Local perspectives and experiences of alcohol use in the south-central Andean highland of Peru

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December 2020

A thesis submitted to McGill University in partial fulfillment of the requirements for the degree of Doctor of Philosophy

In Memory of Dr. Duncan Pedersen

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ABSTRACT

The Movement for Global Mental Health (GMH) has mobilized efforts globally to bridge the "treatment gap" of alcohol use disorders in low-and middle-income countries. However, the approach of GMH interventions may uniformly problematize alcohol use as a potential individual health risk behaviour to be modified. This approach may lack attention to nuanced cultural and political economic conditions and/or the individual and collective meanings influencing alcohol use. This thesis is centered on local perspectives and experiences of alcohol use among the Quechua population in the south-central Andean highland of Peru. Drawing from eight months of fieldwork, I explore the ways in which structural dynamics shape local understanding and experiences of harmful alcohol use through interactions between cultural meaning and historical values and Andean collective drinking and intoxication. Better understanding of these interactions is crucial for culturally sensitive prevention and intervention for harmful alcohol use.

This thesis consists of four manuscripts based on the data collected from key informant interviews, focus groups with community members, health professionals, and high school teachers, semi-structured interviews with people with problem drinking, and participant observation. In the first manuscript (Chapter 3), by using memory as a conceptual anchor, I explore how 'memory work,' specifically the process of remembering and forgetting, is involved in contemporary alcohol use. In the second manuscript (Chapter 4), I examine the local perspectives of problem drinking, which is described as *"No hay control"* (There is no control). My analysis unpacks present interactions and tensions between socio-economic structure, social processes, and individual agency as well as the role of culture at play in these

tensions. In the third manuscript (Chapter 5), I explore illness narratives of people with problem drinking to illuminate a complex association between alcohol, the body, emotions, and social relations located in shared cultural practices and understandings. In the fourth manuscript (Chapter 6), I present my reflective analysis of how knowledge was constructed as the dynamics of the researcher-participant relationship constantly shifted.

In conclusion, I argue that situated understanding of alcohol use is crucial for culturally sensitive preventions and interventions for harmful alcohol use. The current thesis underscores the importance of examining complex macro-micro interactions and power dynamics that constantly shape different meanings, values, and experiences of alcohol use in a particular socio-cultural context.

RÉSUMÉ

Le Mouvement pour la santé mentale mondiale (GMH) a mobilisé beaucoup d'efforts à l'échelle mondiale pour combler le « déficit de traitement » des troubles liés à l'alcoolisme dans les pays à faible et moyen revenu. Cependant, l'approche des interventions du GMH peut uniformément problématiser la consommation d'alcool comme un comportement individuel potentiellement dangereux pour la santé. Cette approche devrait être révisée et modifier, car peut ne pas tenir compte des conditions économiques culturelles et politiques nuancées et/ou des significations individuelles et collectives associées à l'influence de la consommation d'alcool. Cette thèse est centrée sur les perspectives et les expériences locales de consommation d'alcool parmi la population quechua dans le Centre-Sud des hauts plateaux andins du Pérou. En m'appuyant sur huit mois de travail sur le terrain, j'explore les différentes façons dont les dynamiques structurelles façonnent la compréhension et les expériences locales de la consommation nocive d'alcool par le biais d'interactions entre la signification culturelle et les valeurs historiques et la consommation collective d'alcool et l'intoxication dans les Andes. Une meilleure compréhension de ces interactions est cruciale pour une prévention et une intervention culturellement adaptées en matière de consommation nocive d'alcool.

Cette thèse se compose de quatre manuscrits basés sur les données recueillies lors d'entretiens avec des informateurs clés, de groupes de discussion avec des membres de la communauté, des professionnels de la santé et des enseignants du secondaire, d'entretiens semi-structurés avec des personnes ayant un problème de consommation d'alcool et de l'observation des participants. Dans le premier manuscrit (chapitre 3), en utilisant la mémoire comme point d'ancrage conceptuel, j'explore comment le « travail de la mémoire », en particulier le

processus de mémorisation et d'oubli, est impliqué dans les pratiques contemporaines de consommation d'alcool. Dans le deuxième manuscrit (chapitre 4), j'examine les perspectives locales de la consommation problématique d'alcool, qui est décrite comme « *No hay control* » (Il n'y a pas de contrôle). Mon analyse déballe les interactions et tensions actuelles entre la structure socio-économique, les processus sociaux et l'agence individuelle ainsi que le rôle de la culture en jeu dans ces tensions. Dans le troisième manuscrit (chapitre 5), j'explore les récits de maladies de personnes ayant un problème de consommation d'alcool pour mettre en lumière une association complexe entre l'alcool, le corps, les émotions et les relations sociales situées dans des pratiques et des compréhensions culturelles partagées. Dans le quatrième manuscrit (chapitre 6), je présente mon analyse réflexive de la manière dont la connaissance a été construite alors que la dynamique de la relation chercheur-participant était en constante évolution.

En conclusion, je soutiens qu'une compréhension de la consommation d'alcool est cruciale pour des préventions et des interventions culturellement adaptées à la consommation nocive d'alcool. La présente thèse souligne l'importance d'examiner les interactions macro-micro complexes et les dynamiques de pouvoir qui façonnent constamment les différentes significations, valeurs et expériences de la consommation d'alcool dans un contexte socioculturel particulier.

ACKNOWLEDGMENT

First and foremost, I would like to express my deepest appreciation to my supervisors, Dr. Thomas G. Brown and Dr. Raphael Lencucha, for your constant and clear guidance, generous encouragement that strengthened my confidence, and firm commitment to supervise me until I complete this long journey. Each piece of feedback you provided during the dissertation writing was an invaluable source of my critical thinking and intellectual growth.

I was also fortunate to have great mentors, Dr. Mónica Ruiz-Casares and Dr. Jaswant Guzder, who always provide constant care, particularly during difficult times. Your profound belief in my work and unparalleled support turned my tears to perseverance in the face of obstacles.

I also thank my current and previous committee members—Dr. Laurence Kirmayer, Dr. Eugene Raikhel, Dr. Danielle Groleau, Dr. Allan Young, and Dr. Flank Elgar—for their generous advice during my PhD studies.

My thesis would not have been made possible without the assistance and support of collaborators and friends in Peru. I would like to thank my local supervisor, Dr. Ines Bustamante, who has provided me with tremendous support and encouragement. In addition, this research would not have been possible without the hard work of Julián and Vilma Berrocal Flores, who not only facilitated my data collection process but also provided insightful knowledge of the culture and history of Ayacucho. My appreciation also extends to study participants in Carmen Alto and Socos. Great friendship and constant assistance from Doris Castillo Gamboa, Edson Arotoma Medina, the Ordóñez family, and members of Grupo Rikchary of Alcohólicos Anónimos made my time in Ayacucho safe and joyful. I am also grateful for Karina Taipe Gutierrez from Solid Perú for your generous collaboration with me in Socos.

I also would like to thank the funders of this dissertation project: the Japan Osler Society,

the Uehiro Foundation on Ethics & Education, the Global Mental Health Program, the Global Health Program, and the Institute of Health and Social Policy at McGill University.

Since I started in September 2014, I have been through a lot together with my great friends in both joy and hardships. I am indebted to Nicole D'souza and Fahimeh Mianji, who are always there with words of unconditional support and encouragement—and with great food! I am inspired by your passion and dedication to learning. I am also grateful to Momoka Sunohara for her kindness and warm support. I really appreciate my friendships with Juan Francisco Leyva, Katherine and Ricardo Pizarro, Patricia Guimaraes, RP Sapkota, Franz Veru, and Keiko Yamada, who made my school life meaningful. I also thank Consuelo Errazuriz, Antonella Clerici, Sumako Tan, Susan Garin, Terry and Al Morin, Sayuri Kuroutu, Paulette McCullough, and Pierre Aymard for your encouragement and understanding that also helped me through difficult times. My appreciation also goes out to my supporters in Japan—Fude Takayoshi, Shinichiro Takeda, Prof. Kensuke Chikamori, Prof. Yumiko Ono, Yuko Takeshita, Sonoko Watase, Keiko Oda, Yurie Ichikawa, and Izumi Ogawa and others—who believed in my ability to overcome challenges since I left Japan in 2014. I am also grateful for the peer support and feedback that I received from GRAPHOS writing groups and the GHER lab.

I would like to extend my thanks to people with whom I sincerely wish I could celebrate the completion of this academic journey together: Dr. Duncan Pedersen, my primary supervisor until his passing in 2016, inspired me to develop critical approaches to structure and power and showed me the importance of understanding people's daily life. Muneharu Miyazaki, who was fearlessly fighting cancer during my fieldwork, and my lovely aunt, Teruyo Sugiyama, showed their support along the way on this journey.

I must express my very profound gratitude to my family for providing me with tremendous understanding and unfailing emotional support. I cannot thank my parents enough

for their support for any decision that I have made. Finally, many thanks to Mar 1 for your kindness, patience, and support. You brought laughter into the last stage of my long journey!

CONTRIBUTION TO ORIGINAL KNOWLEDGE

This ethnographic study is the first, to my knowledge, that focuses on alcohol use after political violence in the Peruvian south-central Andean highland. Research interest in harmful alcohol and substance use remains marginal in comparison with that directed at other common mental disorders (Baingana, Al'Absi, Becker, & Pringle, 2015; Barbui & Albanese, 2020; Misra, Stevenson, Haroz, de Menil, & Koenen, 2019). Hence, investigation of alcohol use in this region contributes to bridging the knowledge gap in mental health research conducted in low- and middle-income countries (LMICs). Attention to the social, cultural, economic and historical factors involved in alcohol use is particularly significant in LMICs where harmful and hazardous alcohol use is not necessarily a major target of intervention and research. Indeed, politicians, planners, and the public primarily focus on alcohol use disorders (AUD) (Benegal, Chand, & Obot, 2009).

The ethnographic methodology used in the current dissertation is unique by its focus on local perspectives and illness experiences of people engaged in harmful alcohol use. This is in contrast to the public health purview of Global Mental Health (GMH) research and its focus on risk, which may obscure the culturally significant meanings surrounding alcohol use (Savic, Room, Mugavin, Pennay, & Livingston, 2016). As such, this dissertation attempts to provide a situated nuance to our understanding of the experience of harmful alcohol use in this region.

This dissertation also contributes to the GMH discourse by using a political economy lens to explore individual and cultural perspectives on alcohol use in this region. The literature on social determinants of health is only beginning to acknowledge the intersection of market forces and structural conditions when it comes to consumption practices. Overall, the present

dissertation and the studies it comprises respond to a call for greater understanding of meaning and collectivity, structural determinants, and political economy in addition to individualized interventions for prevention of harmful alcohol use (Cosgrove, Mills, Karter, Mehta, & Kalathil, 2019; Patel et al., 2018).

The major practical contributions of the present research include presentation of evidence to guide an inter-sectoral approach in health and social policies. Such an approach is needed to address the systemic challenges that arise from the social, economic, and political conditions underlying harmful alcohol use in the region. In addition, this approach can also inform the cultural adaptation of interventions and clinical communication to mitigate harmful alcohol use in the region.

CONTRIBUTION OF AUTHORS

Chapter 3 History and memory in the experience of "drink to forget" among the south-central highland Quechua in the Peruvian Andes

Chapter 4 Local perspectives on problem drinking in Peruvian Andean highlands: control, power, and responsibility (to be submitted to Globalization and Health)

Chapter 5 Multiple locations of alcohol use in the narratives of the Peruvian Andean highland population with problem drinking

The first author, Sakiko Yamaguchi, was responsible for data collection, analysis, and developed the ideas of discussion in the manuscripts with the supervision of co-authors, Dr. Raphael Lencucha and Dr. Thomas G. Brown. Both supervisors critically reviewed and edited the manuscripts.

Chapter 6 Reflexivity for building trust in global mental health research

This chapter represents a case study published in SAGE Research Methods Case Studies. Sakiko Yamaguchi as first author developed ideas on reflexivity and wrote the manuscript.

CHAPTER 1

INTRODUCTION

In Peru, barriers to seeking mental health services for alcohol use disorders (AUD) persist despite the efforts to bridge the treatment gap promoted by the Global Mental Health (GMH) researchers and practitioners. The Ayacucho region of the south-central Peruvian highland possesses not only the highest prevalence of AUD across the country but also the second poorest access to mental health services (Instituto Nacional de Salud Mental, 2009; Ministerio de Salud, 2018). These shortcomings may be explained by more than simply the limited provision of services; they may also arise from "barriers to demand" attributable to "discrepancies between biomedical framing of mental health problems and the conceptualisation of emotional distress in the community" (Patel & Saxena, 2019, p. 1). In response to these discrepancies, in this dissertation, I explore various perspectives and experiences of alcohol use among the Quechua population in the Peruvian south-central Andean highland. In particular, I analyze the multiple voices, emotions, and experiences rooted in local historical and current political and economic contexts. I also demonstrate the ways in which structural dynamics shape local understanding and experiences of harmful alcohol use. This understanding results in a call on mental health professionals and policy makers to recognize and address the systemic challenges that arise from the social, economic, and political conditions that produce the pattern of harmful alcohol use.

In the Introduction, I first provide an overview of relevant GMH research on harmful alcohol use and approaches to the prevention and intervention. Next, I present

the overall research objective by describing how I developed this research project and how alcohol use among the Peruvian Andean highland population has been studied. In the second half of the Introduction, I also briefly describe my epistemic framework and the study design.

Locating Research on Alcohol Use in the History and Culture of the Peruvian Andean Highlands

Harmful alcohol use in low- and middle-income countries

Harmful alcohol use is currently a major global health agenda. By the 1980s, the World Health Organization (WHO) recognized a wide range of deleterious health and social consequences of harmful alcohol use. Correspondingly, its focus expanded beyond "alcoholism" (i.e., AUD) within the disease model, which used to be the dominant medical framework for understanding health implications at the time (Bacchi, 2015; Monteiro, 2011). The WHO defines harmful alcohol use as a pattern of alcohol use that causes damage to physical (e.g. liver damage) and/or mental health (e.g. depressive episodes) but does not necessarily involve dependence. Harmful alcohol use accounts for 5.3% of all deaths (an estimated 3 million deaths) and 5.1% of the global burden of disease and injury (World Health Organization, 2019). Harmful alcohol use also results in negative social and economic consequences for drinkers and society as a whole. These problems include interpersonal problems, harm to other individuals including family violence and child neglect, loss of earnings, and absenteeism (World Health Organization, 2015).

Although there is a significant variation in the levels and patterns of alcohol consumption among countries, health researchers are increasingly concerned with the negative effects of harmful alcohol use in low-and middle-income countries (LMICs) (Benegal, Chand, & Obot, 2009; Patel et al., 2007; Patel & Thornicroft, 2009). For instance, the prevalence of heavy episodic drinking (HED), a pattern of harmful alcohol use defined as 60 or more grams of pure alcohol consumed on at least one occasion per month, is different between regions. Even though the worldwide prevalence of HED has decreased from 22.6% in 2000 to 18.2% in 2016, some countries in the Russian Federation, eastern Europe (e.g. Bulgaria, Poland, Romania), sub-Saharan Africa (e.g. Angola, Democratic Republic of the Congo), and South America (e.g. Bolivia, Brazil, and Peru) have shown percentages higher than 45% (World Health Organization, 2019). Untreated AUD occurring in 78.1% of cases represents the biggest global treatment gap in comparison with other mental disorders (Benegal et al., 2009; Kohn, Saxena, Levav, & Saraceno, 2004). Since 2008, the Movement for Global Mental Health (GMH) has been generating momentum in targeting the treatment gap of various mental disorders in LMICs. In line with this initiative, researchers and health providers have expanded their focus from unique detection and provision of tertiary care for AUD to include screening and brief intervention for harmful alcohol use by primary health care providers (Benegal et al., 2009; Lancet Global Mental Health Group, 2007; Patel et al., 2007). As promoted by WHO, the screening, brief intervention, and referral to treatment approach has been scaled up in several LMICs such as Brazil, South Africa, Thailand, and India (Assanangkornchai, Balthip, & Edwards, 2013; Cruvinel, Richter, Bastos, & Ronzani,

2013; Myers et al., 2019; Nadkarni et al., 2017; van der Westhuizen et al., 2019).

In parallel, the notion of mental health has been broadened and reformulated as part of the development agenda in GMH (Bemme & Kirmayer, 2020; Patel et al., 2018). Mental health and well-being were explicitly included in the United Nations' Sustainable Development Goals (SDGs). Harmful alcohol use is now specifically addressed in Target 3.5: "Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol" under the overarching goal to "ensure healthy lives and promote well-being for all at all ages" (UN, 2015).

However, the correlation between poverty, mental health challenges, substance use, and addiction involves complex causal mechanisms (Bemme & Kirmayer, 2020). Especially in LMICs, economic hardship can promote harmful alcohol use, which can then perpetuate the cycle of poverty by contributing to household financial problems, job absenteeism, and/or unemployment (Bacchi, 2015; Patel et al., 2020; Schafer & Koyiet, 2018). Consecutively, psychological distress from financial problems can increase harmful alcohol use as a means of coping (Patel et al., 2020). At the same time, economic development is also correlated with an increase in alcohol use. People with increased financial resources can readily purchase alcoholic beverages that become more available due to the industrialization of alcohol production (Schmidt & Room, 2012; World Health Organization, 2019).

Furthermore, high rates of harmful alcohol use and poor mental health among indigenous populations in South America, Africa, and elsewhere have been explained by self-medication with alcohol (King, Smith, & Gracey, 2009; Montenegro & Stephens,

2006; Ohenjo et al., 2006). Alcohol use serves as a means of escape from chronic exposure to multiple layers of stress, including racism, poverty, poor education, unemployment, and family and housing instability (King, Smith, & Gracey, 2009; Montenegro & Stephens, 2006; Ohenjo et al., 2006). These stressors are partly linked to rapid transformation of indigenous peoples' culture through rural-urban migration and residential instability (King et al., 2009). This change in the living condition also contributes to the loss of collective cultural activities that maintain social cohesion and indigenous identity (King et al., 2009). However, access to mental health services for indigenous people is limited by racial discrimination, lack of understanding of indigenous cultures, and lack of services in indigenous languages (Maldonado-Bouchard, Bouchard, & Incayawar, 2015).

The changing patterns of harmful alcohol use in LMICs and the need to address alcohol use from a public health perspective are widely recognized (World Health Organization, 2019). The GMH discourse and research are often framed within the "Global North/Global South" or "high-income countries (HIC)/LMIC" duality using income as the defining indicator. However, this framework does not necessarily provide a meaningful representation of culture (Fernando, 2012). Grouping of diverse countries into one category can mask national and regional variations in people's everyday reality, mental distress, and priorities (Fernando, 2012; Mills & Fernando, 2014). In response to this critique, some researchers have suggested that GMH research needs to contextualize the changing patterns in alcohol use in different regions as well as to consider the role alcohol plays within a complex web of factors including poverty, urbanization and

globalization among others (Baingana, Al'Absi, Becker, & Pringle, 2015; Barbui & Albanese, 2020; Misra, Stevenson, Haroz, de Menil, & Koenen, 2019).

How the journey started

The current research project was inspired by my previous experience working on a technical assistance project from the government of Japan during the period from 2005 to 2012. The assistance project aimed at strengthening integrated health care for the population affected by violence and human rights violations in the conflict-affected regions of Peru. Project activities focused on capacity building of health professionals to improve mental health services. At one meeting with Peruvian health professionals in 2008, a psychiatrist presented the varying prevalence rates of AUD in different regions of the country. Being a novice international consultant with little knowledge of mental health, I was intrigued by the highest prevalence of AUD in the Ayacucho region and asked the psychiatrist for her explanation. She explained two co-existing reasons to me: i) the continuation of an Andean cultural practice involving alcohol; and ii) use of alcohol as self-medication to cope with the psychological trauma of political violence.

Confronted with these two explanations, I started to wonder how these explanations aligned with experiences, perspectives, and understanding of individual and collective alcohol use held by community members and those with drinking problems in this region. The former explanation also made me question about what kind of interventions may be culturally acceptable for harmful alcohol use. This personal speculation led to the overarching question that frames the present research: What are the perspectives and

experiences of alcohol use as a social and cultural practice among the Peruvian south-central Andean highland population?

Alcohol use as a cultural practice in the Peruvian Andean highlands

Alcohol use as a cultural artifact in the Peruvian Andean highlands has been studied by foreign anthropologists since the 1950s. Many ethnographic studies were undertaken in this region, where cultural forms and meanings of alcohol use that often involves intoxication as its goal were documented (Mandelbaum, 1965). Collective intoxication rooted in the pre-colonial era was the community norm, with non-drinkers as well as solitary drinkers considered anti-social or unfriendly (Doughty, 1971; Isbell, 1978). Based on indigenous Quechua's belief in cosmic circulation of the essence of life, alcohol use has also been understood as a way of communicating with supernatural beings and the living Earth (Allen, 2009; Jennings & Bowser, 2009).

Anthropologists have found three major roles of collective drinking that is often seen in a large number of feasts and fiestas organized by the indigenous people. Firstly, alcohol use is regarded as a phenomenon that is deeply integrated with personal identity and is embedded in Andean history and socio-cultural context (Dietler, 2006; Jennings & Bowser, 2009). The social practices associated with alcohol use serve to define the individual's role in the community hierarchy (Allen, 2002; Jennings & Bowser, 2009). Secondly, collective celebrations or meaningful community events that involve alcohol use strengthen social relations and connectedness within the community (Allen, 2002; Jennings & Bowser, 2009). Thirdly, the changing meaning and patterns of alcohol use

represent the longitudinal transformation of Andean history and political economy (Allen, 2002; Jennings & Bowser, 2009). The following sections will describe each of these roles in more detail.

Alcohol and Andean history: colonization and consumption. The anthropologist Mary Douglas notes that alcohol use acts "as markers of personal identity and of boundaries of inclusion and exclusion" (1991, p. 8). Alcohol use can serve as a practice that not only expresses cultural identity and social category but also through which identity is actively constructed, performed, and transformed (Dietler, 2006). In the Andes, production and consumption of alcohol have marked gender identity, social ranking, origin and ethnicity (Goldstein, Goldstein, & Williams, 2009; Jennings & Bowser, 2009; Weismantel, 1991).

In the pre-colonial era, *chicha* (traditional fermented corn beer) was central to Andean ritual practices (Allen, 2009; Hayashida, 2009; Zapata Velasco, Pereyra Chávez, & Rojas Rojas, 2008). Maize was the sacred plant symbolizing the prosperity of agricultural society and growing power of the state (Zapata Velasco, Pereyra Chávez, & Rojas Rojas, 2008). In the drinking rituals, repeated pouring of *chicha* onto the ground was a way of communicating with supernatural beings and Mother Earth, *Pachamama*, which were considered as possessing the deity (Allen, 2002; Weismantel, 1991). In the spiritual sphere, deities were fed and given drink in order to receive gifts of health, favorable weather, and abundant production (Allen, 2002; Cummins 2002). At the same time, the Inca state was strengthened through feasting and ceremonies based on

reciprocity between members of local ethnic groups and their leaders, while reinforcing the obligation to aid each other in communal work and hierarchies of status and gender (Allen, 2002; Cummins, 2002; Mayer, 2002).

Many ethnographic accounts highlight the indigenous identity that was symbolically presented to colonizers in the form of collective drinking of *chicha* and intoxication during the Spanish rule. Early anthropologists considered this common pattern of alcohol use as a distinct marker of indigenousness. In parallel, they associated it with the history of colonization when Spanish colonizers politically and economically controlled and exploited the indigenous people. The Spanish introduced strong alcohol and the technique of distillation, which shifted alcohol use away from local varieties (Bunker, 1987; Heath, 1958; Madsen & Madsen, 1979). *Chicha* was demonized during this colonial era until the first half of the 20th century, with *chicha* drinkers stigmatized as being lazy, poor, and backward (Jennings & Bowser, 2009; Weismantel, 1991). By characterizing indigenous identity, including indigenous practices of collective alcohol use, as inferior, the Spanish were able to justify the establishment of discriminatory and exploitative institutions and practices (Bunker, 1987). At the same time, alcohol intoxication by indigenous communities has been characterized by some as a symbolic source of resistance against discrimination and domination (Butler, 2006). During the Spanish rule, public festivals were suppressed to eradicate ritual use of *chicha.* On the other hand, *chicha* became a profitable commodity as refreshment that ethnically diverse inhabitants of colonial cities enjoyed (Hayashida, 2009). Consumption of *chicha* that both symbolizes prosperity of the agricultural state and plays the role as a facilitator to

communicate with spirits and the living Earth, continues to the present (Allen, 2009; Hayashida, 2009; Zapata Velasco, Pereyra Chávez, & Rojas Rojas, 2008).

At a community level, collective alcohol use serves to establish, reify, and perpetuate social categories, such as gender and social status. A social relationship in the community is hierarchical based on reciprocal aid. When organizing community fiestas such as the fiesta patronal, hosts (*mayordomo*) heighten both their social status and capital by demonstrating their generosity through the provision of food and drink to the community (Jennings & Bowser, 2009; Jennings & Chatfield, 2009; Mayer, 2002). Community members contribute to the event by making chicha and serving the prepared food (Jennings & Bowser, 2009; Jennings & Chatfield, 2009)

The making of *chicha* is a collective work involving mutual and reciprocal obligations and relationships, called *ayni*, that establishes social relationships in Andean society (Allen, 2009). It is a symmetrical exchange of services where an individual who provides a personal service, such as assistance in ploughing, is owed and therefore can ask for a future return of the equivalent service when needed (Mayer, 2002). In addition, while collective drinking creates solidarity, how *chicha* was served and toasts conducted reflect the hierarchical power relationships between the host and community members (Allen, 2009; Dietler, 2006; Jennings & Bowser, 2009).

Alcohol use also marks gender roles. Men are often associated with consumption more, while women mainly take responsibility for *chicha* production (Dietler, 2006; Doughty, 1971; Jennings & Bowser, 2009). Despite the seemingly subordinate position of women to men, the feast cannot be realized without women's assistance in preparing

and serving food and drinks. In the Andes where rural populations have long suffered chronic malnutrition, preparing and offering food have symbolic significance in forging bonds at family and community levels (Orr, 2013). Hence, a feast is considered an occasion where women's collective power is manifested, and their identity constructed as essential actors in fostering social relations (Jennings & Bowser, 2009; Jennings & Chatfield, 2009).

Strengthening social relations and connectedness. Alcohol plays a role as a social lubricant for strengthening relationships that contribute to social capital in the Andean context where resources are scarce. Among the many definitions of social capital, Putnam characterizes five aspects, namely: i) community networks, ii) civic engagement, iii) local identity, iv) reciprocity and norms, and v) trust (Putnam, 2000; Whitley & McKenzie, 2005). As he highlights bonding and bridging aspects of social ties (Putnam, 2000), Andean collective drinking has played a role in strengthening social relations and community solidarity. In addition, Bourdieu's conceptualization of different kinds of capital can further explain the dynamic way in which people build and utilize social relationships through collective drinking in resource scarce settings. According to Bourdieu (1989), in the social space, individuals are positioned according to the overall volume of capital they possess as well as the relative weight of the different kinds of capital in the sum of their assets. These different forms of capital are economic (e.g. money, property rights and assets), cultural (e.g. culture, knowledge, skills, and education), social (network of relationships of mutual acquaintance) and symbolic (power

related to social prestige and status).

Cultural capital is accumulated in fiestas and feasts on Catholic saint holidays, market days, and local traditional festivals that include baptisms, weddings and funerals. The common feature of collective eating, drinking, and dancing is that they all represent a mechanism for producing social capital via network formation (Heath, 1975). In the Andes, no single household is capable of performing all agricultural tasks; reciprocity is the backbone of the local economy (Isbell, 1978; Jennings & Bowser, 2009; Mayer, 2002). In this economic setting, interlinked social, cultural and economic capital are exchanged for survival. Accumulated social capital plays a role equivalent to economic capital, and is seen in the Andean forms of reciprocity, *ayni*. The hosts of community fiestas implicitly enact their readiness to establish mutually supportive networks with community members, while demonstrating their economic capital by being able to offer drinks and food (Butler, 2006). Like the fiestas and feasts that emphasize social solidarity, alcohol use among workers during public work is also a common practice seen in the Andes to promote harmonious interpersonal relations (Doughty, 1971).

Representation of transforming Andean society. In this region, the changes in the types of alcohol consumed, patterns of use, and their meaning have been noted since the 1940s (Isbell, 1978). The growing urban influence was brought to the highland from returning migrants who temporarily moved to Lima and the coastal area in search of employment during the period between planting and harvest (Isbell, 1978). I now highlight the conditions that have shaped these changes in drinking practices before

discussing the intersection of political violence and alcohol consumption below.

While *chicha* has been an integral part of Andean feasts and fiestas, the availability of other forms of cheap strong alcohol has influenced both the quantity and type of drinks consumed. With the declining popularity of *chicha* in the 1970s, consumption of strong *trago* (distilled sugarcane liquor), which can quickly alleviate feelings of chronic tiredness, hunger, and cold regularly experienced by those living in the harsh highlands, became common (Allen, 2009; Weismantel, 1991). Unlike *chicha* whose cultural value is found in the collective process of production and consumption, *trago* cannot be manually produced but must be purchased from a mestizo middleman on credit or money. This often generates a cycle of dependence and debt (Allen, 2009). Moreover, cheaper *alkul* (straight alcohol) and bottled beer have increased the accessibility of alcohol since the 1980s (Allen, 2009; Pedersen, 2004).

In addition to the role of the supply side, a switch from peasant to urbanized lifestyles helps to explain the change in drinking behaviour in various ways. In the Andean highland of northern Ecuador, since the late 1970s, people engaged in intensive manual labor became long distance traders, thereby gaining more time for drinking (Butler, 2006). The duration of their intoxication also became longer as these individuals could not metabolize alcohol as quickly as when they were engaged in heavy manual, calorie-burning labor (Butler, 2006). In the Peruvian south-central Andean highlands, young people who were displaced in the city during the political violence (1980-2000) are considered to have brought back the urban culture of heavy drinking to their home communities (Medina, 2010). In parallel with economic transformation, opportunistic

drinking only when alcohol was available became regular drinking as access to cash, credit, and alcohol grew (Allen, 2009).

Changing drinking patterns during and after the political violence (1980-2000)

Medical anthropologist Kimberly Theidon, who conducted ethnographic research in various communities throughout rural Ayacucho between 1995 and 1999, opined that the rural *campesinos* (peasants) had "learned to drink" during the political violence between 1980 and 2000 (Theidon, 2004, p. 94). The ritualized form of drinking during fiestas appeared to transform into first a means of coping with the constant fear of death, and then alcohol dependence after the conflict. Available data from the Regional Hospital of Ayacucho also show an increase in frequency of hospitalizations due to intoxication during the period of conflict—which nearly doubled between 1995 and 2000 (Medina, 2010). This trend is attributed to increased alcohol use by the displaced members of the rural population who suffered from fear of violence, loss of their loved ones, persistent economic hardships, and the challenge of adapting to urban life after displacement (Medina, 2010).

Religious adaptation in response to political violence and socio-cultural pressures may also explain changes in the pattern of alcohol use during the period of conflict. Both during and after the conflict, evangelism expanded in response to people's desire for a sense of security and access to resources in the face of political violence, discrimination, and ethnic exclusion and economic crises (Gamarra, 2000). Evangelism also played a role in strengthening community cohesion in forcedly displaced communities, while

restricting alcohol use that was a main feature of the common Catholic practice of holding fiestas on saints' holidays (Allen, 2009; Gamarra, 2000). Communities who adopted evangelism typically abstained from alcohol consumption. However, following the conflict, alcohol consumption was increasingly seen in festivities as a way of strengthening the social unity destroyed during the period of armed conflict (Pedersen, 2004; Snider et al., 1999). In consequence, as private covert consumption increased in these communities, evangelical norms have become difficult to maintain. In some areas, even conversions back to Catholicism have occurred (D'souza, 2013; Gamarra, 2000). On the other hand, in places where community unity has been lost, the weakened ritual function of collective drinking has transformed into frequent, aimless, heavy drinking episodes at small social gatherings and/or in solitude (Allen, 2009). This history of conversion and reconversion shows the multidimensional role of religion in moderating collective drinking norms, as well as the community's struggle to gain and maintain cohesion in the face of violence.

Post-conflict mental health needs of the Andean highland population and challenges in mental health services

The importance of mental health became evident following the 20-year civil conflict that hit the Ayacucho region the hardest. The post-conflict Truth and Reconciliation Commission's (TRC) framing of mental health as a human right was a strong driver of the political demand for policies that addressed the mental health needs of victims of political violence (Laplante & Holguin, 2006). The persistent feeling of

distrust within the community and between neighbours, and the uncertainty about protection by the state after the destruction of communities have adversely affected the well-being of the Andean rural population (Kendall, Matos, & Cabra, 2006). Consequently, the lack of a support network has become a risk factor for the development of emotional disorders among people exposed to political violence (Pedersen, Tremblay, Errázuriz, & Gamarra, 2008). Long-term consequences such as post-traumatic stress disorder (PTSD), anxiety and depressive disorders, local idioms of distress, such as *ñakary* (collective suffering and distress) and *llaki* (individual internal affliction), and headaches manifested the emotions associated with personal and collective suffering (Darghouth, Pedersen, Bibeau, & Rousseau, 2006; Pedersen, Kienzler, & Gamarra, 2010; Pedersen et al., 2008; Tremblay, Pedersen, & Errazuriz, 2009).

Additionally, the TRC highlighted ethnic discrimination and social exclusion as contributing causes as well as consequences of the intense violence (Theidon, 2009; Transfer Commission of the Truth and Reconciliation Commission of Peru, 2004). Four departments in the Andean highlands (Apurímac, Ayacucho, Huancavelica, and Huánuco) hardest hit by the conflict were among the poorest in the country, and 75% of the victims spoke Quechua as their first language (Transfer Commission of the Truth and Reconciliation Commission of Peru, 2004).

These psychosocial consequences of the political violence have revealed the highly racialized geography of Peru. Rural indigenous populations in the Andean highlands have long suffered from socio-economic inequality and political discrimination even prior to the political violence that started in 1980 (Theidon, 2009). While discrimination against

indigenous peoples of Quechua is rooted in the Spanish conquest of the Incas in the 16th century, the political struggle around cultural identity and class started to be manifested in a form of massive protest for free university education in Ayacucho in the late 1960s (Degregori, 1997; Transfer Commission of the Truth and Reconciliation Commission of Peru, 2004). In the 1970s, land reform that aimed to distribute all haciendas to the highland *campesinos* to better integrate them into the national economy brought little or no benefit to the majority. Moreover, the government policy toward a free market in the 1980s tended to benefit only the middlemen who had a transport monopoly and the power to negotiate prices, whereas farmers had to face competition from imported products. In the 1980s, the Shining Path (*Sendero Luminoso*) movement was started by a university professor and university students disillusioned by not having benefited from the promised modernization (Transfer Commission of the Truth and Reconciliation Commission of Peru, 2004). However, their efforts to alleviate the unequal distribution of wealth ended up trapping innocent villagers in the sustained, large scale political violence between the *Sendero Luminoso* and state counterinsurgency forces.

In this political landscape of the Peruvian Andean highlands, resistance to violence and Fujimori's authoritarian rule and the post-conflict work of the TRC largely promoted the awareness of human rights, justice, and freedom from domination (Copestake, 2008; García, 2005). The TRC made mental health a national agenda through a right-based framework (Laplante & Holguin, 2006). Correspondingly, in 2004, the Ministry of Health approved the Guiding Principles for Action in Mental Health. This served as a foundation for the development of a National Plan for Mental Health that was ratified in 2006

(Toyama et al., 2017). Despite the government initiative to enhance access to mental health care through community-based services emphasizing gender, socio-economic status, and cultural diversity, studies have pointed to the grave long-term impact of the conflict on the mental health of the Andean population at both individual and collective levels (Darghouth et al., 2006; Pedersen et al., 2010; Pedersen et al., 2008; Tremblay et al., 2009). Later studies conducted in Ayacucho in 2010 and 2011 found that resilience co-existed with suffering and distress related to daily survival (D'souza, 2013; Suarez, 2013).

Among the mental health consequences of the political violence, the negative influence of alcohol use in Ayacucho was recognized not only in terms of individual health but the social space as well. The Instituto Nacional de Salud Mental (INSM) (2009) reported that there was a 15.0% annual prevalence of alcohol use disorder among adults in Ayacucho, the highest rate in the country. Alcohol consumption has been associated with an increase in domestic violence, including male-to-female spousal and other family member abuse, and child neglect and abuse (Graham, 2008). Following the political violence, alcohol-related violence started to be seen as the "domestication of violence" (Theidon, 2004, p. 7). This phrase was coined by Kimberly Theidon (2004) to signify the contextual shift of violence from the field to the home. The prevalence rate of male-to-female spousal abuse is 47.9% in Ayacucho, with more than half of events occurring while the perpetrator was intoxicated by alcohol (MIMDES & Gobierno Regional de Ayacucho, 2010).

Localizing knowledge for action on harmful alcohol use

Psychiatry in Peru has been significantly influenced by European and North American practices, while at the same time seeking its autonomy, originality and regional identity (Alarcón, Gastelumendi, & Mendoza, 2020). A Peruvian psychiatrist, Humberto Rotondo, who pioneered social and community psychiatry there, called for political action in the late 1950s. Nevertheless, national reform did not take place until recently (Alarcón et al., 2020). The nationwide reform of the healthcare system was started in 2013 and included a restructuring of mental health services provided at the primary and secondary levels of care (Toyama et al., 2017). Nonetheless, a major challenge is the implementation of mental health services and policies that meet the diverse needs of indigenous populations in remote rural areas, while respecting human rights and interculturality (Rivera-Holguin, Velazquez, Custodio, & Corveleyn, 2018; Toyama et al., 2017). Despite the emphasis on "evidence-based" interventions in GMH, the indigenous ways of knowing and healing need to be considered as a complementary source of tacit knowledge (Kirmayer, 2012). For instance, food and hunger play noteworthy roles in the understanding of madness among Peruvian Quechua *campesino* (subsistence agriculture workers). Sharing food plays a significant role in strengthening both family affection and intimacy as well as community social bonds. In the local explanatory framework, a lack of appetite and malnutrition associated with disrupted social relationships emerge as a symptom and a cause of madness (Orr, 2013). Likewise, mental health practices in this context need to incorporate the ways in which local indigenous cultures construct mental health, well-being and affliction.

The WHO recommends a community-based approach that can build on local knowledge to tailor responses and interventions that are sensitive to and incorporate cultural norms, beliefs and value systems (World Health Organization, 2010). Locally grounded understanding is also critical for action on harmful alcohol use at a collective level. Tailoring an intervention in a way that responds to the needs, priorities, and interests of the target community by involving community participants can enhance the intervention's adaptation, acceptance, and sustainability (Barrera, Castro, & Steiker, 2011; Wells, Miranda, Bruce, Alegria, & Wallerstein, 2004). On the other hand, as demonstrated by a community action program in rural Sri Lanka, an evidence-based practice (e.g., brief intervention) that conflicts with local community desires and preferences poses a dilemma (Barrera et al., 2011; Minkler, 2004; Yoshihama & Carr, 2002). Furthermore, heterogeneity within the community may impact acceptance and divide communities. In another community-level program in Malaysia for instance, some villages experienced low participation and lack of enthusiasm because indigenous groups viewed the educational workshop as "anti-alcohol" and a threat to their traditional culture (Lasimbang et al., 2015). These experiences pose questions about how the participatory approach, which tends to maximize participation in a community by treating it as a homogenous entity, can generate knowledge that reflects diverse perspectives, needs, and interest regarding alcohol use.

Harmful alcohol use is now a target of the Sustainable Development Goals. Its health and socio-economic implications underscore the importance of this global call for action in LMICs, where the alcohol industry is expanding its market (Walls, Cook,

Matzopoulos, & London, 2020). From the public health perspective, harmful alcohol use is a risk behaviour to be controlled as it contributes to more than 200 disease and injury conditions (World Health Organization, 2019). On the other hand, in the Peruvian Andean highlands, alcohol use has long been part of cultural and religious practices that serve to define the individual's role in the community hierarchy and strengthen social relations and community solidarity. The changing meaning and patterns of consumption also reflect the longitudinal transformation of Andean history and political economy, including the effects of urbanization and the civil conflict. This multidimensional aspect of alcohol use stresses the need of locally grounded understanding of alcohol use in a particular socio-cultural context and questions an approach that monolithically problematizes alcohol use as a health risk.

Research Objective

The overall research objective was to explore the perspectives on and experiences of alcohol use as a social and cultural practice in the Peruvian south-central Andean highland population. This objective sprang from my personal experience of the intriguing interpretations of harmful alcohol use provided by Peruvian mental health practitioners; namely, as the continuation of a cultural practice that increases the risk of harmful consequences on the weekend, and self-medication for the trauma of political violence. These explanations suggested to me the need to understand alcohol use by situating it in local, historical and culturally rooted contexts.

The increasingly negative social and health consequences of harmful alcohol use

create certain assumptions about causes and solutions of the problem. Generally, there exists a tension between discourses that place responsibility and the causal attribution on individuals, and others that attribute harmful alcohol use to structural factors (Vorhölter, 2017). The former emphasizes individual choice and responsibility for managing health and illness by locating the problem as well as its solution within a modifiable individual health behaviour. Nevertheless, the individual approach may undermine the demand for political actions for structural change to address social conditions that promote alcohol use to self-medicate suffering (Manderson & Smith-Morris, 2010).

In addition, given that "what works" matters in the evidence-based intervention ideology of GMH, particular kinds of knowledge become privileged as relevant for problem solving, while other voices are excluded (Lancaster, Seear, Treloar, & Ritter, 2017). Thus, there is value in asking, "What is this problem represented to be? And, what are the implications for people, communities and society?" (Bacchi, 2015, 2018; Vorhölter, 2017).

By broadening our perspective to include a situated understanding of alcohol use, I seek a more nuanced understanding of what makes alcohol use a "problem" in this particular context, what informs drinking practices, how these practices have changed over time, and what they mean to community members. Furthermore, this situated understanding of alcohol use and its problems is useful when tailoring community-based interventions to the cultural norms and diverse values, needs, and interests of the community members.

Epistemic Framework

My epistemological stance is shaped as a response to a question posed by a vocal critic of the GMH movement: “Whose knowledge counts, and who has the power to define the problem?” (Summerfield, 2013). This question is partly rooted in my working experiences on international development projects prior to my PhD study. I started to question to what extent and in what way peoples’ local knowledge, needs, and cultural practices could be incorporated into projects that aim to change certain health practices, and that are in turn shaped based on certain belief and values. I believe this question encapsulates much of the epistemic tension within the GMH discourse. It is a relevant consideration for a field that risks imposing practices based on the Western model of psychiatry without taking into account local culturally relevant knowledge, illness experience, modes of expressing distress, and patterns of health-seeking (Bemme & D’souza, 2014; Summerfield, 2013; Whitley, 2015). By framing this tension within the GMH discourse in terms of “epistemic injustice” coined by philosopher Miranda Fricker, Culverhouse (2020) argues that Western psychiatry’s biases about and/or lack of respect for rationality, beliefs, and knowledge of the local culture can undermine agency and autonomy of the local population. Indigenous/local ways of knowing can challenge the efficacy and outcomes of evidence-based practices (Kirmayer, 2012; Kirmayer & Pedersen, 2014; Kirmayer & Swartz, 2013; Whitley, 2015). I contend that indigenous ways of knowing can provide alternative frameworks for identifying problems and systems of healing.

As the pluralistic view of knowledge is intimated as being incorporated into the

GMH agenda, I apply "Two-Eyed Seeing," one of the guiding principles in indigenous research, as my conceptual methodological approach in the current research (Bartlett, Marshall, & Marshall, 2012; Martin, 2012). Two-Eyed Seeing is a concept developed by the Mi'kmaq Elders, Murdena and Albert Marshall, and adopted by the Canadian Institute of Health Research's (CIHR) Institute of Aboriginal People's Health (Bartlett et al., 2012; Martin, 2012). Two-Eyed Seeing values both Western and indigenous ways of thinking and embraces multiple epistemologies; each eye represents one way of seeing the world partially, and an alternate way of seeing the world is always created by respecting the differences presented by the other eye (Martin, 2012). This notion of confluence recognizes that both views have value and strengths, and the idea of using both eyes to identify and apply the strengths of each within contextual circumstances, rather than selecting one or the other, draws our attention to how we conceptualize the production of knowledge (Bartlett et al., 2012; Martin, 2012; Stelmach, 2009).

Two-Eyed Seeing is also based on the idea that "our perspectives of the world are never static but are constantly shifting and changing in response to the changing world around us" (Martin, 2012, pp. 31-32). This premise recognizes that knowledge is produced in the relational context influenced by power that shapes the positionality between the researcher and study participants in the socio-cultural and historical context of the interaction. Thus, study participants are not simply being "researched" but are "co-producers of knowledge" (Caretta, 2015; D'souza, Guzder, Hickling, & Groleau, 2018; Keikelame & Swartz, 2019; Rose, 1997). Furthermore, Two-Eyed Seeing implies that different perspectives must be reflexively considered beyond simply recognizing and

accepting different perspectives (Martin, 2012). While researcher-participant relationships are power-ridden, reflexive processes involving critical reflections upon what kind of questions are asked, how questions are asked, why they are asked and by whom, as well as what assumptions underlie the questions are critical aspects of the decolonizing methodology (Keikelame & Swartz, 2019; Pillow, 2003; Stelmach, 2009). In this process, information is transformed into knowledge that reflects the beliefs and values of the study participants (Adams, Burke, & Whitmarsh, 2014).

Research Design

The current research uses an ethnographic study design that builds on the foundational concept of Two-Eyed Seeing—that is, the co-construction of knowledge and reflexive processes for action (Bartlett et al., 2012; Paerregaard, 2002). Ethnography is a qualitative methodology that aims to understand people's shared languages, beliefs, and behaviours via detailed descriptions and interpretations of cultural practices. In the field, knowledge is intersubjectively constructed through interactions between researchers, local research consultants, and study participants in relation to the questions being asked, the researchers' attitudes and the self-presentation of all these individuals (Caretta, 2015; Castañeda, 2006; Temple & Edwards, 2002). For instance, a researcher from the US had a politically sensitive discussion with one interlocutor in a community in Ayacucho where villagers showed their indifference to the collection of testimonies led by the Peruvian Truth and Reconciliation Commission (TRC) (Yezer, 2008). The interlocutor unexpectedly shared her political stance against the Shining Path using the idiom of the

counterinsurgency. She believes that this conversation became possible by the interlocutor's suspicion that the researcher may be a CIA agent (possibly likely to be against the leftist rebels) due to her White outsider status (Yezer, 2008). Unlike the TRC, which was perceived as being too neutral, the perceived politicized positionality of the researcher uniquely created safe space for the interlocuter to share her emotions with a clear political stance (Yezer, 2008). This instance shows that what ethnography provides is not fixed, but dynamically shaped by the influences of positionality, identity, and power in the particular socio-political and cultural context.

Ethnography has historically contributed to elucidating the invisible processes of structural violence that increases health risks in marginalized groups (Hansen, Holmes, & Lindemann, 2013; Messac, Ciccarone, Draine, & Bourgois, 2013; Panter-Brick & Eggerman, 2018). The unique access of ethnography to the unheard voices of these socio-economically marginalized groups is relevant to the context of the current study. The Quechua's culturally meaningful collective drinking practices are reported to have been transformed following the twenty years of political violence ending in 2000 into regular episodes of harmful alcohol use at small social gatherings and/or in solitude following the twenty years of political violence that ended in 2000 (Pedersen, 2004; Theidon, 2004). Ethnographic study can add depth and richness to the multidisciplinary understanding of alcohol use (Marshall, Ames, & Bennett, 2001). Participant observation and interviews in ethnography facilitate access to the insiders' view. The iterative process of observing and making inferences from "cultural behaviour" (what people do), "cultural artifacts" (things that people make and use), and what people say facilitates the exploration of the "cultural

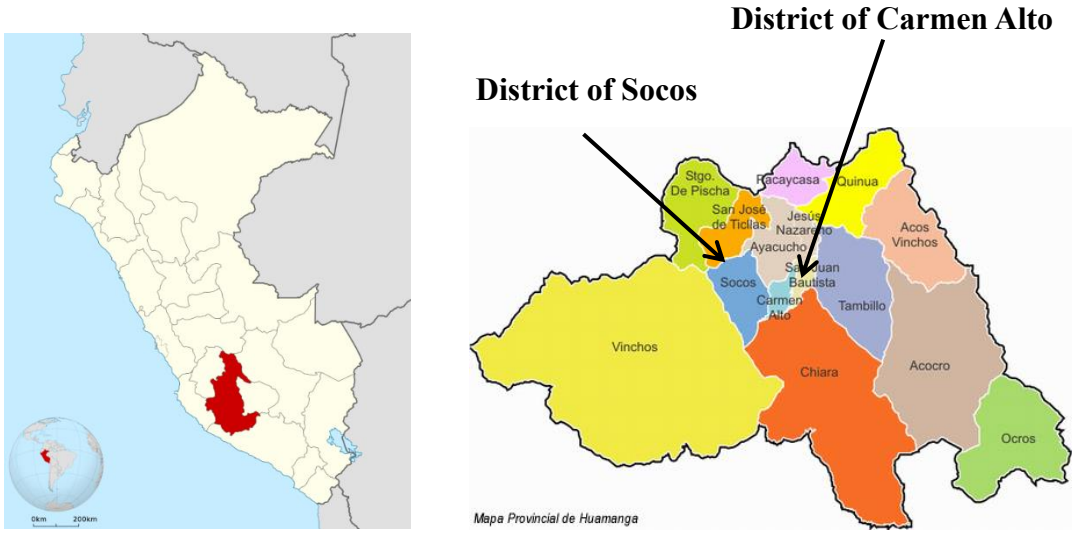
knowledge" of the drinker; that is, the "acquired knowledge people use to interpret experience and generate behaviour" although they may not be necessarily aware of their own belief system (Mandelbaum, 1965; Spradley, 1980 p. 7; Topper, 1981). In this manner, anthropologists are able to construct how drinkers make sense of their seemingly abnormal drinking behaviour, and this interpretation eventually makes sense to the researcher (Geertz, 1973, 2000).

In addition, the current ethnographic study illuminates what may remain unseen in GMH research, involving controlled trials and evaluations for scaling-up of interventions (Jain & Orr, 2016). Ethnography that connects wider historical, political, and social phenomena and local particularities can reveal how mental illness is experienced and expressed across contexts (Burgess, 2016; Jain & Orr, 2016; Kohrt & Mendenhall, 2015).

Overview of the methodology

Research setting

This study was conducted in two districts, the Carmen Alto district and the Socos district, in the region of Ayacucho located in the south-central part of Peru. The Ayacucho region is one of the four regions severely affected by the 20-year (1980-2000) political violence between the communist militant group *Sendero Luminoso* and the state military. This region has been also marked by underdevelopment and poverty as one of the five poorest in the country (Instituto Nacional de Estadística e Informática, 2020). Characteristics of each district are provided in the method section of Chapters 3-5.



Location of the Region of Ayacucho (left) and the District of Carmen Alto and the District of Socos in the Province of Huamanga, the Region of Ayacucho (right).
(Source: https://es.wikipedia.org/wiki/Departamento_de_Ayacucho
http://www.am-sur.com/am-sur/peru/Ayacucho/Ayacucho-departement-ESP-datos-turisticos.html)

Methods

In the current ethnographic study, qualitative data were collected through multiple methods: i) key informant interviews and ii) focus group discussions (July-November 2016), iii) semi-structured interviews with individuals with drinking problems (June-August 2017), and iv) participant observations throughout the fieldwork.

Prior to the fieldwork, I hired a local research consultant, Mr. Julián Berrocal Flores. He lives in the San Juan Bautista district, next to the Carmen Alto district in the Region of Ayacucho. He is bilingual in Spanish and Quechua. As consultant, he played multiple roles in the research process, including translation of materials, negotiation with gate keepers to recruit participants, facilitation and interpretation during data collection, and cultural brokering to provide me with guidance with cultural norms and practices, language and cultural sensitivities, and feedback on my interpretation.

Sample. The sample for the interviews were key community informants, local police officers, secondary school teachers, alcohol vendors, and health professionals. In total, 28 key informants (Carmen Alto N =16, Socos N =12) participated in the interviews. For focus group discussions, community members (older than 18 years), health professionals, and secondary school teachers were recruited. Both gender and age were taken into consideration in the grouping of the community members because the presence of different ages and genders in groups can prevent participants from expressing their ideas and feelings. In total, 19 focus groups (Carmen Alto N=10, Socos N=9) were conducted. Furthermore, with the aim of understanding local meanings and modes of interpretation of alcohol use among individuals with drinking problems, those aged 18 years and over who were identified as currently having or having had drinking problems in the past (drinking that results in individual or collective health or social problems) were recruited. In total, 19 adults (Carmen Alto N=10, Socos N=9) participated in the interview. Detailed recruitment process and characteristics of the recruited participants are presented in the methods section of corresponding chapters.

Materials. For both focus groups and key informant interviews, I first prepared the interview guides in Spanish, and revised them after discussions with clinicians at the National Institute of Mental Health "Honorio Delgado-Hideyo Noguchi" (*Instituto Nacional de Salud Mental "Honorio Delgado-Hideyo"*) in Lima who were familiar with the mental health issues in Ayacucho in June 2016. The topics of interview guides are summarized in Table 1.

Table 1 Summary of interview guide topics

	Interview topics
Community key informants	Brief history of the community, community activities (fiestas), general socio-economic issues and health issues, changes in drinking practices
Local police officers/security officers	Situation of alcohol-related violence and other social issues (family violence/neglect/drink driving etc.)
Secondary school teachers	Under-aged drinking and relationships between students and their family members
Alcohol vendors/*chicha* producers	Marketing and distribution system of alcohol beverages, change in the trends of consumption, influence of advertising and pricing, response to minors
Health professionals	Situation of community health related to alcohol use, influence of political violence on the current drinking patterns, current situation of under-aged drinking, activities for prevention of harmful drinking

In order to better understand the experiences of physical and/or mental health illnesses related to drinking practices among individuals identified as having drinking problems, I used the McGill Illness Narrative Interview Schedule (MINI). The MINI is designed to elicit different types of narrative structures that reveal not only individual illness meanings and ways of reasoning, but also the social processes and cultural contexts in which the interviewees' personal experiences are embedded (Groleau, Young, & Kirmayer, 2006). While harmful alcohol use is linked to over 200 health conditions, the MINI does not require a specific disorder for its application (Groleau et al., 2006; WHO 2019). Therefore, the MINI allowed me to explore a range of health problems that were named and experienced by the interviewees with drinking problems.

Translation. Considering that the self-identification of the Ayacucho population is 81.2% Quechua (Rojas, 2018), back-translation method was employed for the cultural and linguistic validity of materials. The bilingual research consultant (Spanish-Quechua) first translated the Spanish versions of all interview guides to Quechua. Another bilingual

translator conducted back translation to Spanish, then the research consultant, the translator, and four local bilingual volunteers checked semantic, technical, and content equivalence between versions (Flaherty et al., 1988). Discussion identified the equivalent Quechua version when discrepancies between the original Spanish and the back-translated Spanish items were found.

Participant observation. During the fieldwork, I observed and recorded in field notes the daily activities, surrounding environment, daily communications with the local people, and cultural/religious events and local customs. I also participated in various collective drinking occasions such as birthdays and community festivals and visited popular drinking venues (*recreos*) on weekends. This emic approach through participant observation on some occasions contributed to my interpretation of drinking behaviours that were not immediately obvious.

Analysis

Thematic analysis, which involves a process of identifying patterns of meaning or themes within data, was used by applying Spradley's concept of cultural themes. This is defined as a "cognitive principle, tacit or explicit, recurrent in a number of domains and serving as a relationship among subsystems of cultural meaning" (Spradley, 1980, p. 186). The qualitative data analysis software Atlas ti®8.4.24 was used to manage and organize the data. During the analysis, I consulted with the local research consultant to examine the cultural salience of alcohol-related values highlighted in the interviews, and how observed behaviours fitted with in the historical and socio-cultural context of the south-

central Peruvian Andean highlands.

In order to validate my own interpretation of participants' accounts, I shared some preliminary findings with community participants in 2017 and 2019. These occasions created spaces for dialogue among the community participants and exchanging ideas about how to tackle the negative consequences of alcohol misuse in the community.

Use of the Term

A variety of terms exist to describe different patterns of alcohol use and health consequences in the spectrum, such as "moderate drinking," "binge drinking," "alcohol misuse," "addiction," and "unhealthy alcohol use" (Herring, Berridge, & Thom, 2008; Mahmoud, Finnell, Savage, Puskar, & Mitchell, 2017; Room, Hellman, & Stenius, 2015; Saitz, 2005; Yeomans, 2013). Concepts and meanings of some terms (e.g. binge drinking, addiction) have shifted over time, and other terms are operationalized differently in different diagnostic systems (Carvalho, Heilig, Perez, Probst, & Rehm, 2019; Herring et al., 2008; Room et al., 2015). A lack of clear and precise definitions of each term can lead to ambiguous clinical and scientific communication, which can prevent health professionals from effective interventions (Kelly, Saitz, & Wakeman, 2016).

Harmful alcohol use is also a vague term. While "social harm" is not included in the WHO's definition of harmful alcohol use, there are a range of social problems from alcohol use and various ways of formulating the connection between it and the event or problem (Room, 2000). With the focus of my thesis being on local "perspectives" of harmful alcohol use, I use the broad term "problem drinking" as an umbrella term that

covers alcohol use patterns that increase the risk of harmful consequences (i.e. hazardous drinking), and accompany negative consequences to physical and mental health and AUD. I use "alcohol use" to describe non-specific patterns of consumption of alcohol regardless of the amount of alcohol consumed, frequency of consumption, the degree of health risk, and consequences. "Intoxication" refers to a condition following the drinking of alcohol, as known as "drunkenness," which is manifested by various signs including facial flushing, slurred speech, disorderly conduct, impaired judgment and motor incoordination (World Health Organization, 1994).

The Structure of the Thesis

This thesis comprises manuscripts that tie into the overarching goal of this dissertation. In Chapter 2, the literature review provides a brief overview of the contribution of an anthropological approach to understanding alcohol use as well as its opportunities and challenges in relation to the current research agendas and critiques of GMH discourses.

From Chapter 3 to Chapter 5, each of the three articles critically examines different perceptions of alcohol use and associated meanings, as well as experiences of intoxication and problem drinking among the south-central Peruvian Andean highlands. In Chapter 3, by using memory as a conceptual anchor, I explore how 'memory work,' specifically the process of remembering and forgetting, is involved in the present alcohol use. The analysis highlights the multiple ways in which memory is negotiated in experiences of intoxication with regards to the history of the political violence that occurred between

1980 and 2000 and persistent socio-economic inequality.

In Chapter 4, I examine the local perspectives of problem drinking by unpacking present interactions and tensions between socio-economic structure, social processes, and individual agency as well as how culture intersects with power in these tensions. The recurrent trope *"No hay control"* (There is no control) reflects the complex web of power at play among different actors that shape current alcohol use and local understanding of problem drinking. I present the multiple ways in which the reported shifts in patterns and motivations for problem drinking were attributed to various forms of control or absence of control, including control of parents over their children, the absence of control by the government over the market, men's control over the household and self-control by drinkers.

In Chapter 5, I demonstrate the ways in which people with problem drinking locate their alcohol use in their bodies, emotions, and interpersonal relations. Semi-structured interviews using the McGill Illness Narratives Interview schedule present the illness experiences and explanatory models of people with problem drinking. The narratives focused on the current or latest health problems also show the ways in which norms, knowledge, and experiences shape individuals' interpretation of problem drinking in relation to their health problems.

In Chapter 6, I present my reflexive analysis of how knowledge is constructed with participants in the relational process, which constantly shifts through a range of positioning factors associated with the researcher and research consultant. In the final chapter, I recapitulate my findings in the context of the overarching research questions

and discuss implications for alcohol studies in GMH research and in other related areas.

CHAPTER 2

LITERATURE REVIEW

I begin this narrative review by first identifying research needs and challenges in understanding alcohol use in LMICs. This is undertaken by examining how an anthropological approach to alcohol use has developed different models in response to the shifting agendas and focuses. In particular, I explore how these models have taken into account social and cultural aspects of alcohol use in relation to the critique of GMH discourses. In the second half of this review, I provide background on key topics relevant to those discussed over the course of the dissertation.

Evolution of Research Approach to Alcohol Use in LMICs

Alcohol use research and interventions in Global Mental Health

In 2008, the Movement for Global Mental Health (GMH) was created with the expressed aim of working to address the treatment gap for mental disorders. Treatment gap is defined as the median gap in treatment – the percentage of individuals who require care but do not receive treatment (Kohn, Saxena, Levav, & Saraceno, 2004). At the same time, the WHO Mental Health Gap Action Program (mhGAP) began promoting a task-shifting approach by encouraging the integration of both prevention and treatment services within primary care systems. This approach promised to improve availability and accessibility to evidence-based care developed in the Western cultural settings.

The universal approach to mental health suggested by the term “global” in GMH has been criticized. This approach infers that: i) culture is not necessarily considered a

key component of mental health, and ii) notions of mental health are assumed to be cross-culturally applicable (Fernando, 2012). Derek Summerfield has criticized the research networks and expertise based on the Western biomedical model driving the GMH as "medical imperialism" (Summerfield, 2013, p. 1). Other critics have been concerned that, in the rush to respond to the treatment gap in LMICs, exportation of the Western biomedical model would introduce interventions with dubious relevance for local populations in non-Western socio-cultural contexts (Kirmayer & Pedersen, 2014). With this initial North-South or Western-non-Western tension, "context" has begun to matter in correspondence with the interest of donors and practitioners in GMH projects (Bemme & Kirmayer, 2020). As the focus of many projects is on implementation, GMH project "implementers" recognize the importance of context to evaluate their feasibility and acceptability for the scale-up of mental health services (Bemme & Kirmayer, 2020; De Silva & Ryan, 2016). Today GMH practitioners have shown that integrating understanding of local explanatory models of illness experiences into the universal nature of psychological distress is possible (Patel et al., 2018). They also recognize that Western biomedical and local traditional approaches to treatment are complementary.

GMH research has grown exponentially, but substance use has been neglected compared to other mental disorders (Baingana et al., 2015; Misra et al., 2019). In the substance use disorder intervention area, the emergence of GMH was accompanied by a shift in focus from addiction treatment to a more cost-effective brief intervention strategy for harmful and hazardous alcohol use (Benegal et al., 2009). The WHO (2001) defines harmful alcohol use as a pattern of drinking that is already causing damage to physical or

mental health. Hazardous alcohol use on the other hand is defined as alcohol consumption with a risk of harmful consequences to the drinker. This shift to prevention and intervention in early stage alcohol-related problems reflects the prevalence of different alcohol use risk levels seen in high income countries (HIC). Apart from the majority of individuals who are either abstainers or light drinkers, a significant larger proportion of non-dependent alcohol drinkers consume alcohol at the hazardous or harmful level; the small proportion who show symptoms of AUD are likely to need specialized treatment (Saitz, 2005). Similarly, in many LMICs, harmful and hazardous alcohol use is not necessarily a major target of intervention as politicians, planners, and the public primarily focus on AUD (Benegal et al., 2009).

In a Lancet Series on GMH, Patel et al. (2007) discussed the growing issue of harmful alcohol use in LMICs that is coupled with low problem recognition and help seeking, shame and stigma, and limited availability and/or access to established services. Drawing attention to the many drinkers who engage in harmful alcohol use and are at risk of developing AUD and other future health problems is a GMH initiative to narrow the treatment gap in LMICs (Benegal et al., 2009). With this initiative, the WHO's mhGAP recommends the following interventions in LMICs: 1) opportunistic screening and brief intervention and referral to treatment (SBIRT) in primary health care settings; and 2) community action for prevention of harmful and hazardous alcohol use (Babor et al., 2010; Benegal et al., 2009; Room, Babor, & Rehm, 2005).

The WHO's mhGAP provides recommendations for cultural adaptation but to date has not provided explicit guidance on how to implement the recommended interventions.

Experiences from mhGAP training and implementation on the ground suggest that contextual and cultural factors represent major barriers to implementation (Faregh, Lencucha, Ventevogel, Dubale, & Kirmayer, 2019). With growing interest among funders and researchers regarding implementation science, GMH research is seen as an opportunity to test a range of strategies and apply existing frameworks in the LMIC context (Betancourt & Chambers, 2016; De Silva & Ryan, 2016). Nonetheless, there are few well-documented examples of successful scaled-up local services that replicate service models in other settings (Baingana et al., 2015; Eaton et al., 2011; Lancet Global Mental Health Group, 2007). To address this challenge, a new approach is informed by recent research on cultural formulation and adaptation. This approach encourages recognition of diverse ways of knowing, locally meaningful cultural idioms, informal systems of care provided by social and spiritual networks, and hierarchies of power in knowledge generation (Gómez-Carrillo, Lencucha, Faregh, Veissière, & Kirmayer, 2020).

The cultural appropriateness, feasibility, and effectiveness of evidence-based practices from high income countries are still largely unknown (Kirmayer, 2012). For early intervention of harmful alcohol use in LMICs, for instance, 'one-size-fits-all' screening questionnaires may not fully reflect expectations, experiences, and meanings of intoxication that vary across different cultures (Babor et al., 2010; Benegal et al., 2009; Rehm & Room, 2017; Room et al., 2005; Room & Mäkelä, 2000; Thickett et al., 2013). Culture influences the local concept of a "standard drink", the recommended limit for drinking above which risk of harm increases, and expectations about the social and emotional consequences of harmful alcohol use, such as guilt (Graham et al., 2011;

Mandelbaum, 1965; Rehm & Room, 2015; Room, 2006; Strunin, 2001). As culture and context clearly matters, there is a call for ethnographic research to study them, especially regarding their influence in how alcohol consumption is interpreted (Marshall et al., 2001; Strunin, 2001).

Focus on culture in alcohol use in early anthropological studies

The level of alcohol use differs between world regions and countries (World Health Organization, 2019). In addition to individual factors such as age, gender, familial characteristics and socio-economic status, culture plays an important role in the type, amount and places associated with alcohol use (Rehm et al., 2003; Room et al., 2005; World Health Organization, 2019). Socio-cultural context shapes the meaning of alcohol use and intoxication. Anthropological studies show that alcohol use can reflect social organization and cultural identity, while alcohol use can influence the way people construct personal and collective identity (Dietler, 2006). For instance, Dwight Heath (1958), an anthropologist who studied the Camba indigenous people in Bolivia, found that communities isolated from extensive contact with other populations actively sought to build rapport and social cohesion through alcohol use, while simultaneously fulfilling their desire for intoxication. Rituals involving alcohol were also found in some indigenous communities in South America. Collective drinking was an opportunity to communicate with the "Mother Earth" among the Aymara and Quechua, and with the dead among the Tecospan in Mexico (Allen, 2009; Bunker, 1987; Butler, 2006; Madsen & Madsen, 1979; Negrete, 1976). It also served as protection from evil spirits among the

Mapuche (Lomnitz, 1969).

Reviews of the historical development of various models of alcohol use and addiction show that the socio-cultural model of drinking was based on ethnographic studies conducted in the Americas and other parts of the world prior to the 1970s (Hunt & Barker, 2001; Singer, 2012). The model emphasized analysis of both the cultural context and meaning associated with drinking behaviour (Heath, 1987). Ruth Bunzel, an anthropologist who pioneered cross-cultural comparison of alcohol use, observed collective drinking to intoxication at fiestas among the indigenous Mayan people from both Chamula, Mexico and Chichicastenango, Guatemala (Bunzel, 1959a, 1959b). She found a striking contrast in attitudes and emotions released under alcohol. Individuals from Chichicastenango displayed socially destructive alcohol use accompanied by aggression, anxiety and hostility, while individuals from Chamula engaged in alcohol use without social conflict (Bunzel, 1959a, 1959b). This contrast shows that from the anthropological point of view, alcohol use is socially constructed behaviour that can be understood only in relation to the particular cultural context in which occurs (Bunzel, 1959b; Douglas, 1987; Heath, 1975; Honigmann, 1979; Lomnitz, 2011[1976]; Mandelbaum, 1965; Marshall, 1979; Singer, 1986).

By and large, early anthropologists largely focused on the socially integrative roles of collective drinking as opposed to solitary drinking, which was seen as deviant. Drinking was seen as a lubricant of social relations, and collective intoxication served to construct social and individual identity. Indeed, intoxication was promoted as normal and a good cultural "fit" for attaining durable solidarity (Bunker, 1987; Bunzel, 1959a; Dietler,

2006; Heath, 1958, 1971; Heath, 1975; Heath, 1990; Madsen & Madsen, 1979; Mandelbaum, 1965; Mangin, 1959 p. 98).

Dilemma between problem deflation and problematization

The epidemiological studies that started to report alcohol-related health problems in the 1970s also influenced the way anthropologists studied alcohol use. For instance, in Latin America, epidemiological surveys and ethnographic research suggested that social changes accompanying urbanization and modernization since the 1970s contributed to "urban drinking" involving frequent harmful alcohol use among males (Coombs & Globetti, 1986). Correspondingly, Robin Room, a leading alcohol sociologist, as well as others criticized the socio-cultural model for its contribution to "problem deflation" (Room, 1984 p. 171). They pointed out that its functionalist perspective, which considers all cultural or social phenomenon as functionally integrated into a social system, de-emphasized the problematic aspect of alcohol use. Medical anthropologists were also critical of the inherent bias of previous ethnographic studies that focused disproportionately on the functional and symbolic aspects of alcohol use. In response, they advocated for the public health model that pays more attention to understanding the pathological behaviour associated with AUD (Heath, 1987; Hunt & Barker, 2001).

However, both the epidemiological and public health frameworks also brought some negative implications. First, they label people as being "at risk." This can place an apparently healthy individual into a category of danger that may affect their subjective experience (Petersen & Lupton, 1996). Targeting a certain group of individuals as being

at risk and in need of intervention can legitimize stereotypes and lead to stigma (Nguyen & Peschard, 2003). For instance, by framing the problem of diabetes by public health agencies as a risk for non-communicable diseases in Fiji, a long-standing stereotype that indigenous iTaukei are lazy, unsophisticated, and unwilling to change unhealthy diets was evoked. This also served to further embed these moral narratives among iTaukei themselves (Phillips, McMichael, & O'Keefe, 2018). Likewise, personal responsibility for regulating one's own health behavior becomes an important element in the discourse on risk (Petersen & Lupton, 1996). Consequently, "otherness" gets projected on those who are lacking in self-discipline (Bacchi, 2015; Petersen & Lupton, 1996). Moreover, lifestyle is the site where risk factors appear and become a target of health management and control (Petersen & Lupton, 1996). Individuals are encouraged to make a rational choice of moderate alcohol use and to take responsibility for healthy lifestyles; however, the focus on individual choice may divert attention from the alcohol industry's aggressive promotion of its products (Delobelle, 2019). On the other hand, the discourse on individual responsibility for health management can create moral positions based on the individual's health behaviour (Bacchi, 2015; Room, 2011). When self-control and responsibility are highly valorized, individuals who do not appear to conform with this idealization can be seen as failing in the moral test (Room, 2011).

The subsequent anthropological shift to a focus on alcohol-related mental health in the 1980s was similar to that occurring in GMH, led particularly by the WHO (Bacchi, 2015). Importantly, it problematized alcohol use as a risk for illness and social harm by using terms like "drinking problems" or "harmful use of alcohol". However, the resulting

standardization of a particular level of alcohol use as the threshold for "risk" and "harm" may discount the potential benefits of alcohol use as well as its associated cultural significance (Hunt & Barker, 2001; Room & Mäkelä, 2000; Savic, Room, Mugavin, Pennay, & Livingston, 2016). From this perspective, rather than assuming alcohol use as a fixed and static health and social issue, other questions need to be explored, including: (1) How has alcohol use come to be a problem?; (2) How does its framing impact how we understand the problem, and what needs to be done?; and (3) What is the meaning and place of alcohol use in a community that may be masked by focusing on risk and harm?

In the next section, I describe the approach to social determinants of mental health that is becoming recognized as one of the most important facets of the GMH agenda today.

Promise and Challenges of the Political Economy Approach in Alcohol Research

Social determinants of mental health in LMICs

Interest in the social determinants of mental health is a growing facet of the GMH agenda (Bemme & Kirmayer, 2020). Social determinants include a range of social and economic factors and physical environments that influence the mental health of populations at different stages of life (World Health Organization, 2014). The 2018 Lancet Commission recently highlighted the importance of the structural factors, such as poverty, violence, unemployment, and lack of education, that lead to mental health problems; in parallel, this broad conceptualization of mental health reframed the GMH agenda in terms of international development (Bemme & Kirmayer, 2020; Patel et al., 2018). As the statement "No sustainable development without mental health" indicates,

the Commission interlinked the social determinants of global mental health with United Nation's Sustainable Development Goals (SDGs) across five domains: demographic, economic, neighborhood, environment, and social/cultural (Patel et al., 2018). For instance, structural issues such as poverty and income inequality are associated with increased risk of many common mental disorders, and the persistence of mental disorders is further linked with loss of income due to reduced employment opportunities and productivity (Allen, Balfour, Bell, & Marmot, 2014). As such, the accumulated negative effects of poverty on mental health can lead to a vicious cycle of disadvantage and mental disorders (Patel et al., 2018). Considering this life-course impact of social determinants on mental health, the Commission suggested providing financial protection to families with mental disorders in line with the SDG1: End poverty in all its forms everywhere (Patel et al., 2018).

The Commission presents a list of mental health service components and actions in low resource settings by disentangling the complex multidirectional associations between mental disorders and a range of social determinants (Patel et al., 2018). However, critics see this as a reductionist approach that limits "the social as a series of discrete factors that can be isolated, added or removed" (Cosgrove, Mills, Karter, Mehta, & Kalathil, 2019, p. 2). Paradoxically, in an attempt to gather evidence of the mental health impact of social determinants using psychiatric diagnostic categories, there is a risk of locating the problem in individuals rather than the system (Mills, 2015). Instead, Cosgrove and colleagues (2019) propose the political economy approach that focuses on structural problems, systems of discrimination, and oppression to capture the subjective experience

of emotional suffering, and how the socio-political context shapes this experience. Building on this view, Chapter 4 considers that social and material milieus shape not only patterns of alcohol use. Environments are deeply structured by broader political, economic, and social factors, resulting in concentrating the incidence of health consequences of consumption among particular populations (Raikhel, 2015).

Gender and alcohol use

Gender is one social determinant that has been examined broadly in studies of alcohol use. In LMICs, as in many jurisdictions, alcohol use and AUD are more prevalent in men than women (Patel, 2007). Early anthropological studies highlighted the role of gender during alcohol use in identity-making, and marking social categories and boundaries (Dietler, 2006). In particular, alcohol use and intoxication among men are often considered as possessing important social roles and important meanings. For example, Pyne, Claeson, and Correia (2002) reported that nurturing fraternity and coping with stress are related to specific cultural gender norms associated with male identity, sexuality, and gender power (e.g., *machismo*). Construction of masculine identity and power through alcohol use is also related to historical social transformation when industrialization and urbanization influence social class categories and lifestyle. Hinote and Webber (2012) described how post-Soviet Russian men enacted masculinity and power associated with the 'real workingman' ideal through harmful alcohol use. Poverty exacerbates the consequences of men's harmful alcohol use for them and their families (Giusto & Puffer, 2018; Grittner et al., 2012; Patel et al., 2020; Schmidt, Mäkelä, Rehm,

& Room, 2010). Harmful alcohol use worsens poverty by causing a chronic financial burden; thus, nurturing a vicious cycle (Patel et al., 2020; Schafer & Koyiet, 2018). On the other hand, women's alcohol use and its mental health consequences in LMICs is a neglected area. Structural factors such as poverty and daily life struggle, gender inequality, and socio-cultural norms surrounding alcohol use may affect not only women's initiation and consumption patterns but also their access to treatment and prevention services (Slabbert et al., 2020). As gender norms such as *machismo* intersect with social and economic arrangements, I highlight the different ways in which men shape their masculine identity and exercise power through alcohol use throughout this thesis.

Macro forces of political economy behind collective suffering and alcohol use

A criticism of early anthropological research on alcohol use was that it did not adequately consider how global political and economic forces shape the meaning and practices of alcohol use. The political-economy model was a response to this criticism and has revealed how alcohol use is intricately connected with power relations in society (Hunt & Barker, 2001; Singer, 1986). Medical anthropologist Merrill Singer proposed a model in 1986 that emphasizes the multi-level influence of historic and political-economic forces on the social determinants of disease and suffering in 1986 (Baer, Singer, & Susser, 2003; Singer, 1986; Singer, Valentin, Baer, & Jia, 1992). For instance, structural factors include capitalism, economic inequalities, corporate activities, class hierarchy and discrimination, race, ethnicity, and gender (Singer, 2012). By asking the fundamental question—"Who constructs alcoholism?"—the political-economy model attempts to shed

light on how institutional power shapes practices of consumption involved in suffering from alcohol-related health consequences and its implication for the society as a whole (Baer et al., 2003; Brown, Barrette, & Padilla, 1998; Singer, 1986; Singer et al., 1992). The model pays attention to the growing influence of dominant corporations that employ a variety of strategies to promote alcohol use (Baer et al., 2003; Jernigan, 2009; Singer, 1986). Correspondingly, the political-economy model identifies ways that political and economic conditions shape the availability, attractiveness and accessibility of alcohol. For instance, conflict and post-conflict conditions can create lucrative opportunities for the alcohol industry. Demand for alcohol during and after conflict may grow as alcohol becomes a means of coping with traumatic war experiences and daily socio-economic stressors (Wallace & Roberts, 2014). In addition, the industry can take advantage of weakened state capacity and control in these unstable political conditions (Wallace & Roberts, 2014).

The political-economy model also challenges the biomedical paradigm's focus on the individual drinker. It calls for policies and interventions to change the structures that contribute to social and individual harms, and to address suffering at a collective level (Kleinman, 2010). The notion of "social suffering" brings attention to human experiences of suffering and affliction as well as responses at a collective level (Kleinman, Das, & Lock, 1997). This notion also can explain how alcohol is used to self-medicate; that is, it "results from what political, economic, and institutional power does to people and, reciprocally, how these forms of power themselves influence responses to social problems" (Kleinman et al., 1997, p. ix).

There are similar concepts that explain how the power of institutions as well as macro-level structures are often behind the vicious cycle of harmful alcohol use to cope with daily hardships. The concept of structural violence infers that health risks produced by poverty and social inequalities are influenced by the large-scale social and economic structures (Farmer et al., 2004). The concept "structural vulnerability" on the other hand puts forward that an inferior social status of a certain group of people within prevailing hierarchical relationships of power leads to physical and emotional suffering (Quesada, Hart, & Bourgois, 2011). Structural hierarchy of power results in health disparities and negative subjective experiences of self-worth and self-identity. Negative self-identity may in turn contribute to alcohol use as a way to cope with miserable conditions and negative feelings, and erosion of individual agency in advocating for change (Room, 2005; Singer, 2012; Yang et al., 2014).

The political-economy model of alcohol use, and its associated concepts of structural violence and structural vulnerability, draw our attention to the impact of macro forces and processes that produce suffering and illnesses. At the same time, it may mask individual and collective meanings of suffering and intersubjective experiences (Massé, 2007). Hence, an exclusive focus on the political economy model in absence of consideration of individual subjectivity, social and cultural practices, and individual and collective agency can conflate the issue of alcohol consumption with structural conditions (Archer, 1995).

The medicalization of everyday distress facing many populations in LMICs also risks diverting attention from the root causes of social suffering, such as poverty and the

lack of rights (Summerfield, 2008; Ventevogel, 2014). By framing structural violence as the fixed condition, the sufferer may be depicted as the passive subject who is oppressed and entrapped in the existing socio-economic structure. However, the sufferer can also be the active agent; the sufferer's resistance and resilience to the enforcement of unequal power may be found in the local mechanism where culture mediates structural violence (Gamlin, 2016; Singer, 2012; Singer et al., 1992). As such, it is crucial "to disentangle the causes, meanings, experiences, and consequences of structural violence and show how it operates in real lives" (Bourgeois & Scheper-Hughes, 2004, p. 318; Massé, 2007). The responses to suffering, coping, and caring are embedded in local cultural systems of meaning and healing linked to religious or spiritual ideologies and communities (Bemme & Kirmayer, 2020; Kirmayer & Pedersen, 2014). Culture also mediates the ways in which social structures distribute inequalities (Kirmayer, Rousseau, & Guzder, 2014; Kirmayer & Swartz, 2013). Exposure to risks and access to resources depend on social categories, positions, and identities This in turn results in unequal distribution of illness and access to care.

I now present a brief background on topics of interest that are relevant to Chapters 3 to 5 in this dissertation.

Alcohol Use Explained Through the Lens of the History of Violence and Memory

Alcohol use as a coping strategy for psychological and historical trauma

Using alcohol as a coping strategy for daily hardships may increase its health burden and social impact at a global level. Studies among conflict-affected populations

have shown the dearth of understanding of the complex ways in which people cope with the collective suffering through alcohol use (Lo, Patel, Shultz, Ezard, & Roberts, 2017). Harmful alcohol use among civilian populations affected by armed conflict may be explained by risk factors such as trauma exposure, increased daily stressors and mental health disorders, urbanization, and weak alcohol control policies and institutions (Lo et al., 2017; Roberts & Ezard, 2015). Daily stressors such as poverty, unemployment, and overcrowding intersect with destabilization and memories of political violence (Kienzler & Sapkota, 2019; Miller & Rasmussen, 2010). Conflict-affected populations living in precarious living conditions use alcohol to "kill time" by socializing and relaxing, as a "culturally acceptable response to displacement stress" (Ezard et al., 2011), and as a means of coping by "trying to forget" (Cherewick et al., 2015). In refugee settings, for example, the resulting pervasive feelings of hopelessness and daily distress often induce alcohol use as a coping strategy (Ezard, Debakre, & Catillon, 2010; Ezard, Thiptharakun, Nosten, Rhodes, & McGready, 2012; Streel & Schilperoord, 2010). In the face of collective suffering, individual harmful alcohol use can amplify the negative consequences for the family and community, including financial problems from spending money on alcohol, violence, and loss of community values and respect (Streel & Schilperoord, 2010). Therefore, interventions targeted only at individual alcohol users may have limited impact (Streel & Schilperoord, 2010).

Alcohol use as a coping strategy can also be found in post-colonial contexts. History of violence and dehumanizing policies and practices can shape experiences of suffering from feelings of uselessness, self-depreciation, deprivation, dispossession, and

vulnerability (Capella, Jadhav, & Moncrieff, 2019; Massé, 2007). Long-term political subordination, loss, and economic dependency have led to structural vulnerability and deep feelings of incompetence (Capella et al., 2019; Massé, 2007). For instance, colonization may explain the use of alcohol by many indigenous people to numb feelings of marginalization and resentment (Bombay, Matheson, & Anisman, 2014; Whitbeck, Chen, Hoyt, & Adams, 2004).

Likewise, attention to history is crucial to answer questions such as: Where are the particular structural conditions rooted?; How do the conditions continue to produce inequality and discrimination?; How do historically grounded economic and political structures interact with culture? (Massé, 2007). Entangled with identity and history, culture also influences mental health in dynamic multi-layered interactions. Structural forces embedded in history and a system of values that embody individuals' implicit practices and experiences are deeply linked to culture (Kirmayer, 2012; Metzl & Hansen, 2014). Although it does not focus on alcohol use, an ethnographic study by Angela Garcia (2010) of rural Latinos in New Mexico revealed that heroin addiction is interwoven with memories of dispossession and loss of land. Feelings of loss in the lives of individuals afflicted with alcohol use disorder were expressed in connection with the cultural and political history of the region, which has been isolated and abandoned since colonial times. As such, memory adds a temporal dimension to the understanding of individual affliction and collective suffering for which a substance is used to cope.

Multifaceted memory and psychological trauma

Memory is a central feature of studies on psychological trauma. Cultural psychiatrists and medical anthropologists have emphasized the need to examine how experience and memory shape posttraumatic experiences. They have highlighted the entanglement of trauma-related memory and suffering with social, cultural, and political spheres that goes beyond fixed biological and psychological states. Memory plays a role in the local framework of psychological trauma. For instance, Nepali exposed to a decade-long Maoist civil war described the intrusive memories of traumatic experiences as a scar in the "heart-mind". These intrusive memories also negatively affected recall of other memories and concentration, while the inability to forget caused psychological distress (Kohrt & Hruschka, 2010).

Body can be an important locus of memories, as emotional responses can be inscribed in a body. The body has a mechanism for generating these emotions in the process of remembering, described by Casey (2009) in his notion of "memory of the body" (Connerton, 1989; Gomez, 2015; Misztal, 2003). Breast milk— described by medical anthropologist Kimberly Theidon as "milk of sorrow" (*La teta asustada*)—was considered as a medium of transmitting Quechua mothers' memories of rape to their babies during the political violence in Peru (Theidon, 2009). Memory is stored in the body and experienced as bodily sensations in specific environments at specific times (Connerton, 1989; Gomez, 2015). In the case of Latino folk illnesses such as *coraje* (anger), sensations experienced through bodily remembering can become a part of illness narratives (Cartwright, 2007).

The past is also embedded in memory and recalled through various cultural practices, social institutions and cultural artefacts, as well as via commemorations, ceremonies, and rituals (Connerton, 1989; Misztal, 2003). As such, individual experiences are recollected orally and deposited collectively. As I describe in Chapter 3, in the Peruvian Andean region, music and musical performance in the form of testimonial songs represent an *aide-mémoire* that can transform unspeakable individual traumatic experience of violence into a culturally appropriate narrative of collective memory (Ritter, 2014). This process of collective remembering invokes shared social and cultural frameworks that provide people with symbolic meanings of past events to make sense of the world (Halbwachs, 1992; Misztal, 2003). Cultural models explain and give meaning to traumatic events and shape subsequent experiences of suffering (Lemelson, Kirmayer, & Barad, 2007). In a comparison of trauma-related silencing between Jewish-Israeli Holocaust and Canadian-Cambodian genocide survivors, the former present their emotive scar as a culturally valorized form of commemoration, whereas the latter valorize purposeful forgetting based on Buddhist acceptance to look forward (Kidron, 2012). Likewise, culture constructs different meaning systems to frame how people interpret the past and practice remembering and forgetting. Culture also mediates the relation between collective memory and identity-making by providing a common map for viewing the past. Collective memory intrinsically links with and shapes individual and collective identity (Dwyer & Santikarma, 2007; Hewer & Roberts, 2012; Lambek & Antze, 1996; Misztal, 2003; Suarez & Suarez, 2015; Young, 1997). Memory and identity also interlink. As collective identity is shaped and sustained by remembering in various cultural practices,

such as commemorations, ceremonies, and artefacts such as films and statues, collective identity simultaneously defines what is remembered (Misztal, 2003).

As forgetting—just like remembering—is an active social process, in many post-conflict countries working with and through memory are not only cultural practices but also political negotiation (Dwyer & Santikarma, 2007; Foxen, 2000; Kirmayer, 1996; Lambek & Antze, 1996). For instance, various human rights movements have emerged from the need to account for and collectively manage post-war psychological trauma (Young, 1997). Shared trauma may create a public space where community agreement assembles individual memories of suffering, validates them, and represents them as collective memory (Kirmayer, 1996). However, friction between public and private memories may also exist. The Historical Clarification Commission and the Truth and Reconciliation Commission in Guatemala and Peru, respectively, were created to conduct investigations into crimes, human rights violations, and enduring consequences of the collective violence (Foxen, 2000; Transfer Commission of the Truth and Reconciliation Commission of Peru, 2004). In both countries, some victims of political violence who desired to forget and to find a new meaning in their lives were reluctant to revisit and revise the past by participating in memory projects undertaken by these commissions (Elsass, 2001; Foxen, 2000; Yezer, 2008). Post-conflict reconciliation projects with a political goal of formulating a broader official historical representation of past abuse and injustice assume that individual memories provide coherent and static stories. They also de-contextualize the complexity of the events and mask the heterogeneity of experiences (Foxen, 2000). In contrast, memory may be defined as a socio-cultural construct that gives

new meanings to the past and visions for the future, while constantly transforming present identities (Foxen, 2000; Lambek & Antze, 1996). As such, beyond the institutional memory, the narratives of Quechua women in Peru on their survival from the political violence highlight memory as a coping strategy. This sheds light on their resistance and resilience, and challenges the depiction of indigenous women as passive individuals who suffer (Gomez, 2015; Suarez & Suarez, 2015).

While harmful alcohol use is associated with trauma (Lo et al., 2017), there is a need to re-examine not only the short- but also the medium-to-long-term impact of armed conflict and violence, as well as various forms of indigenous healing and coping (Pedersen et al., 2008). Mental health services informed by history of violence are warranted not only because the contemporary mental health needs are deeply rooted in a history, but also because it shapes the way mental health professionals respond to them (Capella et al., 2019). Memory associated with psychological trauma and embedded in specific historical, socio-cultural, and political contexts may be the missing link between history and mental health. In Chapter 3, I explore how individual and collective memory work is involved in contemporary alcohol use—specifically the experience of intoxication—and in the history of the 20-year conflict that psychologically scarred the Quechua of the Peruvian Andean highlands.

Alcohol as a Commodity

Commercially shaped patterns of alcohol use in LMICs

Commercial determinants—defined as "strategies and approaches used by the

private sector to promote products and choices that are detrimental to health"—draw attention to the increasing power of large companies in the global alcohol consumption landscapes (Kickbusch, Allen, & Franz, 2016, p. e896). The current neoliberal policy paradigm provides room for these commercial interests to influence public policy (Lencucha & Thow, 2019). Concern over the influence of the dominant alcohol industry corporations in LMICs is growing as they have shifted their attention away from high-income countries where alcohol consumption is in decline (Ireland et al., 2019; Kickbusch et al., 2016; Walls et al., 2020). Economic development tends to coincide with increased alcohol consumption and its related harms at the population level (Schmidt & Room, 2012). In what some global health researchers describe as "industrial epidemics" (Delobelle, 2019), the availability of alcoholic beverages has increased, particularly in LMICs, as a consequence of the globalization of the alcohol industry. The alcohol beverage companies employ a range of overt and covert strategies to promote alcohol use and a culture of consumption (Jernigan, 2009; Marten, Amul, & Casswell, 2020; Walls et al., 2020).

A review of ethnographic studies on alcohol in LMICs suggests that patterns of alcohol use change when consumerism and foreign alcohol products are presented as symbols of a better life (Schmidt & Room, 2012). In village societies, the shift to a market economy tends to remove traditional restrictions imposed by social customs around communal alcohol use and the limited alcohol supply (Butler, 2006; Room & Jernigan, 2000). The capacity to drink is traditionally associated with masculinity in male drinkers (Dietler, 2006). The poor male's seeking increased status by drinking new brands of

foreign alcohol can negatively affect the household economy (Room & Jernigan, 2000; Schmidt & Room, 2012).

In parallel, not only the wider availability of alcohol but also increased social stress and struggle often explain increases in alcohol-related harm. In communities and families in which men lose their traditional power and authority, increased alcohol use and alcohol-related violence by men can represent expressions of demoralization and loss of control (Schmidt & Room, 2012). On the other hand, the intersection of cultural values associated with men's alcohol use and structural socio-economic inequality and institutional force may reveal drinkers' agency. For instance, Singer et al. (1992) suggested that drinking problems among Puerto Rican migrant laborers in the U.S was socially produced by unemployment from the transformation of the global labour market. For unemployed migrants, hard drinking replaced hard work as a means of expressing cultural values of *machismo*, *dignidad* (honor and dignity of the family), and *respeto* (respect of one's peers) (Singer et al., 1992). This does not suggest that the Latino cultural value of "manliness" directly causes harmful alcohol use. Rather, these authors posit that feelings of worthlessness and subordination in the global economy lead Latino men to increase their alcohol use as a way to validate this cultural value.

Similarly, an ethnographic study in Honduras describes men's harmful alcohol use and subsequent aggression as a way of "perform[ing] a rebellion against structural oppression" (Pine, 2008, p. 96). In the context of the precarious economic conditions, everyday structural violence among poor Honduran men becomes accepted and normalized as a response to their systematic exploitation. At the same time, they are only

able to enact vengeful violence against themselves and close family members and intoxicated peers in their own social class (Pine, 2008). Alcohol use that results in violence only serves to confirm the stereotype that characterizes the poor Honduran male as a violent drunk (Pine, 2008).

Alcohol use is promoted as a symbol of emancipation and 'modernization' among urban women as they gain access to education and economic independence (Benegal et al., 2005). In rural settings, women traditionally produced alcohol for bartering, work parties, and ceremonial uses (Jennings & Bowser, 2009; Jennings & Chatfield, 2009). Commercialization of alcohol then can contribute to the loss of their primary source of income (Dietler, 2006; Room & Jernigan, 2000). In parallel, as local governments become more dependent on the alcohol-related taxes, licensing fees, and profits (Schmidt & Room, 2012), they face the dilemma of reconciling two competing interests, namely development of the local economy and public health.

Societal changes transforming alcohol use and creating new categories of drinkers

Using a macro approach, social scientists have also examined how the commercialization of alcohol and change in traditional patterns of alcohol use create new categories of actors who seek to profit from it (Dietler, 2006; Raikhel, 2015). In modern societies where productivity is centralised, the "moderate drinker" is seen as an ideal, while workers who are absent from work due to alcohol use are seen as being irresponsible (Bacchi, 2015; Room, 2011). As pattern of alcohol use becomes a marker of identity, self-control represents highly valued social and vocational qualities (Quintero

& Nichter, 1996; Room, 2005). As a result, drinkers who are incapable of fulfilling their occupational roles become failed "economic citizens'' (Bacchi, 2015; Room, 2005). Once pattern of alcohol use becomes the focus of social evaluation, categories of drinkers who are subject to marginalization, social exclusion, and stigma emerge (Room, 2005). The problematization of alcohol use as an issue of personal responsibility and self-control results in the moral labeling of certain groups as deviant and to be treated in a certain way (Bacchi, 2015; Savic, Ferguson, Manning, Bathish, & Lubman, 2017). With Hacking's "looping effect," these newly created categories can stigmatize their members as "pathological" or "addicts". These labels infer values that can become internalized and normalized as a "lived effect", and shape help-seeking behaviour and treatment systems (Bacchi, 2015; Hacking, 1995; Savic et al., 2017; Vorhölter, 2017).

While past research has tended to separate the production, distribution, and consumption of alcohol (Hunt & Barker, 2001), there is growing interest in the commercial determinants of health and in understanding alcohol as a pervasive commodity in social and material milieus (Raikhel, 2015). Particularly in LMICs, the interaction between industry strategy and broader socio-cultural factors in shaping local patterns of alcohol use is poorly understood (Walls et al., 2020). To bridge this research gap, qualitative research can help to better understand the developing political economic dimension within the alcohol environment, especially by its ability to access the changing cultural meanings and moral values surrounding alcohol use (Schmidt & Room, 2012; Walls et al., 2020). Chapter 4 presents my ethnographic study on the complex web of power that enables the unrestrained promotion of alcohol products and reshapes the

Andean cultural practice of collective drinking. It further delves into the socio-economic structure and social processes surrounding the sale and consumption of alcohol, and described by Andean community members by the phrase "*No hay control*" (There is no control).

Illness Narratives and Idioms of Distress for the Better Understanding of Harmful Alcohol Use

As argued above, one of the key limitations of the mhGAP initiatives is the lack of emphasis on socio-cultural factors in mental health problems across the globe (Kirmayer & Pedersen, 2014; White & Sashidharan, 2014). A corresponding limitation is inattention to the situatedness of perceived 'challenges', and a lack of understanding of the contextual meaning associated with these challenges. It is critically important to gain in-depth understandings of where alcohol use is located in history, culture and context in order to better identify points of intervention, and whether or in what form an intervention is required. Below, I briefly discuss the potential of illness narratives and idioms of distress in tailoring services to reflect the needs, beliefs, and practices of local populations.

Illness narratives

Subjective experience of illness reveals more than only a patient's mental health status, needs and concerns. It also exposes cultural dimensions that include individual and collective identity, social determinants of health, and the sociopolitical context (Kirmayer, Bennegadi, & Kastrup, 2016; Kirmayer, Mezzich, & Van Staden, 2016). Subjective

experience of illness is always culturally shaped, as the meaning of suffering and symptoms depends on knowledge of the self, the body, and their interrelationship in the patients' lifeworld (Kirmayer, 2000, 2005; Kirmayer et al., 2014; Kleinman, 1988).

As such, analysis of narratives of subjective experience of illness reflecting both individual experiences and larger cultural systems of knowledge can reveal different modes of meaning-making (Groleau & Kirmayer, 2004). The explanatory model of illness expressed in patients' narratives provides the clinician with clarification of their beliefs and perspectives concerning the personal and social meaning of illness (Kleinman, 1988). This model assumes that patients provide causal attributions or etiological explanations of their symptoms (Kirmayer, Young, & Robbins, 1994; Stern & Kirmayer, 2004). Questions of agency and control in human experiences focus on causal attributions that influence the experience of illness and its symptoms (Kirmayer et al., 1994). Once an illness schema is established, individuals tend to look for symptoms that fit that schema (Kirmayer et al., 1994). Illness narratives present not only logical reasoning but also multiple prototypical or exemplary models that involve stories with sequences of events that may not be narrated in a coherent causal order (Groleau & Kirmayer, 2004; Groleau, Young, & Kirmayer, 2006; Kirmayer et al., 1994; Stern & Kirmayer, 2004). For instance, the temporal disjunction in the Quechua women's story about their headaches from the Western-centered linear notion of time was described as "temporal blends" (Darghouth et al., 2006, p. 282). When causal relationships fall apart and chronological time loses its meaning, the ensuing fluid incoherence reveals a dynamic interconnection between emotions, behaviours, and situations (Darghouth et al., 2006).

Local idioms of distress

Attention to local idioms of distress may facilitate provision of culturally appropriate mental health services in LMICs. Idioms of distress are "socially and culturally resonant means of experiencing and expressing distress in local worlds" (Nichter, 2010, p. 405). Incorporating idioms of distress into intervention has the potential to improve clinical communication; multi-faceted suffering can be expressed through culture-specific idioms that may both overlap and diverge from DSM classifications (Hinton & Lewis-Fernández, 2010; Kaiser et al., 2015; Kohrt & Hruschka, 2010). For instance, the idiom of distress "thinking too much" is commonly found worldwide. However, it cannot be reduced to any one psychiatric construct since this may lead to pathologizing what is a general category of distress that ranges from normative experience to severe forms of suffering (Kaiser et al., 2015). Likewise, lack of contextualization of the local idioms of distress risks medicalizing what may be a normal range of emotional response and mode of coping (Kidron & Kirmayer, 2019).

Among the Quechua of the Peruvian Andean highlands who have suffered violence, loss, and impoverishment from armed conflict, a local idiom of distress, *pinsamientuwan* (worry), conveys an inner feeling of increasing and persistent worry (Pedersen et al., 2010). This idiom of distress ranges from one extreme of excessive worrying to another extreme of inability to think or the total absence of thoughts (Pedersen et al., 2010). Moreover, *pinsamientuwan*, involving recollection of painful events during the political violence, links with present and future worry from persistent socio-economic inequality

and impoverishment, and which may trigger bodily pain experienced as headache (Darghouth et al., 2006). Meanings expressed through idioms of distress are not fixed and are often tentative and fluid (Nichter, 2010). Longstanding idioms of distress *pinsamientuwan* and those associated with an individual affliction, sorrow, and sadness—*llaki* (Quechua)/*pena* (Spanish)— are rooted in colonial history. They have changed over time to communicate distress about material impoverishment and insecurity, collective social anxiety, struggle against social injustice, and resistance (Pedersen et al., 2010). Nevertheless, idioms of distress are often disregarded in interventions (Kaiser et al., 2015).

A range of disease and injury is attributable to harmful alcohol use (World Health Organization, 2019). Nonetheless, little is known about the drinkers' subjective experience of alcohol use and its social and health consequences in LMICs. Within this context, Chapter 5 describes local meanings and modes of interpretation of alcohol use among people who engage in harmful alcohol use in the Peruvian Andean highlands by exploring their illness narratives, explanatory models, and idioms of distress.

Summary

In this literature review, I have explored how alcohol use can be better understood by avoiding placing it into a binary category, namely either as a cultural practice or a behavioural risk to health. The alcohol research has expanded its focus on cultural meanings and practices based upon the socio-cultural model developed by early ethnographers to include health and social problems from the public health perspective. GMH researchers are calling for action to bridge the treatment gap in AUD. However,

assuming harmful alcohol use as a fixed and static health and social problem may mask its deeper associations with historical experiences, institutional structures, corporate practices, culture and different intersecting systems of meaning. In this context, exploration is warranted of how and in what context alcohol use has become a problem, in what way alcohol's framing impacts use, and how the meaning of alcohol is transformed and expressed in a community.

Above I highlighted the need for incorporating political economic perspectives in alcohol studies by considering the social determinants of mental health in the GMH agenda. Attention to macro factors, such as the influence of alcohol corporations, colonization and political violence, and structural violence involving poverty and socio-economic inequality will contribute to understanding how social processes and collective suffering can shape alcohol use as a means of coping. Furthermore, as some critics have argued, the political economy approach needs to pay closer attention to the locally situated meaning of suffering and intersubjective experience. Simplistic portrayal of suffering people as victims of structural oppression may turn them into passive subjects without agency.

In the second half of the review, I provided an overview of some of relevant concepts such as memory and history, commercial influence and societal changes that can transform patterns of alcohol use as well as illness narratives and idioms of distress. In the following chapters, I use these concepts to explore multidimensional perspectives and experiences of alcohol use as a social and cultural practice among the Peruvian south-central Andean highland population.

CHAPTER 3

HISTORY AND MEMORY IN THE EXPERIENCE OF "DRINK TO FORGET" AMONG THE SOUTH-CENTRAL HIGHLAND QUECHUA IN THE PERUVIAN ANDES

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Abstract

Integration of history has been called for in mental health practices. History is particularly important in contexts where individuals and communities have lived through systemic violence and hardship. In the south-central Peruvian Andean highlands, alcohol use by the indigenous population has been associated with colonization, persistent socio-economic inequality and the political violence that occurred between 1980-2000, as well as cultural patterns of collective drinking and intoxication. By using memory as a conceptual anchor, we explore how 'memory work', specifically the process of remembering and forgetting, are involved in contemporary drinking practices. Data were collected through focus group interviews with community participants, teachers, and health workers, key informant interviews, semi-structured interviews with individuals identified as having 'problem drinking', and participant observation. Our analysis highlights the multiple ways in which memory is negotiated in experiences of intoxication in the Andean highlands. Via the trope 'drink to forget', alcohol is used to navigate the personal and collective memories entangled with political history and personal affliction. We also illustrate how culture shapes this memory work during intoxication. Consideration of this rich interplay between culture, history and experience contributes to a more situated intervention approach for harmful alcohol use.

Keywords: memory, history, intoxication, political violence, indigenous

Introduction

Experiences of historical violence, structural or otherwise, and associated trauma are often intertwined with alcohol and other substance use. For instance, historical loss and ongoing structural violence from colonization are deeply connected to the persistent suffering and mental distress of many indigenous people. Their use of alcohol can serve to numb ongoing experiences of marginalization and feelings of resentment (Bombay, Matheson, & Anisman, 2014; Whitbeck, Chen, Hoyt, & Adams, 2004). Mental health practices need to consider how violence and colonization shape individual and collective suffering (Capella, Jadhav, & Moncrieff, 2019). It is important to consider the role of culture and historical context in individual memory and modes of coping (Kidron, 2012; Kirmayer, Gone, & Moses, 2014). Historical community narratives, local values, and cultural practices lost through colonization and traumatic violence can be reconstructed at both individual and communal levels by recalling and constructing history through cultural practices (Currie, Wild, Schopflocher, Laing, & Veugelers, 2013; Kirmayer, 2015). Collective memory "provide[s] a cultural alternative to orthodox biomedical or psychological theories of suffering" (Capella et al., 2019, p. 9). However, exclusive focus on history may paradoxically divert attention from the current sources of suffering and structural violence (Capella et al., 2019; Kirmayer et al., 2014).

In Peru, alcohol use by indigenous populations is related to a history of colonization as well as political violence during the years 1980-2000. In the Peruvian Andean highlands, indigenous people traditionally celebrated feasts and festivals that included alcohol consumption to intoxication. This form of collective drinking may be regarded as

a socio-cultural practice deeply intertwined with personal identity, context and Andean history (Allen, 2002). Nevertheless, socio-economic and political conditions in the 1960s, involving internal migration of Andean *campesinos* (peasants) to Lima and coastal areas and the Agrarian Reform are thought to have transformed this socio-cultural practice. In the 1970s, already impoverished Andean rural peasants became more economically vulnerable as investment skewed away from the highlands towards the coast (Reid, 1985). In addition, disillusionment with the government's failure to bring socio-economic improvement was further exacerbated by the political violence that resulted in grave psycho-social consequences (Kendall, Matos, & Cabra, 2006). While collective alcohol consumption in festivities was seen as a way to strengthen social unity in places where it had been lost during the political violence (Pedersen, 2004), this ritual function was often replaced by solitary consumption and frequent aimless binge drinking in small social gatherings (Theidon, 2004). One of the major mental health concerns in Ayacucho, the region located in the south-central Andean highlands where the Shining Path started its revolutionary campaign and insurgency attacks, is alcohol addiction (Instituto Nacional de Salud Mental, 2004). The Truth and Reconciliation Commission (TRC) put mental health on the national agenda. Nevertheless, integration of history into mental health interventions with community members victimized by political violence and exposed to socio-economic hardship has been both a priority and a challenge (Kendall et al., 2006; Laplante, 2007). In this region, memory is intertwined with post-conflict history and political context. In national official reconciliation projects led by TRC, some victims redefined their political standing as being patriotic by providing narratives of traumatic

memories (Yezer, 2008). Others remained silent, and their bodies appeared to become the site where traumatic memories were experienced and expressed as pain (Gomez, 2015; Laplante, 2007; Theidon, 2004, 2009). Outside of the transitional legal process of reconciliation, indigenous women emphasized courage and resistance rather than suffering when recalling the period of political violence (Suarez & Suarez, 2015). These observations highlight the multidimensional roles of memory in facilitating the reconstruction of the past as well as the identity-making among victims of political violence.

Considering the political and historical context of Ayacucho, memory may represent a conceptual anchor that can guide understanding of intoxication among the south-central Peruvian Andean population. From one perspective, the reported transformation of drinking practices may be explained by the elevated levels of harmful alcohol use as self-medication in response to trauma, daily stressors, and urbanization among other factors (Roberts & Ezard, 2015).

From the medical anthropological perspective influenced by phenomenology, harmful use of alcohol and other substances creates opportunities for new and more meaningful experiences, personal identities, and social relations than suffering (Singer, 2012). The ethnography on the outcomes and expressions of drinking in the Peruvian Andes presents a shift from drinking to liven up, involving singing, dancing, showing affection, telling stories, and reminiscing to getting drunk and losing consciousness (i.e., intoxicated) in a bout of collective drinking (Allen, 2002; Harvey, 1994; Harvey, 1991). In exploring this dimension of intoxication among the Peruvian Andean highland

population exposed to the political violence, memory work can be conceptualized as a socio-cultural process where individual and collective identities are revisited and reshaped as the past is reconstructed (Foxen, 2000; Suarez & Suarez, 2015; Wertsch & Roediger, 2008). In this paper, we explore how memory work that consists of remembering and forgetting is involved in contemporary drinking practices in this region and its specific socio-cultural and historical context. We also examine how past and present experiences are remembered and expressed during periods of intoxication.

Methods

Setting

This qualitative study was conducted in two districts in the region of Ayacucho located in the south-central part of Peru, the Carmen Alto district and the Socos district. The Ayacucho region is one of the four regions that were severely affected by the 20-year (1980-2000) political violence between the communist militant group *Sendero Luminoso* and the state military. The victims of this conflict in the Ayacucho region account for more than 40% of the nearly 69,000 killed or "disappeared" in Peru during this period (Transfer Commission of the Truth and Reconciliation Commission of Peru, 2004).

Carmen Alto is a semi-urban district with a population of 21,350 residents adjacent to the City of Ayacucho, the capital city of the region (Municipalidad Distrital de Carmen Alto Gestión Municipal, 2015). A university history professor residing in the region we interviewed stated that since colonial times and until major roads were constructed in the 1980s, *arrieros* (muleteers) of Carmen Alto used mules to commercially transport and

exchange products such as coca, coffee, cacao, and clothes in the *Selva* (Amazonian jungle) and *Costa* (Coastal) region. In addition to the Catholic festivals, a common ritual was the consumption of *caña* (sugarcane alcohol) by friends, godchildren, and godparents to bid farewell to the *arrieros* who were departing for faraway places, oftentimes never to return.

During the period when the political violence intensified, many villagers and their families in the rural areas of the Region of Ayacucho fled to Carmen Alto. Following the political violence that resulted in internal displacement of the rural population into Carmen Alto, migration continues among individuals seeking better living conditions. Presently, 59% of the current district residents are migrants from other provinces (Municipalidad Distrital de Carmen Alto Gestión Municipal, 2015). Migrants brought different customs and religions with them. Today 74% of the population is Catholic, while 26% is evangelical, a religion that prohibits alcohol use.

In one entertainment zone close to the district centre of Carmen Alto, the *recreos* become packed with people, particularly on the weekend nights. *Recreos* are places where food and alcoholic (and non-alcoholic) drinks are served continuously, and bands perform live music on an open stage. Outside of this lively quarter, the vast expanse of land in the district has limited access to water sources, sanitation facilities, and electricity (Municipalidad Distrital de Carmen Alto, 2015). The district's poverty rate of 71.6% is higher than the regional rate of 62.6% (Municipalidad Distrital de Carmen Alto Gestión Municipal, 2015).

Socos is a semi-rural district where the majority of the population of 7,108 engage

in subsistence farming (Municipalidad Distrital de Socos, 2008). Despite the massacre of 32 villagers by the civil police during the political violence in 1983, and the ongoing threat of violence and property theft, most of the residents remained or returned when the political violence ended (Transfer Commission of the Truth and Reconciliation Commission of Peru, 2004). Mobility and access to the capital city of the Ayacucho region 18 kms away became easier when taxi service to make the 30-minute journey increased.

Data collection

Ethics approval and oversight of the present study was provided by the Douglas Mental Health Institute Research Ethics Board (IUSMD-15-43) and the Cayetano Heredia Peruvian University Institutional Ethics Committee (66752) in July 2016.

I (first author SY) collected qualitative data using multiple methods: i) key informant interviews and focus group discussions (July-November 2016), ii) semi-structured interviews with individuals with drinking problems (June-August 2017), and iii) participant observations throughout the fieldwork.

Prior to fieldwork, I hired a local research consultant, Mr. Julián Berrocal Flores (JBF) who lives in the San Juan Bautista district, next to the Carmen Alto district in the Region of Ayacucho. He is bilingual in Spanish and Quechua, and he has worked with foreign researchers on various research projects on the history of political violence and mental health.

Participants. From July till November 2016, I and JBF carried out key informant interviews with community members, local police officers, secondary school teachers,

health workers from the nearest *centro de salud* (health centre), and local alcohol vendors. We approached local police stations, secondary schools, and health centers in the study sites to recruit interview participants. We also made inquiries at the municipality level to identify key community informants who were knowledgeable of the history and socio-economic characteristics and traditions of the district. In total, 28 key informants (Carmen Alto N = 16, Socos N = 12) participated in the interviews. Their characteristics are summarised in Table 1.

Table 1 Number of key informant interview participants

	Socos		Carmen Alto	
	Male	Female	Male	Female
Community key informants	2	3	2	2
Local police officers/security officers*	0	0	2	2
Secondary school teachers	1	1	1	1
Health professionals	1	1	1	2
Alcohol vendors/*chicha* (traditional fermented corn beer) producers	1	2	1	2
Total	5	7	7	9

*Socos had no police services (i.e., no recruitment of police officers/security officers).

Focus groups can provide insight into social processes, while interactions among the participants can generate new knowledge (Green & Thorogood, 2018). In order to recruit focus group participants, JBF and I contacted the leaders of established community-based organizations (Mothers' Club, neighbourhood council, sports teams) in Carmen Alto and a group of community health promoters in Socos. We conducted 19 focus group discussions with community adults, secondary school teachers, and health workers from the nearest health centre. Their characteristics are summarised in Table 2.

On average, eight participants per group took part in discussion (Total 148 participants: Carmen Alto female=43, male =24, Socos female=42, male=39). Both key informant interviews and focus group lasted between 30 minutes and 1.5 hours.

Table 2 Number of conducted focus groups discussions

Group	Socos	Carmen Alto
Community participants (male)	3	2
Community participants (female)	3	4
Community participants (mixed)	0	2
Secondary school teachers	1	1
Health professionals	2	1
Total	9	10

From June until August 2017, we conducted individual interviews with 19 adults (eight males and one female in Socos; eight males and two females in Carmen Alto) who were identified as having had drinking problems using the McGill Illness Narrative Interview Schedule (MINI). Our initial attempts to recruit interview participants who self-identified as having drinking problems by distributing flyers in both districts were not successful. Therefore, in Carmen Alto, we obtained a list of patients who had screened positive for possible alcohol use disorders from a psychologist at the health centre. In Socos where there is neither a health information system available to retrieve a list of patients nor psychologists, a nurse technician recalled residents from past clinical encounters whom she considered to have drinking problems accompanied by physical or mental health consequences. In addition, we approached one community health promoter in Socos. After I explained the purpose of the planned interviews, he discretely shared with us the names of ten people in the community whom he suspected drank excessively.

Once we received these names in both districts, we approached study candidates to explain the study objective and procedure. In order to avoid coercion and exploitation of those who were identified by health workers and the community health promoter, we emphasized the voluntary nature of their participation, their right to refuse, their freedom to withdraw, and their ability to take the time necessary before deciding to give their consent.

Materials. For key informant interviews, I developed interview guides to explore history and socio-economic characteristics and traditions of the district, customs and general perceptions and attitude towards alcohol use. For focus group discussion, we used interview guides that probed participants' views on common drinking practices, the difference between alcoholism and intoxication, their personal experiences of drinking and intoxication, related cultural values, and current health and social issues in each district.

Interviews with participants with problem drinking were conducted with the aim of understanding the experience of physical and/or mental health illness related to drinking practices. The MINI is designed to elicit different types of narrative structures that reveal not only individual illness meanings and ways of reasoning but also the social processes and cultural contexts in which the interviewees' personal experiences are embedded (Groleau, Young, & Kirmayer, 2006). Questions in Section 1 of the MINI are presented in an unstructured manner so that participants tell their own story in their own way (i.e., Chain complex). Questions in Section 2 are designed for participants to explore how they explain their health problems based on the previous experience of self, family members

or friends, and media (Prototype). Questions in Section 3 aim to elicit explanatory models through popular labels, causal attributions related to social context, treatment and social expectancies. The MINI has been used to explore narratives and local explanatory models of various physical and mental illnesses not only in Western countries but also in LMICs such as Nepal and Sub-Saharan countries (Adeponle, Groleau, Kola, Kirmayer, & Gureje, 2017; Craig, Chase, & Lama, 2010; Kienzler & Sapkota, 2019; Makanjuola et al., 2016).

Translation of materials. As approximately 81% of the population in Ayacucho self-identify as Quechua, the use of their mother tongue is critical for authentically accessing participants' narratives (Rojas, 2018). For this reason, the back-translation method established the cultural and linguistic validity of materials employed. JBF first translated the Spanish version of all interview guides to Quechua. Another bilingual translator conducted back translation to Spanish, then JBF and four local bilingual volunteers checked semantic, technical, and content equivalence between versions (Flaherty et al., 1988). Discrepancies between the original Spanish and the back-translated Spanish items were discussed until agreement on the equivalent Quechua version was reached.

Procedure. Prior to each focus group and interview, JBF first asked study candidates what language they preferred, and verbally explained the study purpose and the activity content, the issue of confidentiality including data management, participants' freedom to withdraw at any time, and compensation. If study candidates agreed to participate in the study, and to the interviews/focus group discussions being audio-recorded, they were asked to provide their consent either in a written form or verbally. In

Carmen Alto, the participants chose either Spanish or mixed Spanish and Quechua as is typical in their daily lives. In Socos, Quechua was the primary choice of participants, except for the health professionals and high school teachers who chose Spanish. Because of my limited fluency and flow in conversational Spanish, JBF mainly led the interviews and discussions while I observed the interactions and asked additional questions to probe when necessary. The activity lasted between 30 minutes and 1.5 hours. Participants received a package of food or stationery as compensation at the end of the activity.

Throughout my fieldwork, I recorded my observations of daily activities and local customs in the surrounding environment, had daily communications with local people, attended cultural/religious events and visited *recreos* on weekends. I also observed cultural practices by drinking with people in Socos, my neighbors, and JBF's family members during various social occasions such as birthdays and community festivals (*fiesta patronal/fiesta de agua/carnaval* etc.). This emic approach through participant observation contributed to building rapport with community members in a cultural context where alcohol use fosters relatedness. Participant observation helped interpretation of drinking behaviours on some occasions in a way that would not have been immediately obvious otherwise, as it allowed triangulation of the collected data with my own experiences of collective drinking.

Analysis. The recorded verbatims were transcribed in Spanish and analyzed. For verbatims collected in Quechua, the transcribed data were translated into Spanish. Thematic analysis was conducted to identify patterns of individual and collective meaning and perspectives associated with alcohol use in these communities. The thematic

analysis was guided by the approach of Braun and Clarke (2006), which involves the iterative process of reading transcripts, deductive and inductive coding, categorization of codes, engagement with the literature, and further reviewing and refining of the coding scheme (DeSantis & Ugarriza, 2000; Neale, 2016).

The qualitative data analysis software Atlas ti®8.4.24 was used to manage and organize the data. During analyses, I consulted with JBF to examine the cultural salience of alcohol-related values highlighted in the interviews and how observed behaviours could make sense in the historical and socio-cultural context of the south-central Peruvian Andean highlands. Some preliminary findings were shared with community participants in 2017 and 2019 in order to validate my own interpretation of their accounts. This opportunity also provided space for the community participants to exchange ideas about how to tackle the negative consequences of alcohol misuse in the community.

Findings and Discussion

"Drink to forget" inerasable memory of political violence

Participants expressed diverse motives for drinking during the political violence that started in Ayacucho in 1980. However, the trope "drink to forget" painful memories of political violence was mentioned repeatedly. Many health workers used this trope to explain the current alcohol use of victims of political violence as a way to cope with traumatic memories. This trope appeared to explain the perceived needs of forgetting the past in order to live peacefully in the present life.

Community participants in Carmen Alto and a participant who was a member of

the self-defence committee during the political violence in Socos explained that alcohol had become a means to suppress fear and feel strength in order to defend their communities. According to some participants from both Carmen Alto and Socos who experienced political violence, collective drinking through *fiestas* was generally restricted because of fear of attack from the *Sendero Luminoso* or state agents. For example, a massacre perpetrated by police officers in Socos occurred in the middle of an engagement ceremony (Transfer Commission of the Truth and Reconciliation Commission of Peru, 2004). On the other hand, alcohol was covertly consumed by community leaders.

In Carmen Alto, many villagers fled the intensified political violence occurring in rural areas of Ayacucho. Alcohol was reported to have been consumed to take refuge *(refugiar)* by those who had difficulty adapting to a new urban environment that represented a different way of living from rural subsistence farming (obstetrician/male community participant of focus group, Carmen Alto). A schoolteacher also reported the increasing alcohol use among youth gangs (*pandillas)* who felt abandoned due to the loss of their parents during the political violence and family disintegration after that period. Some people were seen to start drinking to forget sadness and fear while sleeping in caves and moving from one place to another to hide from the threat of violence.

> Participant 5: In my childhood, at seven or eight years old, I also have seen in the time of terrorism, too. That is why they were getting into the habit. In order to forget, they were chewing coca, drinking alcohol, they were forgetting, they were stopping to eat. Their breakfast was their coca and their alcohol. The next day, several people that I know in the province of Huanca Sancos were continuing [this] and various friends were getting a habit of drinking alcohol, it was also [happening] that time.
> Facilitator: Fear?
> Participant 5: Fear also. Their house was burned down. They had no place to stay and these people are also accustomed. They have got hooked on that bad habit.

Participant 3: Sometimes they were forgetting with alcohol.
(Carmen Alto, focus group with community members)

In Socos, I did not meet individuals who associated the motivation for the current drinking pattern with the exposure to political violence. As one teacher (male interview participant) who was not from Socos expressed, "Here, everything [about political violence] has been totally forgotten". The scar of the "*tiempo de vida triste*" (time of sad life) was hardly visible in the seemingly peaceful village. Nevertheless, I was informed by a few older participants who lived in the community and who survived the political violence, as well as by local health professionals who see patients with ongoing symptoms of sadness, worrying thoughts, and insomnia. One 53-year-old woman started to tell me about the history of Socos by saying: "With the terrorism, many [of the population] were gone, in my neighborhood, that violence has left us like *traumados* (traumatized), like *enfermos* (ill) because they killed neighbors and families." As she described, suffering from the trauma of political violence is invisible but still present in Socos.

In Carmen Alto, health workers consistently expressed their belief that the current alcohol problem, *alcoholismo*, is a consequence of political violence. Many health workers noted that this view was based on their clinical encounters with clients. On one hand, they spoke of the relationship between depression and PTSD and alcohol misuse as representing a "culturally acceptable response to displacement stress" and a way of "drinking to forget". This has been observed in other conflict-affected populations in low- and middle-income countries where drinking has increased (Cherewick et al., 2015; Ezard et al., 2011). In parallel, the trope of "drink to forget" shows the ways in which this

particular memory-related framework makes sense in Andean history and its culture of collective drinking. It was not only health workers who used this trope and stressed the uniqueness of the drinking problem in Ayacucho. One community participant in Carmen Alto and a few young people with whom I spoke with in the City of Ayacucho did as well. This trope is articulated in detail by one of the participants, a nurse from Carmen Alto:

> For me, what is important the most is that alcoholism is a *secuela* (consequence) of socio-political violence which we have lived through…The population has been subjected to violence by both the army and the police and the Shining Path. So, this *secuela* has left people consume alcohol, as much as men and women, like a *refugio* (refuge), I think. This is to erase the pain that has never been felt. All the barbarity, like disappearance, torture, death of relatives, has been committed here…And many patients who come [here] are alcoholics, and they tell us that some have been tortured, they have suffered, and others have seen their parents, brothers and children being killed. And others, other people show that they drink to forget all the tragedy they have lived. But, every time they drink to forget, many times, this is contrary because they suffer more. They suffer more because alcohol is depressant of the central nervous system…

The painful memories of violence were inescapable. One 71-year-old male community participant in Socos said: "I always remember [the experience of physical abuse by the military]". Another 49-year-old participant from Carmen Alto who was beaten by the *Sendero Luminoso* and witnessed violent acts towards women stated: "It is difficult to forget what I saw." Similar accounts from individuals affected by political violence are found in the report of the Truth and Reconciliation Commission (Theidon, 2004; Transfer Commission of the Truth and Reconciliation Commission of Peru, 2004). Health workers indicated that those who still suffer have a strong desire to bury such anguish in the past. According to a nurse from Carmen Alto, they "do not want to say

anything, they do not want to remember, they do not want to recall anything" about their families being killed or themselves being tortured. Silence can be a conscious attempt to forget memories of violence that may be constantly recalled as a reaction to the experience of violence (Schramm, 2011).

In the Andean post-conflict environment, staying silent and forgetting the painful past became a way to live peacefully in the present times (D'souza, 2013; Elsass, 2001; Theidon, 2004). In this context, where the need and desire to forget the past persisted, alcohol use was an Andean cultural practice that functioned as a strategy to achieve this objective. This approach to forgetting appears to be rooted in a technique of memory used by the Andean indigenous populations. As what anthropologist Thomas Abercrombie called "structured forgetting", they have shaped the historical narratives of their community by erasing a particular memory from their collective consciousness by getting drunk, dancing, and singing (Abercrombie, 1998; La Serna, 2012). The oral tradition enables them to creatively and fluidly recount the past. As such, the recurring trope "drink to forget" suffering is meaningful in the historical and cultural contexts of Ayacucho.

Circulation of the trope "drink to forget" pena in the current life

The application of the trope "drink to forget" is not limited to the memory of political violence. The trope also appears to explain the desire to forget *pena*, a multi-dimensional expression of Quechua's past and current affliction causing psychological distress in everyday life (Pedersen, Kienzler, & Gamarra, 2010). As an example of this understanding of alcohol use, I found one photo of beer being poured into a glass entitled

"To Forget" at an exhibition organized by local university students in the City of Ayacucho of photos that captured daily life. Both community participants and health workers described that some people get drunk in order to forget their past and current *pena*, such as family problems, deception, and breakup and associated distress.

The trope "drink to forget" seemingly circulates among children from what they see and hear from their parents or neighbors. Expressing their concern over increasing adolescent alcohol use in the community, many participants explained that children became curious to know the taste of alcohol as it became more easily available. In addition, the desire to forget the feeling of loneliness was stressed as the perceived motive of drinking among children and adolescents who feel lack of affection from their parents because they live separately from parents or they are caught up in family conflict.

> Facilitator: Children start [drinking] out of curiosity. For what else motive do they start drinking? "Parents give a bad example," one participant just said.
> Participant 3: There are many factors. Parents do not comprehend and sometimes scold their child. Then, the child says "I am going to drink this [alcohol] in order to forget these *penas*"
> Participant 1: "Because dad and mum said this makes you forget"
> (Carmen Alto, focus group with community female participants)

Using the trope "drink to forget," people who have had drinking problems explained their experiences of "drink to forget" *pena. Pena* is a feeling of emptiness caused by disturbances in social relationships, such as a conflict dividing a family, the disengagement of one partner, or death of a loved one while maintaining social relations is critical for the Quechua's cultural practice of reciprocity of support, *Ayni* (Tousignant & Maldonado, 1989). In parallel, while public expression of negative emotions such as

anger and resentment is rare in Andean social encounters, unrelieved negative emotions and frustration due to not being able to assert oneself to others are considered as leading causes of *pena* as well (Stevenson, 1977; Tousignant & Maldonado, 1989).

The experiences of participants who had a drinking problem show a memory-related mechanism promoting a cycle of continuous drinking. A 28-year-old male construction worker in Carmen Alto developed a drinking problem when he had a family issue seven years ago. He had already established a habit of harmful alcohol use with his colleagues during the weekend, which was a common practice among construction workers. Yet when he was left alone with his daughter, drinking became a way to "kill his problem" by forgetting. He and other interviewees who had drinking problems described that though drinking resulted in forgetting problems momentarily, they realized nothing had changed when they became sober. This became a motivation for another round of drinking to forget:

> You forget for today, you forget this pain, that *pena*, that sadness, you forget when you drink. The next day you do the same thing. That's all……I was drinking but forgetting, but how do I say, I was drinking daily, then forgetting, forgetting the problem until [you] forget other things, [forgetting] more until your mentality is in alcohol, nothing else

On one hand, the trope "drink to forget" *pena* describes current alcohol use as a means to forget ongoing affliction and hardships in daily life. Psychologists in Carmen Alto referred to alcohol as anesthesia to explain why some people consume alcohol to numb psychological pain. On the other hand, community participants and psychologists often stated that people "think that they can solve problems when they get intoxicated"

but the result is “contrary” and “they face more problems.” Drinking to forget problems unfortunately results in more rationalization of drinking and inappropriate behaviour rather than meaningful solutions.

Fluid memory work and role of Andean folk music in social space of drinking and remembering

The experience of “drink to forget” appeared to be entangled with the seemingly paradoxical experience of remembering. Andean folk music called *huayno* appeared to play a role of *aide-mémoire* in collective drinking. The effect of alcohol and *aide-mémoire* can turn remembering into a way that men can show submerged emotions in the culture of *machismo* that discourages sharing of emotions by men. As many community participants mentioned: “By drinking, [people] can remember” contrary to their intention to forget (Socos female focus group participant); those who are suffering are viewed as trapped in a vicious circle of drinking to forget past or current hardship that is itself being recalled when drinking. During the interviews and focus group discussion in Carmen Alto, health workers also pointed out the paradox of memory work during drinking among victims of political violence. Despite the strong desire to forget experiences of pain and suffering, drinking would bring to consciousness emotional wounds such as *dolor* (pain), *rencor* (resentment), and *impotencia* (impotence). Psychologists in Carmen Alto described drinking patterns of *alcohólicos* who had gone through the political violence as “[They drink] until they remember what has happened in the past with tears, but practically alcohol gives value of coping with what has previously happened.”

With the emphasis on collectiveness in Andean drinking customs, "drink to forget" *together* further creates shared remembering and expressions of distress. Remembering can occur when memory is constructed from the past during various cultural practices and for social purposes (Connerton, 1989; Halbwachs, 1992; Kirmayer, 1996; Misztal, 2003). Considering the history and cultural context of Ayacucho, an interview participant who was a psychologist explained that social drinking opportunities can become an occasion for sharing submerged emotions and memory. This explanation reflects what one 53-year-old female participant in Socos noted: some people whose family members were killed during the political violence "still remember their lost families by drinking." A joyful family gathering can turn to endless drinking and shared sadness, as remembering inerasable pain induces more collective drinking to forget.

Remembering is facilitated not only by the effect of alcohol. Specific objects of *aide-mémoire* attached to individual memories provide cues and induce reminiscence (Casey, 2009). Several participants who had drinking problems revealed that their excessive alcohol use was associated with memories of their past relationship problems, such as separation from partners or spouses. For instance, one 48-year-old man from Carmen Alto and identified as having a drinking problem disclosed to us that it started after his first girlfriend had left him more than 20 years ago. Even though he said that he had a problem with amnesia, some phrases from the conversation with her were inscribed in his head, while a photo of her was an *aide-mémoire* --- "[it] always makes me cry, makes me drink alcohol" as "I still have access to her name, always in my mind…recorded". As the *aide-mémoire* "get[s] back to inside own past more intimately,"

his present self meets what is reminisced about (Casey, 2009, p. 109).

During the fieldwork, I observed the role of music as an *aide-mémoire* during drinking. Many participants mentioned that music is an essential component of any drinking occasion. At the community fiestas, orchestral groups and singers invited by *mayordomo* (host of the fiesta) continuously play traditional *huayno* (Andean folklore music) with instruments such as violin and harp. For instance, some *huayno* at Carnival sing of the beauty of the traditions and generates a sense of cultural identity, raising spirits with light rhythm and fast tempo to dance (Ritter, 2014). In other drinking places such as discos and *recreos*, bands also play live music until late night; in family gatherings, big stereos play music to dance. I found *huayno* popular among all generations. The common theme in contemporary *huayno* is drinking alcohol to "escape" personal sorrows, while the emotionally charged narratives of love and suffering appeal to the audience (Butterworth, 2014). At one point one singer kept encouraging the audience to drink more and dance more by shouting "Raise beer!" "Where is the beer?". Some lyrics such as "How can I cure the scar of my heart?" (in "*La Herida de mi corazón*" by Adela Anaya) and "I forget you and I left you suffer … You cannot forget, forget my love…" (in "*Tu recuerdo*" by Hermano Curi) stirred up the crowd in the packed *recreo* in Carmen Alto.

Music, particularly *huayno*, seems to play a role of *aide-mémoire* that reminds drinkers of the struggles in their everyday life. *Huayno* songs have melancholic tones and lyrics, not only about romantic suffering and longing, but also about hardships from socio-economic and political realities of everyday life. Describing men in Ayacucho as very sentimental, one interview participant (a female nurse) in Carmen Alto presented the

emotional and reminiscing experience underlying *huayno* during drinking as follows:

> Ayacucho's songs are sentimental, very melancholic. So when they start to drink, say a birthday, they start to sing, and they start to cry.....In Ayacucho, this happens. People are very sentimental…….there are songs that talk a lot about poverty, about the poverty of the people. This is what leads you to drink. So maybe this might be a motivation [of drinking]. Sad songs that 'she left me because I'm poor, and she left with a rich guy from Lima.' Ha ha ha ha…something like that.
>
> (Carmen Alto, nurse, female)

While drinkers take steps and sing with a glass in hand, musically induced remembering evokes sensations and emotions that bring the past to present and creates new meanings, which can "offer[s] an escape, a place of refuge, from social difficulties, insecurities, and suffering of 'real' life" (Butterworth, 2014, p. 133).

Study participants often described that men show their submerged feelings during drinking and dancing with music even though showing emotions deviates from the daily norms of masculinity. Their reference to dynamics and fluidity of process---forgetting and remembering--- highlights the role of music as *aide-mémoire.* Music evokes submerged feelings associated with memories, while alcohol brings an acceptability to intense and visible emotional expressions. One night during *fiesta patronal* in Socos, I witnessed several men who were cheerfully drinking and dancing. All of a sudden, they started to weep when the band played melancholic *huayno* in Quechua. On one hand, *machismo* was expressed in the participants' explanation of male drinking practices as a right reserved for breadwinners, a way to feel strong, a rationale for spending lots of money, and to show manliness by their tolerance to alcohol and readiness to keep drinking. On the other hand, when several female community participants made fun of their partners

starting to cry when they were drunk during focus group discussion, these males were described as expressing sadness, anger, and frustration with being incapable to solve their problems, something that they had not disclosed to anyone until then. This contrasting juxtaposition of pride and despair is marked in the language of Andean male drinkers (Harvey, 1991).

While *machismo* shapes men's drinking practices, as I witnessed, music and songs actively create a space that evokes specific sentiments, such as happiness, sorrow, anger, and worry, in combination with the effects of alcohol (Stevenson, 1977). On one hand, men's public crying appears to contradict gender norms shaped by and expressed through *machismo* in Andean daily life, where "since childhood, [we] make distinction between [male and female] by saying 'Don't cry because you are a man' 'How come are you going to cry? Girls cry but boys do not cry'" (interview participant from Carmen Alto, female nurse). On the other hand, the dynamic memory work during drinking may explain this deviation from the norm of *machismo*. In a drinking context where men show their power and masculine identity, they also manage their inner emotions of overwhelming *pena*. With the effect of alcohol and *aide-mémoire*, submerged emotions rise to the surface in the form of crying when remembering past and current adversities.

Conclusions

In this paper, I presented the multiple ways in which memory is negotiated in experiences of intoxication in the Andean highlands, where drinking practices have long been characterized by the cultural pattern of collective drinking and intoxication. Alcohol

consumption is memory work which activates social processes where individuals recall and reminisce about past and present experiences of tragedy, hardship and pain. Alcohol use operates as a way to navigate personal and collective memory through forgetting, recalling, and reliving the past in the present. In addition, culture plays a role in shaping this multifaceted experience of memory and forgetting that may be easily masked if it is understood uniquely as a form of suffering or pathology (Kidron, 2012).

In the south-central Andean highlands of Peru, an area marked by past political violence and associated hardship, alcohol became a means to forget. In the post-conflict setting, personal memory is inseparable from social narrative and memory (Hewer & Roberts, 2012; Lambek & Antze, 1996). In this context, alcohol is integrated into the community as a method of structured forgetting and an approach to living peacefully in the present. On the other hand, local health workers' association of current alcohol use with the history of political violence stresses not only inerasable memory, submerged pain and suffering, but also the need for a safe outlet for memories of trauma.

Nearly two decades after the end of the political violence, the trope "drink to forget" has been applied to explain alcohol misuse in the post-conflict context, reshaped and widely circulated. As the trope is locally applied to describe the way people, including women and children, drink alcohol as a strategy to navigate past and current *pena*, the idea of "drink to forget" may have produced collective expectations through looping effects (Hacking, 1995; Ramstead, Veissière, & Kirmayer, 2016). With the shared expectation that drinking gives a temporary escape from a difficult reality, desire to forget overlaps with desire to drink more in swinging between forgetting and remembering. As

drinking progresses, memories are recalled. While the static duality of forgetting and remembering becomes more fluid and dynamic with intoxication, emotions submerge as memory bridges the past and present. Despite the expectation that forgetting helps heal the pain of daily hardships, drinking to forget becomes a vicious cycle of trying to forget what is recalled during experiences of intoxication.

In the social scene of drinking, the Andean cultural medium, *huayno* music, becomes *aide-mémoire* that provides cues and induces reminiscence of romantic suffering and daily socio-economic hardships. The emphasis on alcohol as escape in many contemporary *huayno* songs not only invites drinking but also reinforces the trope "drink to forget." Such dynamics of memory reveal the duality of the masculine self in drinking. Under the influence of *machismo,* masculine identity is practiced and men's power is demonstrated by spending their earnings on alcohol and showing physical toughness during collective drinking (Bolton, 1979; Fuller, 2001). While men reinforce masculine identity through work, they also embody this symbolized manhood by participating in gatherings during which large quantities of alcohol are consumed (Fuller, 2001). On the other hand, the effect of alcohol and *aide-mémoire* facilitate men's expression of their private emotions.

This research has limitations. Even though many participants who lived through the period of political violence in the 1980s and 1990s shared their experiences, there was no participants who self-identified as drinking to forget the psychological trauma of political violence. Because Ayacucho was an epicenter of the conflict, and a sight of extensive research on traumatic experiences and associated memories of political

violence, the current study aimed to be exploratory by not exclusively targeting the victims of political violence with drinking problems. The sensitivity of the trauma experience may have limited access to accounts of some participants who may be drinking to forget their personal traumatic memory of political violence. Such accounts could have provided unique perspectives into memory work during intoxication.

In addition, even though the current study included one semi-rural and one semi-urban districts of Ayacucho region, its findings may not be generalizable to other communities of Andean regions. Even though collective drinking has been understood as an Andean cultural practice, each community in the Andean highland has its own historical experience, particularly during the political violence. The past studies highlighted the unique confluence of ecological factors, local meaning, and socio-economic and historical processes at a community level underlying health differences among various Andean communities in Peru (Oths, 1998). Therefore, heterogeneity in community socio-economic context and history needs to be considered when generalizing the findings.

Histories of violence not only shape the way people experience and express their suffering but also shape the responses of local mental health professionals (Capella et al., 2019). In the south-central Andean highlands of Peru, alcohol use is seen not simply as an individual health behaviour but also as being related to complex processes of individual and collective memories entangled with political history as well as personal afflictions. As the circulating trope “drink to forget” blurs the distinction between individual and social memory, local history and culture shape unique memory-related

experiences, meanings, and explanations during intoxication. In the context where integration of history has been called for in post-conflict mental health practices with victims of political violence, consideration of these aspects may contribute to culturally and historically informed prevention and intervention of harmful alcohol use.

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[Bridge from Chapter 3 to Chapter 4]

In the preceding chapter, I explored how 'memory work', specifically the process of remembering and forgetting, is involved in contemporary drinking practices. The recurrent trope 'drink to forget' suggested that alcohol was used to navigate the personal and collective memories entangled with political history and personal affliction in the south-central Andean highland in Peru (Ayacucho region). This memory work during intoxication is dynamically shaped by the Quechuas' history and culture. While the static duality of forgetting and remembering becomes more fluid and dynamic with intoxication, emotions are submerged as memory bridges the past and present. Despite the expectation that forgetting will help heal the pain of past suffering and current daily hardships, drinking to forget becomes a vicious circle of trying to forget what is recalled during experiences of intoxication.

Shortly after I started my fieldwork in Ayacucho in 2016, I began to realize that local people were aware that Ayacucho is known for its heavy consumption of alcohol. When I explained that I had come to do a research about alcohol use, they often responded, "Ha ha ha…Ayacucho is the best place to do a research about *borracho* (drunk)," "We have lots of fiestas," and "There are problems with violence." Their reactions expressed that drinking was a normalized practice and came with negative consequences. This led me to wonder what informed local understandings of alcohol consumption. In the next chapter, I will explore the following questions: "What are the local discourses about problem drinking?" and "How is the problematization of alcohol use in the community shaped by Andean cultural practices, meanings, and values associated with drinking?"

CHAPTER 4

LOCAL PERSPECTIVES ON PROBLEM DRINKING IN PERUVIAN ANDEAN HIGHLANDS: CONTROL, POWER, AND RESPONSIBILITY

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Abstract

Background The public health approach to alcohol consumption that encourages moderate alcohol consumption and self-control often sits in tension with an ever-expanding profit-driven alcohol industry and an unwillingness of governments to regulate alcohol supply. The Peruvian Andean highland has seen the change of the Andean practice of collective drinking in response to the increased availability of alcohol and the experience of political violence since 1970s. This paper sheds light on the ways that control, and specifically lack of control, intersects with the growing influence of alcohol companies and the reconfiguring of alcohol in Andean cultural practice.

Methods Data were collected through focus group interviews (n=19) with community participants, teachers, and health workers, and key informant interviews (n=28). Thematic analysis was conducted to identify patterns of individual and collective meaning and social, political and economic factors associated with alcohol use in these communities.

Results Local perspectives regarding loss of control over alcohol highlight the complex patterns of power and meaning exerted and experienced by different actors at different levels, shaping both understanding and behaviour. Participants' focus on parents' lack of control over alcohol use by some "abandoned" children reflects the structural vulnerability of some Andean families struggling with economic hardships. Another focus was on the money spent by men to engage in problem drinking. Participants interpreted alcohol consumption in this context as a way that men demonstrate their masculine identity and symbolic power as the breadwinner who controls the household economy. The third focus is superimposed onto the market economy. Participants expressed that the

expansion of the alcohol market and perceived absence of government control coupled with macroeconomic conditions shaped patterns of alcohol consumption.

Conclusion Echoing the political economy perspective, participants' perspectives on control illustrates how problem drinking is shaped not simply by an individual drinker's lack of self-control but also by an environment that enables the unrestrained promotion, advertising and marketing of alcohol products and the creation of a culture of consumption. Furthermore, harmful consumption is mediated by the reshaping of the Andean cultural practice of collective drinking. Attending to local perspectives is essential for policies and interventions that connect structural dynamics underlying challenging socio-economic daily living conditions with the cultural and experiential aspects of alcohol consumption.

Keywords: alcohol use, Peruvian Andes, control, responsibility, problematization, neoliberalism, ethnography, market

Introduction

Alcohol has come to be seen as an important "social, economic, and political artifact" through which power is negotiated and contested among different actors involved in production, distribution, and consumption (Dietler, 2006, p. 242; Hunt & Barker, 2001). In this light, alcohol is a commodity that acquires different values and meaning to shape motivations for and cultures of consumption (Hunt & Barker, 2001; Raikhel, 2015). In global health, the concern over the impact of the alcohol industry as a commercial determinant of health is growing in low- and middle-income countries (LMICs) – in particular as the attention of the alcohol industry has shifted from high-income countries where alcohol control measures are strong (Walls, Cook, Matzopoulos, & London, 2020).

Alcohol companies exert powerful influence over government policy in LMICs, resulting in weak or non-existent alcohol control (Delobelle, 2019; Marten, Amul, & Casswell, 2020; Walls et al., 2020). Local governments are also attracted by commercial alcohol revenues, inducing a tolerance for high levels of alcohol-related harm (Schmidt & Room, 2012). Moreover, transnational alcohol companies actively promote foreign alcohol products and increased consumption with a message of modernity and prosperity, drawing consumers away from traditional locally produced beverages (Schmidt & Room, 2012). As foreign alcohol products represent a new social status symbol, they also attract economically vulnerable populations. As noted, evidence suggests that promotion of transnational alcohol beverages in LMICs can alter social and cultural norms that play a role in restricting harmful alcohol consumption (Room & Jernigan, 2000). This shift away

from traditional norms of restraint and culturally rooted occasions of consumption combines with another shift in the framing of responsibility and control. In many LMICs, these developments have resulted in measurable increases in the volume of alcohol consumption per occasion, and the frequency and reasons for drinking (Schmidt & Room, 2012).

These changes have drawn attention to alcohol use and its corresponding health and social consequences as a global problem. However, the problem has been cast in a particular way that itself reflects a shift in thinking. The problem of harmful alcohol use has been conceptualized based using different points of emphasis and epistemic frameworks specific to the time and culture (Garriott & Raikhel, 2015; Reith, 2004). For instance, during the late 18th to mid-19th century in the US, where the temperance movement emerged, alcohol became problematized as a transgression of personal self-control, independence, and productivity (Garriott & Raikhel, 2015; Raikhel, 2015; Room, 2003). In an era where neoliberal rationality both dominates and creates contradictions in the relationship between market, state and society (Foucault, 2008), the aim of moderate alcohol consumption and self-control over drinking fostered by public health actors sits in tension with the perceived economic benefits of excessive consumption for the industry and state. Both examples illustrate that responsibility and control are often located in the individual drinker (Reith, 2004; Room, 2011). Neoliberal rationality is a mode of governing that aspires to produce self-regulating citizens (Rose, 1999). This mode of governing also releases government from making value judgements about the personal and community consequences of alcohol supply on consumers; alcohol is viewed as a

neutral economic commodity like others (Lencucha & Thow, 2019). In this context, the neoliberal discourse stresses individual health management by self-control rather than market regulation to promote healthy choices, thus producing moral narratives of personal responsibility and blame (Gowan, Whetstone, & Andic, 2012; Phillips, 2020; Phillips, McMichael, & O'Keefe, 2018; Reith, 2004; Room, 2005, 2011). Individuals showing drinking patterns that are considered harmful to their health and society at large are characterized as irrational and weak. Consequently, the trope of "lack of control" gives a means of expressing power and rationality when drinking is controlled (Quintero & Nichter, 1996).

The Andean highlands of Peru have seen a change in drinking practices since the 1970s. Past ethnographic studies in this region have documented the manner in which the indigenous people traditionally celebrated frequent feasts and festivals, often involving collective intoxication (Allen, 2009; Dietler, 2006). The ritualized framework of this form of collective drinking is believed to play a role in making intoxication both meaningful and controlled (Allen, 2009). However, this framework started to weaken by the increased availability of alcohol in the 1970s. By the late 1990s, *trago* (distilled sugarcane mash) had largely been replaced by cheaper, more accessible and concentrated alcoholic drinks (Allen, 2009). In parallel, greater access to cash and credit turned occasional drinking into a routine behaviour.

Some attribute the rise in alcohol consumption to the government's failure to stimulate economic development through the Agrarian Reform (Allen, 2009). From this perspective, increased consumption among economically vulnerable rural *campesinos*

(peasants) represents a means of coping with frustration and disillusionment as a result of reduced opportunities (Allen, 2009). Ritualized forms of drinking were also seen to arise from the constant fear of death during the extensive political violence from 1980 to 2000. This period of *sasachakuy tiempo* (difficult times) hit the Andean region hard and appeared to shift the meaning of ritualized drinking into a mode of healing. For many in the indigenous population, this may have resulted in harmful alcohol use that persisted after the conflict ended (Medina, 2010; Theidon, 2004).

In Peru, these contextual factors facilitated expansion of the alcohol industry. Today, the WHO/PAHO working group recognizes the alcohol industry as a key determinant of alcohol consumption and related harms in this region and globally (Walls et al., 2020). This group has called for policies to control alcohol consumption through a range of health information and promotion programs (PAHO, 2019). However, in many South American countries, policies have not yet been implemented to control the expansion of the alcohol market, in part this has been attributed to the existing burden placed on health systems by persistent issues of malnutrition, sanitation, and infectious diseases (Caetano & Laranjeira, 2006; Esser & Jernigan, 2018).

In light of this and other challenges, this ethnographic study integrates political economy analysis into cultural and medical anthological approaches to understand individual and community alcohol-related practices in the south-central Andean highlands of Peru. The present analysis is guided by the following questions: “What are the local perspectives on problem drinking?” and “How is the problematization of alcohol use in the community shaped by Andean cultural practices, meanings, and values

associated with drinking?" In this paper, problem drinking is used to cover a range of drinking patterns that increase the risk of harmful consequences or physical and/or mental health disorders (including alcohol use disorder). By exploring the local understanding of problem drinking, this paper aims to highlight: 1) interactions and tensions between socio-economic structure and social processes on one hand and individual and collective meaning; and 2) how culture intersects with the power of different actors involved in production, distribution, and consumption of alcohol.

Methods

Setting

This ethnographic study was conducted in two districts in the region of Ayacucho located in the south-central part of Peru, the Carmen Alto district and the Socos district. The Ayacucho region was the epicenter of the 20-year political violence between the communist militant group *Sendero Luminoso* and the state military, which resulted in the nearly 69,000 killed or "disappeared" in Peru (Transfer Commission of the Truth and Reconciliation Commission of Peru, 2004). Carmen Alto is a semi-urban district with a population of 21,350 residents adjacent to the City of Ayacucho, the capital city of the region (Municipalidad Distrital de Carmen Alto Gestión Municipal, 2015). When the violence intensified, many villagers and their families in the rural areas of the Department of Ayacucho were displaced to Carmen Alto. Peru has witnessed quite large-scale internal migration in the pursuit of better economic opportunities. Migrants account for 59% of the current district residents (Municipalidad Distrital de Carmen Alto Gestión Municipal,

2015). Residents still have limited access to water sources, sanitation facilities, and electricity (Municipalidad Distrital de Carmen Alto Gestión Municipal, 2015). The district poverty rate of 71.6% is higher than the regional poverty rate of 62.6% (Municipalidad Distrital de Carmen Alto Gestión Municipal, 2015). Today 74% of the Carmen Alto population are Catholic and 26% are Evangelical whose doctrine prohibits alcohol use. Carmen Alto has one entertainment zone close to the district centre. *Recreos* are popular drinking places on weekend nights, serving food and alcoholic (and non-alcoholic) beverages day and night while bands perform live music on an open stage.

Socos is a semi-rural district where the majority of the population of 7,108 engage in subsistence farming (Municipalidad Distrital de Socos, 2008). Although 32 villagers were killed by the civil police during the political violence in 1983 and the residents suffered from the ongoing threat of violence and the property theft, most of them remained or returned after the conflict had ended (Transfer Commission of the Truth and Reconciliation Commission of Peru, 2004). Mobility and access to the capital city of the Ayacucho region 18 kms away became easier with the increased availability of taxi service to make a 30-minute journey.

Ethical oversight

The Douglas Mental Health Institute Research Ethics Board (IUSMD-15-43) and the Cayetano Heredia Peruvian University Institutional Ethics Committee (66752) provided ethics approval and oversight of the study protocol.

Participant recruitment and final sample

SY collected qualitative data using key informant interviews, focus group discussions and participant observation throughout the fieldwork (July-November 2016). A local research consultant, Mr. Julián Berrocal Flores (JBF), who is bilingual in Spanish and Quechua, and I (first author SY) carried out interviews with key informant including community members, local police officers, secondary school teachers, health workers from the nearest *centro de salud* (health centre), and local alcohol vendors. We approached local police stations, secondary schools, and health centers of the study sites to recruit interview participants. Our inquiries at the municipality level identified potential interview participants who were knowledgeable in the history and socio-economic characteristics and traditions of the district. Table 1 describes the background of the final 28 interview participants (Carmen Alto N = 16, Socos N = 12).

Table 1 Number, role and provenance of interview participants

	Socos		Carmen Alto	
	Male	Female	Male	Female
Community informants	2	3	2	2
Local police officers/security officers	0	0	2	2
Secondary school teachers	1	1	1	1
Health professionals	1	1	1	2
Alcohol vendors/*chicha* (traditional fermented corn beer) producers	1	2	1	2
Total	5	7	7	9

*Socos had no police services (i.e., no recruitment of police officers/security officers).

In order to recruit focus group participants, I and JBF contacted secondary schools, health centers, and the leaders of established community-based organizations (Mothers' Club, neighbourhood council, sports teams) in Carmen Alto and a group of community health promoters in Socos. Table 2 describes the breakdown of 19 focus group discussions. On average, eight participants per group took part in discussions (Total 148 participants: Carmen Alto female=43, male =24, Socos female=42, male=39). We used interview guides that probed participants' views on common drinking practices and related cultural and social values, and current health and social issues seen in each district. Both key informant interviews and focus groups lasted between 30 minutes and 1.5 hours.

Table 2 Number of focus groups by participant type and location

Group	Socos	Carmen Alto
Secondary school teachers	1	1
Health professionals	2	1
Community participants (male)	3	2
Community participants (female)	3	4
Community participants (mixed)	0	2
Total	9	10

Prior to each focus group and interview, JBF first asked study candidates what language they preferred, and verbally explained the study purpose and the activity content, confidentiality issues including data management, participants' freedom to withdraw at any time, and compensation. Once study candidates agreed to participate and understood that interviews and focus groups would be audio-recorded, they were asked to provide their consent either in written or verbal form. Participants received compensation consisting of a package of food or stationery at the end of the activity.

I conducted participant observation through taking fieldnotes of daily communications with local people, and observations of daily activities and local customs, cultural/religious events, and drinking venues such as *recreos* on weekends throughout her eight-month of fieldwork. I also participated in cultural practices by drinking, eating, and dancing with people at *fiesta patronal* and *fiesta de agua* in Socos, my neighbors and JBF's family members during birthdays and community festivals. This participant observation contributed to building rapport with community members in a cultural context where alcohol use fosters relatedness. It also helped interpretation of drinking behaviours on some occasions in a way that would not have been immediately obvious otherwise.

Translation of materials

The self-identification of the Ayacucho population is 81.2% Quechua (Rojas, 2018). Hence, the back-translation method established the cultural and linguistic validity of materials employed. The bilingual research consultant (Spanish-Quechua), JBF, first translated the Spanish versions of all interview guides to Quechua. Another bilingual translator conducted back translation to Spanish, then JBF, the translator, and four local bilingual volunteers checked semantic, technical, and content equivalence between versions (Flaherty et al., 1988). Discrepancies between the original Spanish and the back-translated Spanish items were discussed until agreement on the equivalent Quechua version was reached. Before starting data collection activities, we asked the participants the language they preferred. In Carmen Alto, participants chose between Spanish or mixed Spanish and Quechua as is typical in their daily lives. In Socos, Quechua was the primary choice of participants, except for the health professionals and high school teachers who chose Spanish.

Analysis

The recordings of verbatims were transcribed and analyzed in Spanish. For verbatims collected in Quechua, transcribed data were translated into Spanish. Thematic analysis was used to identify patterns of meaning or themes within the data. The thematic analysis was guided by the approach of Braun and Clarke (2006), which involves an iterative process of reading transcripts, deductive and inductive coding, categorizing of codes, engaging with the literature, and further reviewing and refining coding scheme

(DeSantis & Ugarriza, 2000; Neale, 2016).

Qualitative data analysis software Atlas ti®8.4.24 was used to manage and organize the data. The information collected through participant observation was triangulated with data from focus groups and key informant interviews to better understand how alcohol use was situated in the participants' everyday life. During the analysis, SY also consulted with JBF to examine the cultural salience of alcohol-related values highlighted in the interviews and to make sense of observed behaviours within the historical and socio-cultural context of the south-central Peruvian Andean highlands. Some preliminary findings were shared with community participants in 2017 and 2019 in order to validate my interpretations of their accounts.

Results

"*No hay control*" ("There is no control") was the expression that many participants used to describe problem drinking in the community. On one hand, participants presented the perceived benefit of controlled alcohol use, such as enhancing social interaction by putting away *vergüenza* (embarrassment), *temor* (fear), and *miedo* (fear) and facilitating talk, sing, and dance, giving the feeling of warmness and energy in the cold harsh Andean environment, and motivating day laborers to accomplish physically demanding work in the *chacra* (field) effectively. Likewise, alcohol is seen as an enhancer of achieving a certain objective in negotiations as well. Offering alcohol in discussions was explained as symbolic presentation of sincerity, trust, and commitment to build close relationships, and believed to facilitate the negotiation of important issues in business and marriage.

On the other hand, participants expressed that alcohol use involving *borrachera* (intoxication) was problematic, while designating drinking as *costumbre* (habit, custom) in everyday life. Lack of control over behaviour stemming from acute intoxication was tied to individual health consequences and family and social problems, such as family conflict and separation, violence, sexual abuse, and unwanted adolescent pregnancy. While stressing the need to address these negative consequences, participants made multiple references to absence of control at multiple levels.

Parents' lack of control over their children's alcohol use

When asked about the general alcohol use in the community, the majority of participants raised concerns over adolescent alcohol use that was being initiated before the legal drinking age of 18 years old. Participants repeatedly stated that "children are abandoned," attributing underage drinking to a lack of parental control and supervision. Others said that children drink with friends in an attempt to create a substitute family situation to counteract feelings of loneliness and absence of parental emotional support.

Many participants from Carmen Alto explained that this precarious family environment was due to relocation of children to urban areas for the purpose of education while their parents remain in rural areas. Relocation of children for education in Socos is not as common as in Carmen Alto. In Socos, parents often embark on short-term travel to the *selva* (the Amazonian jungle) or to other cities to earn money to meet household economic needs. The children then live with relatives such as cousins and grandparents. During my fieldwork in 2016, a 15-year-old girl died after being sexually and physically

assaulted by several intoxicated adolescents at a party in a neighbouring district. The assault occurred in a house with no adult supervision or presence. This incident was often mentioned as an example of how children are placed in an insecure situation without parental care, supervision, or control. During one focus group in Carmen Alto, young female participants described this context:

> P6: It has been an invasion [of land], parents have come [as] they wanted to occupy a plot of land, and they have brought their children. They brought their kids here so that the kids can study. And then parents are in *chacra* (field). Who is going to control this kid?
> P7: No one.
> P5: When a friend comes, and then they go to drink.
> P4: They go to fiesta, and then they drink.
> P5: Disco.
> P6: This largely happens in this community.
>
> (Carmen Alto, female, focus group)

Persistent economic hardship forces parents to work long hours, which results in separating parents from children and/or limiting their time with children. One 48-year-old female focus group participant from Carmen Alto stated: "I have seen mother and father are dedicated to *chacra* (plot of land). They are gone at 4 o'clock in the morning because of the lack of an economy".

Participants further stated that, compared with their own upbringing, parents are having a hard time controlling their children. They recalled that their parents and elders played a role in disciplining them when they were children. With punishment using *chicote* (whip) that is considered as useful to "give good orientation" (Socos, male, age 71, interviewee), parents and elders used this approach to inculcate obedience and respect

in the hierarchical family environment.

When it comes to parental control of children's alcohol use, study participants reported that children were today becoming "rebellious and dominate their parents" (Carmen Alto, obstetrician, interviewee) by misusing their understanding of human rights and knowledge of institutional protection. "Parents were previously stricter and never let children go out in the night" (Carmen Alto, male, age 20, focus group). Most participants still largely considered the *chicote* as an effective and acceptable disciplinary tool. In this context, "DEMUNA" and "law" were frequently cited as barriers for parents to control their children's alcohol use. DEMUNA (the Municipal Office of the Ombudsperson for Children and Adolescents *(Defensoría Municipal del Niño, Niña y Adolescente*) was established in 1993 to promote and protect the rights of children and adolescents. It has the responsibility to intervene any time the human rights of children and adolescents are violated. In addition, in December 2015, Peru adopted a law prohibiting the use of physical and other humiliating punishment with children and adolescents (No 30403 *"Ley que prohibe el uso del castigo físico y humillante contra los niños, niñas y adolescents"*). The law, social services, and intervention by DEMUNA to protect women and children from violence were largely appreciated. A 60-year-old female focus group participant in Socos stated: "Now the law prevents men from hitting women". At the same time, others see some parents having difficulty controlling their children's misbehavior because the parents fear that their children will report them to DEMUNA, claiming that their parents' discipline is an abuse of children's rights.

"I think now we cannot pressure children. They drink and say '[If] you say

> something, then I am going to report you [to DEMUNA]' and mother has this fear of being accused."
>
> (Socos, nurse, interviewee)

Drinkers' lack of control over themselves

Men's problem drinking explained by machismo. Lack of control was also mentioned to describe the way adult drinkers consume alcohol. A nurse in Carmen Alto stated that "There is no control of oneself" while describing drinkers lying asleep on the street and family members suffering from harmful alcohol use. Lack of control is applied not only to chronic dependence on alcohol but also to an acute bout of heavy drinking that leads to intoxication being seen at community fiestas and social gatherings with family, friends, and co-workers on the weekend, and which often continue until dawn. Many male focus group participants in Socos described men "drink excessively without controlling themselves", which leads to their expressing their problems, crying, or becoming aggressive, sometimes to the point of violence. The gendered division of labor in the family in relation to drinking seemed to excuse men's lack of control over their alcohol consumption. Young male focus group participants from Carmen Alto considered that married women with children drink less than single women because the former are responsible for taking care of children. During my fieldwork, I frequently witnessed women drinking with men during community fiestas, family gatherings, as well as in *recreo*. Nevertheless, most women consumed only a small amount of alcohol and often left earlier than men, suggesting that their alcohol use, while frequent, is distinct from that of the men. Female intoxication is largely frowned upon, as a health worker in Socos stated: "We see men being *borracho* (intoxicated) but seeing some women *borracha* is

bad." With this cultural norm, a 60-year-old female focus group participant in Socos mentioned, "some couples drink together and the wife needs to control herself".

Many participants referred to the cultural concept of *machismo* to explain "little control with respect to male drinkers" (Carmen Alto, psychologist, interviewee). *Machismo* was generally cited to describe gender inequality in current everyday life. When a focus is specifically on drinking, community participants, police officers, schoolteachers, and health professionals similarly defined *machismo* as men's justification for spending 'hard-earned money' on drinking as an entitlement from being a 'breadwinner'. The common answer to the question, "Who drinks more? Women or men?" was "The one who has more money; men." (Socos, male, age 20, focus group). Casual laborers and construction workers often go out drinking "out of happiness when they receive wages" (Socos, female, focus group). The Andean way of sharing drinks among those who are present, that is, buying two bottles in turn once the last bottle is emptied, and continuing to drink until all the money is spent or the alcohol runs out is entangled with the practice of *machismo*. During a bout of drinking, men show not only physical toughness by holding their alcohol but also by their ability to purchase drinks for others. The duration of one bout of drinking and the total number of drinks "depends on the money" (Carmen Alto, male, age 19, focus group) and "If you have money, you can [continue drinking] till dawn or continue" (Carmen Alto, male, age 20, focus group).

The importance of controlling one's alcohol consumption was commonly expressed by participants. A common practice among Andean individuals engaged in labor-intensive agricultural work is to drink a "minimal proportion" of alcohol to "feel

motivated to continue working". In contrast, drinking a "maximum proportion [of alcohol] can result in economic loss" (Carmen Alto, female, age 31, focus group). One 48-year-old male focus group participant in Carmen Alto stated: "If you do not control alcohol, alcohol controls you. For this reason, it is necessary to know up to what point you can drink. There are others who do not have this kind of control." On one hand, men try to exhibit control over the household economy and their health by "calculat[ing] the quantity of beer" they pour into the glass as they know that it is their turn to buy another round of drinks if they empty the bottle (Carmen Alto, male, age 50, focus group). At the same time, they know "who buys and who does not buy", as being seen as a free rider (i.e., only drinking alcohol that friends buy) has a risk of "not being invited for the next time" (Carmen Alto, male, age 50, focus group). Male participants also explained the difficulty in controlling their drinking and spending while practicing *machismo,* especially when competitiveness accelerates drinking. A young male focus group participant in Socos stated: "Before you become drunk, you think. When you drink, the alcohol [level] goes up, and you start losing control of yourself. You practically forget everything for the moment.... Now the experience is that while you are drunk, you could be what you wish to be without control....". Many male community participants stated that they often end up feeling regretful (*arrependimiento, pesares*) and guilt (*culpa*) the following day when they remember what they did and how much they spent on alcohol the previous night.

> Facilitator: What do you do after drinking? What do you do on the following day? How do you feel and what do you do?
> P3: Take a cold shower.

P12: Reflect.
Facilitator: What do you reflect on? About why you drank?
P12: Why….yeah, about what kind of things I have done. I remember, maybe I may have done something bad or I was not respectful to someone, or maybe, I misbehaved, how many cases I drank.
P1: How much I spent.
P12: How much I spent.
Interviewer: Yes, like damaging the economy of your family?
P12: Yeah, I analyze whether I have damaged, maybe…[whether] I drank for free while friends spent all the money.

(Socos, male, focus group)

Men's spending on alcohol and notions of responsibility. The apparent lack of control in men's drinking reflects not only excessive alcohol use but also men's identity-making and power representation in public and domestic spaces. In the domestic space, men's spending money on alcohol was criticized for the negative impact it had on the household economy. It was noted that this type of spending could lead to conflict between spouses. Some female participants showed their frustration with their husbands' spending on alcohol by describing that "It is worse when a drunken husband responds, 'I do not drink with your money'" (Socos, female, age 48, focus group).

Health workers and high school teachers often cited the concept of "*cultura etílica*", which expresses an individual's responsible drinking and self-control based on the awareness of the amount of alcohol they can manage and still fulfill their social and employment responsibilities. A psychologist explained that *cultura etílica* is "control, [with awareness that] I am drunk and I can cause some problem because I know how I am," unlike "others [who] have many responsibilities the next day and know how they are but they do not control" (Carmen Alto, psychologist, focus group). Among community participants, it is also commonly understood that people "should drink rationally

(*racionalmente*) only up to the point [they] can afford" (Carmen Alto, male, age 48, focus group).

> P5: Instead of spending money on alcohol, it is better to eat.
> P4: It is better to eat no matter how little.
> P6: You should fill yourself up with 100 Soles, not with beer.
> P4: Sometimes we spend in vain.
> Julián: Spending in vein
> P3: When we are drinking with friends, we challenge ourselves. And then we use our money and nothing remains for our wife.
>
> (Socos, male, focus group)

Some men are reported to spend a disproportionate amount of money on alcohol, often to the point of spending all received wages during a weekend or life savings at a *fiesta patronal,* even though both they and their spouses work to cover household expenses. While participants often joked that "people work to drink" in Ayacucho (Socos, male, age 21, focus group), spending earnings on alcohol rather than on household expenses as a demonstration of manliness was questioned and considered a lack of responsibility. A high school teacher in Socos described some parents' attitude thusly: "There are people who do not have money to buy food for their child. [But they have money] to buy 5 cases of beer and drink all the night." Some community participants particularly evangelists, health professionals, and high school teachers characterized men's spending on alcohol consumption to be reckless extravagance in contradiction with the economic situation of Ayacucho where some "children are still without bread" (Socos, male, age 63, focus group).

Lack of control over alcohol supply

Expansion of the alcohol market by increased advertising, promotion, and availability. Participants also noted the normalization of drinking described as *costumbre* (custom, habit), which was attributed to the lack of control over the expanding alcohol market. One young male focus group participant in Socos described it by stating: "If you leave [home], you see people drinking on the street, [and] at the corner. There is no respect…At one corner, you see one fiesta, and at another corner, you see another." The easy availability of alcohol has also shaped drinking practices in the community. While the traditional community fiestas still play a role in strengthening social relations through the practice of Andean reciprocal support, *ayni*, many participants no longer attributed to fiestas the values and meanings that they once held. For instance, a schoolteacher in Carmen Alto stated:

> [Traditional] fiesta is commercial. Now it is already a commercial activity because now everything is about selling. For example, I see people want to make money, profit in the *fiesta patronal*…Yes, it used to be something cultural, but in the past few years, it is not any longer. The economic aspect is added. Profit.
>
> (Carmen Alto, schoolteacher, focus group)

Many community participants shared this sentiment. One elderly male participant in Socos described the organizing of traditional fiestas of Catholic Saints as being costlier as it becomes "more modern", stating that nowadays, "Only the one who has money can be *mayordomo* (host of the community festival)," who "takes the responsibility [of hosting the fiesta] with money with caprice [not with faith]" (Socos, male, age 71, interviewee).

On one hand, in resource-scarce rural settings in the Andean highlands like Socos, community fiestas with collective drinking are still considered to be a practical mechanism to sustain subsistence living by strengthening and maintaining the bond of relatedness among family and community members. One 50-year-old female focus group participant in Socos stated: "In *techada de casa* (house building), we help each other and drink and dance, this is how we build *casa* (house). In *techada de casa*, we become close to each other, drink, if we do not do it, there is nothing."

Participants in both districts often compared the availability of alcohol to staple food. As one stated: "Bread can run out, but beer is always [available] at each store, it is ever-present" (Carmen Alto, female, age 43, focus group). In addition, participants in both districts noted the increase in drinking venues such as *recreo* and events such as festivals and music concerts, the improved road conditions and accessibility of transportation between Ayacucho and Socos, and the availability of low-cost alcoholic beverages mixed often with soda drinks.

Participants described the expansion of the local alcohol market by saying: "Beer is a gold mine", and "Everyone now wants to open his *cantina* (bar) all over the world" (Carmen Alto, male, age 20, focus group). Despite the poor economic conditions, alcohol is affordable and accessible. This includes *caña* (sugarcane alcohol) and *trago* (alcohol), which are thought to make people drunk rapidly and be harmful to health. One nurse in Socos stated: "*caña* damages our brain more and [it is better] to choose beer." These types of alcohol can be easily found at local vendors who also sell alcohol on credit to regular customers, facilitating access even to those who have limited resources. The

diversification of alcoholic beverages was also noticeable; as one 43-year-old female focus group participant from Carmen Alto stated: “Now those businesses are innovating that theme of beer. Now there is beer made of *quinua* (quinoa) and *trigo* (grain)”. Also, when I returned to Ayacucho in March 2019, I saw Budweiser, which had become available in the Peruvian market in 2017 (Backus, 2017), being sold for the first time during Carnival. Such global beer brands sold by the Peruvian brewery Backus—Budweiser, Corona, and Stella Artois—are reported to have increased in volume by 73% and resulted in a 63% increase in profit in 2018 from the previous year (Backus, 2018).

Participants often stressed how advertising by alcoholic beverage companies and media created demand for alcohol. There are no legally binding regulations on alcohol advertising or sales promotion in Peru (World Health Organization, 2019). Participants often explained the perceived increase in alcohol use among adolescents and women as due to the influence of advertising through a wide range of media.

> P10: And the advertisement also influences a lot. For example, on TV, we see young girls drinking, right? In the TV commercial, we see women drinking...
> P3: In the advertisement, we see girls drunk and you think that they are cute.
> P10: There are women and young girls who are becoming like that. Those women also buy beer to drink with men.
>
> (Socos, health professional, focus group)

An advertisement for Pilsen beer that proclaims “Thursday is a day of buddies” [*Jueves de Patas*] is another frequently cited example. Participants were conscious that this was a marketing strategy to add an occasion to drink during the week, as drinking on the weekend with colleagues, friends, and family members is already an established

drinking practice.

> P5: Cheap alcohol drinks that do not even have any brand or any registration, I think, need to come from the top [government] to avoid [unofficial] factories of those alcohol. We need to cut these alcoholic beverages. Up to now they do advertisement for *"Jueves de Patas"* (Thursday for buddies) and *"Viernes de Amigos"* (Friday for friends).
> P7: Fathers' day, Friends' day, everything [about drinking is] everywhere in the city.
> P6: From the same manufacturer. *Jueves patita* ha ha ha …
> P5: Because everything about this is to motivate drinking.
>
> (Socos, high school teachers, focus group)

With the felt impact on alcohol availability, the alcohol industry is blamed for creating alcohol-related problems in the community while making profits off of consumption. Participants repeatedly mentioned Peru's largest brewery, Backus, which became part of the international AB Inbev group after its fusion with SABMiller group in 2016 (Backus, 2016). Participants see Backus as making huge profits: "[Alcohol] business is making millionaires, Backus is a millionaire" (Carmen Alto, male, age 20, focus group).

Capitalizing on vulnerability. In parallel with excessive alcohol use at community fiestas and weekend social gatherings, participants expressed that alcohol use can be a means of coping with psychological distress for "some [who] do not know how to manage problem and seek alcohol" and "think that they can solve problems while being drunk" (Carmen Alto, male, age 20, focus group). They described solitary drinkers—those who drink as a means of coping with hardships such as family conflict, financial concern, and breakup who gradually develop *alcoholismo* (alcoholism). Some

participants suggested that the alcohol companies take advantage of this vulnerability to pursue profits. Community participants framed problem drinking as the result of market forces that push the rural poor unable to find a solution to their problems to consume alcohol.

> Previously, possibly in the 80s and 70s, here in our community, people used to celebrate, organize activities with the purpose of reevaluating our *costumbres* (customs, habits). Day by day, they do not organize fiestas with this purpose. We do fiestas with the purpose of getting people to consume alcohol, and this is the purpose of business. Those who benefit are only big business. How much revenue do we generate for Backus? Whatever quantity, people like, people like to organize fiestas, every weekend, fiesta in Arenales, [fiesta] in San Luis, now for the Day of All Saints. We have a number of fiestas. Then, those businesses benefit, and we do harm to ourselves, people in the rural area. People who are not prepared. People who cannot solve their problems dedicate themselves to alcohol. "I drink to take refuge in alcohol" [they say]."
>
> (Socos, male, focus group)

The active promotion of alcohol for economic gain was contrasted with the economic hardships and precarity of those who were consuming alcohol. This sentiment was summarized by one participant, who stated: "Some people who have economic problems take refuge in alcohol even though they do not have [money] to buy other types of things" (Socos, health professional, focus group).

Absence of Government Control. Alcohol sales have been increasing in Peru, exemplified by a 24.6% increase in Backus's sales of beer from 2012 (S./3,160.2 mil) to 2017 (S./3,939.0 mil) (Backus, 2012, 2017). Community participants often blamed the local government for not tightly controlling the sale of alcohol to minors or the sale of

clandestine alcohol beverages, and for not limiting the hours of the day when alcohol is sold. While witnessing *alcohólicos* who use alcohol as a means of coping with personal misfortune and misery, some community participants continue to blame the government. A 48-year-old female focus group participant in Carmen Alto stated:

> An *alcohólico* doesn't seem to become alcoholic because he wanted to, but there are reasons. They can be infidelity, others can be a factor related to work, lack of economic resources, and if he has a family, the more he drinks, the more fights [due to] the consumption of alcohol…Yes, the authorities are to be blamed for allowing stores to sell alcohol…there is ethyl alcohol which they sell, mixed with water, and that is what causes them to become ill, and that really gives me *pena* (sadness), when I see an *alcohólico*…

Participants perceive this seeming expansion of the alcohol market as tied to the unwillingness of the government to control it.

> With this drinking including [drinking by] minors, when people drink, there is more revenue for the government because of more consumption. Although people say there would be pills, medication [for addiction], the government will not approve it because there is more revenue for the government wherever there is a factory for alcohol, or even coca. For this reason, drinking will not disappear.
>
> (Socos, male, age 54, focus group)

The local government collects tax from flourishing business activities in the entertainment zone of Carmen Alto. One Saturday night in Carmen Alto, I saw many women opening street stalls in front of bars and *recreo* to sell food to hungry drinkers, while paying the municipality some monthly fee to use the street for their business. Community participants in Carmen Alto partly attributed the seeming reluctance of the local government to control local alcohol sale to its alleged motive of keeping the tax

revenue from the alcohol consumption and related business activities.

Discussion

The local perspectives described above highlight the complex patterns of power and meaning exerted and experienced by different actors at different levels, and which shape behaviour and local understanding regarding loss of control over alcohol. Excessive alcohol use can be seen as a failure in self-management that subjects the drinker to stigma and social marginalization (Room, 2005, 2011). However, scholars in critical medical anthropology often position alcohol use in relation to social suffering created by macrolevel structures and relations of power such as socio-economic inequalities, systemic discrimination, and dominant corporate institutions (Singer, 1986, 2012). Echoing this political economy perspective, community participants expressed how problem drinking is shaped not simply by an individual drinker's lack of self-control but also by an environment that enables the unrestrained promotion, advertising and marketing of alcohol products and the fostering of a culture of consumption. Furthermore, the Andean cultural practice of collective drinking mediates the rise of problem drinking. In part, this analysis demonstrates that the meaningfulness of this practice has shifted towards more regular collective drinking that is not tied to historically meaningful events, celebrations or functions. Alcohol use is increasingly tied to political economic interests that seek to promote increased consumption.

Participants' perspectives on parents' lack of control over alcohol use by some "abandoned" children reveals structural vulnerability in which Andean families are

"positioned socially in an inferior status within a prevailing social order by virtue of one's social status and life conditions" (Quesada, Hart, & Bourgois, 2011, p. 389). The Quechua's collective well-being, *"sumaq kawsay,"* is shaped through cohabitation by accumulating mutual trust, help, and respect among family and community members (Sotelo, 2016). However, due to persistent poverty, some parents and children have to be separated, which limits the shared family time and space to cultivate collective well-being. Economic hardships in the Andean highlands persist, with the socio-economic inequality between the highlands (33.3% poverty rate) and the coast (14.3 %) (Instituto Nacional de Estadística e Informática, 2015). In this context, parents are using the available resources not only to meet immediate family needs but also to invest in children's education in order to help the children access other economic opportunities(Bebbington, Hinojosa-Valencia, Munoz, & Lizarazu, 2007). Although relocating young children to live in a new household of relatives is an established Andean cultural practice, participants provided cases where children do not receive sufficient care, attention, or affection necessary for healthy physical and psychological development (Leinaweaver, 2007, 2008; Strocka, 2008).

In addition, precarious family relations may detract from parents' control over children's alcohol use. Because of parents' migration and/or children's relocation, building family trust and bonds can become difficult. In this situation, the knowledge that children acquire through education about their rights and the institutional instruments to protect these rights seems to have an unintended effect on the traditional mode of discipline, in which parents would control children's misconduct. The child protections

from the state are enmeshed with these shifts in family composition, connectedness and the added pressures of economic precarity.

Another common perspective about lack of control relates to the cultural concept of *machismo.* While the definition varies, *machismo* is generally associated with competition against other males and the expression of 'masculine' norms (Bolton, 1979; Fuller, 2001). Being macho is typically presented through an ability to drink alcoholic beverages in large quantities without giving in to the effect of intoxication (Bolton, 1979). Likewise, men's heavy episodic drinking is a common drinking pattern, as 90.5% of male drinkers in Ayacucho are found to consume five or more drinks at one or more occasions, compared with 74.0% in Lima (Graham, 2008). Work allows men to demonstrate their manhood symbolically by not only providing for the basic needs of their families, but also by participating in the gatherings where alcohol is consumed (Fuller, 2001). While the qualities associated with manliness relate to both public work and domestic life spheres, in the public arena, characterized by competitiveness and rivalry, peer pressure usually drives men to spend more money than initially planned on alcohol to validate their own masculinity (Fuller, 2001).

Men's drinking pattern is also bound up with their own sense of lack of control over either their feelings or the culture of collective drinking in which they feel the need to participate. Some drinkers were described as using alcohol to cope with daily struggles such as family problems and financial problems. Not being able to fulfill the traditional role of breadwinner or to exercise masculinity due to poverty is a source of frustration among Andean men in Peru, leading to family disputes (Rojas & Zagal, 2013). In this

context, spending hard-earned money on alcohol—while at the same time showing the ability to control the household economy—appears to involve drinkers' agency in controlling their emotional distress and achieving cultural values. In Ayacucho, particularly in rural areas like Socos, many families are supported by the government cash transfer program (*Programa Juntos*). As seen in many LMICs (Patel et al., 2020), a father's spending money on alcohol that leaves little to nothing for household needs can create a chronic financial burden on the family. In Guatemala and Colombia, this is identified as an economic hardship within the urban poor households, while problem drinking is associated with indebtedness within communities (Moser & McIlwaine, 2004). The availability of cheap clandestine alcohol and credit exacerbates the vicious cycle involving poverty, uncontrolled alcohol use and addiction (Moser & McIlwaine, 2004).

The focus of health workers and schoolteachers on a man's individual management and control of alcohol consumption can produce moralistic narratives of personal responsibility and blame in a modern society (Petersen & Lupton, 1996; Phillips et al., 2018). However, the primary focus on a lack of individual responsibility and control can relegate other socio-cultural determinants entangled with individual and collective drinking, such as poverty, education, and the physical environment, to the background (Glasgow & Schrecker, 2016; Savic, Ferguson, Manning, Bathish, & Lubman, 2017).

As negative consequences of alcohol use have become visible, the focus of the participants' perspectives about lack of control is superimposed onto the market economy. As participants' accounts suggest, the growing alcohol market has reshaped Andean drinking practices, resulting in reported negative consequences. When drinking occasions

were limited to traditional fiestas based on Andean agricultural cycles and the religious calendar, they were valuable opportunities for sustaining the safety net of reciprocity in goods and services among one's fellows. Today, collective drinking is a part of Andean daily life as community participants often described: "When someone wants to drink, there is no lack of motive" and "Today anything can be a motive for drinking" (Carmen Alto, female, focus group).

Participants' recurrent references to Backus, the largest brewery in Peru, indicate the degree of its visibility and influence. SAB-Miller—one of the top international brewing companies to which Backus once belonged—ranks among the top 10 largest advertisers in Peru (Jernigan, 2009). Community participants are witnessing and experiencing how the alcohol industry is profiting from existing norms of collective drinking. Meanwhile, the local government does not appear to be prepared to actively control the sale of alcohol due to the revenue from alcohol consumption and related businesses. At a macro level, the dominant neoliberal paradigm has shaped how government, either directly or indirectly, influences the supply of alcohol in a global market system (Lencucha & Thow, 2019). While people often overlook "commercial determinants" of alcohol consumption, the alcohol industry's aggressive marketing in many LMICs can exploit the poor legislation and regulations and to shape people's drinking patterns and behaviours (Delobelle, 2019; Marten et al., 2020; Walls et al., 2020). For instance, Backus launched a campaign of "responsible drinking" launched in 2018 during *Semana Santa* (Holy Week), a traditional religious event for drinking during consecutive days (Villegas, 2018). However, research suggests that responsible drinking

messages remain strategically ambiguous to meet both the industry's interest in sales and public relations (Casswell & Thamarangsi, 2009). In this context, the notion that "*alcoholismo* is a social illness," as stated by a schoolteacher, brings attention to the market, social, and governance forces that can contribute to alcohol-related illnesses that also stigmatize and isolate drinkers.

Strengths and Limitations

The political economy approach adopted in the study unpacked complex macro-micro interactions and power dynamics that constantly shape the meaning and practice of alcohol use in the south-central Andean highlands of Peru. A major limitation of the current study is one of scope, namely the limited exploration of the role of religion in the popular perspective on control. In the Andean highlands, evangelical churches associate alcohol use with backwardness, laziness, and lack of self-control, while playing a role of healing site of a range of illnesses including *alcoholismo* (Harvey, 1994; Orr, 2016). In both study sites, evangelism that prohibits the consumption of alcohol has had a growing influence on community activities since the political violence took place (Gamarra, 2000). In focus group discussions, evangelistic community members shared their experiences—such as having a drinking problem before conversion from Catholicism, or having no experience of drinking alcohol—while stressing how abstinence can avert the negative consequences of alcohol consumption. Likewise, evangelists are sometimes seen as "criticizing those [Catholic residents] who drink alcohol and cause problems" (Socos, male, focus group). With this potential tension between Catholic and evangelist

participants, the presence of Catholic community members in the focus group may have inhibited evangelistic participants from generating a distinct faith-based perspective on control.

In addition, because this study focused specifically on drawing data from observation and interviews with an emphasis on culture and personal perspectives and experiences, the market and government landscapes were not investigated in-depth. Further policy and political economy analysis would strengthen the understanding of policy and market dynamics pertaining to alcohol marketing and regulation.

Furthermore, female participants might have had difficulty sharing their perspectives on and experiences of alcohol use with other participants and/or research team members. While male and female participants were separated during focus group discussion, the existing cultural norm that female alcohol use outside of community fiestas and family gatherings is not widely acceptable, particularly in Socos, may have constrained the access to the full range of female participants' accounts. The cultural significance of female alcohol use and its impact on power relations and family dynamics in the present research setting and other LMICs could be deepened in future studies.

Conclusion

In this paper, local perspectives of (lack of) control reveals the ways in which problem drinking is shaped by different layers of power held by a range of individuals and institutions that constantly interact with each other and actively produces new identities and values. A few implications are drawn in response to a local call for

prevention of and intervention in problem drinking. First, attention should be paid to the underlying challenging socio-economic daily living conditions of the Peruvian Andean highland population, where "social forces beyond the control of individuals influence and constrain personal choices and decisions, which are often misperceived as willful behavior and moral irresponsibility" (Quesada et al., 2011, p. 389). Household expenditures on alcohol can exacerbate poverty, and community development can be hampered by diverting scarce resources to respond to the negative social and health effects of alcohol use (Casswell & Thamarangsi, 2009). In this context, community-level interventions supporting access to improved economic opportunities should accompany health policy and interventions.

In addition, the voices of community members need to be incorporated into the local action for preventing harmful alcohol use. A challenging political environment reflects participants' frustration with the expanding alcohol market as well as the unwillingness of the local government to constrain it. In addition, in the Andean socio-cultural context, where collective drinking has its own cultural meanings and social values, the change needs to be driven by people in the community. One psychologist in Carmen Alto stated: "Change or interven[ing] [is difficult] because this is very much a theme of culture or socio-cultural. It is ingrained…To say people 'Do not do' is like [saying] 'Stop being Peruvian. Be Chilean.'" Within this context, integrating community voices is essential for policies and interventions that connect structural dynamics with the cultural and experiential aspects of alcohol consumption.

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[Bridge from Chapter 4 to Chapter 5]

As we have seen in the Chapter 4, local perspectives of "*no hay control*" (There is no control) highlight the complex patterns of power and meaning exerted and experienced by different actors at different levels. These patterns shape behaviour and local understanding regarding loss of control over alcohol. One of the major focuses of the participants' discourses was men's problem drinking involving spending hard-earned money on alcohol. Despite the seeming lack of self-control, participants interpreted problem drinking as a presentation and practice of masculine identity and of symbolic power as the breadwinner who controls the household economy. Some men's seemingly irresponsible drinking pattern is also bound up with their own sense of lack of control over their feelings or over the culture of collective drinking in which they feel the need to participate. While alcohol can be used to cope with daily struggles such as family problems and financial problems, spending hard-earned money on alcohol—showing the ability to control the household economy—appears to involve drinkers' agency of controlling their emotional distress and achieving cultural values of *machismo* in the public work space.

During the fieldwork, some community members showed negative views on this pattern of men's problem drinking, and others expressed compassion and sympathy for people, for whom alcohol became their only means of coping with the daily stress and personal afflictions. At the same time, as one community participant during a focus group stated, "it would be nice to have a testimony from *borracho* (person with drinking problem)," drinkers' own understandings and experiences of their alcohol use are still

missing among multiple local explanations of the current drinking practices. In this context, the following chapter will explore local meanings and modes of interpretation of alcohol use among people with problem drinking.

CHAPTER 5

MULTIPLE LOCATIONS OF ALCOHOL USE IN THE NARRATIVES OF THE PERUVIAN ANDEAN HIGHLAND POPULATION WITH PROBLEM DRINKING

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Abstract

The present qualitative study explores local meanings and modes of interpretation of alcohol use among people with problem drinking in the Peruvian Andean highlands. We conducted individual interviews with 19 people in two districts of Ayacucho region identified as having engaged in problem drinking, using McGill Illness Narrative Interview Schedule. Participants articulated multi-layered associations between alcohol and the body, emotions, social relations, and shared cultural practices and understandings. In the explanatory model of physical distress, participants' problem drinking was often identified as one of the perceived causes or consequences. Moreover, many participants shared their experiences of interpersonal difficulties, such as family disintegration, separation from wife/girlfriend, and conjugal infidelity. These experiences resulted in psychological distress, often described by idioms of distress such as "*pensamiento*" (constant thinking) and "*preocupación*" (worrying thought), and the engagement with alcohol. At the same time, alcohol use is situated in participants' daily experience, where past and current interpersonal afflictions intersect with persistent economic hardship and injustice at a larger socio-economic level. Alcohol was seen as instrumental in navigating their social relations as well. Decisions and attitudes towards alcohol use in Ayacucho are shaped in the course of searching for opportunities to build, develop, and maintain interpersonal relationships with friends, colleagues, families, and community members. This study reiterates the importance of understanding the patients' life histories in clinical communication as well as the need for social policies to address the socio-economic determinants of hardship and illness that precipitate alcohol use in the south-central

Andean highlands of Peru.

Keywords: alcohol use, narratives, idioms of distress, indigenous, Peruvian Andes

Introduction

In the 1980s, the World Health Organization shifted its focus from addiction, within the disease model, to harmful use of alcohol and alcohol-related impairment. This was undertaken to better cover a broad range of health and social consequences of alcohol use (Bacchi, 2015). Since this time there has been a concerted emphasis by international agencies on addressing harmful alcohol use in low- and middle-income countries (LMICs) as an attempt to address what some have termed the 'treatment gap', namely the gap between needs and available services (Benegal, Chand, & Obot, 2009). In addition, anthropologists have worked to develop a deeper understanding of the complex social and cultural landscape of meaning associated with alcohol use (Hunt & Barker, 2001; Singer, 2012) .

The need to address harmful alcohol use is relevant to Ayacucho, a region located in the south-central Andean highlands of Peru. Past ethnographic studies in Andean highlands have documented drinking as a phenomenon that is associated with personal and community identity, Andean history and socio-cultural context. The indigenous people traditionally celebrate a large number of festivals that often include collective intoxication (Allen, 2009; Dietler, 2006). From one perspective, these ritualized forms of drinking have been transformed into a response to the constant fear of death during the political violence between 1980 and 2000. This troubled period (*sasachakuy tiempo)* brought a great deal of hardship to the people in this region, and appeared to shift the meaning of ritualized drinking practices to a mode of healing, which for many in the indigenous population resulted in addictive use of alcohol after the conflict was over

(Medina, 2010; Theidon, 2004). Today, Ayacucho experiences the highest prevalence of alcohol use disorder (AUD) in Peru (Instituto Nacional de Salud Mental, 2009). The negative influence of alcohol is not confined to individual health status but is also reflected in the social environment such as men's violence against women and children (MIMDES & Gobierno Regional de Ayacucho, 2010)..

It is regions like these that have attracted the attention of the global mental health movement, and interventions to address the treatment gap. While the emphasis on scaling up services to address AUD has been lauded as an important development within the global mental health movement (Benegal et al., 2009), the suggested interventions have been criticized for their inattention to local context, healing practices, community culture and meanings associated with alcohol use (Kirmayer, 2012; Kirmayer & Pedersen, 2014; Savic, Room, Mugavin, Pennay, & Livingston, 2016). The western paradigm as a guiding framework for this response is limited as it fails to adequately account for the local conceptualization and situatedness of mental distress (Kirmayer & Pedersen, 2014; Rivera-Holguin, Velazquez, Custodio, & Corveleyn, 2018; Toyama et al., 2017). In particular, indigenous communities in the Andean context embed aspects of their collective identity, belonging, and unique cultural values into their knowledge system (Kirmayer, 2012; Orr, 2013). For instance, food and hunger are found in the local understanding of madness among the Quechua *campesino* (smallholder farmers) in Peru. Sharing food plays a significant role in strengthening family affection and intimacy, as well as social bonds in the community. In the local explanatory framework however, lack of appetite and malnutrition in relation to disrupted social relationships emerges as a cause

and symptom of madness (Orr, 2013). The present qualitative study represents an exploration of alternative ways of understanding alcohol use and related health consequences among the Quechua population. This research aims to inform culturally sensitive clinical communication and intervention in the Peruvian Andean highlands. Specifically, it aims to understand local meanings and modes of interpretation of alcohol use among people with problem drinking by answering the following questions:

1. What are the illness experiences and explanatory models of individuals with problem drinking?
2. How do norms, knowledge, and experiences shape individual interpretations of problem drinking in relation to health problems?

Problem drinking is operationalized here as an umbrella term that covers drinking patterns that increase the risk of harmful consequences (i.e. hazardous drinking), and accompany negative consequences to physical and mental health (i.e. harmful drinking) and AUD. This broad focus is oriented to informing a more locally situated response to the health and social consequences involved with non-dependent problem drinking (i.e. does not fall within the category of addiction) (Benegal et al., 2009).

Setting

This study was conducted in two districts in the Ayacucho region of south-central Peru, Carmen Alto and Socos. The Ayacucho region was severely affected by the 20-year (1980-2000) political violence between the communist militant group *Sendero Luminoso* and the state military. The victims of this conflict in the Ayacucho region account for more

than 40% of the nearly 69,000 killed or “disappeared” in Peru (Transfer Commission of the Truth and Reconciliation Commission of Peru, 2004).

Carmen Alto is a semi-urban district with a population of 21,350 residents adjacent to the City of Ayacucho, the capital city of the region (Municipalidad Distrital de Carmen Alto Gestión Municipal, 2015). The district has one entertainment zone close to its centre. On the weekend nights, the local *recreos* where food and alcoholic (and non-alcoholic) drinks are served day and night, and bands perform live music on an open stage become packed with people. The district poverty rate is 71.6 percent and many residents have limited access to water sources, sanitation facilities, and electricity (Municipalidad Distrital de Carmen Alto Gestión Municipal, 2015).

When the political violence intensified in the 1980s, many villagers in the rural areas of Ayacucho were displaced in Carmen Alto. Continuous migration to seek better living conditions following the political violence to the present has resulted in today’s 59% of the current district residents being migrants (Municipalidad Distrital de Carmen Alto Gestión Municipal, 2015). As migrants brought different customs and religion with them to the Catholic community, today 74% of the population are Catholic and 26% are evangelical. In the latter belief system, alcohol use is prohibited.

Socos is a semi-rural district where the majority of the population of 7,108 engage in subsistence farming (Municipalidad Distrital de Socos, 2008). Despite the massacre of 32 villagers by the civil police during the political violence in 1983, most of the residents remained or returned post-conflict (Transfer Commission of the Truth and Reconciliation Commission of Peru, 2004). Mobility and access to the capital city of the Ayacucho region

18 kms away became easier with the increased availability of taxi service to make the 30-minute journey.

Methods

Ethics approval was provided by the Douglas Mental Health Institute Research Ethics Board (IUSMD-15-43) and the Cayetano Heredia Peruvian University Institutional Ethics Committee (66752) in July 2016.

Recruitment

The first author (SY) and a local research consultant, Mr. Julián Berrocal Flores (JBF), conducted individual interviews with 19 people (eight males and one female in Socos; eight males and two females in Carmen Alto) identified as having engaged in problem drinking between June and August 2017 as summarized in Table 1. Participants engaging in problem drinking were sought in order to explore the ways in which they make sense of their alcohol use while experiencing or potentially developing negative health and social consequences. However, psychologists in Carmen Alto and health workers in Socos reported to us that patients typically denied their problem drinking when they were asked about their drinking pattern. Our initial attempts to recruit participants via distribution of flyers in both districts were unsuccessful. In Carmen Alto, psychologists screen all patients who come to the health center using a self-report questionnaire that includes five questions related to problem drinking. We thus were able to acquire a list of patients with drinking problems attending the health centre. In Socos,

where there is neither a health information system to acquire a similar list nor a psychologist to assist us, a technical nurse recalled residents whom she considered as suffering from drinking problems based on her past clinical encounters. In addition, we approached a community health promoter in Socos. After SY explained the purpose of the planned interviews, he discretely shared with us the names of ten people in the community whom he suspected drank on a daily basis and/or engaged in heavy episodic drinking during the fiestas. Once we received their names and contact information in both districts, we approached the study candidates to explain the study objective and procedure. In order to avoid coercion and exploitation of those who were identified by health workers and the community health promoter, we emphasized the voluntary nature of their participation, their right to refuse, their freedom to withdraw, and their ability to take the time necessary before deciding to give their consent.

Table 1 Characteristics of interview participants (gender, age, occupation)

Participant Code	Socos
S01	Male, age 63, day labourer
S02	Male, age 26, day labourer/agriculture
S03	Male, age 34, agriculture
S04	Male, age 46, agriculture
S05	Male, age 59, agriculture
S06	Male, age 64, agriculture
S07	Male, age 64, agriculture
S08	Female, age 48, merchant
S09	Male, age 53, agriculture
	Carmen Alto
CA 01	Male, age 83, shoemaker
CA02	Male, age 44, construction
CA03	Male, age 48, craftsman
CA04	Male, age 48, taxi driver
CA05	Male, age 54, no steady job
CA06	Female, age 39, teacher
CA07	Male, age 67, agriculture
CA08	Male, age 28, construction/driver
CA09	Male, age 49, cleaner
CA10	Female, age 24, nurse technician

Measures

We used the McGill Illness Narrative Interview Schedule (MINI) with the aim to explore a range of health problems that were named and experienced by the participants with problem drinking. The MINI does not require a specific disorder for application. In addition, the MINI has been used to explore narratives and local explanatory models of various physical and mental illnesses not only in Western countries but also in Nepal (Craig, Chase, & Lama, 2010; Kienzler & Sapkota, 2019) and Sub-Saharan African countries (Adeponle, Groleau, Kola, Kirmayer, & Gureje, 2017; Makanjuola et al., 2016). The study in Nepal showed adaptability and utility of the MINI in the linguistically and

culturally distinctive context from the Western setting where the MINI was developed (Craig et al., 2010).

The MINI is designed to elicit different types of narrative structures that reveal not only individual illness meanings and ways of reasoning, but also the social processes and cultural contexts in which the interviewees' personal experiences are embedded (Groleau, Young, & Kirmayer, 2006). Questions in Section 1 of the MINI are laid out in an unstructured manner so that participants tell their own story in their own way (i.e., Chain complex). Questions in Section 2 are designed for participants to explore how they explain their health problems based on the previous experience of self, family members or friends, and media (i.e., Prototype). Questions in Section 3 aim to elicit explanatory models through popular labels, causal attributions related to social context, expectations for treatment, course and outcome.

JBF, who is fluent in both Spanish and Quechua, translated the Spanish version of the MINI to Quechua for the participants who preferred communicating in their local language during the interviews. After a local translator fluent in both in Spanish and Quechua had conducted back-translation to Spanish, JBF and four local bilingual volunteers validated semantic, technical, and content equivalence (Flaherty et al., 1988). Discrepancies between the original Spanish and the back-translated Spanish items were discussed until agreement on the equivalent Quechua version was reached.

Procedures

We pre-tested the MINI with two volunteers by directly asking them to talk about

their drinking practice and related health problems in order to examine how participants could respond to the protocol. After pre-testing, JBF found it uncomfortable to begin the interview by directly asking about drinking practices and related health problems. He also raised concerns that participants would react suspiciously and find researchers intrusive. Therefore, we decided to start asking about history of health problems starting from childhood before shifting focus upon current health problems. This strategy aimed to facilitate an exploration of the diverse ways in which participants position their usual alcohol use without prematurely problematizing their drinking.

During the informed consent procedure, JBF first asked study candidates what language was preferred, and verbally explained the purpose of the study and the activity content, the issue of confidentiality, freedom to withdraw at any time, and compensation. Candidates were told that the interviews lasted 30 - 90 minutes, and that they would receive a package of food or stationery as compensation at the end of the activity. They were informed that interviews would be audio-recorded. Once the candidate agreed to participate and to be audio-recorded, written or verbal consent was obtained.

The recorded interviews using the MINI were transcribed and analyzed in Spanish. The Quechua transcriptions were translated into Spanish. Thematic analysis guided by the approach developed by Braun and Clarke (2006) involved an iterative process of reading transcripts, deductive and inductive coding, the categorization of codes, engagement with the literature, and further review and refinement of coding scheme (DeSantis & Ugarriza, 2000; Neale, 2016). Narratives were analyzed for thematic content informed by interpretive approaches as well as mode of reasoning about the reported

health problems. Illness experiences are narrated not only through causal attribution in a logical and coherent manner but also through multiple representations that may be sometimes inconsistent or contradictory (Groleau & Kirmayer, 2004; Groleau et al., 2006). As the interview questions in the MINI are sequentially structured with three main sections, i.e. prototype, chain complex, and explanatory model, attention was paid to these different narrative structures of the interview guide in order to examine how participants explained and attributed their health problems. Furthermore, how they interpreted and located their problem drinking was analyzed in relation to multiple dimensions such as the cultural norm and values that tacitly shape participants' problem drinking, experiential knowledge about their health problem and alcohol-related health problems, and daily life experiences in which alcohol use are embedded and popular social discourses regarding problem drinking are produced. The qualitative data analysis software Atlas.ti®8.4.24 was used to manage and organize the data.

Results

None of the participants reported their problem drinking as their primary health problem, though health workers that were interviewed (i.e., psychologist in Carmen Alto, nurse technician and community health promoter in Socos) suggested that the participant engaged in problem drinking. To varying degrees, participants discussed their drinking habits and alcohol-related health consequences with the interviewers, while distinguishing these features of their alcohol consumption from addictive use of alcohol, locally called *alcoholismo* in Spanish and *ampo* and *sinka* in Quechua. Participants

generally viewed addiction as an illness. During this process, participants' problem drinking often emerged not only as being in association with their physical distress but also as part of their various struggles in their lives and as a means of nurturing social relations. While eliciting an explanatory model of physical distress, participants (re)located their alcohol use in their experiences of body, emotions, and social spaces.

Locating alcohol in body experience

Interviews started by asking participants about the history of past illnesses from childhood. In response to the question "What kind of health problem do you have now?", 16 out of 19 participants reported that they had one or more physical pains and complaints. Three participants who did not report any current health problem were asked about their most recent health problem. Table 2 summarizes these results. Musculo-skeletal complaints in the back, waist, and legs were the most common, reported by nine participants.

While recounting the sequence of events associated with their physical distress, participants largely associated their bodily complaints with what their body was being exposed to while at work and based upon what they consumed in their daily life. Many participants who were casual laborers or subsistence farmers explained pains in their back, legs, and waist by the nature of their work in the harsh environment, which requires them to constantly lift heavy construction materials, equipment, and sacks of potatoes in the cold. Participants with impaired vision reported their exposure to wind, soil, dust, and darkness while working on the *chacra* (small farm). Participants with gastritis or stomach

pain associated their illness with an unhealthy diet, such as greasy and junk street food, or not having regular meals because of long working hours and psychological distress from family problems.

Table 2 Health problems reported by participants

Socos			
Participant code	**Sex**	**Age**	**Health problem (Duration)**
S01	Male	63	Lower back pain (1.5 months), headache (1 month)
S02	Male	26	No current health issue [Lower back pain (a month ago)]
S03	Male	34	Pains in leg, chest, waist (about 1 year)
S04	Male	46	Eyes (2 years)
S05	Male	59	Pain in leg (19 years), reduced vision (19 years)
S06	Male	64	Pain in waist (1 week), reduced vision (occasionally)
S07	Male	64	Nose, high blood pressure, eyes (6 months); gastritis (3 years)
S08	Female	48	Reduced vision (9 months)
S09	Male	53	Headache (recent)
Carmen Alto			
CA01	Male	83	Stomachache (2-3 months)
CA02	Male	44	Pain in waist (10 years), leg (2 years)
CA03	Male	48	“Attack in brain” (32 years)
CA04	Male	48	Headache (3-4 months)
CA05	Male	54	Disability due to poliomyelitis (since 9 months old), back pain (4 years)
CA06	Female	39	No current health issue [fetal abnormalities (4 years ago)]

CA07	Male	67	Pain in lower back/waist (2-3 years)
CA08	Male	28	No current health issue [Heart pain in the past]
CA09	Male	49	Gastritis (3-4 months)/Pain in lower back (4-5 days)
CA10	Female	24	Gastritis (15-16 years)

Participants were then asked to describe what they think had caused the problem expressed during the interview. Seven out of 19 participants (participant code: S01, S05, S07; CA03, CA04, CA08, CA09) directly identified alcohol as one of the perceived causes of their health problems, among other factors noted above. In addition to the case of headaches perceived to be caused by past alcohol use (CA04), one participant (CA03) attributed the symptoms of amnesia and seizure, which he termed "*ataque de cerebro*" (cerebral attack), to his alcohol use. He said that *ataque* occasionally happened when he drank. He started drinking at the age of 19 when he was graduating from high school, and he would go out with his friends to drink old, strong liquor every weekend. At the age of 26, he had the first seizure, which he called *epilepsia*, while he was "drinking, drinking, and drinking". He further explained his symptoms of amnesia as not being able to remember what he did and which street he walked on by saying, "My head was damaged [by alcohol]" as "[strong] liquor has remained [in brain]" (CA03). While regarding his nephew as having a head similarly damaged by alcohol, participant CA03 described that the nephew "has fracture in his head. Fracture. Fracture. He does not behave as he should." The perceived harmful effect of alcohol on the brain was commonly expressed as "Alcohol kills neurons".

Four participants (CA01, CA02, CA05, CA10) did not explicitly mention a direct

causal relationship between alcohol use and their past or current health problems. They located their alcohol use in their life stories related to physical distress. While exploring the role of alcohol as the cause of their physical distress, participants often described the control alcohol exerted over them. This was reflected in statements such as "Alcohol was doing [harm] to me. Alcohol was attacking me, my gastritis"; "Alcohol can control us" (CA09); and "Alcohol has almost conquered me"; "Alcohol grabbed me like attack" (CA03). In particular, the head and the brain were seen as the areas of body that "alcohol burns" (S07).

Even when the reported physical distress appeared not to be directly related to the brain or head, the perceived effect of alcohol on the brain was mentioned to explain the complaint of other body parts. Participant S05 attributed his eye problem to multiple factors, such as age, air, and sugarcane alcohol *(caña)*. *Caña* and *trago* (alcohol mixed with water) are cheap alcoholic beverages largely consumed by participants. Unlike beer, these alcoholic beverages are known to be harmful to health and symbolically mark the low socio-economic status of drinkers. While thinking that his vision had been reduced because of aging, his eyes had also been affected by always being exposed to airborne dust in the field. He further explained his current eye problems by referring to his habit of crying day and night and his consumption of *caña* during the difficult time in 1982 after his wife had left. While his alcohol use did not at first appear to be clearly linked with his eye problems, he mapped out the linkage between eye and brain by saying: "With this (*caña*), I am sure my brain got impaired. My eyes are bad because of my brain."

The link between alcohol and the head is also found in a folk remedy for hangovers

called "*Curar la cabeza*" (Cure the head)." Drinking more alcohol to recover from a hangover after heavy drinking the previous night is a common practice seen in the Andean highlands. Participant S01 who hurt his back by falling into a ditch while intoxicated continued his drinking the following morning "to *curar la cabecita"* (cure my head), without feeling any pain.

Relocating alcohol use in psychological experience

When participants were asked, "Is there something happening in your family, at work, in your social life that could explain your health problem?", they often started by disclosing their alcohol use in relation to their psychological distress, such as worrying thoughts (*preocupación*), constant thinking (*pensamiento*), stress, and loneliness rooted in personal misfortune. In particular, participants interchangeably reiterated "*pensamiento*" and "*preocupación*" as part of their experiences. Several participants (S05, S07, CA02, CA03, CA08, CA09, CA10) shared their psychological pain from family conflicts and disintegration, separation from wife/girlfriend, and conjugal infidelity. Even though the context where participants were facing psychological distress was different from one participant to the next, psychological distress was commonly highlighted to explain their initiation of daily drinking.

When facing interpersonal misery, participants' sense of devastation and hopelessness was expressed in statements such as: "I was not interested in my life any longer (after separation from the first wife)" (CA02); "The world did not exist any longer (after finding out wife's infidelity and losing his job)" (CA09); and "I wanted my dad

[after parents' separation], nothing more than that, because he gave affection and esteem to us children" (CA10). Male participants whose wives had left them alone with small children started to "*preocupar*" (worry) and have constant "*pensamiento*" (thinking) about how to financially support and raise them without anyone to depend on. They "took refuge in alcohol" (CA10) in order to "kill *pena* (sadness, loss)" (CA08) and "calm [pain in] heart" (S05).

Psychological distress at an individual level was often entangled with daily distress from poverty, discrimination, and marginalization at a collective level. Participants, many of whom are casual laborers or construction workers, characterized their work not only as physically demanding but also exploitative: "Yes, we work like a donkey with contractors. They kill you…They exploit you [but] you have to get paid from him" (S02). Poverty was also noted in many participants' narratives. Participant CA05 with back pain identified stress as one cause of his severe back pain and disclosed his past alcohol use in relation to his psychological distress. His left arm and right leg were impaired because of childhood polio, and he had not received treatment because of financial constraints. He lost his teaching job three years before and currently lived in a shack on a plot of land allocated for persons with disabilities. Despite the support received from family and friends since his childhood, his feeling of loneliness from living alone in a small shack described as "prison," his feelings of injustice from discrimination and marginalization as a disabled person, and his suffering from poverty were mounting. As he said: "Not all disabled people enjoy [life] because of disability" and "We do not have the right because there is discrimination." With some degree of hesitation, he admitted, "When something

is lacking, I become worried, and sometimes I feel like drinking." He disclosed that drinking *caña* with friends used to be a means of removing his daily stress. Today he tries to refuse their invitations by keeping the door closed, though he admitted that he felt tempted to drink, stating: "Sometimes I would like to drink, the day after I [would like to] drink more….". His constant worry about the future due to the cost of utilities, the lack of access to potable water, and the incomplete process of land entitlement was shared among neighbors. This collective psychological distress appeared to represent a strong drive to drink together.

Drinking was also tied to interpersonal misfortune or loss. As daily drinking was reported mainly to have helped participants "forget that moment" (CA10) of interpersonal misfortune and/or daily stressful conditions, a few participants mentioned that they had remembered the loved one and started to cry while drinking. On the other hand, a few others who were drinking to heal their psychological pain indicated that alcohol was also what generated a feeling of strength, or "gasoline" as participant S01 described it. Participant CA08 stated: "I did not have any fear", while participant CA02 said: "I am capable of doing anything…when I am drunk, I change myself to another form". However, participants also described that they had often felt regret over their drinking as "[my] mind is in alcohol, nothing else" and that their alcohol use caused problems at home or on the street (CA08).

Participant S05 suggested multiple meanings of alcohol use and its effect associated with a range of psychological experiences. Alcohol, which is believed to provide energy and courage, had an important role in the historical context and natural environment of

Ayacucho. After his wife left him alone with his two-year-old daughter in 1982, he started to drink either *caña* or *trago* every night until he blacked out. In the Quechua cosmology, men and women are complementary composites of integrity necessary for regeneration and procreation to maintain the reciprocal social support system (Isbell, 1978). Stemming from this notion, disruption in the marriage relationship can provoke acute sense of emptiness and sadness (Tousignant & Maldonado, 1989). He explained that his drinking was due to *pensamiento*, loneliness, resentment, and the hardships of having to play the role of both father and mother for his daughter. He consumed alcohol at night to heal his emotional pain and to "take a rest" in stressful daily life where he had to feed his daughter as well as take care of her. Several participants (CA02, CA08, CA09) expressed suffering from psychological distress because of separation from their wives.

In contrast, his practice of taking a bottle of *caña* to *chacra* to drink during a break from farming during the day was a way to feel strength. Drinking *caña* is a common practice among Andean *campesino* engaging in subsistence farming in order to feel physical strength and maintain motivation while working in the harsh, cold environment. When we asked about the time when the political violence was intensified, he further explained that he had to show that he was "neutral" while "talking with *terrucos* (local expression referring to terrorists, i.e. *Sendero Luminoso*) and with the military." In the face of intense fear that taking sides would result in harm or death, alcohol helped him "have [emotional] strength in order to speak well, and remove fear" because he needed to protect his village from the attack of *Sendero Luminoso* as the community leader.

Relocating alcohol use in social and cultural space

While many participants reported that their daily alcohol use followed the experience of misfortune in intimate interpersonal relations and constant worrying rooted in structural violence, several participants also situated their alcohol use in the social context. Collective drinking has been an important Andean cultural practice to develop relatedness among families, friends, and community members. In this context, many participants emphasized "invitation from others" as a reason for their drinking, as drinking with friends after playing sports on the weekends is a common practice. Participants (CA03, CA04, CA09, S07) considered their alcohol use with friends during emerging adulthood partly explained their current physical distresses, seizure, headache, and gastritis.

Participants navigate and negotiate their social space, where interpersonal relationships with friends, families, and community members are built, strengthened, or damaged through their way of engaging in alcohol. In his narrative, CA03, who identified alcohol as a cause of his *ataque*, reiterated that he used to be invited to drink by community members who were thankful for the housing project which he facilitated as a member of the municipal authority. On one hand, he believed that he had developed *ataque* because he was "conditioned" by those invitations to drink. As such, he first referred to people's invitation to drink—compassion as he called it—as a cause of his physical complaint. On the other hand, he further described that it was his inability to refuse those invitations and lack of responsibility that explained his *ataque,* saying "Because there is friendship, we cannot negate. So I accept [the invitation]. This is

weakness. This is what is called the weakness I have." Similarly, another participant (CA09) who started to drink every other day after finding out about his wife's infidelity, shared the moment when he had started to reflect on his life, which was gradually falling to pieces.

> "Sometimes when I woke up, I needed water, but there was no water. Sometimes [there was] no food. I was feeling hungry without eating dinner. Without having lunch, I was drinking. Breakfast was drinking. And I was forgetting lunch and dinner. At 2 or 3 o'clock in the morning, I woke up because of hunger. Then I said to myself, 'Why is this happening to me?' 'Why?' 'This is my own responsibility'"

In the present, this participant tried to maintain his friendships. As he stated: "What is most important is friendship", but not through alcohol. When his friends went to the cantina after playing soccer, he brought his own pop or sport drink "[so that] they do not say that he is different and isolate [him]". On the other hand, another participant (CA03) continued going to the street where he could socialize with his peers with *caña* when he felt isolation from family and community.

> "I go to the street, as you know, my old dad, my old mom, they do not understand. How do you call, my words [they do not understand]. Then, I look for other friends. I hang out and chat with them."

He continued drinking with peers on the street because it was the only way for him to foster relatedness with others even if such drinking behaviour isolated him from his family and community and did harm to his health.

Supernatural phenomena were also mentioned to explain problem drinking. One

participant (S01) referred to people who are intoxicated from the morning and wandered around the street all day as being bewitched (*hechizado*). Even though no participant explicitly applied sorcery to explain their own personal experiences, a few participants in Socos referred to sorcery (*brujería*) to explain problem drinking in general. Participant S04 was recently separated from his wife due to his problem drinking and violence, according to the community health promoter. During the interview, this participant attributed his eye problem to the working environment of *chacra*, where his eyes are exposed to dust, air, and darkness while working in the night. As he was reluctant to provide the detailed accounts of his personal experience related to his alcohol use, the interview largely remained focused on his general views of problem drinking. Nevertheless, as he was relating his idea that self-control by measuring the amount of alcohol consumed is the best treatment, he continued:

> S04: "Sometimes there is *envidia* (envy) which gives you…gives you *trago* so that you can drink excessively…which can be cured by *curandero* (traditional healer) who can identify the person who envies you and tries to fail you…Here in this time, that *envidia* also exists. For example, people say even your real brother and family can also *envy* you."
> JBF: For example, of what can they envy you?
> S04: In other words, if you are having a good time with your family, someone can envy you, [that is what] people say. Sometimes for the interest in the land...anything can happen."

In his explanation, someone offering *trago* may have intentions to trap the other in trouble through problem drinking, and only *curandero* is able to break the curse. Even though none of the participants attributed their own alcohol use to envy of others, folk belief in sorcery appeared to explain problem drinking as an envious person's attempt to

trap the other and cause personal afflictions. In illness narratives, alcohol use sometimes emerged as a means of negotiating and navigating the social relations. The Andean folk belief in *envidia* (illness caused by envy of other persons) thus provides an alternative way of understanding the role of alcohol within the drinker's social relationships.

Discussion and Implications

Participants articulated multi-layered associations between alcohol and the body, emotions, social relations, and shared cultural practices and understandings. All interviews started with the physical distress of complaints and pains in various parts of the body as their current health problem. On one hand, the existing stigma associated with addictive alcohol use may explain participants' preference to talk about their experiences of physical distress. On the other hand, participants' attention to bodily experiences suggest that the body is an effective "medium to express personal and social distress" in relation to alcohol use and alcohol-related illness experiences in the Andean context (Darghouth, 2002, p. 94; Kleinman, 1988; Tapias, 2006).

Participants' explanations of physical distress are largely consistent with past studies that suggest that the health of the Andean population is entangled with ecological, sociocultural, political-economic, and historical factors. Moreover, the experience of a healthy body is deeply related to social relationships that are nurtured through the sharing of food and drink among families and community members (Darghouth, 2002; Darghouth, Pedersen, Bibeau, & Rousseau, 2006; Greenway, 1998; Incayawar & Saucier, 2015; Orr, 2013; Pedersen, Kienzler, & Gamarra, 2010). For instance, Quechua women's headache

is often woven into experiences of family fragmentations, loss of family members, disrupted social interactions, and tensions associated with women's roles (Darghouth, 2002; Darghouth et al., 2006). Furthermore, as participant S03 with pain in his legs stated, "Sometimes we say that we sacrifice ourselves in work," people make sense of their bodily pains by attributing this pain to impoverished living conditions and social inequality rooted in social suffering (Pedersen et al., 2010). Bodily pain becomes an expected and normalized experience while the subsistence living limits their access to treatment for their bodily complaints.

In the explanatory model of physical distress, participants' problem drinking was often identified as one of the perceived causes or consequences, reflecting known bio-physiological associations. Moreover, when the question turned to aspects of their everyday life that might explain the physical distress, many participants started to share their experiences of hardships. These experiences resulted in psychological distress, often described by idioms of distress such as "*pensamiento*" (constant thinking) and "*preocupación*" (constant worrying thought), and the engagement with alcohol. These idioms of distress represent the variety of ways in which socio-cultural groups express affliction, namely by reflecting local moral world as well as collective social anxiety and struggle (Hinton & Lewis-Fernández, 2010; Kaiser et al., 2015; Nichter, 2010). Multi-faceted physical distress and individual emotional processes are woven into the participants' expressions of *pensamiento, preocupación* and stress. At the same time, alcohol use is situated in participants' daily experience, where past and current interpersonal afflictions intersect with persistent economic hardship and injustice from

isolation and marginalization at a larger socio-economic level.

While many participants are of the generation who lived through the political violence, the effects of this period on their alcohol use were hardly found in their accounts. This contrasts with the perception of local health professionals who often associated the current alcohol use with the experience of the political violence as well as the past studies conducted in Ayacucho report the increased alcohol use among the rural population who suffered from fear of violence, loss of their loved ones, persistent economic hardships, and the challenge of adapting to urban life after displacement (Medina, 2010; Theidon 2004). This difference in the perceived effects of political violence on current problem drinking may warrant further exploration.

Alcohol was seen as instrumental in navigating their social relations as well. In the Andean socio-cultural context, where privacy is emphasized, exhibition of anger and outbursts of rage are rare within the ideal of social reciprocity (Oths, 2003; Tousignant & Maldonado, 1989). Within this context, alcohol use helped participants to control and negotiate emotions that arose in the particular socio-cultural context (Tousignant & Maldonado, 1989). Drinking alcohol was not limited to providing temporary relief from psychological distress. As the past ethnography on the outcomes and expressions of drinking in Cusco, southern Peruvian Andean highlands demonstrated pride of oneself juxtaposed with despair that reflected the poverty and suffering (Harvey, 1991), alcohol also added a feeling of strength that allowed participants to express their submerged feelings which would not be acceptable in their typical public environment.

Participants' problem drinking may be blamed as their individual choice and

responsibility. However, many participants rationalized their drinking by emphasizing "invitation from others" based on the Andean cultural values of collectiveness and relatedness. Belief in sorcery in situation of interpersonal conflict also questions exclusive attribution of their problem drinking to drinkers' choice and responsibility. Participants were aware that drinking can strengthen the feeling of solidarity and belonging while it can also create boundaries and result in isolation. Overall, based upon the findings from interviews with this sample, there was a deep social connection between decisions, attitudes and experiences associated with alcohol use in Ayacucho and opportunities and spaces to build, develop, and maintain interpersonal relationships with friends, colleagues, families, and community members.

Based on these findings, we can draw guidance about prevention and interventions. First, a narrow focus on the health-alcohol use relation in clinical interventions may overlook the different locations of alcohol use, in this case the body, psychological distress and social and cultural spaces. These locations help to piece together the variety of experiences such as physical pains and expressed through the oft-cited idioms of distress to better understand how alcohol relates to the life of an individual. Andean ways of expressing and experiencing problem drinking provide "alternate ways of framing problems and different hierarchies of values" (Kirmayer, 2012, p. 254). Bodily complaints are considered as embodying distress to indicate illness and elicit attention from others in the Andean highlands (Pedersen, Tremblay, Errázuriz, & Gamarra, 2008). In addition, participants generally consider preoccupation as a source of illness. With this understanding of the local view of health, clinicians' attention to physical pains and the

idiom of distress such as “thinking too much” or *pensamiento* or *preocupación* may help clinicians better understand Andean lifeworld where people with drinking problems are living and build therapeutic rapport in a less stigmatizing manner (Hinton & Lewis-Fernández, 2010; Kaiser et al., 2015). As participants are aware that problem drinking is the target of criticism, communicating through physical complaints and the idioms of distress may be a culturally and interpersonally effective way for people with drinking problems to elicit attention rather than directly talking about the stigmatized addictive alcohol use.

This research also re-enforces the need for social policies to address the socio-economic determinants of ill health in the south-central Andean highlands of Peru. Daily economic hardships are omnipresent in participants’ everyday lives, where their routinized distress experienced as physical pain and worrying thoughts assimilates to a life course and becomes invisible (Kleinman, 1988, 1992). Nevertheless, the visibility of the consequences of problem drinking, which are embodied in proximate behaviours such as physical violence against others and intoxication, provokes certain interventions that may not demand political actions for structural change to address invisible health conditions (Manderson & Smith-Morris, 2010). To address the socio-economic determinants underlying problem drinking, a cross-sectoral approach should be considered for prevention and intervention (Wahlbeck, Cresswell-Smith, Haaramo, & Parkkonen, 2017).

Limitations

The current study explored a broad range of physical and psychological distress of people with drinking problems. The depth of narratives related to their alcohol use may have been limited by challenges in building trust with some participants who were reluctant to talk about their personal stories involving alcohol use in the political and cultural context where trust-building takes time. This limitation may have affected the depth and details of collected stories about participants' alcohol use. Furthermore, despite the translation and guidance of culturally salient expressions provided by the local research consultant, the linguistic distance of the researcher from participants may have hindered access to subtle emic perspectives of participants.

In addition, when we entered the participants' ordinary living spaces, it was difficult to find private spaces, which barely exist inside the interviewees' homes or within the community, particularly in Socos. Consequently, it was impossible to exclude the presence of family members in some cases when we conducted interviews. Indeed, asking the family members to leave us alone might have generated the suspicion that what we were doing was something illicit. On one hand, this lack of privacy may be considered a breach of confidentiality, and to a certain degree the presence of the family members may have influenced the way the interviewees responded, resulting in biased data. On the other hand, the presence of family members at the interview was congruent with the local conceptualization of knowing, as the Quechua term "*Yachay*" meaning "learn, know, study" connotes something licit, public, and permitted, and the family member was another agent who co-constructed the narratives with the interviewee in some cases.

Lastly, the interviewees' drinking patterns and their associated social and/or health consequences were not characterized quantitatively. While a main objective of the study was to explore illness experiences and explanatory models of people with problem drinking, quantifying the specific patterns of alcohol use among participants might have been useful to further consider how interventions could be tailored to individual needs and conditions.

Conclusion

The current study sheds light on the many ways in which alcohol is woven into the lives of the individuals living in the Peruvian-Andean highlands. The treatment gap for AUDs is the highest when compared with other mental disorders in Peru (Ministerio de Salud, 2018). As the current paper highlights, understanding the multi-layered experiences and multiple expressions in relation to problem drinking and the associated contributors and consequences may contribute to a more targeted approach that takes into account the common and unique experiences of those struggling with alcohol consumption.

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[Bridge from Chapter 5 to Chapter 6]

As I presented in Chapter 5, participants with drinking problems articulated multi-layered associations between alcohol and the body, emotions, social relations, and shared cultural practices and understandings. Prior to the interviews, local people half-jokingly warned me that "*Borracho* (drunk) will never tell you the true story unless you drink together!". In addition, at the meeting of one of the Alcoholics Anonymous (AA) groups in Ayacucho that I was allowed to attend as an observer, members often reiterated that sharing their stories about the difficult time struggling with addiction is only possible at the AA meetings because other peers also share the similar experiences. I was aware of the sensitivity of the topic as well as the potential difficulty in building trust with community participants, for many of whom mistrust became a survival strategy during the political violence. In this context, I started to fear how challenging it could be to access interviewees' accounts of their experiences related to alcohol use as a Japanese female researcher. During the fieldwork, I paid attention to the way interactions between study participants, the research consultant and myself affected trust-building and the engagement of study participants. In Chapter 6, using the concept of "triple subjectivities", I present my reflexive analysis that examines the shifting nature of a relational process within which a range of positioning factors influenced trust-building, physical and interpersonal access to study participants, and knowledge construction with the participants.

CHAPTER 6

REFLEXIVITY FOR BUILDING TRUST IN GLOBAL MENTAL HEALTH RESEARCH

This chapter is adapted from a published case study, Yamaguchi, S. (2020). Reflexivity for building trust in global mental health research: Complex relational practice between the researcher, research assistant, and study participants. *SAGE Research Methods Cases*.doi:10.4135/9781529734775

Abstract

This case study explores the way interactions between study participants, the researcher, and the research assistant affect trust-building and the engagement of study participants. The researcher's reflexive account draws upon the author's eight-month period of fieldwork on alcohol use in the Peruvian Andean highlands where mistrust had become used as a survival strategy during the civil conflict. Using the concept of "triple subjectivities", this reflexive analysis presents the shifting nature of a relational process within which a range of positioning factors associated with the researcher and assistant---which took on unexpected meanings in the socio-cultural and historical context of the study---influenced trust-building, physical and interpersonal access to study participants, and knowledge construction with the participants. In global mental health research, researchers encounter and negotiate the differences, connections, and tensions that shape and are shaped in the power imbalance that is embedded in the dynamics of the researcher-research assistant-participant relationship. Iterative revisiting of the relational practices unique to this relationship may contribute to constructing knowledge that is more responsive to local contexts and needs.

Project Overview and Context

This case study discusses the role of reflexivity in constructing knowledge that is more responsive to local contexts and needs. Reflexivity involves iterative revisiting of the relational practices and positionality unique to the researcher-research assistant-participant relationship. Based on my fieldwork experience, I present this case study that is drawn from my PhD research project which aims to understand the perspectives of the Andean highland population on alcohol use as a social and cultural practice. In the Peruvian Andean highland, collective drunkenness is traditionally normalized through feasts and festivals. On the other hand, alcohol misuse and the subsequent violence are a public health concern. Following 20 years of political violence that ended in 2000, alcohol use in festivities is considered as having become a way of restoring the disrupted social unity in some areas, while the ritual function of collective drinking was weakened by its transformation into chronic aimless binge drinking at small social gatherings and/or drinking in solitude in others (Allen, 2009; Pedersen 2004).

Global mental health programs are often criticized for the neocolonial forms of knowledge construction and distribution that discount local differences and specificities in belief, perceptions, and context (Adams et al., 2014; Fernando, 2012; Kirmayer & Pedersen, 2014; Summerfield, 2008; White et al., 2017; Whitley, 2015). The marginalized population may feel powerless to express their views to more powerful actors even though they possess knowledge and resources that has effects within their own cultural paradigms (Campbell & Burgess, 2012; Fernando, 2012). In this milieu, issues of power, trust, and culture are recognized as central structures to be considered in

alternative approaches that make health research relevant to local knowledge and culturally appropriate (Keikelame & Swartz, 2019).

Research is "an ongoing, intersubjective activity" structured by an array of social positions such as age, gender, socio-economic status, and educational background laid out in the hierarchical relationship between a researcher and the study participants (England, 1994, p. 82; Karnieli-Miller, Strier, & Pessach, 2009). The power embedded in the researcher-participant relationship shapes the process whereby participants determine what kind of information and to what extent they share that information, as well as the questions the researcher chooses, the language s/he uses, and the way of making meaning out of the gathered information (Berger, 2015; England, 1994; Gemignani, 2011).

During my fieldwork, I became interested in exploring the way researchers build and practice trust in order to facilitate engagement with diverse populations in research activities and how any potential tensions in practice on the ground can be addressed. At the same time, as I recognized the critical role of my local research assistant in negotiations and physical and interpersonal access in the field, I started to question the ethical implication of silencing his role and influence in my data collection process. In what Temple and Edwards (2002) have termed "triple subjectivity", research assistants are a part of interactions between the researcher and the research participants who constantly shape and bind the context within which a particular knowledge is sought and constructed. Keeping in mind the often criticized power asymmetry between the researcher and the research participants (Karnieli-Miller et al., 2009; Marshall & Batten, 2004), I tried to be more attentive to the dynamic research relationship between researcher,

research assistant, and participants and explore how this relationship influenced the participants' responses.

Research Design

Ethnography is a qualitative methodology that aims to understand people's shared languages, beliefs, and behaviors via detailed descriptions and interpretations of cultural behaviors. An in-depth situated understanding of the social structures and cultural contexts that shape people's lives, health, and illnesses becomes possible by means of ethnography. The unique access of ethnography to the silenced voices of these socio-economically marginalized groups is relevant to the context of the current study in which culturally meaningful collective drinking practices are reported to have been transformed into chronic aimless binge drinking at small social gatherings and/or drinking in solitude following 20 years of political violence that finally ended in 2000 (Allen, 2009; Pedersen, 2004).

During the eight-month period of fieldwork (July-November 2016, June-August 2017), I conducted key informant interviews, focus group interviews, semi-structured interviews, and participant observations in two districts (the semi-urban Carmen Alto District and the semi-rural Socos District) in the Ayacucho Region, Peru.

Research Practicalities

Building trust with my research assistant as well as study participant was an unknown process to me even though I was aware of the importance of trust in research

relations. As in social relations where trust is produced in the face of uncertainty with regard to other people's motivations for future actions, in the research context, trust is sought, built, and enacted but can be easily broken within the power-ridden relationships (Edwards, 2013; McDonald et al., 2008; Misztal, 2013). Making a decision regarding whom, when, and how much to trust involves negotiations around uncertainty, vulnerability, and ambiguity. As the researcher and the researched undergo multiple stages of negotiations to create conditions of trust, trust becomes a reciprocal process---not only of feeling trusted but also to feel trusting of the other (Guillemin et al., 2016; Maiter, Simich, Jacobson, & Wise, 2008; McDonald et al., 2008).

Prior to commencing the fieldwork, I hired a research assistant, Julián Berrocal, from a district adjacent to the research sites in Ayacucho. Julián is bilingual in Spanish and Quechua and had experience as a research assistant for various foreign researchers as well as consulting experience in municipal participatory planning.

His identity of being *Ayacuchano* (person from Ayacucho) who speaks Quechua was critical in gaining trust from study participants in Ayacucho where the self-identification of 81.2% of the population is Quechua (Rojas, 2018). Language reflects the marginalization and discrimination of the indigenous population whose Quechua intersects with the imposed structure of socio-economic inequality rooted in the history of colonization (García, 2003). For them, language is a significant tool that constructs and symbolizes cultural identity, marks otherness, and forms boundaries. As I describe in the following section, his command of Quechua language as well as insider knowledge of

Andean cultural practice, history, and political economic conditions shaped by history of colonization became critical in authentically accessing participants' accounts.

Method in Action

In this case study, I highlight my experience of the practice of reflexivity throughout my fieldwork. Reflexivity is commonly understood as ongoing conscious self-awareness in the research process, and reflexive analysis scrutinizes the ways in which knowledge is actively constructed as the research relationships evolve, considering the presence, power, and perspectives of the researcher (Berger, 2015; Finlay, 2002; Keikelame & Swartz, 2019; Mauthner & Doucet, 2003; Pillow, 2003). I explore how relationship-building and interactions among the three subjects involved in the research process, that is, the researcher, the assistant, and the participants, may impact on each other's identities, trust-building, and knowledge construction.

During the fieldwork, I regularly exchanged ideas with the research assistant and examined the way the study participants reacted to a foreign researcher and responded to the interview questions, and how the particular attributes of the researcher and of the research assistant such as nationality, language, and gender may have influenced the interactions with the study participants.

Outsider researcher enters the history, daily lives, and belief systems of the researched

From the commencement of my fieldwork, I became conscious of how my appearance and national identity were perceived locally. When Julián, my research

assistant, introduced me to people for possible recruitment and to study participants by saying that I was a Japanese university student studying in Canada, several times I was asked the half-joking question, “Are you from the Fujimori family?” As I was aware of the former President Fujimori’s controversial political rule and of a massacre that had taken place in Socos during the political violence, I felt rather uneasy and awkward when I was asked this question in Socos and interpreted it as possibly implying unwelcomeness towards a Japanese researcher.

Despite my initial concern over the potential negative connotations of Japanese identity, the fact that the researcher was Japanese unexpectedly turned into an icebreaker that eased the potential feelings of mistrust in one community of Socos, where a favorable memory of the former President Fujimori remained. One interviewee from the community, who asked me if I was from the Fujimori family, commented positively on the controversial armed self-defense committee that had been organized during Fujimori’s rule by saying “He performed pacification when he formed self-defense [committees]”, and I saw the political campaign posters of Keiko Fujimori on the walls inside his and other small stores in the neighborhood. According to Julián’s wife whose parents are from Socos, some people in Socos are strong supporters of Fujimori because they feel they benefited from the construction of schools and provision of materials (shoes and food) undertaken when he was president. In addition to this unique reception of the researcher’s Japanese identity, a few of the older community people in Socos told me about their positive personal memories of a Japanese male anthropologist, Hiroyasu Tomoeda, who had lived in Socos in the 1960s to conduct an ethnographic study.

I was surprised to find that a perceived barrier to trust-building, my Japanese identity, unexpectedly became an icebreaker to easily start a conversation and build rapport with some individuals in one community of Socos because the former president is still a controversial figure and the public reaction was not always positive. In addition, a few study participants linked the marker of the researcher's outsiderness with their own personal experiences. While I happened to enjoy this coincidental positive effect of my Japanese identity, it was never a stable factor for facilitating my access to study participants.

In early November of 2016, I visited another far-flung community in Socos with Julián to see whether I could stay with one family to better understand their way of living. When Julián consulted with the community vice-president, he welcomed us by offering potatoes, expressed his interest in my research topic and shared his concern over adolescent alcohol use. In the end, he happily agreed to discuss my request with the community members in order to arrange a family for me to stay with. A few weeks later, when Julián tried to confirm the arrangement with the community leader, we received a response in which they suggested that I come with someone from the authorities in Socos who could guard me or that I should stay away from the community because they could not guarantee my safety. According to the conversation which Julián had with the community leader, rumors about *Pishtaco* had spread a collective fear within the community. *Pishtaco* is a legendary fat-seeking monster in Andean myths, a collective cultural template through which the marginalized Andean people articulate their experiences of suffering in order to make sense of their individual and collective

conditions to cope with contradictions and tensions (del Aguila, 2019). Julián was told that the community might disclose the presence of the visiting foreign researcher if *Pishtaco* was looking for any strangers in the community along with some community residents who may cause harm to the researcher, perhaps through robbery, when people's concerns and fear were intensified.

At that time, concerns over droughts were mounting and spreading across the community. When I talked with people in Socos, the first subject they mentioned was their growing preoccupation with the lack of rain because it would have a detrimental impact on their livelihoods due to a delay in planting corn, a major agricultural product of the majority's subsistence farming. As there was nothing else they could do but wait for rain in their fields, many men had gone to the *Selva* (jungle) to seek work. Julián explained to me that some rural villagers still believed in *Pishtaco* and they attribute uncontrollable conditions such as a lack of rain to an evil spirit or figure such as *Pishtaco* in order to explain their fear and preoccupation with uncertainty. The visit of a foreign researcher, which was initially welcomed, instead became perceived as carrying a potential risk of harm to the researcher as well as the disturbance of the community safety when it was situated within the Quechua belief in the mythical figure *Pishtaco* and the underlying collective concern over their uncontrollable vulnerable condition.

Similarly, my visit was also apprehended in relation to the Quechua belief in spirits in Carmen Alto. Early one morning, Julián and I visited a house where one interviewee and his family lived after our attempts to meet him had failed three times. Observing that their dogs began to howl like wolves after first barking loudly, his old mother, who

opened the door, suggested that we go home because bad spirits were around. While I was confused by this, Julián speculated that she linked our visit and the unusual reaction of the dogs to the menace of evil spirits, which some old Quechua people still believed in. These experiences demonstrate that study participants relate the encounter with a foreign researcher to their own belief systems and the condition of their daily lives, which may be beyond the immediate risk-benefit analysis directly related to the research activity. Consequently, study participants demystify the uncertainty surrounding the outsider researcher by referring to their own worldview and belief systems in order to protect their everyday lives.

The research assistant capitalizes on his identity as "local" to deconstruct mistrust

Being 'local' does not mean the research assistant had a fixed identity in his relationship with the study participants. Even though Julián is *Ayacuchano,* that is born and raised in the Ayacucho Region, coming from outside of the research sites meant that he still needed to find a way to build trust in the participant-assistant relations. In this context, his clothing was one of the strategies he used to establish his trustworthiness.

During the data collection, Julián, who was studying in a Master's program at a private university in Lima, wore a jacket emblazoned with the logo of the university. At first, I did not think that he was intentionally wearing the jacket but he explained to me that wearing the jacket with the university logo gave him a certain degree of credibility, as other workers from different government institutions and NGO program always wear jackets bearing their institutional logos when they visit people's homes in the community.

Referring to two incidents of local university students being killed during their fieldwork in the Ayacucho Region in the past, he believed that a local male research assistant and a foreign female researcher with no visible institutional identity hardly conveyed trustworthiness when approaching people and instead may attract unwanted suspicion and attention which could jeopardize our safety. I also gradually learned the effect of clothing to self-representation because a woman in Socos initially believed me to be a nurse on one occasion when I was wearing a light-blue jacket as nurses do, while a man titled a pharmacist, who was wearing a white gown, a doctor.

On one hand, the visibility of this institutional identity was a way of representing an immediate sense of trustworthiness in the rural close-knit communities within which it is easy to spot outsiders. On the other hand, it also signifies a dissimilar social position in a micro-level community hierarchy. Wearing the jacket with the logo of a prestigious university in Lima, not of an agriculture association or a microfinance co-operative, simultaneously placed Julián in the social category of *profesionales* (teachers, health workers, engineers, municipality officers), distinct from the category of the *campesinos* (rural peasants) under inquiry. In Ayacucho, where acquiring an education and becoming a *profesional* are historically aspired to as a ticket out of poverty (Isbell, 1978; Leinaweaver, 2005), this visible distinction revealing the difference in the levels of education made the relationship between the research assistant and the study participants one that was power-ridden.

In a context within which his level of education constructed a boundary, the research assistant further capitalized on his "insider" knowledge to generate a sense of

ownership of knowledge in the participants. Julián was aware that people's unwillingness to participate in the research was not only due to unfamiliarity with academic research practices but also to a great degree of fear and anxiety over the uncertainty and possible misuse of the personal accounts the community provided. In this context, as I anticipated, I received several refusals to participate in my research during the recruitment process.

This omnipresent fear and reluctance to disclose personal information was related to the horrible experiences which many innocent villagers faced during the prolonged period of political violence. As psychologists in Carmen Alto told us during the focus group, "People in the countryside are very distrustful, very distrustful. If you ask them [some questions, they say] 'Why?' 'For what?' 'Who are you?' 'Why do you want my name?' 'For what do you want my signature?' [They are] very distrustful". For these people, mistrusting had become a survival strategy during the civil conflict when the state military and police were searching for members of *Sendero Luminoso* and disclosing their own identities could be a fatal act for them.

Within such a historical background, the word "research" can take on different meanings. While the word 'research' can be translated into *investigación* and *estudio* in Spanish, Julián had insider knowledge that both terms were not considered equal by the people of Ayacucho. The former evokes fear by reminding them of the abusive interventions and violations of human rights by the police [the Investigative Police of Peru] during the period of political violence (Transfer Commission of the Truth and Reconciliation Commission of Peru, 2004). In this milieu, he suggested that we avoid using the term *investigación*. In Quechua, he also distinguished the term *Qatipay*

(*investigación*) which has connotations of something private, illicit, or prohibited from *Yachay* (*estudio*) which means knowing and learning something licit, public, and permitted. Recognizing people's collective trauma, he carefully chose the words he used to engage with participants by saying, "we would like to know…" ("*yachayta munaniku*" in Quechua or "*queremos saber o conocer*" in Spanish) to participants.

In addition, strengthening the sense of the ownership of their knowledge among the participants was crucial for those unfamiliar with the conventional academic practices of knowledge dissemination, such as presentations in academic conferences and publications in academic journals. Prior to focus group discussions or interviews, Julián always told participants that I, a foreign researcher, would leave Peru once the fieldwork was over, whereas he would remain in Ayacucho to share and apply the research results wherever possible. He explained to me the importance of this gesture of positioning himself as an "insider" to help the community avoid perceiving that their information would be "stolen" by foreign researchers during and after the research activity.

Research assistant-researcher relationship evolves through interactions with study participants

The underrepresentation of the role which the research assistant plays in the knowledge construction may be due to the power asymmetry in the foreign researcher-local research assistant relationship (Deane & Stevano, 2016; Molony & Hammett, 2007). My feeling of unfairness with regard to the general underrepresentation of the contribution of local assistants to fieldwork activities made me think about how to

position Julián and myself in front of the research participants. As I spent more time with him and started to observe his positioning of himself as an insider dedicated to the dissemination of the research findings in Ayacucho, I started to refer to him as "a colleague" rather than "an assistant" in front of the study participants. I did not want to simply represent the "foreign researcher as employer-local assistant as employee" relationship (Deane & Stevano, 2016). Instead, I wanted to create a space in which Julián could be an active agent in the knowledge construction by generating a sense of ownership of the knowledge within him as well. In fact, he often proposed ideas to me in order to make the focus discussion more participatory based on his past experiences of working with communities.

As we developed a personal bond and trust through our mutual cultural learning during the frequent trips to the communities, Julián, who had his own socio-cultural positioning, also used the relationship with me to trigger transformation in the local community. During interviews and focus groups, we often heard how the machismo that structures gender inequality in Latin American society is deeply embedded in various aspects of daily life—particularly in the rural areas of Ayacucho. For instance, a psychologist in Carmen Alto told us 'That old *machista* habit, the culture where men walk in front, women walk behind, is very strong here. Here there are young people, but they drag on these old customs." One day, when we were walking in Socos, Julián noticed that I tended to walk behind him, not next to him, and asked me whether this was the general practice of Japanese women. Julián considered my walking pattern of following him to be a behavior related to *machismo*. I responded that it was an unconscious behavior

though Japanese gender practices may have shaped my behavior as some Japanese men still prefer women to walk two or three steps behind them. He suggested I walk beside him because he wanted to demonstrate a model of gender equality while walking in rural Socos if I did not mind. Appreciating his comments, I realized that the research team of a foreign researcher and a local research assistant being in the field meant not only were we observing what the participants did but also that they were observing what we did, and that we could potentially include the element of raising awareness of gender empowerment while in the field.

Practical Lessons Learned

Engaging research participants in global mental health research is a complex relational process where trust is being sought, built, or suspended through interactions between the researcher, the research assistant, and the participants in a contingent and unpredictable manner. As my experience demonstrates, researcher-participant relations are inseparable from the political and historical context of the community. Consequently, the researcher's specific identity attributes which may be associated with a politically sensitive issue or area can lead the researcher-participant relationship in an unintended direction, be it engaging or distancing. The researcher being seen as an "outsider" with political connotations does not automatically mean a fixed positioning that limits access to the community. The degree to which the study participants trust the researcher and what information they disclose is influenced by the way the study participants position the researcher in relation to the specific historical, political and socio-economic context.

Researcher-participant relations are always unstable as a visit by an "outsider" researcher became undesirable and physical access to the community was declined when concern over droughts mounted and collective fear spread across the community based on the Andean myth of the *Pishtaco*. This experience underscores that a researcher enters the participants' worldview and daily lives and the presence of the researcher may influence their lives and vice versa. The participants and the researcher constantly make choices about how far they become involved and what forms of knowledge they create in the dynamic spaces of engagement and distance.

Even for the local research assistant, his identity variable of being *Ayacuchano* intersects with his other positioning factors. As the ambiguity of the identity of being local moved the research assistant back and forth between the insider-outsider boundaries, he needed to build the positionality of his insiderness into the relationship with the study participants. With a history of political violence during which people learned to mistrust others in order to survive, being *Ayacuchano* did not necessarily guarantee immediate trustworthiness by the community. Therefore, the research assistant actively cultivated himself to create the conditions for trust through his visible institutional identity. At the same time, the educational background of the research assistant presented through his clothing marked the difference in the social categories between the research assistant and the participants. This power imbalance surrounding relations of unequal status and distinction constantly shifted as the research assistant negotiated his insiderness using the Quechua language, historical and cultural sensitiveness, and his commitment to sharing the post-research knowledge with the study participants. The emphasis he placed upon

sameness in terms of ethnicity and language and the shared historical experience and cultural practices provided a small leap to trusting and generated a sense of ownership of the knowledge among the study participants.

The researcher-research assistant relationships also shape and are shaped by interactions with study participants. Julián's self-representation with an emphasis upon his identity as *Ayacuchano* in order to generate a sense of the ownership of knowledge among the study participants and his commitment to knowledge sharing changed the way I positioned and represented him in the researcher-assistant relationship. The inherent hierarchy between the researcher and the research assistant based on the employer-employee relation gradually became flattened by positioning ourselves as colleagues on a research team. Furthermore, the researcher-research assistant relationship may depart from being neutral and potentially motivate a social change. As Julián suggested that I walk beside him to exemplify what gender equality may look like in the rural Andean community, the researcher and research assistant influence each other and evaluate the lives of others relative to each one's own values, knowledge, and ideology (Cunliffe & Karunanayake, 2013). As such, the researcher-research assistant relations have the potential to motivate social change among the community.

As the current example of practice of reflexivity demonstrates, trust-building is essential to establishing the respectful alliances with study participants to facilitate the fluid process of knowledge construction within which multiple stages of identity work affect triple subjectivities. In the identity work, trust is not a thing but the process within which 'the personal and social relations that occur in particular and contingent social,

political, and institutional contexts' produce situated knowledge (Edwards, 2013, p. 505). The continuous negotiations of multiple identities and positioning attributes, such as the nationality, ethnicity, language, and gender of the researcher, research assistant, and study participants, determine the degree of access to knowledge. Thus, it is important to recognize how the relational spaces affect not only the research process but also the research outcome (Keikelame & Swartz, 2019; Miller, 2004). Otherwise, a lack of critical reflection on trust and relational contexts may minimize access to the authentic stories of the study participants because what the study participants disclose may be only what they want the researcher to know (Miller, 2004; Pack, 2006).

Conclusion

Trust-building is a complex relational process in which a range of positioning factors that were associated with the researcher and assistant--which took on unexpected meanings in the socio-cultural and historical context of the study---influenced knowledge construction with the participants. In the dynamics of the researcher-research assistant-participant relationship in global mental health research, researchers encounter and negotiate differences, connections, and tensions that shape and are shaped in the power imbalance. Even though reflexivity is not without its critics, this case study demonstrates that reflexivity that examines positionality attunes researchers to asymmetrical research relationships, questions embedded social and cultural assumptions of researchers, and challenges the ways in which researchers access and represent local voices (Cunliffe & Karunanayake, 2013; England, 1994; Finlay, 2002; Pillow, 2003). With a reflexive gaze

at the relationality in research, the researcher may not only become able to gain greater understanding of the knowledge construction process and the legitimacy of the representation of the voices and experiences of Others but also to make culturally informed and ethical choices in negotiations with researchers' multiple identities (Cunliffe & Karunanayake, 2013; Finlay, 2002; Pillow, 2003). This case study concludes by stating that reflexive analysis involving the iterative revisiting of the relational practice unique to the researcher-research assistant-participant relationship may contribute to constructing knowledge that is more responsive to local contexts and needs.

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CHAPTER7

DISCUSSION AND CONCLUSION

Final Conclusion

The overarching goal of my dissertation was to explore the perspectives on and experiences of those who use alcohol in the Peruvian south-central Andean highland population. The aim was to situate alcohol use amidst the historical, social and economic conditions of the region, with a particular emphasis on individual and collective meanings associated with alcohol use. I have argued that broad economic and political powers and socio-economic structure operate in local everyday life to shape the meaning and practice of alcohol use in this region. I have also highlighted historical and cultural influences on alcohol use that create multifaceted meaning-making processes at a collective level.

As the results on local perspectives and experiences illustrate, harmful alcohol use among the highland population is not only an individual experience, but also an expression of political and structural violence. In addition to the personal and collective memories entangled with history of political violence, this dissertation highlights structural vulnerability of the Andean highland population. Their inferior position within hierarchical relationships of power makes them vulnerable to sources of collective suffering including persistent economic hardship, socio-economic inequality, exploitation, and impoverished living and working conditions (Gamlin, 2016; Quesada, 2011; Quesada, Hart, & Bourgois, 2011; Worby et al., 2014). This vulnerability intersects with past and present interpersonal struggles and future uncertainty to create conditions conducive to alcohol use as a coping strategy.

In this context, alcohol provides to many in this region temporary relief from these everyday hardships – some of which are manifested in bodily pain and psychological distress. On the other hand, corporate activities tap into the Andean cultural values of collective drinking through intense marketing of alcohol products over which local governments exert limited control. Many of these activities shape attitudes and patterns around alcohol use in ways that are beyond individual control. This dissertation argues that mental health practitioners and policy makers must adopt a systemic approach to address structural and commercial influences that disproportionally feed into a perpetual cycle of alcohol use and misuse.

As a result of complex macro-micro interactions, culture creates new experiential dimensions of alcohol use. During increasingly frequent occasions of collective drinking to intoxication, men construct and demonstrate their masculine identity by drinking more and spending more –showing control over the household economy. At the same time, their alcohol use is entangled with their psychological distress, peer pressure, and the desire to strengthen social ties. Discounting these socio-cultural dimensions and power perspectives can limit the cultural relevance and acceptability of interventions designed to address the issue of harmful alcohol use.

Study Strengths and Limitations

This study had several strengths and some weaknesses. Among its strengths, the use of the ethnography methodology with triangulation of data sources — interviews, focus group discussion, and observation — presents diverse portrayals of the changing

perceptions and meaning associated with alcohol use in the region. Immersing myself in the field for eight months allowed me to gain context-centered and pluralistic perspectives on alcohol use. Furthermore, I was able to triangulate interview findings with observational data that could be validated subsequently by study participants and other local informants.

Another strength is the political economy approach adopted in the study. It reveals the broad structural and social processes shaping current harmful alcohol use in the south-central Andean highlands of Peru. The level of analysis of this approach promises increased transferability of the study findings to multisectoral action and policy work.

In addition, being in the field over time facilitated my ability to establish trust and rapport with local health professionals and community health promoters. Correspondingly, my residency in the community allowed me to recruit difficult-to-access community members with problem drinking, including those who had never sought health services and those who had discontinued treatment as well. Thus, the narratives presented here reflect these multiple experiences and realities within the study context.

One of the potential limitations of the present dissertation is lack of objective measurement of patterns of alcohol use using a valid screening tool. Soon after I started my fieldwork, I witnessed the marked heterogeneity of drinking practices. This observation made me realize the potential challenge in asking about the pattern of alcohol use at an individual level. Thus, the interviewees' drinking patterns and their associated social and/or health consequences were not characterized quantitatively. Given that a main focus of the study was on local perspective and collective meanings of alcohol use,

quantifying the specific patterns of alcohol use among participants would have been useful to further consider how interventions could be individualized.

Another limitation is that some participants, particularly female participants, might have had difficulty sharing sensitive information related to their alcohol use and selling of alcohol (in case of participants who were local vendors) with other participants and/or research team members. We made efforts to create a safe space to minimize feelings of discomfort and mistrust by clarifying the purpose of data collection and the procedures related to data management and confidentiality. While participant observation helps to understand the complexities of people's beliefs, values, and behaviour in natural settings, the limited engagement of some participants in discussion and interviews likely constrained the access to the full range of in-depth experiences.

In addition, a risk of constructing a unified 'community voice' overlooking significant internal differences and heterogenous perspectives needs to be considered. Even though we tried to sample community participants with diverse backgrounds and interests, access to perspectives and experiences of some specific sub-groups were constrained. The trajectory of alcohol use in the life history of victims of political violence, religious beliefs and community practice of abstinent evangelists, and the experiences of adolescents who already had started to drink and/or had begun to live separately from their parents, would have contributed to a fuller understanding of the roles of history, religion, and family in the dynamics of alcohol use and control. Lastly, the findings' generalizability to other populations and contexts is uncertain. When thinking through the

transferability of the findings, the unique contextual and cultural features must be considered (Faregh, Lencucha, Ventevogel, Dubale, & Kirmayer, 2019).

Directions for Future Research

The current dissertation points to several directions for future research. Lack of self-awareness of what constitutes problem drinking in the local context is an important challenge towards tailoring prevention programs. Thus in Global Mental Health (GMH) research, more attention should be paid to a broad range of problem drinking, not necessarily limited to AUD. In many LMICs, many drinkers who are at risk of developing AUD but who have not yet met the diagnostic threshold for AUD are still not targeted by health interventions.

Second, the role of family in harmful alcohol use should be further studied. Participants' accounts highlighted the significant roles of family members in influencing alcohol use as well as in providing support and motivation for mitigating alcohol consumption. Nonetheless, interventions addressing men's drinking and its effects on families, particularly related to parent-child outcomes, remain scarce (Giusto & Puffer, 2018). Family-focused research into interventions for harmful alcohol use and AUDs is warranted.

The impact of commercial determinants of health is increasingly recognized. Comprehensive interdisciplinary examination of production, distribution and consumption of alcohol based on analyses on policies, laws, economy, and marketing is warranted specifically in LMICs, where information of the alcohol produced and

consumed often remain unrecorded in official statistics because it is brewed in the home, consumed in exchange of services, or illegally distributed (Schmidt & Room, 2012; Walls, Cook, Matzopoulos, & London, 2020). In addition, research that integrates biocultural understandings with socio-cultural approaches promises to advance the current anthropological approach in alcohol research (Hunt & Barker, 2001; Kushner, 2010; Lende, 2005). How psychological processes mediate the effect of culture on individual health is one of many focuses of biocultural approach (Hruschka, Lende, & Worthman, 2005; Leatherman & Goodman, 2011). Biocultural analysis can reveal dialectical relationships between poverty, malnutrition, illness, and household production in south-central Peruvian Andean highland. Along these lines, and as proposed by a physician in Socos, the association between children's malnutrition and fathers' alcohol use is an area of potential future research in this region. Research into biocultural hypotheses could help understand the complex relationships between sociocultural environment, individual biology, family dynamics, and alcohol use.

Lastly, community action research into interventions to reduce alcohol-related problems should be enhanced in GMH investigations. Communities have often lacked power to influence policy measures (Room, 2017). On the other hand, government policy does not always reflect what may work best in a particular community (Giesbrecht, Bosma, Juras, & Quadri, 2014). Community action research that involves community participants bridges this gap and enhances an experimental intervention's adaptation, acceptance, and sustainability. An intervention that is tailored in a way that responds to

the needs, priorities, and interests of the target community is likely to optimize its benefits (Barrera, Castro, & Steiker, 2011; Giesbrecht et al., 2014).

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APPENDICES

Appendix 1 Informed consent forms
[For focus groups]

CONSENTIMIENTO INFORMADO
[Grupos Focales]
¿Considero qué bebo demasiado? El uso del alcohol en la población alto andina que habla quechua en la provincia de Huamanga en Ayacucho, Perú

Investigadora: Sakiko Yamaguchi, Estudiante de Doctorado, Universidad de McGill
Collaboradores: Sr. Julian Berrocal Flores (Asistente del investigacion, San Juan Bautista District), Dra. Ines Bustamante (Asesora, Universidad Peruana Cayetano Heredia), Dr. Tom Brown (Asesor, Universidad de McGill)
Financiamiento: Socided Osler del Japón, la Fundación Uehiro de ética y educación /Programa de Salud Global de la Universidad de McGill

Buenos días, estamos pidiendo su participación en un proyecto. Antes de aceptar participar y darnos su permiso, por favor, lea atentamente estas hojas. Le invitamos a hacer cualquier pregunta sobre cualquier palabra o información que no esté clara.

OBJETIVOS DEL PROYECTO
Estamos llevando a cabo un proyecto desde julio de 2016 hasta febrero de 2017, con la dirección del Dr. Thomas Brown, profesor de la Universidad de McGill (Canadá) y la Dra. Inés Bustamante, profesora de la Facultad de Salud Pública y Administración de la Universidad Peruano Cayetano Heredia (Lima). El fin de este proyecto es aprender más sobre las formas de consumo de alcohol y las características de éste en las personas que viven en las regiones alto andinas de Ayacucho. Esperamos utilizar los resultados de este trabajo para promover comportamientos saludables para consumo de alcohol y prevenir la violencia relacionada. Estamos interesados en conocer sobre sus historias acerca de su salud, su familia, y su comunidad.

PROCEDIMIENTOS DE ESTUDIO
Si usted acepta participar, usted será invitado a conversar sobre el hábito de consumir bebidas alcohólicas con otras personas de la comunidad y compartir su opinión del consumo de alcohol en esta comunidad basada en su experiencia. Haremos esta actividad dos veces, y esta actividad tendrá una duración de una hora y vamos a grabar la conversación con su consentimiento para asegurarnos que la información se registre mejor. El objetivo de la grabación es permitir a los investigadores revisar la entrevista para entender mejor todo lo que usted nos ha dicho.

BENEFICIOS Y RIESGOS
No hay beneficios directos por participar en esta actividad. Sin embargo, todos los participantes recibirán un volante educativo que mostrará la información sobre dónde buscar ayuda para problemas de salud relacionados con el consumo de alcohol. También su participación incluye la oportunidad de contribuir a la comprensión de las prioridades de salud y de las necesidades que usted y su comunidad creen que son importantes.

No existen riesgos conocidos o esperados asociados con su participación en este estudio. Sin embargo, algunas personas pueden sentirse mal al conversar sobre las cosas que han visto o han experimentado en su vida cotidiana actual o pasada. Si le gustaría consultar a alguien, le daremos el nombre de la institución y persona a contactar. Si gusta conversar ahora, alguien de nuestro equipo puede brindarle orientación.

PARTICIPACIÓN VOLUNTARIA Y POSIBILIDAD DE RETIRARSE

Su participación en este proyecto de investigación es voluntaria. Por tanto, usted puede negarse a dar su consentimiento y no tendrá que participar en este proyecto. Usted puede retirarse de este estudio en cualquier momento, así como dejar de responder a una pregunta en particular. Si pide su retiro, destruiremos toda la información grabada. Si desea hacerme alguna pregunta, por favor no dude en hacerlo.

CONFIDENCIALIDAD

Si está de acuerdo la entrevista será grabada. Nadie más, excepto el equipo de investigación, tendrá acceso a la grabación. Nosotros no usaremos su nombre, o los detalles que permitan identificarlo. Todo lo que nos diga será confidencial. La información personal como edad, origen, religión, etc. se guardarán en un archivo bajo llave y los archivos en computadora serán protegidos por una contraseña. Los datos de audio grabados serán transcritos y destruidos después de haberlo verificado seis meses después de la transcripción. Los datos se mantendrán por el investigador a cargo del proyecto durante siete años despues de la investigacion. Los datos pueden ser publicados en revistas especializadas o compartidos con otros individuos durante conferencias científicas; sin embargo, nadie podrá identificarlo a usted. Asimismo, le solicitamos que guarde en secreto lo conversado por los otros participantes en el grupo.

COMPENSACIÓN

Su participación en este estudio es voluntaria y no recibirá ninguna compensación monetaria por su participación. Sin embargo, para la reconocer el tiempo que nos ha dado para las entrevistas, usted recibirá alguna muestra de agradecimiento.

INFORMACIÓN DE CONTACTO

Si usted tiene preguntas o comentarios sobre el proyecto de investigación o si siente que tiene un problema relacionado con su participación en el proyecto de investigación, usted puede comunicarse con el asistente de investigación del proyecto, el Sr. Julián Berrocal Flores, al teléfono 966905671. Si tiene preguntas sobre sus derechos por participar en esta investigación o si siente que ha sido tratado injustamente, puede llamar a la Dr. Frine Samalvides, Presidenta del Comité Institucional de Ética (CIE) de la Universidad Peruana Cayetano Heredia al teléfono 319-0000 (2271) o Douglas Institute Ombudsman al teléfono 1-514-761-6131, #3287.

CONSENTIMIENTO

Me han explicado el proyecto y mis preguntas fueron contestadas. También me dieron el tiempo suficiente para tomar una decisión. Doy mi consentimiento para participar en este

proyecto de investigación.

SI a la entrevista y grabación ☐ SI a la entrevista, NO a la grabación ☐

Fecha _____

_____
Nombre y Apellido

_____ o Huella digital
Firma de participante

FIRMA DE LA PERSONA QUE OBTUVO EL CONSENTIMIENTO
He explicado al participante de la investigación los términos del presente consentimiento y contesté a todas sus preguntas.

Fecha _____

_____
Julian Berrocal Flores

FIRMA Y COMPROMISO DEL INVESTIGADOR
Por la presente certifico que he explicado al participante de la investigación los términos del presente consentimiento informado, que he respondido a sus preguntas y que ha quedado claro que puede retirarse del estudio, sin sufrir ningún perjuicio.Me comprometo a respetar lo acordado en este formato de consentimiento informado y dar una copia firmada de este al participante.

Fecha _____

_____
Sakiko Yamaguchi

[For key informant interview]

CONSENTIMIENTO INFORMADO
[ENTREVISTA A INFORMANTES CLAVES]
¿Considero qué bebo demasiado? El uso del alcohol en la población alto andina en la provincia de Huamanga en Ayacucho, Perú

Investigadora: Sakiko Yamaguchi, Estudiante de Doctorado, Universidad de McGill
Colaboradores: Sr. Julian Berrocal Flores (Asistente de investigación, San Juan Bautista District), Dra. Ines Bustamante (Asesora, Universidad Peruana Cayetano Heredia), Dr. Tom Brown (Asesor, Universidad de McGill)
Financiamiento: Socided Osler del Japón, la Fundación Uehiro de ética y educación /Programa de Salud Global de la Universidad de McGill

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OBJETIVOS DEL PROYECTO
Estamos llevando a cabo un proyecto de investigación desde julio de 2016 hasta febrero de 2017, con la dirección del Dr. Thomas Brown, profesor de la Universidad de McGill (Canadá) y la Dra. Inés Bustamante, profesora de la Facultad de Salud Pública y Administración de la Universidad Peruano Cayetano Heredia (Lima). El fin de este proyecto es aprender más sobre las formas de consumo de alcohol y las características de éste en las personas que viven en las regiones alto andinas de Ayacucho. Esperamos utilizar los resultados de este trabajo para promover comportamientos saludables en relación al consumo de alcohol y prevenir la violencia relacionada. Estamos interesados en conocer sobre sus historias acerca de su salud, su familia, y su comunidad.

Tiene alguna otra pregunta?
Si la respuesta es: SI, tome nota de la pregunta y conteste.
Si la repuesta es: NO, continúe

PROCEDIMIENTOS DE ESTUDIO
Si usted acepta participar, será entrevistado sobre los hábitos de consumo de alcohol en este distrito, los aspectos de la salud relacionados con el uso de alcohol, los problemas sociales en este distrito relacionados al alcohol y finalmente sus opiniones y experiencias acerca de su consumo de alcohol y de otras personas. Esta actividad tendrá una duración de una hora y media y vamos a grabar la entrevista con su consentimiento para asegurarnos que la información se registre tal y como es. El objetivo de la grabación es permitir a los investigadores revisar la entrevista para entender mejor todo lo que usted nos ha dicho.

BENEFICIOS Y RIESGOS
No hay beneficios directos por participar en esta entrevista. Sin embargo, todos los

participantes recibirán un volante educativo que mostrará la información sobre dónde buscar ayuda para problemas de salud relacionados con el consumo de alcohol. También su participación incluye la oportunidad de contribuir a la comprensión de las prioridades de salud y de las necesidades que usted y su comunidad creen que son importantes.

No existen riesgos conocidos o esperados asociados con su participación en este estudio. Sin embargo, algunas personas pueden sentirse mal al conversar sobre las cosas que han visto o han experimentado en su vida cotidiana actual o pasada. Si le gustaría consultar a alguien, le daremos el nombre de la institución y persona a contactar. Si gusta conversar ahora, alguien de nuestro equipo puede brindarle orientación.

PARTICIPACIÓN VOLUNTARIA Y POSIBILIDAD DE RETIRARSE
Su participación en este proyecto de investigación es voluntaria. Por tanto, usted puede negarse a dar su consentimiento y no tendrá que participar en este proyecto. Usted puede retirarse de este estudio en cualquier momento, así como dejar de responder a una pregunta en particular. Si pide su retiro, destruiremos toda la información grabada. Si desea hacerme alguna pregunta, por favor no dude en hacerlo.

Tiene alguna otra pregunta?
Si la respuesta es: SI, tome nota de la pregunta y conteste.
Si la repuesta es: NO, continúe

CONFIDENCIALIDAD
Si está de acuerdo la entrevista será grabada. Nadie más, excepto el equipo de investigación, tendrá acceso a la grabación. Nosotros no usaremos su nombre, o detalles que permitan identificarlo. Todo lo que nos diga será confidencial. La información personal como edad, origen, religión, etc. se guardarán en un archivo bajo llave y los archivos en computadora serán protegidos por una contraseña. Los datos de audio grabados serán transcritos y destruidos después de haberlo verificado seis meses después de la transcripción. Los datos transcritos se mantendrán por el investigador a cargo del proyecto durante siete años. Los datos pueden ser publicados en revistas especializadas o compartidos con otros individuos durante conferencias científicas; sin embargo, nadie podrá identificarlo a usted.

COMPENSACIÓN
Su participación en este estudio es voluntaria y no recibirá ninguna compensación monetaria por su participación. Sin embargo, para reconocer el tiempo que nos ha dado para la entrevista, usted recibirá alguna muestra de agradecimiento.

Tiene alguna otra pregunta?
Si la respuesta es: SI, tome nota de la pregunta y conteste.
Si la repuesta es: NO, continúe

INFORMACIÓN DE CONTACTO
Si usted tiene preguntas o comentarios sobre el proyecto de investigación o si siente que

tiene un problema relacionado con su participación en el proyecto de investigación, usted puede comunicarse con el asistente de investigación del proyecto, el Sr. Julián Berrocal Flores, al teléfono 966905671. Si tiene preguntas sobre sus derechos por participar en esta investigación o si siente que ha sido tratado injustamente, puede llamar a la Dra. Frine Samalvides, Presidenta del Comité Institucional de Ética (CIE) de la Universidad Peruana Cayetano Heredia al teléfono 319-0000 (2271) o Douglas Institute Ombudsman al teléfono 1-514-761-6131, #3287.

Tiene alguna otra pregunta?
Si la respuesta es: SI, tome nota de la pregunta y conteste.
Si la respuesta es: NO, Usted acepta participar?
Si la respuesta es: SI, tengo que documentar su consentimiento.
Si la respuesta es: NO, diga:
Gracias por tomarse el tiempo para hablar conmigo

CONSENTIMIENTO
Me han explicado el proyecto y mis preguntas fueron contestadas. También me dieron el tiempo suficiente para tomar una decisión. Doy mi consentimiento para participar en este proyecto de investigación.
SI a la entrevista y grabación ☐ SI a la entrevista, NO a la grabación ☐

Fecha _____

_____
Nombre y Apellido

_____ o Huella digital
Firma de participante

FIRMA DE LA PERSONA QUE OBTUVO EL CONSENTIMIENTO
He explicado al participante de la investigación los términos del presente consentimiento y contesté a todas sus preguntas.

Fecha _____

_____
Julian Berrocal Flores
Firma de la persona que obtuvo el consentimiento

FIRMA Y COMPROMISO DEL INVESTIGADOR
Por la presente certifico que he explicado al participante de la investigación los términos del presente consentimiento informado, que he respondido a sus preguntas y que ha quedado claro que puede retirarse del estudio, sin sufrir ningún perjuicio. Me comprometo a respetar lo acordado en este formato de consentimiento informado y dar una copia

firmada de este al participante.

Fecha _____

_____
Sakiko Yamaguchi
Firma del investigador

[For MINI interview]

CONSENTIMIENTO INFORMADO
[ENTREVISTA INDIVIDUAL]
¿Considero que bebo demasiado? El uso del alcohol en la población alto andina en la provincia de Huamanga en Ayacucho, Perú

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OBJETIVOS DEL PROYECTO
Estamos llevando a cabo un proyecto desde julio de 2016 hasta agosto de 2017, con la dirección del Dr. Thomas Brown, profesor de la Universidad de McGill (Canadá) y la Dra. Inés Bustamante, profesora de la Facultad de Salud Pública y Administración de la Universidad Peruano Cayetano Heredia (Lima). El fin de este proyecto es aprender más sobre formas de consumo de alcohol y las características de éste en las personas que viven en las regiones alto andinas de Ayacucho. Esperamos utilizar los resultados de este trabajo para promover comportamientos saludables. Estamos interesados en conocer sobre sus historias acerca de su salud, su familia, y su comunidad.

PROCEDIMIENTOS DE ESTUDIO
Si usted acepta participar, le tomaremos la Entrevista semi-estructurada de Narrativas de Enfermedad o Malestar de McGill (MINI) en la entrevista individual para comunidades alto andinas. Dichos cuestionarios no se usa para diagnosticar, sino para entender su experiencia de la enfermedad relacionado al riesgo de alcohol en su salud. Esta actividad tendrá una duración de una hora; y vamos a grabar la entrevista con su consentimiento para asegurarnos que la información se registre mejor. El objetivo de la grabación es permitir a los investigadores revisar la entrevista para entender mejor todo lo que usted nos ha dicho.

BENEFICIOS Y RIESGOS
No hay beneficios directos por participar en esta entrevista. Sin embargo, todos los participantes recibirán un volante educativo que mostrará recomendaciones sobre estilos de vida saludable y la información sobre dónde buscar ayuda para problemas de salud relacionados con el consumo de alcohol. También su participación incluye la oportunidad de contribuir a la comprensión de las prioridades de salud y de las necesidades que usted y su comunidad creen que son importantes. Asimismo, al finalizar la entrevista se le dará una breve charla sobre estilos de vida saludables.

No existen riesgos conocidos o esperados asociados con su participación en este estudio. Sin embargo, algunas personas pueden sentirse mal al conversar sobre las cosas que han visto o han experimentado en su vida cotidiana actual o pasada. Si le gustaría consultar a alguien, le daremos el nombre de la institución y persona a contactar. Si gusta conversar ahora, alguien de nuestro equipo puede brindarle orientación.

PARTICIPACIÓN VOLUNTARIA Y POSIBILIDAD DE RETIRARSE

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CONFIDENCIALIDAD

Si está de acuerdo la entrevista será grabada. La información registrada es confidencial, y nadie más, excepto el equipo de investigación tendrá acceso a la grabación. Nosotros no usaremos su nombre, o los detalles que permitan identificarlo. Todo lo que nos diga será confidencial. La información personal como edad, origen, religión, etc. se guardaran en un archivo bajo llave y los archivos en computadora serán protegidos por una contraseña. Los datos de audio grabados serán transcritos y destruidos después del período de verificación de seis meses después de la transcripción. Los datos transcritos se mantendrían por el investigador a cargo del proyecto durante siete años. Los datos pueden ser publicados en revistas especializadas o compartidos con otros individuos durante conferencias científicas; sin embargo, nadie podrá identificarlo a usted.

COMPENSACIÓN

Su participación en este estudio es voluntaria y no recibirá ninguna compensación monetaria por su participación. Sin embargo, para compensar el tiempo que nos ha dado para las entrevistas, usted recibirá alimentos como muestra de agradecimiento.

INFORMACIÓN DE CONTACTO

Si usted tiene preguntas o comentarios sobre el proyecto de investigación o si siente que tiene un problema relacionado con su participación en el proyecto de investigación, usted puede comunicarse con el asistente de investigación del proyecto, el Sr. Julián Berrocal Flores, al teléfono 966905671. Si tiene preguntas sobre sus derechos por participar en esta investigación o si siente que ha sido tratado injustamente, puede llamar a la Dr. Frine Samalvides, Presidenta del Comité Institucional de Ética (CIE) de la Universidad Peruana Cayetano Heredia al teléfono 319-0000 (2271) o Douglas Institute Ombudsman al teléfono 1-514-761-6131, #3287.

CONSENTIMIENTO

Me han explicado el estudio y mis preguntas fueron contestadas. También me dieron el tiempo suficiente para tomar una decisión. Doy mi consentimiento para participar en este proyecto de investigación.

SI a la entrevista y grabación/ ☐ SI a la entrevista, NO a la grabación ☐

Fecha _____

_____ o Huella digital.
Firma de participante

FIRMA DE LA PERSONA QUE OBTUVO EL CONSENTIMIENTO
He explicado al participante de la investigación los términos del presente consentimiento y contesté a todas sus preguntas.

Fecha _____

_____
Firma de la persona que obtuvo el consentimiento

FIRMA Y COMPROMISO DEL INVESTIGADOR
Por la presente certifico que he explicado al participante de la investigación los términos del presente consentimiento informado, que he respondido a sus preguntas y que ha quedado claro que puede retirarse del estudio, sin sufrir ningún perjuicio.

Me comprometo a respetar lo acordado en este formato de consentimiento informado y dar una copia firmada de este al participante.

Fecha _____

_____
Firma del investigador

Appendix 2 Focus group interview guide

GRUPO FOCAL/Focus Group
Sesión 1/Session 1

1. Díganos su nombre o seudónimo, y también sobre su trabajo/estudio
Niykuwayku sutikita utaq sutinchasusqaykita chaynallataq willaykuwayku mayqinin aylluykikunawan yachasqaykita?
(Please tell us your name or nickname, and your work/study as well.)

2. ¿Qué es lo que piensan cuando oyen el término "borrachera"? Que referirse? Y un termino "alcoholismo"? Cual es la diferencia entre estos términos?
¿Burrachira nisqanta uyarispayki imatataq pinsankichik?
(What do you think when you hear the term "drunkenness"? What does it refer to? And how about the term "alcoholism"? What is the difference between these terms?)

3. Cuéntenos sobre su experiencia de haber visto algunas personas tomando alcohol (genero/edad/grupo o solo/cuando/tipo de bebida/dónde/qué ocasión, etc.) (No nos dan el nombre o cualquiera información que podríamos identificar.)
Willaykuwayku tragu upyaq runakuna rikusqaykita (qaykataq watan/warmi utaq qari kasqanman/sapallanchu utaq achkachu/qaykapi/ima tragutan/maypin/imarayku tumarqa)
(Please tell us your experience of having seen some people drinking alcohol (gender, age, group or alone, when, type of drinks, where, what occasion etc.)) (Do not provide a name or any information that we can identify the person.)

4.¿A que edad la gente (varon/mujer) empieza a beber alcohol/trago? ¿Cómo?¿Por qué?.
¿Runakunaqa(warmi/qari) qayka watanmantataq upyayta qallarin?¿imaynata?¿Imaynampi?.
(At what age do people (male/female) start drinking alcohol? How? Why?)

5. ¿En base de lo que han escuchado o visto, qué motiva la gente a tomar alcohol?
¿Rikusqaykimanta chaynallataq uyarisqaykimantapas, imaraykutaq runakuna traguta upyanku?
(Based on what you have heard or seen, what motivates people to drink alcohol?)

6. ¿En base de lo que han escuchado o visto, cómo se siente la gente cuando están tomando alcohol?
¿uyarisqaykiman utaq rikusqaykiman hina, imaynataq sintikunku chay runakuna traguta upyaspan?
(Based on what you have heard or seen, what do people feel when they are drinking alcohol?).

7. ¿En base de lo que han escuchado o visto, cómo se siente la gente después de tomar alcohol?.¿Y que hacen?
¿Uyarisqaykiman utaq rikusqaykiman hina, imaynataq sintikunkuku chay runakuna

traguta upyaruspan?¿Imatataq ruranku?
(Based on what you have heard or seen, what do people feel after drinking alcohol? And what do they do?)

8. Pensando lo que han escuchado o visto aproximadamente hace 5 años atrás (2011), ¿ven la forma de consumir actual ha cambiado, o sea, aumentado, o disminuido, o no ha cambiado? ¿De qué manera (frecuencia/tipo de bebida/volumen de consumo/con quienes, etc)?
Uyarisqaykiman utaq rikusqaykiman hina pichqa watamanta pasaqta yuyarispa(2011),¿tragu upyay cambiarunchu, yapakurunchu, minusyarunchu utaq icha qinallachu kachkan?. ¿Imaytaq chayqa (qayka kutita/ima tragukuna/achkatachu utaq pisillatachu upyanku /pikunawantaq)?.
(Thinking what you have heard or seen around 5 years before (2011), do you see the change of alcohol consumption has changed, that is, increased or decreased or not have changed? In what way?)

9 ¿Qué trae el consumo de alcohol a su comunidad?
¿llaqtaykiman imatataq apamun chay tragu upyay?
(What does alcohol consumption bring to your community?)

Sesión 2/Session 2

1. Sakiko es una extranjera que no está familiarizada con las normas sociales sobre el consumo de alcohol en su comunidad. Por favor, dígame qué tipo de costumbres con respecto al beber ella debería saber.

(Sakiko is a foreigner who is not familiar with the social norm about alcohol consumption in your community. Please tell me what kind of custom she needs to know to drink together.)

2. En la última reunión hemos discutido sobre la diferencia entre borrachera y alcoholismo. Como "la pirámide del bebedor" presenta, hay diferentes etapas de consumo de alcohol que podría llegar hasta dependencia. Cuando habla "borrachera," cuál etapa referirse? Y cuando habla "alcoholismo," cuál etapa referirse?

(In the last meeting, we have discussed about drunkenness and alcoholism. As the drinkers' pyramid present, there are different stages of alcohol consumption that could reach dependence. When you say "drunkenness," which stage do you refer to? When you say "alcoholism," which stage do you refer to?)

3. Qué manera de tomar mostran consumidores de alto riesgo?

(What way of drinking do high risk drinkers present?)

4. El patrón de consumo de alcohol por la mayoría es consumo ocasional, que tiene bajo riesgo. Sin embargo, hay personas quien toman perjudicialmente y podrían llegar hasta la etapa de dependencia. Qué trae esta diferencia en las patrones de consumo de alcohol, o sea, entre el grupo tomando en la manera moderada (o poco/nunca toman) y el grupo tomando en exceso?

(The patterns of alcohol consumption by the majority is occasional consumption, which has low risk. However, there are people who drink harmfully and can reach up to the stage of dependence. What brings the difference in the patterns of alcohol consumption, that is between the group of people drinking in the moderate manner (or little/hardly drink) and the
group of people who drink excessively?)

5. ¿Cuáles son los desafíos para reducir el consumo excesivo de alcohol en este distrito? (What are the challenges to reduce the excessive alcohol use in this district?)

6. ¿Cuáles son las fortalezas de esta comunidad para mejorar la salud en relacion con consumo de alcohol?
(What are the strengths of this community to improve the health in relation to alcohol consumption?)

7. [Para profesionales de salud] Como profesionales de la salud, ¿qué se puede hacer para reducir las consecuencias negativas de consumo de alcohol para la salud y la sociedad?
[For health professionals] (As health professionals, what can you do to reduce the negative consequences of alcohol for health and society?)

Appendix 3 Key informant interview guide

<Historia de la comunidad/History of community>

1. Estamos interesados en escuchar acerca de la historia y características de la población de este distrito. ¿Puede decirnos sobre eso? (Historia de la migración antes, durente y después de la violencia política y cambio de las características de los residentes tales como religión y económica condición etc..)

We are interested in hearing about the history and characteristics of the population in this district. Can you tell us about it? (Migration history before/during/after the political violence, change of characteristics of the residents such as religion, economic condition etc…)

2. Con respeto al contexto familiar, ha visto algun cambio de estructure familiar, relacion entre padres y hijos, y manera de crianza etc. relacionado con la historia de este distrito? (antes, durente y después de la violencia política)

With respect of family context, have you seen any change in family structure, relation between parents and children, the way of raising etc. in relation with history of this district? (before/during/after the political violence)

3. Nuestro proyecto es sobre el tema del consumo de alcohol en esta comunidad. ¿Puede compartir la información de fiestas/festivales sociales y culturales a nivel comunitario donde se toma colectivamente? (Calendario de eventos/participantes/actividades/que organiza y financia etc.)

Our project is about alcohol consumption in this community. Can you share information about fiestas/social and cultural festivities at the community level? (Calendar of events, participants, activities, who organize and finances etc.)

4. ¿En su opinion, qué tipo de funciones y roles tienen estas fiestas (Fiesta patronal)?

In your opinion, what type of functions and roles do these fiestas (Fiesta patronal) have?

5. ¿Ha visto algun cambio de estos funciones y roles que tienen estas fiestas? ¿De qué manera han cambiado?

Have you seen any change in these functions and roles which those fiestas have? In what way have they changed?

6. ¿En su opinion, aparte de las fiestas patronales, la manera de consumir alcohol en este distrito ha cambiado? ¿De qué manera han cambiado? ¿Qué ha traido esos cambios?

In your opinion, apart from fiestas patronales, has the way of consuming alcohol in this district has changed? If so, in what way has it changed? What has brought these changes?

7. ¿En su opinion, hay algunos factores que characteriza este distrito (por ejemplo, distrito de imigrantes, o historia de arrieros) que estan relacionado con consumo de alcohol?

In your opinion, are they factors that characterize this district (for example, district of immigrants or history of arrieros) that are relation with alcohol consumption?

8. ¿En base de lo que usted ha escuchado o visto, hay algunas consecuencias de la violencia political entre la poblacion actual en este distrito? (Nivel individual/familal/comunidad)

Based on what you have heard or seen, are there some consequences of political violence among the current population in this district? (individual/family/community level)

< Profesores de la escuela secundaria/Secondary school teachers>

1. Estamos interesados en los patrones del uso de alcohol en este distrito. ¿Han visto u oído hablar de consumo de alcohol en menores de edad entre los estudiantes de esta escuela? ¿Si es así, puede contarnos más?

We are interested in the pattern of alcohol use in this district. Have you seen or heard alcohol consumption by the minors among students in this school? If so, can you tell us more?

2. ¿Desde cuándo el consumo en menores de edad ha sido esto un problema? (¿Recientemente?)

Since when the alcohol consumption by minors has been a problem? (recently?)

3. ¿Hay algunos otros problemas que usted ha visto en los estudiantes, además del consumo de alcohol en menores de edad? (ej. drogas, embarazo, acoso etc.)

Are there other problems that you have seen in students in addition to alcohol consumption? (e.g. drugs, pregnancy etc.)

4. ¿El consumo de alcohol en menores de edad con que esta relacionado?

What is related to consumption of alcohol by the minors?

5. Los various estudios nos señalan que la familia tiene gran influencia en el inicio del consumo del alcohol y/o droga por los adolesentes. Considerando los casos del consumo de alcohol entre adolescentes aqui, ¿como se caracterizan estas familias?

Various studies have shown us that family has great influence in the initiation of alcohol use/drug by adolescents. Considering the cases of alcohol consumption among adolescents here, how do you characterize those families?

6. ¿Ha visto alguna influencia del cambio de los factors socio-culturales (e.j. ingreso economico, uso de celular e internet) en las relaciones entre los estudiantes y sus padres? ¿Si es así, puede contarnos más?

Have you seen some influence of change in socio-cultural factors (e.g. economic income, use of cellphone or internet) in the relations between students and parents? If so, can you tell us more?

7. ¿Ha visto alguna influencia de la experiencia de la violencia política en las relaciones entre los estudiantes y sus padres? ¿Si es así, puede contarnos más?

Have you seen some influence of experience of political violence in the relations between students and families? If so, can you tell us more?

8. A nivel escolar, han implementado programas/actividades para evitar el consumo de alcohol en menores de edad y otros problemas de salud en los estudiantes? Si es así, ¿puede explicar más? ¿Que los resultados han obtenido?

At school level, have you implemented programs/activities to avoid consumption of alcohol by minors and other problems related to health among students? If so, can you tell us more? What results have you gained?

8. En su opinión, ¿qué pueden hacer los estudiantes para la promoción de estilos de vida saludables y la prevención del consumo del alcohol en menores de edad?

In your opinion, what can students do to promote the healthy lifestyle and prevention of alcohol consumption?

9. En su opinion, el consumo del alcohol es totalmente perjudicial? Cuentenos mas.

In your opinion, is alcohol consumption totally harmful? Tell us more.

< Vendedor de alcohol/alcohol venders >

1. Estamos interesados en los patrones de consumo de alcohol en esta comunidad. ¿Para entender la condición de los aspectos de la venta de alcohol, puede decirnos acerca de su negocio? (Qué tipo de bebida venden / quiénes son los principales clientes/hora de atención del negocio/sistema de distribución etc.)

We are interested in the patterns of alcohol consumption in this community. In order to understand the condition of aspects of alcohol sale, can you tell us about your business? (What type of drink that you sale/who are the principle customers/hours of service/distribution system etc.)

2. Específicamente sobre consumo de alcohol, ¿ha visto algún cambio en los patrones de consumo en comparación con hace 5 años atras? ¿Si es así, de qué manera? (Qué bebidas/quién/dónde/cuándo/cantidad, etc).

Specifically, about alcohol consumption, have you seen some change in patterns of consumption in comparison with 5 years before? If so, in what way? (What type/who/where/when/quantity etc.)

3. ¿Cómo se decide el precio de las bebidas alcohólicas que venden? ¿Reciben promociones/publicidad de empresas?

How do you decide the price of alcoholic beverages you sell? Do you receive promotions/advertisement?

4. Si un muchacho o muchacha que parece menor de edad viene a comprar alcohol, ¿qué hace?

If a boy or a girl who looks younger than the legal age to buy alcohol, what do you do?

5. ¿Hay algún dispositivo legal o ley que tiene que cumplir su negocio? ¿Por ejemplo con respecto al horario de atención, venta de alcohol metílico/caña, venta a los menores de edad?

Is there any rule or law that you need to comply for your business? For example, with respect to the hours of your service, sale of alcohol metílico/caña, or sale to people below the legal age of drinking?

6. ¿En su opinion, el consumo de alcohol perjudicial? Si es así, en su opinión, ¿qué role y responsabilidades se consodera necesario asumir como vendedor de bebidas alcohólicas para promover la vida saludable en este distrito?

In your opinion, is consumption of alcohol harmful? If so, in your opinion, what role and responsibilities do you consider necessary to fulfill as alcohol vender to promote the healthy life in this district?

<Personal de comisaria/Police officer>

1. Estamos interesados en los patrones del uso de alcohol en este distrito. ¿Qué piensan cuando escuchan el término "borrachera"? ¿Qué referirse? Y un termino "alcoholismo"? Cual es la diferencia entre estos términos?

We are interested in patterns of alcohol use in this district. What do you think when you hear the term "drunkenness"? What does it refer to? And how about the term "alcoholism?" What is the difference between these terms?

2. ¿Puede explicar cuál es la situación actual de consumo del alcohol en este distrito? (e.g. consumo en menores de edad, violencia familiar/sexual bajo la influencia del consumo del alcohol, la conducción de carros en estado de ebriedad, tráfico y consumo de drogas etc.) ¿Tienen información estadística disponible?

Can you explain the current situation of alcohol consumption in this district? (e.g. consumption by minors, family/sexual violence under the influence of alcohol consumption/condition of drink-driving/drug trafficking and consumption etc.) Do you have available statistics?

2.1 ¿La situacion ha cambiado en comparacion con hace 5 años atlas? Si ha cambiado, de qué manera ha cambiado y qué factors son las causas de este cambio?

Has the situation changed in comparison with 5 years ago? If it has changed, in what way has it changed and what factors are the causes of this change?

3. Durante de las fiestas patronales, ¿hay algunos problemas relacionado con el consumo de alcohol?

During the fiesta patronal, are they some problems relation to alcohol consumption?

4. ¿Considerando lo que han escuchado o visto hace 5 años, la situacion del consumo de alcohol durante de las fiestas patronales ha cambiado?

Considering what you have heard or seen 5 years ago, has the situation of alcohol consumption changed during the fiesta patronal?

4.1 Si ha cambiado, de qué manera ha cambiado y qué factors son las causas de este cambio?

If it has changed, in what way has it changed and what factors are the causes of this change?

5. ¿Cómo está el estado general de la destilación, distribución y venta del alcohol clandestino?

How is the general situation of distillation, distribution, and sale of clandestine alcohol?

6. ¿Tiene alguna estrategia específica/actividades para evitar los problemas relacionado con el consumo del alcohol (e.g. consumo en los menores de edad, la violencia y la delincuencia, conducción de carros en estado de ebriedad) ? Se coordina con otras instituciones, como el Centro de Salud/colegio/ONG?

Do you have some specific strategy/activities to avoid problems related to alcohol

consumption (e.g. consumption by minors/violence and delinquency/drink-driving)? Do you coordinate with other institutions, such as Health Center/college/NGO?

7. En su opinión, ¿Porqué algunas personas toman excesivo hasta que ellos causan las conductas problematicas en la sociedad aunque saben que hay penalidad de esas?

In your opinion, why do some people drink excessively up to the point where they cause some problematic behaviors in the society even though they know that they have some penalty of them?

8. ¿Usted ve alguna manera del cambio de valores y morales en la sociedad? Si han cambiado, de qué manera ha cambiado y qué factors son las causas de este cambio?

Do you see some form of change in values and morals in the society? If they have changed, in what way have they changed and what factors are causes of this change?

9. En su opinión, ¿Qué las personas de la comunidad pueden hacer algo para reducir las conductas negativas como la consequencia del consumo del alcohol?

In your opinion, what can people in the community do to reduce the negative behaviors as consequences of alcohol consumption?

10. En su opinión, el consumo del alcohol es totalmente perjudicial? Cuentenos mas.

In your opinion, is alcohol consumption totally harmful? Tell us more.

<Las personales de salud/Health professional>

1. Estamos interesados en los patrones del uso de alcohol en este distrito. ¿Puede decirnos acerca del estado actual de los problemas de salud relacionados con el alcohol?

We are interested in the pattern of alcohol use in this district. Can you tell us about the current situation of health problems related to alcohol?

2. Con respecto a las personas que presentan dependencia al alcohol y consumo perjudicial de alcohol, ¿en qué etapa se encuentran en términos generales? ¿Vienen después de desarrollar síntomas severos que requieren tratamiento especializado o antes?

With respect of people who present dependence of alcohol and harmful alcohol use, in what stage do you encounter them in general terms? Do they come after they develop severe symptoms that require special treatment or before?

3. ¿Cómo se identifica y qué tipo de intervención se da a las personas con problemas de consumo de alcohol?

How do you identify and what type of intervention do they provide to people with problems of alcohol consumption?

4. Específicamente sobre el consumo de alcohol, ¿ha visto algún cambio en los patrones de beber después de la violencia política? ¿Si es así, puede contarnos más? (Qué bebidas/quién/dónde/cuándo/como la experiencia de la violencia politica influye en el cambio, etc.).

Specifically about the alcohol consumption, have you seen some change in the patterns of drinking after the political violence? If so, can you tell us more? (what drinks/whom/where/when/how the experience of political violence influences on the change etc.)

4.1 Aparte del consumo de alcohol, ¿todavia se ve algun consecuencia de la violencia politica en salud mental de la poblacion? ¿Hay algun impacto intergeneracional de la violemcia political?

Apart from alcohol consumption, do you see some consequences of political violence in mental health of the population? Is there some intergenerational impact of political violence?

5. ¿Cómo ve la situacion del consumo del alcohol durante de las fiestas patronales?

How do you see the consumption of alcohol during the fiestas patronales?

5.1 ¿La situacion ha cambiado en comparacion con hace 5 años atlas? Si ha cambiado, de qué manera ha cambiado y qué factors son las causas de este cambio?

Has the situation changed in comparison with 5 years ago? If so, in what way has it changed and what factors are causes of this change?

6. ¿Cómo ve el tema del consumo de alcohol en menores de edad? ¿La situacion ha

cambiado en comparacion con hace 5 años atlas? Si ha cambiado, de qué manera ha cambiado y qué factors son las causas de este cambio?

How do you see the theme of alcohol consumption among minors? Has the situation changed in comparison with 5 years ago? If so, in what way has it changed and what factors are causes of this change?

6.1 ¿Qué cree que motiva a los adolescentes para comenzar a tomar?
What do you think motives adolescents to start drinking?

7. ¿Cómo ve el tema de la violencia familiar? ¿Qué le parece la influencia del alcohol sobre el tema de la violencia familiar? (del género, y la cultura del machismo etc.)

How do you see the theme of family violence? What do you think of the influence of alcohol about theme of family violence? (about gender and the culture of machismo etc.)

7.1 ¿La situacion ha cambiado en comparacion con hace 5 años atlas? Si ha cambiado, de qué manera ha cambiado y qué factors son las causas de este cambio?
Has the situation changed in comparison with 5 years ago? If it has changed, in what way has it changed and what factors are the causes of this change?

8. ¿Se han implementado algunas actividades y programas que tratan de prevenir el consumo perjudicial y promover un consumo bajo, sin riesgo? ¿Si es así, puede contarnos más?
Have you implemented some activities and programs that deal with prevention of harmful alcohol use and promote lower consumption without risk? If so, can you tell us more?

9. En su opinión, el consumo del alcohol es totalmente perjudicial? Cuentenos mas.
In your opinion, is alcohol consumption totally harmful? Tell us more.

Appendix 4 McGill Illness Narrative Interview (MINI)

Entrevista McGill de Narrativa de Malestar o enfermedad

McGill Illness Narrative Interview (MINI) Generic Version for Disease, Illness or Symptom

Danielle Groleau, Allan Young, & Laurence J. Kirmayer c2006

Spanish translation by Irene Hofmeijer (2009), then corrected by Consuelo Errazuriz and Fannie Martel (2010)

Sección 1. NARRATIVA INICIAL DE MAL ESTAR (INITIAL ILLNESS NARRATIVE)

Antes de empezar la entrevista, vamos a decidir como llamamos su problema de salud (e.g. problema de beber/alcoholismo/ampo/adiccion- cualquier término de un diagnostico o jerga que elija el entervistado)

1. ¿Cuándo tuvo su problema de salud o dificultad por primera vez?.

[Remplace los términos del respondiente por PS (problemas de salud) en esta y las proximas preguntas] [Deje que la narrativa dure el máximo de tiempo posible, sólo haga preguntas cortas para incentivar, preguntando ¿Que paso entonces? ¿y despues?]

1. ¿Qaykapimantan imapas sasachakuy chayamusuranki?[…] ¿Imataq pasarqa chaypi? ¿Chaymantaqa?.

2. Nos gustaría saber más de su experiencia. ¿Nos podría decir cuando se dio cuenta que tenía este (PS)?

2. Riqsiytan munaniku yachaynikimanta. ¿Willaykuwayku qaykapim musyakurqanki chay (PS) kasqanta?

3. ¿Nos puede decir que paso cuando tuvo su (PS)?

3. ¿Willaykukiwanchu imataq pasakurqa chay (PS) karuptin?.

4. ¿Paso alguna otra cosa más? [Repita las veces que sea necesario para obtener información sobre experiencias y eventos contiguos]

4. ¿Chaymantaqa quk imapas pasasurqankichu?.

5. Si usted busco ayuda de alguna persona o de un curandero [u otra persona practicante de medicina tradicional], cuéntenos de su visita y que paso después.

5. Piatataq yanapasunaykipaq maskarqankichu utaq qampiqmanpas rirqankichu […] willaykuwayku chay risqaykimanta¿Chaymantaqa?.

6. Si fue a ver un doctor, cuéntenos de su visita al doctor o de su hospitalización y que pasó después.

6. Ducturman rirqankichu, imatataq pay nisurqanki chaymantaqa?

6.1 ¿Se le hizo algún test o se le dio algún tratamiento para su (PS)?¿Que pasó después? [La relevancia de esta pregunta depende del tipo de problema de salud]

6.1.¿imapas analisista ruwasurqankichu icha qampitachu qusurqanki chay (PS)?¿Chaymantaqa?

Sección 2. NARRATIVA PROTOTIPO (PROTOTYPE NARRATIVE)

7. ¿En el pasado, usted ha tenido algún problema de salud que considera parecido a su (PS) actual? [Si la respuesta de P.7 es afirmativa, pregunte P.8]
7. ¿Pasaq watakunapi ima unauypas qapisuqniki kunan chay (PS) Kaqllañachu?

8. ¿De qué manera ese problema de antes es parecido o diferente a su (PS) actual?
8. ¿Kunan (PS) kaqllañachu icha manachu pasaq timpupi unquynikiwan?

9. ¿Alguna persona en su familia tuvo un problema de salud parecido al suyo?
[Si la respuesta de P.9 es afirmativa, pregunte P.10]
9. ¿ Mayqinin aylluykipas qan qin unqurqachu?.

10. ¿De qué manera considera que su (PS) es parecido o diferente al problema de salud de este familiar?
10. ¿Imanataq chay (PS) kaqllachu icha manachu aylluykipa unquyninwan?.

11. ¿Alguna persona en su entorno social (amigos o compañero de trabajo) tuvo un problema de salud parecido al suyo? [Si la respuesta de P.11 es afirmativa, pregunte P.12]
11. ¿Qukaqnin amistadnikikuna (llamkaq masiki, amiguchayki) qampa qina sasachakuy unquywan karqachu?.

12. ¿De qué manera considera que su (PS) es parecido o diferente al problema de salud de esta otra persona?
12. ¿Chay (PS) unquyniki kaqllachu icha manachu llamkaq masikipiwan utaq amiguchaykipiwan unquyniwan?.

13. ¿Alguna vez ha visto, oído o escuchado por televisión, radio, en una revista, un libro o en internet de alguna persona que tuvo el mismo problema de salud que el suyo?
[Si la respuesta de P.13 es afirmativa, pregunte P.14]
13. ¿Qukaqninpi rikurankichu ichapas qukaqta tilivisiunninta, radiunta, revistapi, yacharqnakichu librupi utaq chay intirnit nisqanpi qukaqnin runapa sasachakuy unquynin qampa hina kasqata?.

14. ¿De qué manera el problema de salud de esa persona es parecido o diferente al suyo?
14. ¿Rikusqayki runapa unquyninwan qampa unquykiniwan kaqllañachu icha manachu?.

Sección 3. NARRATIVA MODELO EXPLICATIVO

15. ¿Usaría usted otro termino u otra expresión para describir su (PS)?
15. ¿Chay (PS)unquyniki sutinchawaqchu quk sutikunawan?

16. ¿Cuáles cree usted que fueron las causas de su (PS)? [Liste las causa(s) primaria(s)]

16. ¿Qanmanta imakunamantataq chay (PS) qapisuranki?[...]

16.1 ¿Piensa usted que hay otras causas que influyeron en su (PS)?
[Liste las causa(s) secundaria(s)]
16.1.¿Pinsasqaykiman qina icha quk imakunamantapas qamurqa chay unquynikiqa?

17. ¿Porque comenzó su (PS) en el momento que comenzó?
17. ¿Imaynanpin chaypipuni unquyniki qallarirqa?.

18. ¿Sintió algo dentro de su cuerpo que podría explicar su (PS)?
18. ¿Musyarankichu wirpuyki chay (PS) unquynikimanta niwanaykipaq?.

19. ¿Hay algo que está pasando en su vida familiar, en el trabajo o en su vida social que podría explicar su problema de salud. [Si la respuesta de P.19 es afirmativa, pregunte P.20]
19. ¿Imallapas pasakuchkanchu aylluykiwan utaq llankaynikipi utaq runamasikikunawan niwanchikman unquynikimanta?.

20. ¿Me podría decir de qué manera eso explica su problema de salud?
20. ¿ imaynataq chay niwanchikman sasachakuy unquynikimanta?.

21. ¿Ha considerado que podría tener [Introduzca aquí el termino en lenguaje popular del síntoma o enfermedad que se quiere investigar]?
21. ¿pinsawaqcu karqa icha (PS) kachkanki […]

22. ¿Qué significa [termino en lenguaje popular] para usted?
22. ¿Imaninantaq […] qampaq?.

23. ¿Qué le pasa normalmente a una persona que tiene [termino en lenguaje popular]?
23. ¿Imaynataq pasakun runa chay (PS) kaptinqa?.

24. ¿Cuál es el mejor tratamiento para una persona que tiene [termino en lenguaje popular]?
24. ¿Imaynataq aswan allin qanpikuy kanman […] runa kaptin?.

25. ¿Cómo reaccionan los demás ante alguien que tiene [termino en lenguaje popular]?
25. ¿wakinnin runakuna imaninkutaq […] runata qawaspan[…]

26. ¿A quién conoce que ha tenido [termino en lenguaje popular]?
26. ¿Pitaq riqsisqayki karqa chay alcoholismuwan?

27. ¿De qué manera su (PS) es diferente o igual al problema de salud de esa otra persona?
27. ¿Chay riqsisqayki runapa unquynin kaqllachu icha manachu qampa unquynikiwan?¿Imaynataq chayqa?.

28. ¿De una u otra forma su (PS) está relacionado con algún hecho o alguna situación que

pasó en su vida?
28. ¿Chay unquyniki (PS) kanmanchu imapas pasasusqaykiman qina?.

29. ¿Me podría contar más sobre lo que pasó y como está relacionado a su (PS)?
29. ¿Mastaraq willaykuway chay pasasusqaykimanta chaynallataq imaynatataq tupan unquynikiwan (PS)? ¿Imaynataq chayqa?.