet Tapias’ fine-grained description of lived experience also shows that ‘illness talk’ is too multifaceted to stop at this point; diagnoses may be doubted and contested, particularly where illnesses are ongoing or complex to resolve, as is often the case with emotion illnesses, but equally their implications may be questioned. Women are sometimes able to marshal arguments that their anger, and therefore illness, is a justified response to abusive partners or economic exploitation, and even
thereby to attract support. *Arrebato* may therefore act to draw attention to, and allow individual women to contest, gendered inequalities, rather than inevitably obscuring them as a more schematic critical reading might suggest. By taking seriously the complexity of situated interpretation rather than rushing to critique and unmask cultural syndromes, Tapias produces a far more meaningful analysis. Emotions are produced within a social context, shaped along lines of culture, gender and society, and interpret interpersonal and social realities through their effects on health. Far from being tangential, a focus on emotions alongside a critical medical anthropology perspective is therefore central to a holistic understanding of health and wellbeing in these contexts.

We have therefore turned to the anthropology of emotions to provide new perspectives on *susto*. We first review the literature on *susto*, showing the different ways in which the condition has been explained, often in terms of something else fundamental – be that biomedical health conditions, psychology or ‘society’ – lying beneath it. Limited attention has been paid to the ‘fear’ or ‘fright’ that is central to the diagnosis, causal attributions and treatments. It is difficult to generalise about the precise relationship between fear and *susto*, because both may vary according to context: like other emotions, fear reflects individual experience, but from the perspective of the anthropology of emotions it is also a lens through which to view societies and cultures. The fears people develop and are exposed to are partly shaped by the gendered, ethnic- or class-based positions they occupy in the social structure, while the cultural environment establishes norms and defines the meaning of behaviours and emotional expression. The notion of ‘emotional communities’ (Rosenwein 2002) expresses how distinctive forms of social life produce distinctive emotional repertoires and triggers. Ethnographic data relating to cases of *susto*, drawn from fieldwork experiences in Cuetzalan, Mexico (Jacobo Herrera 2016), and Paucartambo, Peru (Orr 2012), are then used to demonstrate how the focus on fear offers critical insight into the vulnerabilities experienced by particular groups within society.

*Susto* and affect

*Susto* is widespread across Latin America, though its symptoms may vary widely within and between regions (Carey 1993; Greenway 1998; O’Neill and Selby 1968: 96; Trotter 1982; Valdivia Ponce 1975: 80–6). Many scholars have attempted to ‘translate’ *susto* into terms recognised by biomedical or ‘Western’ psychological knowledge categories. Critical biocultural anthropologists noted the structural conditions of
deprivation in which the most affected populations lived and suggested that the ‘real’ causes of susto could be found in physical causation pathways, e.g. hypoglycaemia (Bolton 1981) or internal parasites (Signorini 1982). From a psychological perspective, susto has been linked to loss/grief reaction (Houghton and Boersma 1988), post-traumatic syndrome (Bourbonnais-Spear et al. 2007), or stress and depression (Weller et al. 2008); these studies highlight the importance of the emotional dimension, but apply an analytical grid deriving from Euro-American clinical practice rather than sociocultural engagement with the affective worlds of the populations concerned. Meanwhile, literature that focused on social roles and the stresses they produced saw the diagnosis of susto as primarily a way of reinforcing internal community norms rather than an ethnomedical response to distinctive illness or distress (Aramoni 1990; Greenway 1998; O’Neill and Selby 1968; O’Neill 1975; Rubel et al. 1984).

Critical medical anthropologists built on the role-stress analysis to ask who gets susto. O’Neill and Selby (1968) argued that susto’s greater frequency among females than males reflected the more restrictive gender roles that women experienced in Zapotec communities. Crandon (1983) suggested that in the Bolivian highland town of Kachin, ethnic status determined a diagnosis of susto. This was the negotiated product both of strategic identity claims by sufferers and their families, allowing them more readily to mobilise resources and support from the social grouping to which they purported to belong, and of ascription by others. Susto was seen as an ‘Indian’ disease, but was commonly experienced by mestizos who, because of the distinct downward social trajectory they were undergoing at the time, had become more liable to this diagnosis. Mysyk (1998), in a critical review of the susto literature, built on this analysis to argue that susto was primarily an ‘illness of the poor’ – not just those identified as indigenous, but labourers and peasants who are downwardly mobile or entrenched in poverty. Re-examining earlier evidence that suggested no clear link between susto and socio-economic status (SES), her reading argued that the prevalence of and susceptibility to susto, like many illnesses, is determined by class and therefore indexes the inequalities in opportunities for health and wellbeing produced by contemporary societies in which it is found. The role played by SES is debated, with others finding no significant differences in occurrence by income or educational level within the communities they studied (Weller et al. 2008). Yet for all these advances in knowledge, there has been limited focus on the phenomenology of the triggering fear, what it was like to be asustado (‘frightened’), and how the fears that contribute to susto are culturally and socially shaped within communities. Perhaps because of
the urge to ‘explain’ susto in biomedically recognisable terms or through social-role stress, or perhaps because of an assumption that the ‘fright’ owes more to physiological startle reflex than to culturally elaborated fears subject to interpretive analysis, relatively few studies have engaged with the anthropology of emotions and its implications for how fear is experienced. Among the exceptions, Green’s ethnographic study of fear amidst political violence in Guatemala is particularly evocative. Killings, disappearances, witnessed violence and constant threat made fear so palpable and ubiquitous that Green was driven to reassess anthropological approaches to susto, asking:

might we take them at their word, that they are asustado (frightened) and that el espíritu se fue (the spirit/soul has left the body)? I suggest that this is an accurate, literal description of what has happened to them.

(Green 1994: 248)

Tapias’ (2015) exploration of folk illnesses among women in Punata, Bolivia, similarly charts how social conditions produce emotional responses that become embodied in illness. Focusing on the role of anger rather than fear, she traces the connections between local understandings of emotions and the ‘social suffering’ resulting from the frustrations of a neoliberal economy, gender inequalities and the indirect effects of the US-led ‘war on drugs’. Both ethnographies point to the need to leaven analyses of structural inequalities or social-role norms with carefully observed attention to the lived emotions that, for those who find themselves suffering from susto, are at its heart.

There is a long tradition of such anthropological engagement with the emotions to draw from, dating back to the 1970s when the discipline ‘became interested in understanding emotional life not only as a private matter but as a relational and cultural phenomenon’ (Calderón 2012: 15). Key authors advanced the view that culture concerns not only what we think but also what we feel (Geertz 1973; Rosaldo 1984; Lutz and White 1986), or, as Geertz put it, ‘Not only ideas but emotions too are cultural artefacts’ (1973: 81), and therefore amenable to anthropological study. From an early focus on disembodied emotion concepts, the anthropology of emotions has moved towards an approach centred on ‘thinking-feeling’ as it arose in specific episodes that could be contextualised within individual and group experience (Wikan 1987). The close enmeshment of culture in the formation of emotion and subjectivity, and consequent need for caution in translation of emotion discourse across
societies, is today widely accepted within the discipline (Beatty 2013). While it is challenging to measure emotions or analyse them confidently, they are relevant to the social sciences as an essential part of social being.

Nevertheless, anthropology has engaged much less with the emotion of fear than it has with love, anger or shame. Curiously, historians have been more active in studying fear and the ways it has changed (Bourke 2005). Historians of emotions have traced how key shifts in societal fears, such as natural phenomena, divine punishments, wars, illnesses and various ‘others’, have been influenced by the social, cultural and historical context of the time, and hence how ‘fear’ may be universal but its content and import vary significantly (Bourke 2005; Delumeau 1989, 2002; Gonzalbo 2008; Gonzalbo, Staples and Torres 2009) between emotional communities. Christine Tappolet makes this point in considering how different cultures may identify or foreground differently nuanced variations on the common theme of fear, such as the subtle distinctions drawn in English between ‘anxiety, anguish, apprehension, worry, phobia, fright, terror, panic’ or the distinctive notion of megatu among the Ifaluk, an emotion akin to fear but which has a positive valence (Tappolet 2010: 328); she goes on to claim that the objects that form the basis of fears may also give rise to substantive variations in the nature of fear in a specific historic-cultural context.

A useful framing for the study of emotions in anthropology is the influential concept of ‘emotional communities’ (Rosenwein 2002, 2010). Conceived as ‘largely the same as social communities’, these allow researchers to

uncover systems of feeling, to establish what these communities (and the individuals within them) define and assess as valuable or harmful to them (for it is about such things that people express emotions); the emotions that they value, devalue, or ignore; the nature of the affective bonds between people that they recognize; and the modes of emotional expression that they expect, encourage, tolerate and deplore.

(Rosenwein 2010: 10)

This definition shows the value of the ‘emotional communities’ notion, not only in identifying the common concerns of a group but also in following the faultlines revealed within those groups by how differently positioned individuals manifest specific emotions and the responses they receive. Like illnesses, emotions are not uniformly distributed, and expectations of appropriate emotions vary distinctively between genders,
age groups and other identity markers; they are therefore significant for
the critical study of inequalities within those groups. To varying extents,
individuals participate in, and move in and out of, these diverse emo-
tional communities within their daily lives (Rosenwein 2002: 842). They
shape episodes of fright or fear such as might give rise to susto.

These experiences encompass social/historical, individual bio-
ographical and physiological dimensions (Beatty 2013), and arise in relation
to a physical and societal environment, which may include structural
violence, poverty, discrimination and other factors that differentially
impact on the fears of individuals. The following ethnographic exam-
examples from Cuetzalan and Paucartambo are drawn from two differing
but complementary fieldwork experiences: the former relied primarily
on interviews and observations alongside healers and focused on their
accounts of susto, the latter on community-based fieldwork that engaged
with healers, sufferers and their families in the communities to explore
help-seeking, accounts of illness and care. The accounts are partial and
we do not focus here on first-hand experiential reports of what it is like
to have susto. Intended to afford insights into the imbrications between
structure and susto, rather than aspiring to present accounts represent-
active of ‘whole communities’, together they show that attention to susto
and to fear can tell us much not only about the sociocultural production
of these emotional experiences, but also about how communities may
link conditions such as susto to ‘social suffering’ – and in particular gen-
dered experiences of abuse and oppression – more often than is some-
times recognised.

Susto in Cuetzalan, Puebla, Mexico

The municipality of Cuetzalan is located in the Sierra Norte de Puebla
region. Of its approximately 47,000 inhabitants, 29,261 are registered
as speaking an indigenous language, most commonly Nahua (CONAPO
2006). Most are small peasant-farmers. The principal driver of Cuet-
zan’s economy is now tourism, boosted by the governmental Pueblo
Mágico (Magical Towns) programme which promotes festivals, local
crafts and archaeological and ecotourism sites. The town of Cuetzalan
(population 5,957) has a hospital run by the Secretaría de Salud and
other private and social security-funded clinics. Nahua medicine can be
found in several settings: a ‘Traditional Medicine’ department within the
hospital; Talkampa, a hotel run by a group of curanderos who offer tradi-
tional treatments; and advertisements displayed at the municipal offices
for traditional healers and bonesetters.
The ethnographic data described below were gathered over 10 months of fieldwork studying emotion-related illnesses in 2010–11 and 2012. I (Jacobo Herrera) carried out ethnographic interviews and observations with six curanderos, who use Nahua knowledge and healing techniques.

In Cuetzalan, susto, or nemoujtil (in Nahuatl), is thought to result either from natural causes or from intentional malevolence by other people. For the Nahua, human beings possess an animating aspect, or soul, known as tonalli. This is the individual’s vital force, the source of the energy necessary to realise one’s daily labours. It regularly leaves the body during sleep and travels to unknown places, but may also leave following a strong emotional shock or fright. This is susto, and in such cases the person usually consults a curandero to undergo a healing process that brings the body back into balance and allows recovery from what fear has caused.

The historians Echevarría García and López Hérnandez (2013) discuss the history of susto in their work on fear in seventeenth-century Nahua culture. Considering the fears inspired by natural phenomena as well as those caused by immoral behaviours that violated social conventions, they explore how gender, age and status differences determined who was permitted to feel and express fear, and who was not. For example, men were expected to show a warrior’s attitude, characterised by bravery in the face of the enemy. Women, associated more with the ‘safe’ places of the domestic hearth, were not, save for those giving birth, midwives and the older women who took care of the bodies of women who had died in childbirth. In confronting the dangers of childbirth they took on a warrior’s role (Echeverría and López 2013: 153). This historical work shows how fears – and by implication cases of susto – are linked to attitudes and values that designate distinctive expectations by gender and by age. The emotions were located according to the Nahua conceptualisation of the body, with the heart and liver the organs that allowed the person to respond to situations of danger that might trigger susto (Echeverría and López 2013: 153; López Austin 1980). Individual traits of bravery, cowardice or fearfulness were determined by the day on which the person was born, and therefore not generally subject to autonomous self-cultivation.

Today the Nahua of Sierra Norte de Puebla have two principal explanations for susto cases: one linked to the four elements, water, fire, wind and earth, and the entities associated with them; and one involving human beings and their peer relationships, occurring due to another person’s hostility or envy. The latter type is perhaps more complex and
requires the *curandero* to identify the incorrect behaviour that occasioned ill feeling. In both types emotions are an important factor permeating the condition.

I now present some examples of these different types of *susto*, narrated from the perspectives of two *curanderas*. These specialists offer their services in different settings, but both illustrate very well the cultural conceptions of this affliction. Maribel is a *curandera* who works in her home and in the traditional medicine department of the hospital. She speaks Spanish only with difficulty and so sometimes requires an interpreter with non-Nahua-speaking clients. The second *curandera*, Linda, works in the health division of the *Casa de la Mujer Indígena* (CAMI; House of the Indigenous Woman), a civil association established in 2003 to support women who have experienced domestic violence. CAMI responds to considerable need, with Nahua women triply disadvantaged by gender, class and ethnicity. Inheritance norms have traditionally marginalised women from smallholding ownership; patriarchal attitudes ran through both customary and state legal systems until recent legal reforms; and gender norms have long stigmatised victims of sexual violence (Martínez-Corona 2012; Terven Salinas 2017). The centre integrates different therapeutic traditions – Nahua (through Linda), allopathic and psychological – in a holistic approach to restoring patients’ confidence, emotional health and physical wellbeing. Linda herself speaks Spanish as her first language; she understands but does not consult in Nahua. These two contexts show different facets of healing in Cuetzalan and identify variations in how the *curanderas* talked about *susto*. Linda’s experience of working in the women’s service changed her conception of the ways in which it is possible to become ill with *susto*, and she now considers the factors of violence and the difficult lives of indigenous women.

Summer is the rainy season in Cuetzalan, marked by torrential storms with considerable thunder and lightning. *Curanderos* frequently mentioned this natural phenomenon, as in this season they attend people who have *susto* occasioned by lightning. During my time with her, Maribel attended two such patients. One was a girl who was at home when ‘lightning struck, frightened her and burnt the television’.

The other was a young man who was clearing the brush with a machete when a storm began. The metal machete attracted the lightning, which struck the man. He was unconscious until he was found and taken to hospital, where he was treated both by doctors and by Maribel.

For Maribel, *susto* caused by lightning is difficult to treat because it implicates multiple elements: water, air and earth. The ‘spirit’ of the frightened person leaves with the lightning (which is at once water...
and air) but the earth is also involved (as the place where the lightning strikes). It is therefore necessary to entreat all these elements. The healing procedure takes place in different stages. First, a *limpia* (cleansing) is done in order to diagnose and determine what *llamadas espirituales* (soul callings) will be needed. Once these have been done, Maribel travels in her dreams to the place where the soul is and there negotiates with the entities that inhabit it. These entities retain the person’s soul, causing the *susto* sickness. The *curandero*’s role is to make offerings and entreat these entities, but also to take food – beans, tortilla and chilli – to the place where the person was frightened.

Linda, meanwhile, indicated that *susto* can be occasioned by a strong shock, by a feeling of fear or insecurity. Among the symptoms she recognises are headaches and lack of appetite. To cure it, she applies the following techniques: *paladeada*; *limpia* with herbs and egg; *llamada*. The *llamada* is done at night and Linda warns her patients not to worry if they have nightmares. After carrying out a first *limpia* for diagnosis, that night she looks in her dreams for the place where the soul can be found, whether in earth, water, fire or air. In these dreams she also finds out whether or not she will be able to treat the person successfully. For Linda, women and children have the greatest propensity to suffer from *susto*. She explained that this is because women are commonly victims of abusive treatment and that this also affects their children, who are harmed by the domestic environment. Linda regularly receives women who take refuge at the CAMI because of domestic abuse, all of whom she treats for *susto*, and acknowledges that her work there has given her a different perspective on the unequal gender relations within her indigenous culture. She has integrated the perspectives she encountered on domestic violence in the training she received at the CAMI, and lists sessions on self-care, relaxation workshops and working to help develop women’s self-esteem alongside the more traditional practices of preparing medicinal infusions, *limpias* and *llamadas* that are her core activities. Her efforts to recover the absent *tonalli* are an integral part of working to break down deeply ingrained fears springing from the frequent histories of abuse by fathers and partners with which her clientele present to the centre (Mejía Flores and Palacios Luna 2011).

These two accounts, in which the *curanderas* explained causes and treatments, show the relationship between daily practices and the risks of suffering *susto*. They further identify links with domestic and gender-based violence. In all cases, cultural perceptions of fear are present within the discussion of the four elements and the entities that
inhabit them, and the daily mistreatments experienced by women. This points the way to an analysis of fear and its relationship with susto. Fear is an individual experience and in that sense subjective, but the explanation of suffering can be found through an emotional community that affords a socially mediated way of understanding it. Among the Nahua, it is related to relationships between humans and nature or with other humans, and with situations that escape the control of the person, violence being a key example. These dangers reflect the sociocultural norms of the populations concerned. Conflict between family members or neighbours, violence and related experiences generate life conditions that lead individuals to experience fear in their daily lives.

Susto in Paucartambo, Cusco, Peru

Paucartambo is a rural province of the Peruvian department of Cusco. The province’s population was 45,877 in the 2007 national census (18.6 per cent urban, 82.4 per cent rural). In the highlands, men and younger women are bilingual between Spanish and the indigenous Quechua language, but many rural-dwelling older women speak Spanish tentatively or not at all. Until the 1969 agrarian reform, much of the land belonged to locally powerful mestizo haciendados, who allowed peasant families to farm it in return for produce and services. The reforms went some way to breaking up this dominance and today the local economy is characterised by agricultural smallholdings. Income is also generated through migration to Cusco city or the jungle for work. However, the province continues to be considered poor by national standards, with implications for the health of the population; at the time of fieldwork infant mortality was 104 per 1,000 against a national average of 58, and child malnutrition was 66 per cent against a national average of 11 per cent (Municipalidad Provincial de Paucartambo 2006: 65). There is a health centre in the town of Paucartambo and a number of postas (health posts) elsewhere in the area, but the scattered population, difficult terrain, limited resources and professional reluctance to serve extended periods in rural areas mean that accessing adequate medical care can be difficult. Vernacular healers, commonly known as yachaq (‘those who know’) or brujos (‘witches’), are a frequently consulted alternative. Yachaq practices draw primarily on Catholic and indigenous animist cosmologies, and on the use of herbal and animal materia medica to achieve healing; there is individual variation in how different yachaqhs position themselves between these interwoven bodies of knowledge as they seek to differentiate their healing practices from others (Orr 2012), but dramatic divergence from
these frameworks is very rare in Paucartambo. Many Paucartambinos consult both yachaqs and biomedical services, but the two systems do not work together.

The Jesuit chronicler Father Bernabé Cobo reported something resembling susto in his Historia del Nuevo Mundo (cited in Valdivia Ponce 1975: 82). Valdivia Ponce (1975: 82) notes other colonial sources who wrote of the effect of fright caused by thunder and lightning, and that it required healing. Moving forward in time to the early twentieth century, Valdizán and Maldonado’s study of popular medicine found susto to be widespread and, from a perspective imbued with biomedical positivism, described it as ‘a capricious grouping of different misfortunes of diverse nature’ (1922: 61). With regard to the intervening period, historians (Rosas Lauro 2005) have explored in some detail the large-scale fears that periodically swept Peru (political instability, piracy), but little information has been gathered about everyday frights or how they might have provoked cases of susto. In the present day, Quechua-speaking Peruvians talk of the manchay tiempo, or ‘time of fear’, to refer to the vicious conflict of the 1980s and 1990s between the Maoist group Sendero Luminoso (Shining Path) and the Peruvian army. Paucartambo was spared the intensity of violence that developed elsewhere in the country, though some guerrillas were killed there in the mid-1980s (Mucha 2017: 56). Consequently, fear was not threaded through the social fabric in the same way as in Ayacucho and other regions (Theidon 2001). Though violence is implicated in cases of susto, as will be shown, it is not the violence of societal conflict that is found elsewhere in the country.

I (Orr) spent 12 months doing fieldwork (2007–8) in the town and villages of Paucartambo, returning briefly in 2010 and 2014. Focusing on madness and severe emotional distress, I observed and conversed extensively with sufferers, their families, clinic staff and yachaqs. In many of the cases identified, susto was proposed as a possible cause, though causation was rarely definitive and often contested. Susto, in Paucartambo as throughout Latin America, is associated primarily with children, but can affect adults. Several things can produce the fright that gives rise to susto, ranging from the traumatic (near-death experiences) to the apparently trivial (tripping, unexpectedly glimpsing an animal). The fright leads to the escape of the animo, an invisible animating essence akin to air or the breath, which provides the person with the energy to move and work.9 There is not a fully elaborated typology of four elements such as Jacobo Herrera describes among the Nahua, although it is well known that susto is significantly harder or impossible to cure if the animo falls into water. Another complicating factor occurs when the animo is captured
by spiritual entities that inhabit and animate the natural environment. Very mild cases of *susto*, often those involving infants, can sometimes be resolved by family members calling the *animo*; more serious cases require intercession by a *yachaq*.

Though a prototypical account of *susto* is recognised (lethargy, disturbed sleep/appetite, diarrhoea, one sunken eye – cf. Fernández Juárez 2004), *susto* has no single, definitive and universally shared set of symptoms in Paucartambo (Greenway 1998). Many *yachaqs* do not diagnose based on symptoms, but rather on reading the coca leaves or through spirit or dream revelations; symptomatology therefore holds only secondary importance. Treatment usually consists of one or more soul-calling ceremonies that bring the *animo* home to its body from the place where it is lost; if the *animo* has been captured by the earth or another spiritual entity, the *yachaq* must make a sacrificial offering to persuade this creature to relinquish it.

Beyond the view that babies are more likely to suffer from *susto* because their *animos* have not yet developed a strong bond with their bodies, there is no overall agreement in Paucartambo as to who is most susceptible. Some argue that the elderly are particularly prone because they are tired and worn out, but others take the view that younger adults are more active, travel more and are therefore more likely to experience frights. While most think that women are more likely to get *susto* because they are weaker or more emotional, or their souls are less firmly anchored to their bodies, others suggest that women are less likely to suffer *susto* because they spend more time at home and hence run less risk of being frightened. Certainly the mountainsides and paths outside the villages are typical locations for *susto* to occur. Equally, transit accidents on the area’s narrow, precipitous roads and in poorly maintained and sometimes carelessly driven transportation were a regular concern (Orr 2016) and commonly mentioned by informants as liable to trigger the onset of *susto*; their suddenness and the threat they pose to life and limb make these incidents emblematic of ‘sustogenic’ incidents.

It may seem from this that *susto* is the result of mere happenstance and can tell us little about the structural conditions of Paucartambinos’ lives or their fears as an emotional community, but closer examination of discourse around the condition reveals that this is not the case. Illness, including mental and spiritual illness, is often closely linked to hunger, reflecting both contemporary biomedical messages about malnutrition and earlier beliefs about the significance of food (Orr 2013). Inadequate nourishment is commonly implicated in rendering individuals vulnerable, by reducing their resistance to conditions such as *susto* if they
experience a fright. Many people in Paucartambo, who lived through the severe economic crisis of the late 1980s and early 1990s, and continue to live with the high rates of child malnutrition reported above, drew connections between these conditions and vulnerability to susto. As one mother of a young woman who had experienced lengthy psychosis in her twenties speculated:

> When I was pregnant with this girl I had nothing. Maybe that could be it, couldn’t it, for having been badly nourished my daughter is like this. Then from the sustos she had complications.

One respected yachaq explained some of the differences in course and severity of susto along similar lines:

> Due sometimes to weakness perhaps, they’re weak, not well. Maybe something like vitamins is lacking.

In these instances, people speculate that poverty, structural exclusion and the resulting economic and nutritional deprivation, while not in themselves causes of fright or susto, can weaken the resilience a person may show when confronted with natural or man-made triggering shocks. Just as the animo becomes less attached to the body with age, as the person approaches death, so living in these conditions makes the animo’s tie to the body more tenuous, less firm in the face of challenges.

The overlaps between susto and other areas of one’s life are particularly evident in the case of Hilario, who was in his early twenties in 2007–8. He would regularly disappear for days to wander the hills or sleep in the streets, ate from rubbish bins, shook wildly at times and was often barely able to engage in everyday social interactions. Everyone, family and neighbours alike, concurred that Hilario suffered from susto. His parents recounted how they had sought help from several yachaqas, at considerable expense but without benefit. His stepmother Asunta told me about one of the soul-calling ceremonies, and how the yachaq had asked her to provide guinea pigs (commonly reared for food in the Andes) for an offering, and several hens for payment. ‘We said we’d spend whatever it took for him to get better,’ she said, but all attempts failed. She reported that visits to the evangelical Maranata church and the regional psychiatric hospital similarly had no long-term benefits.

Asunta told two different stories about how Hilario had been ‘frightened’. According to the first, which she told me when I first got to know the family, it had happened while she and his father were away. He had
gone to the stream where he used to fish, and there had been frightened by ‘[a]n evil spirit maybe, you see. It grabbed his soul, sure. Satan, Satan, they say. It lives inside [the water], the siren they say.’

The siren is a spirit commonly said to inhabit mountain rivers and streams. Asunta had converted to the Maranata Evangelical Church a few years before, which may account for why she so readily equated the siren with Satan. Asunta recounted the second story some weeks later, after I had got to know her better, and it was variations of this narrative that circulated among her neighbours. In this version, both Hilario and Asunta had been fleeing their home after nightfall because Hilario’s father was in a drunken, violent rage. Both Asunta and the father himself acknowledged that this had occurred regularly; indeed, it formed part of their common narrative about their religious conversion, and Asunta had told me the first time we met about the beatings he had given her. As they ran, Hilario had seen a red cockerel rearing up in the moonlight, flapping its wings, which had then disappeared. Since then, he had been struck almost dumb, and could no longer engage in normal social behaviour.

In cases such as this, where healing was unsuccessful at the first attempt and further yachaqqs were therefore consulted, it is quite usual for there to be multiple stories about how the susto occurred. The two stories originated with different yachaqqs. In theory at least, it is important for the yachaq to identify where the fright occurred, so that he or she can direct the intercession to the appropriate place in order to recover the animo; hence a first failure may be followed by another yachaq identifying that the animo was really lost elsewhere and that another ceremony is needed, directed at that second location. Over time, therefore, consultations may explore a range of experiences of fear. In Hilario’s case, both stories centre on unexpected encounters outside the areas most frequented by human beings. The first highlights primarily the risks of solitary activity outside the home or village, and the dangers posed by nature spirits like the siren. However, the second raises other issues in accounting for how meeting an everyday, seemingly innocuous domestic fowl could lead to such a severe case of susto. Certainly it was not surprising for someone to be startled by such a sudden apparition, even if the animal had been entirely natural; that the bird was up and about during the night rendered the encounter uncanny, conjuring demonic associations. However, it is also of note that this story was never told without being contextualised against the background of the domestic violence. Inter-partner violence is common in many households, so that narratives of conversion to evangelical Protestantism more often highlight it as the key driver of change than not. Religious switching is the only resort left for
Quechua-speaking women whose concerns have until recently not been taken seriously by state institutions or the established Catholic church. As with the examples of malnutrition and poverty, in this instance susto became a way to highlight factors around the incident of fright itself, in this case abuse and alcohol consumption.

Discussion

This chapter has framed the study of susto against the background of the emotion of fear, something that has been done surprisingly rarely in the literature. Deep contextualisation of how fear is experienced in these emotional communities must await further fieldwork, but these initial indications hint at the ways this experience is shaped in varying ways by different emotional communities. As the anthropology of the emotions has shown, the fears of these communities respond to the specific threats that are relevant to them under particular socio-historical circumstances (violence, vulnerability to natural disasters), but also in ways shaped by internal divisions such as gender, socio-economic situation and age (not to mention, as the case of Asunta shows, religious loyalties). Conceptions of the body, the tonalli or animo which is central to its health and the interactions between humans and the spiritual powers that surround them are all central to why and how fear manifests through the absence of the ‘soul’ and the resulting physical and mental suffering. The two ethnographies presented focus on, respectively, healers and families in the community, but recurring themes come through, not only in aspects of the conceptualisation and healing of susto, but notably in how gender-based violence and its effects on women and young people are frequently implicated in the development of susto cases. The emphasis found in Paucartambo on poverty more generally (that is, other than as a constraint on the options of women subject to abuse) as a contributing factor in a number of cases of susto was not evident in the Cuetzalan ethnography; whether this reflects genuine differences in discourse or structural conditions between the two sites, or simply the different dimensions prioritised in the narratives of healers (Cuetzalan) and community members (Paucartambo) remains to be seen.

This chapter offers a preliminary example of how the affective dimension of fear may be introduced into critical medical anthropology studies of susto, which we hope will be developed in future fieldwork. An extensive academic literature has arisen seeking to explain what ‘really’ lies behind susto, as researchers find themselves confounded by its range
and scope. Ironically, given the long-standing scholarly propensity for the stereotype that ‘Westerners’ emotionalise while others somatise (Beatty 2013: 418), this has led many scholars to focus on physiological or sociological explanations and factor out of their analyses the core issue identified by the people experiencing susto: fear. A rich toolkit of approaches can be found in the anthropology of emotions to support the further development of this analysis, from the semantic networks of emotion terms and emotion narratives, to embodied emotion and even dream analysis (Beatty 2013, 2014; Mattingly 2010; Nations 2013). An attentive focus by critical medical anthropologists on the sets of fears informing susto reveals how community members reflect not only on the proximate causes such as a lightning strike, but also on factors that contribute more subtly: ongoing situations of domestic violence or a pervasive sense of poverty and marginalisation.

Across settings, females, children and the elderly are commonly perceived as more vulnerable to susto. This vulnerability reflects dominant perceptions of bodily/spiritual development and resistance, as shown in accounts emphasising the weak bonds between the person and their tonalli/animo during infancy and old age, or the construction of women as particularly prone to emotionality, sometimes attributed to suggestions that they have more ‘souls’ than males (Fernández Juárez 2004). Yet as the significance of gender oppression in the two ethnographies highlights, such vulnerability to susto also corresponds – while not being entirely reducible to – the patterns of disadvantage discerned and shaped by society, with these groups being consistently excluded from positions of power and influence. In one sense, two orders of explanation for susto can be identified. From the emic point of view, the situation that led directly to the condition may be highlighted, e.g. lightning, a shock, violence. In external analysis, these trigger factors are often ‘translated’ into suffering linked to structural conditions of unequal social relations or access to resources, which manifest in poverty, malnutrition, discrimination or physical conditions such as hypoglycaemia or infection with parasites. As our review showed, analysis has often stopped at this point. Yet ethnographic engagement with the full details of how people live through and think about susto blurs the boundaries between these two orders; susto discourse in action, far from exclusively identifying immediate triggers, also brings out the wider conditions that contribute to fear and vulnerability. Fears are constructed in socially specific ways and may encompass several concerns, both immediate and broader. Due attention to such emotions and their
cultural situatedness – without rushing to interpret them prematurely in other terms, be they physiological, psychological or sociological – can be valuable in sensitising critical medical anthropologists to the multidimensional forms of exclusion and vulnerability that populations experience, and to what they themselves have to say about them. The factors implicated in susto causation, and the fears that give rise to it, shift and change alongside social trends, as they respond to growing recognition of the effects of gender-based violence or malnutrition, just as they have been characterised by continuities and disruptions through the historical periods traced in this chapter. Both meaning and structural vulnerability are inextricably intertwined in making sense of such challenges; socio-economic structures are key factors in the shaping of emotional communities (Dureau 2012), but equally emotions cannot be considered as extraneous to how individuals and communities deal with the effects of such structures. Both narratives and their underlying emotional formations on the one hand, and critical perspectives on the production and distribution of ill health on the other, are central to understanding susto and related conditions.

Notes

1. Others include syndromes related to anger (coraje, colerina, bilis), anxiety (nervios), desire (antojos) or sadness (llaki, pena).
2. Cuetzalan’s integrated hospital has seen collaboration between biomedical and traditional knowledge since 1958.
3. Among these can be found temazcales (steam baths), limpias (passing herbs and/or an egg over the body of the sick person in order to draw out the cause of the illness), massages and their own traditional medications.
4. Joyce (2000) notes that the perceptions of Fray Bernardino de Sahagún, García and Hernández’s main source, and his informants, reflected their own male perspective, so these reports of how fears were gendered should not be accepted uncritically.
5. Houses in this area are typically built with cement, but the kitchens are constructed traditionally with palm roofs and earthen floors, making them more liable to lightning strikes.
6. The precise number of limpias and llamadas depends on the duration and cause of the susto.
7. These llamadas are a ritual performed by the curandero to call the missing soul. They normally take place at night and are directed to the element where the soul was trapped. This may involve singing to water, or beating the earth with a wooden stick while saying the name of the person.
8. The paladeada involves introducing the index finger into the patient’s mouth to try to reach the uvula. If the uvula is twisted it indicates susto and the curandero must return it to its regular position.
10. See López Sánchez 2013 for an analysis of how Mexican biomedicine constructed women’s bodily constitution as inherently emotional. There are intriguing resonances with the ethnomedicinal frameworks we have explored here.
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