

**THE INFLUENCE OF POVERTY AND VIOLENCE ON THE  
THERAPEUTIC LANDSCAPES OF THE KAQCHIKEL**

by

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## **AUTHOR'S DECLARATION**

I hereby declare that I am the sole author of this thesis. This is a true copy of the thesis, including any final revisions, as accepted by my examiners.

I understand that my thesis may be made electronically available to the public.

## ABSTRACT

Therapeutic landscapes are places that contribute positively to a healing experience or to the maintenance of an individual's health and wellbeing. The literature on therapeutic landscapes has been growing steadily since the early 1990s, but researchers have yet to sufficiently explore both non-Western and gendered perspectives. The research presented in this thesis addresses these two gaps by examining how Kaqchikel men and women in the municipality of San Lucas Tolimán, Guatemala, differ in their construction and use of the therapeutic landscapes that surround them in their daily lives.

This research is broadly informed by feminist thought and methodologies, and the specific strategy of reflexivity was employed throughout the research process. In terms of gathering data, the two specific methods used were photovoice and structured interviews. Photovoice, it is argued, is an ideal method for studying therapeutic landscapes (particularly in a cross-cultural setting) because it gives participants the opportunity to reflect on their therapeutic landscapes before explaining them. The photographs also act as a visual cue that enhances interviews and can also bridge different experiences of reality. In total, 28 key informants were recruited through snowball sampling, with an equal number of male and female participants. Issues of foreign language research and translation are also addressed and some strategies for dealing with working in a foreign language are suggested.

Four main themes emerged from the data, and these themes revealed that Kaqchikel therapeutic landscapes are heavily driven by the poverty and violence experienced by the majority of participants. These four themes were: daily survival, community development, 'escape', and negative landscapes. Through these themes it was shown that the therapeutic landscapes of the Kaqchikel differ greatly between men and women due to traditional gender roles and relationships as well as the disproportional effect of violence on women, which restricts their mobility and ability to access their therapeutic landscapes. Finally, these themes reveal that Kaqchikel therapeutic landscapes span multiple generations and are multilayered, highly dynamic, and contingent on the social, political, and economic climates of the day.

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## DEDICATION

*Ninmatyoxij chiwe iwonojel rix chi ixoqi' chi achi'a' aj San Lucas Toliman ruma ronojel ri iwutzil wik'in. Wi rix man ta xiya' pe ri ina'oj ri inojib'al, re jun wuj re' man ta xk'achoj. Qitzij janila matyox chiwe.*

*A las mujeres y los hombres de San Lucas Tolimán, gracias por su sabiduría, paciencia y generosidad. Sin ustedes esta tesis no hubiera sido posible. Les agradezco con todo el corazón.*

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## **1 INTRODUCTION**

I first stumbled upon the concept of therapeutic landscapes as I was searching through the literature on what seemed like an interminable hunt for a thesis topic. Inspiration finally struck in the form of Kathleen Wilson's 2003 article on the therapeutic landscapes of First Nations peoples in Canada. Her article instantly 'clicked' with me on many levels. As I read, my mind was flooded with images of places that made me feel happy, healthy, and whole. The idea of therapeutic landscapes seemed very natural to me; it fit perfectly into my own personal worldview and intuitively made sense. As Wilbert Gesler (2003, 1) puts it, the healing power of place is obvious when one considers that "[e]veryone can think of a specific place where they would like to be while being treated for or recuperating from a serious illness."

However, it was not only the concept of therapeutic landscapes that caught my attention; it was also Wilson's focus on First Nations and her call for more research into the therapeutic landscapes of Indigenous peoples. Coupling my long-time curiosity about Indigenous cultures and my degree in Spanish and Latin American Studies, I suddenly knew what my thesis would focus on. I wanted to know if and how Wilson's work (and the therapeutic landscapes literature in general) could be applied to a Third World, and more specifically Latin American, context. And thus, in May of 2005, armed with my interview questions, some notebooks, and a duffel bag full of disposable cameras, I travelled to Guatemala to begin my fieldwork.

## 1.1 Research Question and Objectives

The research presented here draws on a case study of the Kaqchikel<sup>1</sup> people of San Lucas Tolimán, Guatemala, in order to answer the following research question: How can we develop a more context specific and gender aware understanding of therapeutic landscapes, particularly from the perspective of a Third World society wrought with poverty and violence? The following three objectives support my research question:

1. To understand how the Kaqchikel perceive health and wellbeing, and to understand what is therapeutic to them.
2. To explore how the Kaqchikel use therapeutic landscapes for curative and/or preventive healthcare purposes.
3. To investigate the role gender plays in how the Kaqchikel construct and use therapeutic landscapes.

Along with the research question and objectives, the broader sociocultural and economic contexts in which the Kaqchikel and their therapeutic landscapes are embedded are taken into account, with particular attention given to the influences of the poverty and violence endemic to Guatemala.

Most therapeutic landscapes research to date has been conducted in the developed world and has also not taken gender into consideration. The research presented in this thesis is an important addition to the existing literature precisely because it examines therapeutic landscapes from Third World, Indigenous, and gendered perspectives. What will be shown is that the therapeutic landscapes of the Kaqchikel differ significantly from therapeutic landscapes previously explored by researchers in a Western context. Poverty and violence are central determining factors in the therapeutic landscapes of the Kaqchikel. Life in rural

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<sup>1</sup> There are a number of different spellings, including Cakchiquel and Kakchiquel. I have chosen this particular spelling as it was used in a publication put out by a Kaqchikel community in the study area.

Guatemala is hard-fought and precarious, thereby inextricably linking Kaqchikel therapeutic landscapes to daily life and survival.

For the Kaqchikel of San Lucas Tolimán, a people who have long suffered discrimination, displacement, violence, and poverty, it is agency as expressed in the simple things in life that shapes their therapeutic landscape experiences. The simple acts of harvesting a crop, planting a flower, raising a healthy child, talking to God, or having a house of one's own are all examples of the basic agency that underlies these therapeutic landscapes. This agency offers the Kaqchikel a small degree of control, authority, and dignity in the face of hardship. Because poverty and violence interact with a number of other factors, including traditional cultural beliefs and values, the therapeutic landscapes of the Kaqchikel and their underlying practical and symbolic meanings are necessarily multilayered and complex.

This complexity is not restricted to the therapeutic landscapes examined here – it also extends to the very act of researching. Many ethical issues arose throughout the research process because of the fact I was researching in a poverty-stricken, violent, and corrupt society. I was constantly confronted with ethical dilemmas regarding my relationship with my participants and with the community in general, specifically with regards to safety (both theirs and mine), the disclosure of information, and the dissemination of results. The practice of reflexivity aided me in negotiating these problematic issues, and these reflexive and ethical considerations will be found throughout my work.

## **1.2 Structure of Thesis**

The thesis will unfold as follows. Chapter 2 serves to justify the relevance of my research and to situate it in the broader therapeutic landscapes literature. Before reviewing the existing literature, however, I first place the study of therapeutic landscapes in the context

of the broader field of health geography. I then examine the two major concepts that underlie therapeutic landscapes, namely health and landscape, as well as the interconnection between the two, drawing on concepts such as sense of place and rootedness.

Chapter 3 introduces Guatemala in general, as well as giving specific contextual information about the study site, the municipality of San Lucas Tolimán. This chapter provides an in-depth look at the various social, economic, political, and cultural factors in which the therapeutic landscapes of the Kaqchikel are embedded. The Kaqchikel worldview, with its various cultural, social, and spiritual practices and values are also discussed in Chapter 3, in addition to general Kaqchikel views on health and wellbeing.

The fourth chapter deals with the research methods and methodology used in conducting the study, beginning with a brief discussion of the study's underlying feminist methodology. This is followed by a detailed description of how the fieldwork was conducted, the research tools used (structured interviews and photovoice), and how the data was analyzed. Chapter 4 also includes a discussion of how working in a foreign language affected my research and some of the techniques I employed to deal with issues of language and translation.

Finally, in Chapter 5 I present the results of my study, beginning with a discussion of how my participants operationalized the concepts of health and wellbeing in their daily lives. Using both verbal and visual evidence, the four main themes that emerged from the data are presented, namely: daily life and survival, community development and building a better future, the importance of 'escape' and the utility of natural beauty, and 'untherapeutic' landscapes. Throughout the chapter, men's and women's differing constructions and uses of



therapeutic landscapes are examined. These results are then tied back into the therapeutic landscapes literature in the concluding chapter.



## **2 THERAPEUTIC LANDSCAPES**

The purpose of this first chapter is to provide a broad overview of the therapeutic landscapes concept. In order to better understand therapeutic landscapes, it is necessary to first situate the concept within the broader discipline of medical and health geography. The discussion will then turn to the concept of therapeutic landscapes itself, breaking it down into its two components – (1) notions of what is therapeutic (as related to overall health and wellbeing) and (2) notions of landscape – and how the two are inextricably linked. A discussion of the therapeutic landscapes literature and its trends to date will follow, and the chapter will conclude with the identification of some important gaps in the literature, thereby positioning this study within the literature and highlighting its usefulness in contributing to a growing field of study.

### **2.1 Medical and Health Geography**

Medical geography was traditionally composed of two streams of research: one focusing on disease ecology and the other on health services research. The dichotomy, however, became blurred with the advent of postmodernism and the new cultural geography, and the recognition that different groups have different health beliefs, practices, and experiences (Kearns 1995; Kearns and Moon 2002). Some of the hallmarks of the new cultural geography are: a recognition of difference, an increased focus on everyday life, a concern with identity formation and its inherent power struggles, and an engagement with postmodern thought (Gesler and Kearns 2002). Postmodernism, quite closely linked to the new cultural geography, has as its main tenet an emphasis on plurality and the recognition that there are multiple voices in society. It therefore rejects the existence of meta-narratives and single explanatory theories. Postmodernism emphasizes local narratives, giving voices

and power to those who were previously voiceless, and was influential in the development of health (as opposed to medical) geography (Gesler and Kearns 2002).

Though the new cultural geography and postmodernism are certainly not limited to the characteristics listed above, these features are the most relevant to my study. As will be discussed later in this chapter, my study focuses on the therapeutic landscapes of everyday life rather than on exceptional sites of one-time healing experiences, such as shrines and spas, making the new cultural geography's focus on everyday life particularly salient. Also, given the long history of discrimination and marginalization that the Kaqchikel have suffered (and continue to suffer), issues of power and identity are central to this study. Finally, since "[e]very healing place tells its own story" (Gesler and Kearns 2002, 133) and every person (and community) also tells his or her own story about a healing place, postmodernism's emphasis on local narratives and a plurality of voices is important to note, as this study focuses on the local and on groups that have traditionally not had a voice (e.g. the Kaqchikel as a whole, but also women within Kaqchikel and Guatemalan culture).

Building on the momentum generated by geography's postmodern and cultural turns, Robin Kearns (1993, 144) called for a "post-medical geography of health", arguing that newly emerging perspectives on health highlighted the importance of wellbeing rather than the previously popular emphasis on the absence of disease. These new perspectives implied an emphasis on the social environment, and medical-centred understandings of health "came to be seen as reductionist, determinist, essentialist, and [...] a(nti)-social" (Brown and Duncan 2002, 361). Implicit in the more socially oriented health perspectives was the geographic concern for place as the local context of health, which is closely tied with the postmodern focus on the local and its celebration of difference. According to Kearns (1993),

a geography of health would consider the dynamic relationship between health and place, and thus medical geography began to acknowledge that places have the ability to influence people's health in both positive and negative ways. Place was no longer seen as a passive container "where residents get things from, whether they be food or fevers" (Kearns 1994, 113), but rather a dynamic social construct that ultimately impacts on the health and wellbeing of its residents.

Not surprisingly, Kearns' call for a post-medical geography of health was not embraced by all (Mayer and Meade 1994), but it nevertheless succeeded in establishing a more socially oriented research tradition within medical and health geography. The re-articulation of medical geography as health geography was symbolic of the increased interest in wellbeing and the more inclusive social models of health, and this re-articulation has been described as medical geography's cultural turn (Kearns and Moon 2002). Kearns and Moon (2002) identify the emergence of place as a framework for understanding health as one important reason why health geography is novel as compared to its medical counterpart. One key component of this framework is a group of studies that focuses on the notion of landscape and its relation to health, bringing an increased awareness of the various factors that contribute to place-specific experiences of health. It is out of this group that the study of therapeutic landscapes emerged.

The concept of therapeutic landscapes is a metaphor that helps geographers understand how healing works itself out in specific places and how environmental, individual, and societal factors contribute to the healing process (Gesler 1992). It has helped health geographers move away from strictly quantitative studies toward a more qualitative, methodologically pluralistic approach. As first defined by Gesler (1993, 171), therapeutic

landscapes are places that have “an enduring reputation for achieving physical, mental, and spiritual healing.” The concept has since evolved to encompass not only specific places that have built up a reputation for healing, but also everyday landscapes and imaginary landscapes that contribute to the maintenance of health and wellbeing (Andrews 2004; Williams 1999; Wilson 2003). Before continuing with a review of the therapeutic landscapes literature, it is necessary to break down the concept into its constituent parts – notions of health and landscape – and consider how these two interact to produce a therapeutic landscape.

## **2.2 Health and Wellbeing**

Health can and has been defined in a multitude of ways, depending on the time, place, and individual. Though there are a number of models used to conceptualize health, the biomedical model and the socio-ecological model are two of the most prevalent Western models and will be briefly discussed here, along with folk models of health. The Kaqchikel of San Lucas Tolimán adhere to a combination of a traditional folk model and a Western socio-ecological model of health, as will be discussed in greater depth in subsequent chapters.

The biomedical model of health has been pervasive in much of the medical geography literature, whereas the socio-ecological model of health has been adopted more recently and it was the latter that helped health geography distinguish itself as unique from medical geography. The biomedical model of health focuses on the methods and principles of the biological sciences, and purports that each disease is caused by an identifiable agent and has its own universal distinguishing features. Though this model has come to recognize that psychological factors such as stress and unhappiness can affect illness, it does not see these

factors themselves as constituting ill health (Blaxter 2004). Its focus is therefore on physical health and the absence of disease.

The growing popularity of the socio-ecological model was one contributing factor in the emergence of health geography. The socio-ecological model views an individual as one element in a complex social and physical system, and health thus derives from the interactions an individual has with his or her social and physical surroundings (White 1981). This model emphasizes a holistic understanding of health and considers the person as a whole, rather than as a series of distinct bodily systems (Blaxter 2004). Pointing to the holistic nature of the socio-ecological model, Quinn (1997; in Gesler 2003, 3) states, “People are not collections of parts that need to be fixed, but whole bodymindspirits.” It is now common to think about health and healing as multidimensional concepts that encompass physical, mental, spiritual, emotional, and social elements; the healing process is no longer limited to physical care, but rather is a synergistic combination of all these elements (Gesler 1993; Gesler 2003).

In contrast to the two Western models of health discussed above, folk models emphasize the importance of balance and the interrelatedness of humans and their environment. Diseases and psychosocial factors are not the only causes of illness; supernatural causes (e.g. spirits, deities, curses, fate) or some form of imbalance – be it individual, societal, environmental, or spiritual – are also considered to be origins of illness. Sources of these imbalances or disturbances could include immoral behaviour, interpersonal conflicts, and failure to fulfill social obligations or observe religious practices (Helman 2000). In these models, responsibility for the illness falls on the individual and society, and it is therefore much less important to identify and label the disease, as is the custom in

Western medicine (Decker 1996). As such, it is common in folk medicine to focus on the etiologies of illnesses rather than their symptoms (Green 1999). With respect to the treatment of illnesses, folk models of health approach treatment holistically, dealing with all aspects of the patient's life, such as relationships with other people, the environment, and supernatural forces, in addition to treating the physical and/or emotional symptoms.

Definitions of health are obviously culturally dependent, but perhaps one of the most pervasive definitions of health in Western society today is that of the World Health Organization (WHO), which states that health is “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity” (WHO 1946, 2). This definition, however, has been criticized by some as being unrealistic since it would mean that most people are unhealthy to some degree at all times (Gatrell 2002). Gatrell thus proposes two complementary definitions of health that he argues are more easily operationalized than the WHO definition. He states that health can be interpreted as “the availability of resources, both personal and societal, that help us achieve our personal potential” and also that health can be seen as “being physically and mentally ‘fit’ and capable of functioning effectively for the good of the wider society” (Gatrell 2002, 4).

Definitions of health are necessarily broad, since the concept means different things to different people and is inherently difficult to talk about and define. Most people find it easier to talk about the absence of health (the presence of illness), and thus one of the most pervasive lay definitions of health is “not being ill” or “having no disease” (Blaxter 2004, 4). Lay definitions of health can also focus on functionality, seeing health as the ability to perform one's roles and activities, especially roles that are important in fulfilling one's participation in society (Blaxter 2004; Curtis 2004). Lay models of health are commonly



holistic, involving the body and the mind, and are connected with the quality of the physical, emotional, and social aspects of daily life. As Blaxter (2004) explains, health is, at the least, performing one's everyday activities, irrespective of disease, and at best it is a wholly psychosocial or spiritual state of wellbeing. Wellbeing, it should be noted, is often interpreted in terms of happiness, life satisfaction, and quality of life, as well as religious involvement, spirituality, and personal meaning (Curtis 2004). Good health is seen as a precursor to wellbeing and both are heavily dependent on the social context in which they exist.

Health, when understood as an inherently complex and holistic phenomenon, can be seen as having a variety of determinants, both social and physical, though the latter are often influenced a great deal by social factors. Raphael (2004) defines social determinants of health as those factors that determine the extent to which a person possesses the physical, social, and personal resources to achieve personal aspirations, satisfy needs, and cope with his or her environment. Included in the necessary resources are income, food, housing, employment, good working conditions, health care, social services, education, and social acceptance (Raphael 2004). Similarly, the World Health Organization (1986) identifies a number of prerequisites for health, such as peace, shelter, education, food, income, a stable ecosystem, sustainable resources, social justice, and equity. Health is therefore inextricably tied to the availability and distribution of economic and social resources, and related inequalities undermine the health and quality of life of societies.

It is often assumed that individuals can easily achieve good health by following a few simple rules; for example, it is as simple as eating plenty of fruits and vegetables, exercising regularly, and not smoking. However, in light of the social determinants of health discussed

above, Gordon (1999; in Raphael 2004, 13) provides this tongue-in-cheek yet very appropriate list of “ten tips for better health” in order to demonstrate that often the most important determinants of health are beyond the control of most individuals, especially those living in Third World countries:

1. Don't be poor. If you can, stop. If you can't, try not to be poor for long.
2. Don't have poor parents.
3. Own a car.
4. Don't work in a stressful, low paid manual job.
5. Don't live in damp, low quality housing.
6. Be able to afford to go on a foreign holiday and sunbathe.
7. Practice not losing your job and don't become unemployed.
8. Take up all benefits you are entitled to if you are unemployed, retired, sick, or disabled.
9. Don't live next to a busy major road or near a polluting factory.
10. Learn how to fill in the complex housing benefit / asylum application forms before you become homeless and destitute.

Before moving on, there is one other very important social determinant of health that must be discussed because it is crucial to this study, and that social determinant is gender. Gender, expressed as what men and women do that differentiates their lives from one another's, is inevitably reflected in health (Dyck 2003). The roles, responsibilities, and relationships that men and women have impact their health in both positive and negative ways. For example, many Third World women are being increasingly burdened with a double workday, forced to take on formal employment (often menial and/or manual labour) to make ends meet, in addition to fulfilling their traditional, socially dictated household responsibilities. As Hossain et al. (1990; in Haider 1995, 19) put it: “Inadequate food,

unhealthy workplace, unsatisfactory sanitation in their houses, long hours of hard labour and insufficient sleep act as a great risk factor for women's health [...]. Nevertheless, traditional values continue to condition a woman to manage the household resources in such a way that her needs are met last." Economic, social, and cultural conditions, along with lifestyle and life stress are all major determinants of health (Ostergaard 1992b), and the disproportionately high burdens placed on many Third World women are a prime example of how gender also influences these health determinants. Dyck (2003, 366) expresses the inherent connection between health and gender when she states that "[d]ivorcing 'women's health' from other aspects of women's lives is mistaken, for 'doing gender' is, in effect, 'doing health.'" Thus incorporating gender into a discussion of therapeutic landscapes, as my study does, is both natural and necessary.

With this basic understanding of health and its social determinants, it is now possible to continue with a discussion of how health and place are bound together in a complex relationship, which naturally must begin with a discussion of how the terms 'place' and 'landscape' have been used in geography and specifically in health geography and the study of therapeutic landscapes.

### **2.3 Place and Landscape**

Place and landscape are two fundamental concepts in geography, yet they are extremely malleable and difficult to define. Places consist of interactions between humans and the physical world, but are defined less by location than by the experiences that people have in a particular setting (Relph 1976). Place is thus anchored in lived human experience (Eyles 1985; Kearns and Joseph 1993), and Duncan (2000, 582) defines it as "bounded settings in which relations and identity are constituted." In other words, people become what

they are – older, wiser, healthier – in specific places (Kearns and Joseph 1993). Relph (1976, 34) describes the intimate relationship between people and place by stating that “people are their place and a place is its people.” Places are therefore public because they are created and known through common experiences and the use of common symbols.

Places are also inherently gendered. No place is free from human intent and experience, and since gender is a social construct and based in the taken-for-granted, everyday world, it follows that there is a gender-place connection. The coding of certain places as either ‘masculine’ or ‘feminine’ is a product of various socially determined and reinforced gender roles<sup>2</sup> and relations<sup>3</sup>. Thus there are certain places where men and women are ‘in place’ and others where they are ‘out of place’. At the very heart of the feminist movement and geographical studies of gender has been the public/private dichotomy (Blunt and Wills 2000). These opposing spheres of activity are heavily gendered, with the public sphere being essentially male and including employment, the state, and politics, while the private sphere consists of the family and household and is primarily female (WGSG 1997). As Blunt and Wills (2000) argue, feminist politics are spatial politics, resisting the confinement of women to certain spaces such as the home and striving for equal access to and participation in all spheres of life. Not only are women generally excluded from the public sphere due to the cultural beliefs that support gender roles and relations, but they are often violently excluded from it through assault (sexual or otherwise) or fear of it (Mitchell 2000).

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<sup>2</sup> Gender roles are sets of behaviours that are deemed socially appropriate and inappropriate for men and women. These roles are learned differences in behaviour and they vary culturally and are reinforced by the dominant cultural, religious, and ideological systems that prevail in any given society (Norton 2000; Ostergaard 1992a; WGSG 1997).

<sup>3</sup> Gender relations view gender as a relational term involving power relations between men and women, with the main focus being male dominance and its underlying processes (WGSG 1997).

Individuals are vulnerable to different types or levels of fear depending on their personal situation; for example, women tend to fear violence (particularly sexual violence) more than men, and this fear inhibits their use of space (Panelli et al. 2004; Mehta and Bondi 1999). Attacks against women, whether experienced first-hand or through the media, reinforce to women that they are ‘out of place’ in certain spaces, and feminist geographers have looked at women’s fear of attack and how it affects their mobility (Mehta and Bondi 1999; Rose 1993). Thus gender is inherently spatial and the use of certain spaces is often restricted based on gender. This violent or fearful exclusion of women from public spaces is important to note given the culture of violence that exists in Guatemala today. As will be seen, violence underlies many of the therapeutic landscape experiences of Kaqchikel women.

Closely related to the concept of place is that of landscape. A landscape is both a place and a way of seeing (Mitchell 2000). Like notions of place, this concept has undergone many changes over the years. Beginning with the Sauerian interpretation of landscape as cultural transformations of the natural world (thus emphasizing a landscape’s visible and material aspects), landscapes are now considered to be just as much in the head as in the eyes and are ultimately mental constructs (Kearns and Gesler 1998). Landscapes thus have a very personal dimension to them. As Gesler and Kearns (2002, 120) argue, a landscape is what is “out there” to be registered with all five senses and thus no two people will interpret a landscape in exactly the same way. All interpretations are influenced by an individual’s attitudes, experiences, intentions, and how he or she has been acculturated to see the world (Gesler and Kearns 2002; Relph 1976).

The personal experience and construction of landscapes is largely governed by the norms, ideas, and values of a particular society at a particular time and place. As Kearns and

Moon (2002, 611) state, landscapes are a “metaphor for the complex layerings of history, social structure and the built environment that converge in particular places.” Landscapes are thus based on a society’s history, ideas, values, ideologies, and symbols, all of which are constantly being negotiated, and therefore landscapes must be understood to be dynamic, ever-evolving, and inextricably linked to the experience of everyday life (Norton 2000).

Drawing inspiration from the new cultural geography, humanism, and postmodernism, the interpretation of landscapes has also grown to acknowledge the fact that symbols both create landscapes and give meaning to them. The symbolic qualities of landscape are socially produced, yet at the same time they serve to (re)produce and sustain social meaning (Cosgrove and Jackson 1987). These cultural signifying systems help individuals and societies make sense of their worlds. W.T.J. Mitchell (1994; in Mitchell 2000, 99) perfectly sums up the complexity of landscape, with its equally important real and imagined characteristics and its socially negotiated symbolic meaning, when he states that landscape is “mediated by culture. It is both represented and presented space, both a signifier and signified, both a frame and what a frame contains, both a real place and its simulacrum, both a package and a commodity in the package.”

#### **2.4 The Health-Place Nexus**

Because place and landscape are inherently social and tied to everyday life, it follows that these concepts have the potential to contribute both positively and negatively to health and wellbeing, which themselves are embedded in the everyday social sphere. Individuals inevitably have places where they feel close to nature, where they feel secure, and with which they identify and it is these places where they feel ‘well’ (Gatrell 2002). Places provide meaning and they consequently contribute to overall wellbeing in a variety of ways,

including fostering identity and feelings of security, providing a setting for family life and employment, and acting as settings for aesthetic experiences (Gesler 1992). Sense of place is one of the most important concepts used by therapeutic landscape researchers to promote the notion that positive psychological associations attached to place influence health and wellbeing (Andrews 2004; Curtis 2004; Gesler 1992).

Sense of place defines the identity, significance, meaning, intention, and felt value given to places by individuals as a result of experiencing them over time (Pred 1983; in Williams 1998). A closely related concept is Tuan's notion of topophilia, which he describes as "the affective bond between people and place or setting" (Tuan 1974, 4). Sense of place develops from and is a part of the totality of everyday life in a particular place (Eyles 1985; Williams 2002). Eyles (1985) describes a number of different senses of place, each influenced by different factors of varying importance. For example, a social sense of place is dominated by the importance of social ties and interactions that occur in a particular place, while an instrumental sense of place sees place as a means to an end in terms of what a place does or does not provide with respect to goods, services, and opportunities (Eyles 1985). In reference to the former, Williams (1999) writes that local social involvement, particularly with friends, kin, and community organizations, is the most significant source of sentimental ties to places.

Landscapes can be experienced as either authentic or inauthentic, with authentic landscapes contributing to a strong sense of place. An authentic landscape is rich in networks of interpersonal concern and its authenticity is based on a long-term relationship with the landscape (Williams 1999). In contrast, inauthentic landscapes are characterized by spatial separateness and isolation. If a positive, definitive fit exists between individual

identity and one's sense of place, then that particular environment contributes to wellbeing (Williams 1999). A landscape with a strong sense of place is positively associated with health because it provides "internal cohesion, mental health, a sense of security and direction, and a feeling of relationship with the world around one" (Jackson 1985, 13).

A sense of rootedness, deriving from a strong sense of place, is a basic human need (Relph 1976). As Relph (1976, 37) writes:

In both our communal and our personal experience of places there is often a close attachment, a familiarity that is part of knowing and being known *here*, in this particular place. It is this attachment that constitutes our roots in places.

Rootedness gives individuals a sense of belonging and purpose, and this feeling is often experienced as feeling 'at home', comfortable, secure, and genuinely oneself (Relph 1976). In general, people feel more whole in places where they feel they belong (Kearns 1993). The home is the foundation of personal identity and without a doubt considered to be the place of greatest personal significance in one's life (Relph 1976; Williams 2002). Home often involves more than where one resides; it can be extended to any place that is near both the geographic centre of people's lives, as well as their psychological, emotional, and spiritual centres (Kearns 1993). The home is therefore a place that satisfies basic human needs, physically, socially, and psychologically (Williams 2002).

Sense of place acts synergistically with a number of other factors, such as "the natural surroundings, the built environment, symbol complexes, beliefs and expectations [...], social relations and relative equality, everyday activities, and territoriality" to influence physical, mental, and spiritual wellbeing (Gesler 1993, 184). A healing sense of place has many aspects: it is multidimensional in character; it emphasizes wholeness, connectedness, and integration; it promotes healing from within; and it is conducive to healing as an ongoing and



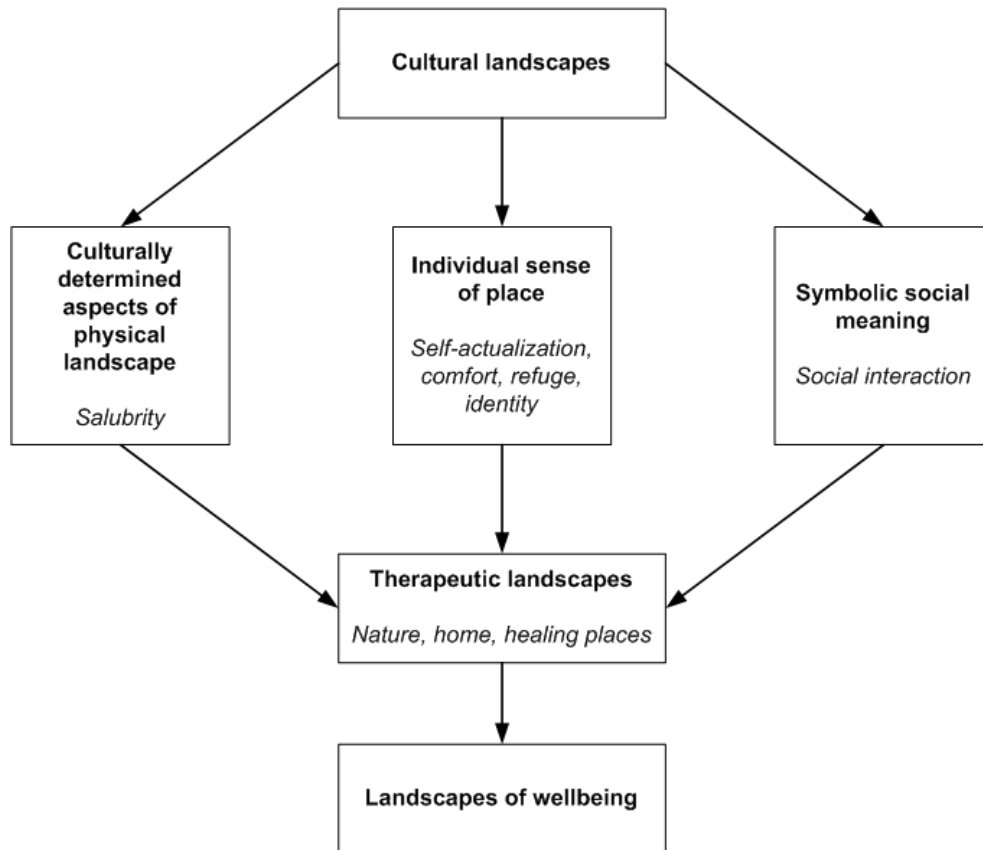
meaningful process (Gesler 2003). Having discussed sense of place, which in large part forms the basic understanding of the health/place connection in the therapeutic landscapes literature, I will now discuss how therapeutic landscapes researchers have used this concept to identify and understand how landscapes contribute to overall health and wellbeing. What follows is a review of the work done to date on therapeutic landscapes and some gaps in the literature that have yet to be adequately addressed.

## **2.5 Therapeutic Landscapes Literature Review**

An early definition of therapeutic landscapes was that offered by Gesler (1993, 171) defining them as places with “an enduring reputation for achieving physical, mental, and spiritual healing.” Gesler (2003) suggests that in order to understand the many factors at play in the healing process, it is important to examine four interconnected and overlapping landscape types when dealing with therapeutic landscapes:

- natural environment – nature and/or one’s natural surroundings
- built environment – buildings and other man-made constructions
- symbolic environment – concrete or abstract symbols experienced in places
- social environment – social roles and interactions specific to healing situations.

Working from a non-Western perspective, Dobbs (1997) adds a fifth landscape type – landscapes of belief and/or spirituality. The relative importance of each of these five landscape types varies according to the individual and his or her place, time, and sociocultural context. The relationships between these various landscapes is depicted graphically in Figure 2.1.



**Figure 2.1 Interconnected therapeutic landscape types (reproduced from Curtis 2004, 39)**

Though diverse, therapeutic landscapes also have many common features, including

natural characteristics [such] as magnificent scenery, water, and trees; human constructions such as healing temples or spa baths; contributions to sense of place such as feelings of warmth, identity, rootedness, or authenticity; symbolic features such as healing myths; the incorporation of familiar, daily routines into the treatment process; sensitivity to cultural beliefs; and an atmosphere in which social distance and social inequalities are kept to a minimum (Kearns and Gesler 1998, 8).

Given the various factors and landscapes that influence the healing power of place, the study of therapeutic landscapes is necessarily eclectic and multidisciplinary in nature. The concept has allowed researchers to examine health and place more qualitatively, thus fostering an appreciation of the diverse, culturally specific perspectives on places of health and healing.

This multidisciplinary and appreciation for diversity allows the concept of therapeutic

landscapes to be extremely flexible. Gesler (2005, 295) states, “it is a testament to the basic health of this quintessentially geographic concept that it can be stretched and pulled and still maintain its usefulness as a conceptual and analytical tool.”

Early studies of therapeutic landscapes had three broad characteristics. First, they tended to focus on the healing qualities of specific places, with particular emphasis given to the physical, mappable location of the healing experience. Second, these studies were predominantly focused on singular and/or extraordinary healing experiences, thereby emphasizing the curative aspects of particular locations. Third, they were generally macro-level studies of places that had acquired “enduring reputations for [...] healing” (Gesler 1993, 171) by means of the “collective production of therapeutic places, and their consumption, by cultural, social and economic interests” (Andrews 2004, 309). Typical of these early studies was Gesler’s pioneering work on the characteristics of three sites with reputations for healing – Epidauros, Greece; Lourdes, France; and Bath, England – and how their reputations were produced through the interaction of natural, built, symbolic, and social factors (Gesler 1993, 1996, 1998, 2003).

Building on Gesler’s early work were a number of other studies that examined the healing qualities of specific places, such as wilderness landscapes (Palka 1999) and summer camps (Thurber and Malinowski 1999). Palka (1999) explores the pristine natural landscape of Alaska’s Denali National Park as a therapeutic landscape that enhances physical, mental, and spiritual healing while promoting wellness through relaxation and restoration. Studies on the therapeutic qualities of the natural environment are also abundant in the environmental psychology literature (e.g. de Vries et al. 2003; Hartig et al. 2003; Korpela and Hartig 1996). Thurber and Malinowski (1999) discuss the restorative qualities of a YMCA summer camp,

such as the promotion of spiritual, mental, and physical growth of campers through interactions with the physical and social environments of the camp. Campers were found to have diverse place preferences at the camp, which the authors say indicates the necessity of multiple-use environments in therapeutic landscapes.

Later research in the spirit of Gesler's early work included studies into the creation and commodification of therapeutic landscapes, with particular attention paid to the symbolism and ideology embedded in landscapes of healing. For example, Geores (1998) writes about how the town of Hot Springs, South Dakota, achieved an economically lucrative healing reputation by marketing the metaphor of "health = Hot Springs", while Kearns and Barnett (1999) explore the use of symbols and metaphors by New Zealand's Starship Enterprise Children's Hospital to market the hospital as a unique and therapeutic place for children. Similarly, Scarpaci (1999) uses the case of Cuba to examine the semiotic meanings and ideologies engrained in the healthcare facilities and their associated murals, signs, and advertisements that compose Havana's therapeutic landscape.

A few years after its inception, the field opened up to a much wider array of interpretations and applications of the concept of therapeutic landscapes. This did not discredit the important and relevant work done by earlier researchers, rather it simply expanded the scope of the research activities. This more recent group of studies can be distinguished by three main characteristics. First, the notion of therapeutic landscapes was expanded to include not only places with a reputation for healing but also ones that promote wellbeing and the maintenance of health. Second, these studies have a greater emphasis on the micro-scale, highlighting the influence of everyday landscapes on health. And third, this group of studies focuses on how individuals experience place differently, thus moving away

from the assumption that places have inherently therapeutic qualities and opening up the field to include therapeutic landscapes that exist in the mind. It is important to note that the two groups of studies mentioned here are neither separate nor are they competing; rather, they should be thought of as co-existing, overlapping, and complementary research initiatives.

One of the foundational papers in this second group of studies is by Williams (1998), which examines the role of therapeutic landscapes in holistic medicine. Using many of the concepts already discussed earlier in this chapter (e.g. sense of place, authentic/inauthentic landscapes etc.), Williams employs humanism as a conceptual framework in order to extend the concept of therapeutic landscapes to include the maintenance of health and wellbeing, and then applies this newly extended concept to the case of holistic medicine. In another article, Williams (1999) again looks at how therapeutic landscapes can enhance and/or maintain health and wellbeing, this time using the case of the retention of home care nurses in a medically under-serviced area to explore how place-identity influences wellbeing in particular locations.

Work on the therapeutic nature of everyday landscapes is varied and includes studies of such topics as community gardens (Milligan et al. 2004), First Nations' therapeutic landscapes (Wilson 2003), and unhealthy landscapes (Wakefield and McMullan 2005). Milligan et al. (2004) examine community gardens as sites of emotional, physical, and spiritual renewal for the elderly. Their work highlights the role of everyday therapeutic landscapes (in this case, community gardens) in creating social networks and giving the elderly a sense of achievement, satisfaction, and aesthetic pleasure, which in turn enhances quality of life and emotional wellbeing (Milligan et al. 2004).

Wilson's article on the therapeutic landscapes of First Nations peoples highlights the importance of everyday therapeutic landscapes by examining how the Anishnabek are connected to the land, both physically and spiritually, through their everyday activities and how this relationship plays an important role in determining both health and identity (Wilson 2003). Given that this article was the inspiration for my research and is also an example of cross-cultural work on therapeutic landscapes, it is only appropriate that I take the time to explain it in slightly more detail than the others. The underlying purpose of Wilson's article is to address two important gaps she identifies in the literature: the lack of work done on non-Western conceptualizations of the connections between health and place and the need to explore the therapeutic landscapes of people's everyday lives. Wilson's discussion begins with an overview of Anishnabek conceptions of health, focusing on the importance of balance and 'living the good life' (*mno bmaadis*) as explained through the medicine wheel. According to Anishnabek beliefs, all four elements of life – the physical, emotional, mental, and spiritual – are represented in the four directions of the medicine wheel, and as is characteristic of many Indigenous conceptions of health, balance between the four elements is essential for the maintenance of good health. Balance, however, also extends beyond the individual to the community and the natural and spiritual worlds.

Wilson then turns her discussion to the connection the Anishnabek have with the land (Mother Earth) and how this relationship shapes all aspects of their daily lives and thus forms the basis for and is part of their identity. For the Anishnabek, the land represents more than just a physical location for health and healing. Though the land provides food and medicine, it also houses spirits and it is necessary for individuals to be connected to the land in a spiritual sense in order for healing to take place. The land is therefore a place where

individuals can relate to other beings (both tangible and supernatural) throughout the course of their daily lives. For example, many of the participants Wilson interviewed indicated that they frequently talked to the spirits of rocks and trees when dealing with personal problems. Thus everyday activities, such as hunting, harvesting, or just walking outside serve to both support physical health and connect individuals spiritually to Mother Earth and the spirits, thereby balancing physical, spiritual, emotional, and mental health.

Other work done on everyday landscapes of health includes Wakefield and McMullan's 2005 article, which also incorporates the third characteristic of the more recent therapeutic landscapes studies: the importance of individual interpretation and experience of landscapes. Using the example of the industrial core of Hamilton, Ontario – long stigmatized as a polluted, undesirable place to live – Wakefield and McMullan (2005) take a unique approach by examining how healing processes unfold in the oftentimes unhealthy places people encounter in their daily lives. They demonstrate how a negative perception of an environment can impact negatively on health. Not only do stigmatized places affect the physical health of their residents through exclusion from mainstream society, thus further depriving these areas of social and/or economic support, but negative perceptions also affect the ability of a place to provide a sense of security, identity, and aesthetic sustenance (Wakefield and McMullan 2005). Despite the consequences of living in an unhealthy place as perceived by mainstream society, residents tend to emphasize the health-affirming aspects of their community, thus demonstrating that therapeutic landscapes are contested and contingent on the local and individual experience of place.

Conradson (2005) also explores the importance of individual therapeutic landscape experiences, using a case study of a respite care centre in rural England. Conradson (2005)

shows how therapeutic landscapes are best viewed as relational phenomena. He thus distinguishes between a therapeutic landscape, which is seen as having inherently healing qualities, and a therapeutic landscape experience, which can be understood as a positive psychological and physiological experience emerging from interactions with a “socio-natural-material setting” (Conradson 2005, 339). Because therapeutic landscape experiences are shaped by the various relations in which the individual is embedded, most therapeutic landscape experiences involve a move away from the everyday domestic location. This gives the individual a break from the everyday and may allow him or her to become embedded in a different set of relations, albeit temporarily (Conradson 2005). For example, the patients at the respite care centre found that they were able to distance themselves from the demands of home, both in terms of daily tasks and social expectations, and they were also able to engage in different forms of social relations, which they found to be relaxing and restorative.

Despite the new areas of focus that are opening up in the therapeutic landscapes literature, there are still a number of areas that have not been sufficiently explored. Though recent work has focused on the individual experience of everyday therapeutic landscapes and the ability of therapeutic landscapes to maintain health (rather than simply curing illness), there is still a need to further investigate these areas. My research contributes to the growing literature on these recent research trends, but it also addresses two gaps that have been greatly neglected in the literature. Specifically, research to date has not given adequate attention to the therapeutic landscapes of non-Western cultures and gendered perspectives on therapeutic landscapes.

The literature has largely ignored the culturally specific dimensions of the health/place nexus (Wilson 2003), focusing instead on specific physical landscapes, such as shrines and



spas, the majority of which are of importance to Western cultures. There is therefore a need to explore therapeutic landscapes from a non-Western point of view (Gesler 2003; Wilson 2003), particularly in the context of Indigenous cultures, as these provide an interesting perspective given that Indigenous peoples do not simply visit a healing place; rather they live within it every day (Gesler and Kearns 2002). There often is an intimate link that exists between the land and Indigenous identity, health, and spirituality. With the exception of research done by Wilson (2003) and Dobbs (1997), Indigenous therapeutic landscapes have not been sufficiently explored in the literature. Where my study differs from Wilson's is that it focuses on Indigenous peoples in a Third World context, highlighting how the Kaqchikel create and utilize therapeutic landscapes in a culture of poverty and violence.<sup>4</sup> My work thus adds to other efforts to extend the study of therapeutic landscapes and also health geography beyond what has to date been a rather Anglo-American affair (Parr 2004).

The second major gap in the research that my study addresses is the gendered aspects of therapeutic landscapes and the need to look at if, how, and why gender shapes therapeutic landscapes (Wilson 2003). Looking at therapeutic landscapes from a gendered perspective is only natural when one considers the importance of the everyday. We have already seen that the everyday lived experiences of people contribute significantly to their health and wellbeing. Additionally, current therapeutic landscapes research has also been focusing on everyday landscapes of healing, and feminism has long been concerned with the everyday aspects of women's lives. Thus, given the importance of the everyday experience to health,

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<sup>4</sup> I do not mean to suggest that First Nations communities are not disadvantaged; they are certainly some of the most disadvantaged communities in Canada, with the poverty and discrimination they face contributing to other social problems, such as domestic violence, substance abuse, and suicide. What is important to note, however, is that Wilson's article does not address this aspect at all, while poverty, violence, and discrimination are at the very core of my examination of Kaqchikel therapeutic landscapes, and therein lies one of the major differences between my work and Wilson's.

therapeutic landscapes, and gender, it can be concluded that gender indeed must be part of any examination of everyday therapeutic landscapes.

Gesler (2003) also highlights the need for future research into the ways in which various 'cultures' (e.g. gender, ethnicity, and social position) react to and interact with healing environments. In fact, Parr (2004) suggests that although critical geography has tended to be sensitive to difference, health and medical geographers have generally been slow to contribute to research into gender differences. Gender is important to consider when dealing with therapeutic landscapes because the various social roles of men and women may mean they connect to therapeutic landscapes in different ways (Wilson 2003). This is certainly true in Kaqchikel society, which tends to have a strong male bias, with spaces and social roles being clearly gendered. Men are generally responsible for working outside the home, usually in agricultural activities, while women look after the domestic duties (Fischer and Hendrickson 2003). High levels of violence in Guatemala also disproportionately impact women more than men, with men enjoying a higher degree of mobility. Thus, as will be demonstrated in future chapters, Kaqchikel men and women do tend to have unique therapeutic landscape experiences.

Finally, not only does this research contribute to the development of a more comprehensive understanding of therapeutic landscapes, but because it deals with an ethnic group that has long suffered discrimination, poverty, and violence, it necessarily engages with one of the characteristics of critical geography: opposition to unequal and oppressive power relations, a commitment to social justice, and an attention to difference (Kearns and Moon 2002; Parr 2004). Health is a basic human right, an important social goal, and it is imperative in the development of strong societies and strong economies (Bloom and Canning

2003). Given the link between health and development, this research is therefore fundamentally concerned with addressing inequality and social justice. The challenge for health promoters in a development context is to strengthen community health by enabling communities to exercise greater control over their physical, social, and cultural environments (Smith et al. 2001). This kind of health promotion effort would arguably create more everyday therapeutic landscapes that contribute positively to the health of individuals and the community, while beginning to address some of the social ills and inequalities that underlie poor health.

This chapter has introduced the concept of therapeutic landscapes and its connection to the broader health and medical geography literature. In order to better understand how healing works itself out in certain places and how researchers have conceptualized the health/place connection, various fundamental concepts were explored, including the notions of landscape and health, as well as sense of place. Through a review of the major trends and gaps in the research done to date on therapeutic landscapes, the current study was located and justified within the literature. With this understanding of the necessary basic concepts it is now possible to begin exploring the therapeutic landscapes of the Kaqchikel of San Lucas Tolimán. The following chapter provides the necessary historical, economic, and sociocultural background information on Guatemala in general and San Lucas Tolimán in particular in order to fully contextualize the study and its results.



### 3 THE GUATEMALAN CONTEXT

Guatemala, simply put, is a country of extreme contrasts. Its cultural and natural heritages are rich in both beauty and diversity, yet they are set against a backdrop of acute poverty, terrifying levels of violence, and endless discrimination and racism. Among the most prominent contrasts are those between rich and poor, urban and rural, *ladino*<sup>5</sup> and Indigenous<sup>6</sup>, and men and women. In this chapter I explore these contrasts both at a national level and as they pertain to the study site, the municipality of San Lucas Tolimán. More specifically, the chapter surveys the various daily influences on the health and wellbeing of Guatemalans, such as scarce economic resources and access to land, the impacts of both the civil war and the wave of violence that has gripped the country in recent years, and the current state of healthcare in the country. I will also discuss Maya (specifically Kaqchikel) culture, highlighting the reality that Maya individuals and communities live every day. The dominant themes underlying this chapter are poverty, violence, and inequality; the very themes that distinguish this study from the previous literature on therapeutic landscapes. It must be noted that most specific information given about San Lucas Tolimán in this chapter will highlight only those seven towns that were home to one or more research participants, specifically: San Lucas Tolimán, Finca Pampojilá, Parcelamiento Pampojilá, Xejuyú, San Martín, Tierra Santa, and Quixayá.

San Lucas Tolimán is a small, predominantly Indigenous municipality located on the southeast shores of Lake Atitlán in the department of Sololá, which is part of the highland region of the country (Figure 3.1). Its *cabecera* (head town) is San Lucas Tolimán, with 15 other small towns and villages making up the rest of the municipality (Figure 3.2). The

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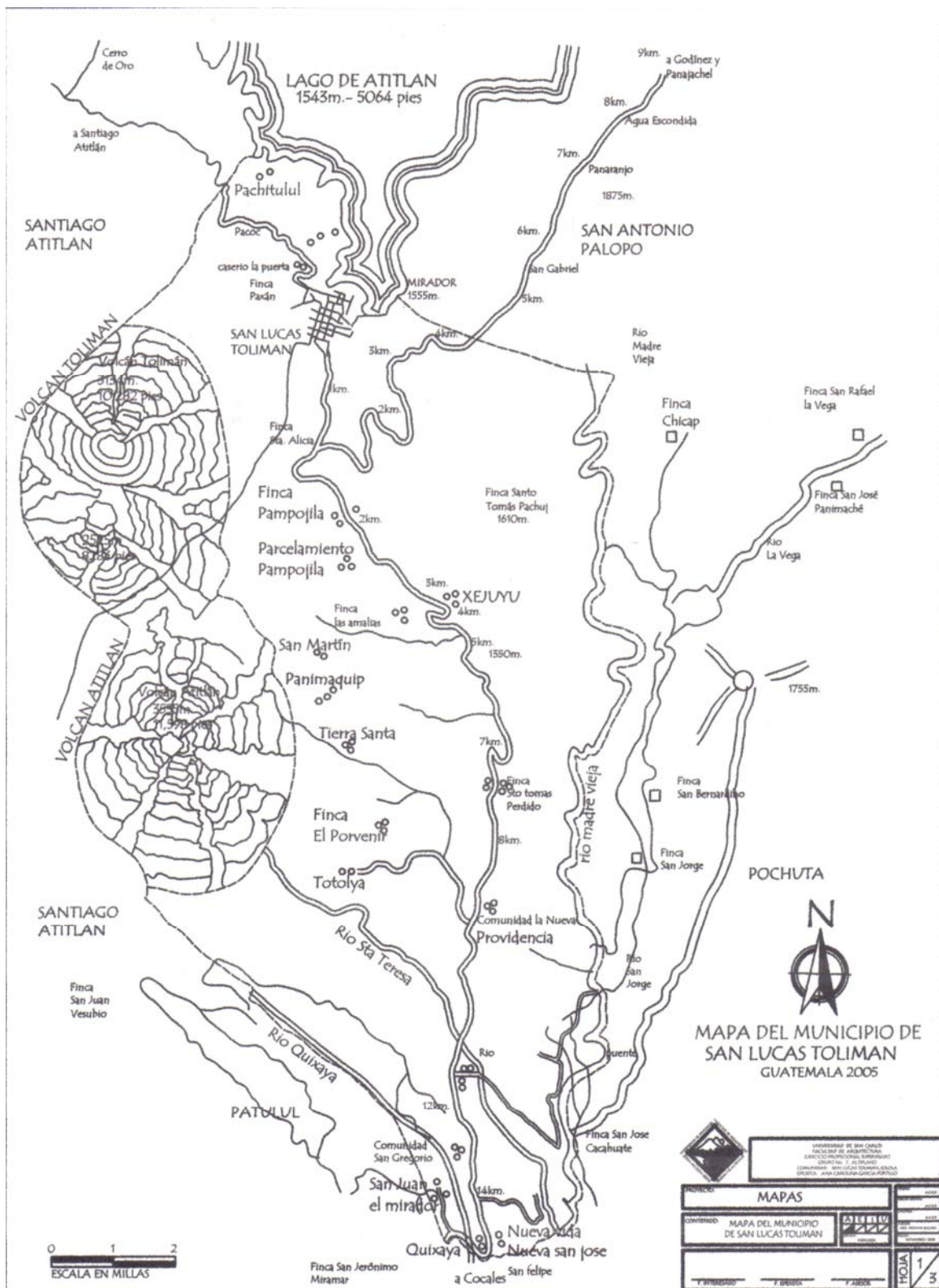
<sup>5</sup> A *ladino* is a non-Indigenous Guatemalan.

<sup>6</sup> The term ‘Indigenous’ will be used here (as opposed to First Nations, Aboriginal, etc.) because in Guatemala the politically correct term for a non-*ladino* individual is *indígena*, which in English is Indigenous.

population of the municipality is roughly 22,000, and 89% of the population is of Kaqchikel heritage (Abell 1997; Blum 2003). The municipality's population is young, with 57% being under the age of 20 and only 3% being over the age of 60 (Municipalidad de San Lucas Tolimán 2002a). The economy of San Lucas Tolimán is predominantly agriculturally based, with most people growing coffee to sell and maize and beans (and some other vegetables) for subsistence.



Figure 3.1 Map of Guatemala (United Nations 2004)



**Figure 3.2 Map of the Municipality of San Lucas Tolimán (García Portillo et al. 2005)**

### 3.1 Land Distribution

Access to land – or lack thereof, as is more often the case – is a central issue in Guatemala, and the municipality of San Lucas Tolimán is no exception. Guatemala has one of the highest inequalities of land distribution in all of Latin America, with 2% of the population controlling roughly 70% of the arable land (Elías et al. 1997; Green 1999; Tiney 2000). The population without access to land is increasing, rising from 23% in 1979 to 29% in 2000 (SNU 2003). The most prominent type of land holding is the *minifundio*<sup>7</sup>, which is characteristic of the land distribution pattern of the highlands. These small plots of land, together with *subfamiliares*<sup>8</sup>, constitute 95% of the agricultural production units in the highlands, yet constitute only 42% of the land dedicated to agriculture. These plots are generally located on steep hillsides where production levels are significantly less than those of flat, irrigated lands (Elías et al. 1997). In the department of Sololá, 77.5% of the agricultural lands are in the form of *minifundios*, each with an average size of 0.3 hectares (PNUD 2004).

The highlands are one of the most populated regions of Guatemala, and rapidly growing population levels are of great concern there. Population pressures have caused the proportion of *minifundios* in the country to increase from 31.4% in 1979 to 54.5% in 2000 (SNU 2003). The *minifundios* in the highlands are becoming increasingly subdivided as the area's population increases. The department of Sololá has the fourth highest level of demographic pressure in the country due to its high population densities and high growth rates (Elías et al. 1997). Indeed, San Lucas Tolimán's population density is 191.5 people per square kilometre – higher than the national average of 103 (Municipalidad de San Lucas

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<sup>7</sup> Small parcels of land less than one *manzana* in area. A *manzana* is equal to approximately 0.7 hectares.

<sup>8</sup> Parcels of land between 1 and 10 *manzanas* in area.



Tolimán 2002a). This increased demographic pressure and fragmentation of *minifundios* increases the risk of food insufficiency, which is particularly problematic given that not only are these lands dedicated to subsistence agriculture but they also account for a large part of the national production of staple foods (Elías et al. 1997). The size of a *minifundio* is completely insufficient for meeting the subsistence needs of a family of five (SNU 2003). It is important to note that the average family size for the communities studied in San Lucas Tolimán is six people and the average area of land per family (owned or rented) is 5.1 *cuerdas*<sup>9</sup> (Municipalidad de San Lucas Tolimán 2002b-h). The effects of high population pressure, when coupled with overuse of the soil and erosion, make for a very precarious situation for the rural poor.

Land, for those who are fortunate enough to have some, is highly unequal in its distribution. On a national scale, Indigenous citizens have access to less land than their *ladino* counterparts. Of all the agricultural lands available in the country, only 23.6% are Indigenous-owned, while 70% are owned by male *ladinos* (PNUD 2002). Women also tend not to own land (only 6.5% nationally), because land is generally passed from father to sons, becoming increasingly fragmented from generation to generation (PNUD 2002). Women rarely inherit land from their parents, and if they do it is often substantially less than what their brothers inherit (Escobar Sarti 2005; Ventura 2000). Although this practice is slowly changing, some believe that it creates an imbalance in the system because not all families have adopted the practice of giving land to female children (Ventura 2000).

In regards to land access and tenure, the people of San Lucas Tolimán are arguably more fortunate than others in the region given the dedication of the Catholic parish to acquiring and redistributing land. Much of the land in the area is already in the hands of

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<sup>9</sup> A *cuerva* is equal to 0.11 hectares (Fischer 2001).

large landowners and must therefore be negotiated for and bought as it becomes available. The land the church buys is redistributed to families in need through the San Lucas Development Program – a program similar to Habitat for Humanity (Abell 1997). Over the years, 2,000 families have received land in this manner, and with an average family size of six, that translates to approximately 12,000 previously landless people who have been given land (Abell 1997). Two of the most recent land distribution projects of the church were a former plantation (now known as Comunidad la Nueva Providencia) and the relocation of three communities (Tierra Santa, El Porvenir, and Totolyá) that were previously located at the base of a volcano and threatened by landslides.

Simply owning a piece of land, no matter how small, is an incredible triumph for the previously landless. One man in Nueva Providencia was so excited about the prospect of having his own plot of land that he did not sleep for two nights after he heard the news. For the peasants of San Lucas Tolimán, owning land means a chance to grow their own food (and for many, to be their own bosses) and to put down roots and have a more stable life. Those who are not fortunate enough to have their own piece of land usually find work on *fincas* (plantations) – a situation that is less than ideal. *Finca* life is difficult, as one elder who used to work on a *finca* recalls:

We worked without a schedule, that is to say from sunrise to sunset, without even the most basic services and we were heavily exploited. Our worst torture<sup>10</sup> was food, we didn't have anything to eat and that's why we had to mix sugarcane or bananas in with our tortillas, because it wasn't enough. Imagine, on Sundays we had to work to pay for the house where we lived and this work was known as *faina*<sup>11,1</sup> (Chajil 2001, 38; my translation – for the Spanish originals please refer to the corresponding small roman numerals in Appendix B).

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<sup>10</sup> The original Spanish word, *martirio*, is literally 'martyrdom' but here carries a sense of torture and suffering and I translated it as such.

<sup>11</sup> *Faina* refers to work done on Sunday without pay.

### 3.2 Poverty and Lack of Resources

Despite the fact that more and more *luqueños*<sup>12</sup> own their own small plot of land, the municipality (and the region in general) is still among the poorest of Guatemala. Roughly 99% of the population of San Lucas Tolimán was born and raised in poverty, negatively affecting their physical, personal, and professional development (Rodríguez Martínez 2000). The highlands are the most socio-economically vulnerable region in the country, and poverty, which has been on the rise in the past 20 years, is so extreme that the highlands are considered a “region in crisis” (Elías et al. 1997, 193). The overall Human Development Index<sup>13</sup> (HDI) for Guatemala is 0.67, but there are pronounced contrasts between urban and rural areas (0.75 vs. 0.61) and *ladino* and Indigenous Guatemalans (0.72 vs. 0.58), thus the highlands are doubly disadvantaged, being both rural and predominantly Indigenous (PNUD 2004). This is evident in Sololá’s HDI ranking of 0.39, placing it 19<sup>th</sup> out of 22 departments (Fischer and Hendrickson 2003).

The poverty of the region is the result of many interacting factors, such as a lack of land, economic resources, food, education, and infrastructure. Within the region, the most vulnerable groups are those that have been historically marginalized: women, the elderly, children, and the Indigenous (Elías et al. 1997), with rural Indigenous women being the most disadvantaged. The percentage of rural Indigenous female- and male-headed households in extreme poverty is 7.2% and 59.6% of the national total, respectively (PNUD 2002). The former are arguably more at risk given the marginalization of women (particularly Indigenous women) and their restricted access to land, income and/or credit, and education.

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<sup>12</sup> A *luqueño* is a resident of San Lucas Tolimán.

<sup>13</sup> The Human Development Index measures the average achievement of societies in three dimensions of human development – a long and healthy life (measured as life expectancy at birth), knowledge (measured as a combination of adult literacy and the gross enrolment ratio), and a decent standard of living (measured as the GDP per capita) (UNDP 2005).

In male-headed households, as in society in general, women are marginalized and disproportionately burdened. Though it is heavily engrained in social convention that it is the man's responsibility to provide for his family's needs, it is also his 'right' to set aside part of his income for himself, money that is generally spent on alcohol, other women, and socializing with friends (PNUD 2002). Thus if the family is short on money it is generally up to the woman to figure out a way to make ends meet (PNUD 2002), adding increased stress to an already heavy and stressful workload.<sup>14</sup> In recent years, rising prices of basic goods and services have put increasing pressure on household budgets. For example, between June 2004 and June 2005, the cost of staple foods was reported to have risen 8.8%, from Q1,520.09 a month to Q1,617.38<sup>15</sup> for a family of six (Hernández 2005), although the average amount spent on food in the seven communities studied was only Q416.50 per month (Municipalidad de San Lucas Tolimán 2002b-h).<sup>16</sup> Due to rising prices, women on a national scale are becoming increasingly integrated into the formal economy out of necessity, adding work responsibilities outside the home to their domestic activities and extending their working day substantially, with the average work day of 17.3 hours. The monthly income of these working women, however, is on average only 59% of what men earn (PNUD 2002).

In the seven communities included in the study, the average yearly income is Q5,940, and families in six of the seven communities run an average deficit of Q3,218.50 each year (Municipalidad de San Lucas Tolimán 2002b-h). Typical incomes for men in these communities are about Q20 per day as agricultural labourers, while women tend to be less integrated into the formal economy (Municipalidad de San Lucas Tolimán 2002b-h). Many

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<sup>14</sup> It is not known if and to what extent the women of San Lucas Tolimán gain power through assuming the role of the provider when their husbands are un- or under-employed.

<sup>15</sup> At the time of writing, 1 *quetzal* was worth \$0.16 CAD

<sup>16</sup> This lower number can be explained both by the poverty endemic to the region and by the fact that many families grow a portion of their own food.

of the women interviewed ran small businesses out of their homes to help make ends meet, while others sold some of the *po't*<sup>17</sup> they wove at an average price of Q25 to Q30, each one taking roughly one month to make (Municipalidad de San Lucas Tolimán 2002d, e, g).

### **3.3 Health and Healthcare in Guatemala**

Given the economic pressures facing them, it is not surprising that in each of the seven communities, residents reported food insufficiencies in terms of quantity and quality as one of the major problems they faced daily, and malnutrition continues to be one of the top health concerns in the municipality (and in the country, in general). The most common illnesses reported in the seven communities were malnutrition, gastrointestinal problems (e.g. diarrhea, amoebas, stomach ache, flu), respiratory infections (e.g. throat infections, coughs, colds), and general feelings of unwellness, such as fevers, body or muscle aches, and headaches. Most, if not all, of the reported health concerns were caused by a combination of environmental and socioeconomic factors, such as poverty, lack of adequate sewage, garbage disposal, potable water, housing, and food, and changes in the weather (Municipalidad de San Lucas Tolimán 2002b-h). The lack of potable water and sewage systems, when coupled with food insufficiencies, constitutes the most prevalent cause of sickness and death in Guatemala (Elías et al. 1997).

Relatively few households in the seven communities have access to a sewage system and garbage disposal service, thus there is an accumulation of waste in the streets of the communities as well as a number of clandestine garbage dumps in close proximity to the houses. Nearly all households in the seven communities have access to electricity and running water in their homes, albeit non-potable water directly from the lake, which is

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<sup>17</sup> A *po't* is a traditional Maya blouse, typically woven on a backstrap loom.

becoming increasingly polluted, particularly in the winter months when the rains wash “avalanches of garbage” into the lake (Sáenz 2005a). Housing construction varies from community to community, with the walls of dwellings made from cement blocks, wood, sticks, or cornstalks and the roofs generally made of sheet metal (Municipalidad de San Lucas Tolimán 2002b-h), but regardless of construction materials, houses generally provide inadequate protection from the elements. Families<sup>18</sup> typically live together in their home, which normally has one or two rooms, and living in such close quarters aids in the transmission of illnesses and does not afford family members much privacy. In addition, many of these homes are filled with smoke from the cooking fire, which negatively impacts on the respiratory and ocular health of the family members, particularly the women, who spend the most time in the home (Municipalidad de San Lucas Tolimán 2002b-h).

In terms of healthcare, Guatemala has one of the most precarious healthcare situations in Latin America (SNU 2003). Nearly one half of Guatemalans have limited access to government health services, a situation that is a product of the country’s history of social inequity, geographic isolation, institutional inefficiency, and political conflict (Hurtado and Sáenz de Tejada 2001). Less than 1% of the country’s GDP is invested in the health sector, and most of this investment is concentrated in the capital, Guatemala City (Vela et al. 2001). The department of Sololá is one of the departments with the lowest federal investment in health, receiving only Q53 per person, as compared to the national average of Q131 (Municipalidad de San Lucas Tolimán 2002a). In Guatemala there is a persistent pattern of illness and death characterized by infectious and nutritional illnesses that are particularly devastating for children, the elderly, the poor, the Indigenous, and people living in rural areas

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<sup>18</sup> Generally understood as a nuclear family. Daughters normally live with their parents until they are married, at which point it is common for the new couple to go live with or near the husband’s parents. It is also common for more than one related nuclear family to live together on a single property (Fischer 2001).

(SNU 2003). These marginalized peoples generally receive the poorest healthcare service, both in terms of quality and quantity.

Before the conquest of Guatemala in 1524, healthcare in Maya communities was the responsibility of traditional healers, known as *curanderos*. Since then, *curanderos* have been persecuted as the government stressed the medicalization and Westernization of health practices (Lipp 2001). Thus it is not surprising that mainstream health services in Guatemala do not give sufficient regard to the local cultural context and the needs of Indigenous populations (Hurtado and Sáenz de Tejada 2001; SNU 2003). Many development-related health promotion programs have been focused on curing illnesses, but now the challenge for Guatemala is to also begin focusing on the underlying causes of illness (e.g. poverty and inequality), as well as preventive healthcare programs (SNU 2003). Due to the many traumas that still exist from the country's 36-year civil war (to be discussed shortly), which are exacerbated by the poverty and violence of everyday life, it is also necessary to pay more attention to mental health (SNU 2003).

Healthcare at the local level in San Lucas Tolimán is quite different from the national level. Healthcare in San Lucas Tolimán is a combination of Western medicine and traditional Indigenous medicine. Although most Kaqchikel now use the former, home remedies are still used by many to treat simple illnesses because they are less expensive and seen as being less intrusive than chemical medicines. In terms of medical facilities and healthcare professionals, Table 3.1 outlines the services available in each of the seven communities.

**Table 3.1 Healthcare services in the seven communities studied (compiled from Municipalidad de San Lucas Tolimán 2002b-h)**

Community	Healthcare providers	Healthcare facilities
San Lucas Tolimán	2 health promoters 10 nurses 5 <i>curanderos</i> 6 doctors 20 midwives	Health centre Parish clinic IGSS <sup>19</sup> clinic 10 private clinics 14 pharmacies
Parcelamiento Pampojilá	3 health promoters 1 midwife 1 nurse	None
Finca Pampojilá	1 health promoter 1 midwife	None
Xejuyú	2 midwives	None
Quixayá	2 health promoters 2 midwives 1 <i>curandero</i>	None
San Martín	1 health promoter 1 midwife 1 Maya priest	None
Tierra Santa	1 health promoter 1 <i>curandero</i> 1 midwife	None

In addition to the personnel and facilities listed, doctors from Europe and America come to San Lucas Tolimán every year to volunteer their services (Abell 1997). Working alongside the formally trained doctors and nurses are local health promoters (the majority of whom are Kaqchikel) who work in the rural areas surrounding the *cabecera*. This aspect of the healthcare system is important given that the health promoters can provide care that is appropriate to the culturally specific health beliefs of the Kaqchikel. Similar to the national level, health promotion efforts to date in the municipality have been predominantly focused on curing bodily illnesses. However, in June of 2005, the most experienced group of health promoters was given a general introduction to the major mental health issues facing their

<sup>19</sup> IGSS stands for the *Instituto Guatemalteco de Seguridad Social* (Guatemalan Social Security Institute)



communities, thus taking an important first step in expanding the focus of rural health promotion in the communities of San Lucas Tolimán. Mental health is an important consideration for healthcare strategies in Guatemala because of the culture of violence, both past and present, that exists in the country. I now turn the discussion to the civil war and its impacts, as well as the new wave of violence that has spread across the entire country and is penetrating the everyday lives of all Guatemalans.

### **3.4 The Civil War and Contemporary Violence**

Guatemala has a long history of political violence and unrest. The most recent period of violence took place in the decades following a 1954 coup d'état, engineered by the CIA, that overthrew president Jacobo Arbenz Guzmán after he had instituted agrarian reforms to redistribute land (Luján Muñoz 1998). Six years later, in 1960, a group of military officers staged a coup to overthrow the regime of Miguel Ydígoras Fuentes (Luján Muñoz 1998). Though the coup failed, the spirit of rebellion did not, and 1960 marked the start of the civil war that ravaged Guatemala for 36 years until the Peace Accords were signed in 1996.

The ensuing insurgency was one of the longest in Latin America, leaving 200,000 dead and 40,000 'disappeared'<sup>20</sup> (Blum 2003; Green 1999). During the most intense period of military repression and violence (1979 to 1982), the military embarked on a scorched earth policy, burning entire Maya villages suspected of collaborating with guerrilla forces (Blum 2003). The devastation was massive in the highlands and by the early 1980s the area had become known in international human rights circles as the "land of eternal tyranny" (Green 1999, 29). Over 440 rural Indigenous villages were completely burned and destroyed (and

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<sup>20</sup> The 'disappeared' (*los desaparecidos*) are those people who were forcibly detained or kidnapped, tortured, and killed by government forces and whose bodies were never found.

many more partially so), leading many to believe that one of the unacknowledged goals of the counterinsurgency was to eradicate the Maya culture (Green 1999; Sanford 2003).

That the violence was primarily directed at the Maya is evident in the fact that not only were villages burned and individuals tortured and killed, but sacred symbols and places were desecrated and the *milpas*<sup>21</sup> – the centre of Maya physical, cultural, and spiritual survival – were destroyed (Manz 1988). Due to actions taken by the local Catholic parish, San Lucas Tolimán was very fortunate to escape the brunt of the violence and destruction, losing roughly 25 to 30 citizens, which is a relatively small number when compared to the 467 killed from the neighbouring town of Santiago Atitlán (Blum 2003).

Though the war has been officially over for nearly a decade, its survivors are still suffering, living on the economic and social margins of their communities and continuing to experience the trauma that the violence caused to both their bodies and their memories (Green 1999). There is also a new wave of violence<sup>22</sup> gripping the country and it has reached such a level that it has become a ‘normal’ part of everyday life. Contemporary violence is the product of a number of factors, but some of the most important factors are the desperation caused by extreme poverty, the residual effects of past violence and militarism, and the inability of the police and military to control the violence (Munaiz 2005b; Vela et al. 2001). The frustration caused by the ever-widening gap between actual and expected quality of life and the impossibility of achieving the latter is one of the major root causes of violence in Guatemala today. In a society where the average citizen has little power, control, wealth, or opportunity, citizens are more likely to adopt violent methods of acquiring them (Munaiz

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<sup>21</sup> A *milpa* is a small plot of land used to grow maize.

<sup>22</sup> This discussion of violence will focus solely on physical violence and threats to personal safety, such as robbery, torture, homicide, and rape. Though racism and poverty can be said to be cultural and economic forms of violence, they have already been touched upon in other sections of this chapter and will therefore not be discussed here.

2005b; SNU 2003; Vela et al. 2001). The most prominent forms of violence in Guatemala today are gang violence, general criminal delinquency (e.g. non-gang related robbery, assault, homicide), and social ‘cleansing’ (e.g. lynching). Though the highest concentration of crime and violence is in the capital, the problem exists on a national scale and affects even small, rural communities like San Lucas Tolimán (see Table 3.2 for a summary of the various threats identified by each of the seven communities).

**Table 3.2 Threats to safety, as perceived by the communities (compiled from Municipalidad de San Lucas Tolimán 2002b-h)<sup>23, 24</sup>**

Community	Robberies	Alcoholism	Drug addition	Gangs	Delinquency
San Lucas Tolimán	✓	✓	✓	✓	
Parcelamiento Pampojilá	✓	✓	✓	✓	✓
Finca Pampojilá <sup>25</sup>	✓	✓	✓	✓	
Xejuyú	✓		✓		✓
Quixayá	✓				
San Martín	✓	✓			
Tierra Santa	✓				

Gang violence emerged in the 1980s as a result of the civil war; in gangs, youth found a surrogate ‘family’, providing them with affection and a sense of belonging in the face of crisis. Gang violence has become so pervasive that it has firmly established itself in Guatemalan culture (Vela et al. 2001). In the 1990s, Guatemalan society experienced a ‘boom’ in violence, with the crimes being so highly violent and irrationally aggressive that violence virtually became an end in and of itself (Vela et al. 2001). Victims are often

<sup>23</sup> This information is taken from a group of community development plans that were undertaken by the municipal government of San Lucas Tolimán, with the support of various local NGOs. Information was gathered via a series of general community meetings, as well as individual and group interviews. While the entire community was invited to participate in these meetings, the documents do not give any indication of who actually participated (i.e. gender, age, social standing etc.). Thus it is not known to what extent these perceived threats are representative of the entire community’s sentiments.

<sup>24</sup> The threats are in no particular order of importance.

<sup>25</sup> Also includes Fincas Peña Flor, Patzibir, and Esmeralda (their development plans were all combined into one).

tortured, as well as frequently dismembered, and the newest trend is for the perpetrators to leave messages for third parties on the dead bodies (Seijo 2005a). The cruelty employed in the majority of the assaults and murders, which is reported daily in the newspapers in graphic detail and often accompanied by photos, creates a state of fear among Guatemalans. And Guatemalans have reason to be fearful: homicide levels today are comparable to those of the most violent periods of the civil war (Seijo 2005a).

Guatemala's homicide rate is among the highest in Latin America, a region that already has a homicide rate twice as high as the world average (Snodgrass Godoy 2002). In fact, Guatemala's homicide rate was estimated at 150 per 100,000 people in 1997, as compared to the Latin American average, which, using 1994 figures, was somewhere in the order of 30 per 100,000 people (Snodgrass Godoy 2002). In 2004, a total of 4,507 homicides were reported (Munaiz 2005a), and in the first half of 2005 Guatemala was averaging roughly seven homicides per day, and that number jumped to 17 in June of that same year (Revolorio and Reyes 2005; Seijo 2005a). Violence against women is of particular concern – in 2001 there were 1,116 violent deaths of women reported (SNU 2003). Violence against women is so grave in Guatemala that in 2002 the country had the fifth-highest level of female homicides in the world (Cereser 2005). For Indigenous Guatemalans the situation is also worrying, as the violence is more generalized, more intense, and dates back to a much earlier time (SNU 2003).

The violence plaguing Guatemala today is distinct from that of the civil war. In the civil war there were clearly defined enemies and battlefields, and citizens were theoretically protected by the conventions and rules of war (Vela et al. 2001). Today's violence, however, lumps all citizens together such that they cease being spectators and instead become marked

as constant targets and victims (Vela et al. 2001). This constant state of fear has serious ramifications on the social lives of individuals and communities. As Vela et al. (2001, 226; my translation) state:

In the face of such a social ill, it is clear that society is internalizing certain behavioural norms that are draining community life. Avoiding walking in certain areas at certain times, looking out the windows before opening the door to go out into the street, wearing jewellery only on special occasions, closing the windows when stopped at traffic lights, not talking to strangers in the street, looking constantly over one's shoulder when walking in the street or looking in the rear view mirror when in a car, putting peepholes in doors. Thus, if before it was normal to say that one should be careful when walking in certain areas, today the entire country has become an unsafe area.<sup>ii</sup>

Despite the fact that the majority of Guatemalans live against a backdrop of fear, it is common to not report crimes to the police because they have proven to be ineffective in preventing crime and they themselves frequently abuse their authority and are entangled in the complex web of corruption and violence. In the first seven months of 2005 alone, there had been 347 complaints filed against police officers (Seijo 2005b). Very few complaints ever result in a conviction because the judicial process is based on victim testimony, the majority of whom are afraid to make their accusations in open court (Seijo 2005b).

Given the population's fear of crime and lack of confidence in the police system, since the early 1990s there has been an increasing number of people taking the law into their own hands, predominantly in the form of social cleansing groups and lynchings. When asked about this emergent phenomenon, 75% of Guatemalans expressed at least some degree of support for acts of "justice by one's own hand" (Snodgrass Godoy 2002, 644). Between 1996 and 2001, the United Nations Mission to Guatemala documented 421 lynchings, and many more likely went undetected (Snodgrass Godoy 2002). For the period of 1996 to 1999, the department of Sololá had the sixth-highest number of lynchings out of Guatemala's 22

departments (PNUD 1999). Lynchings are the most visible form of citizens taking the law into their own hands, but clandestine social cleansing groups have also been on the rise (Snodgrass Godoy 2002). Indeed, while field research for this study was being conducted in the summer of 2005, there was a social cleansing group at work in the San Lucas Tolimán / Santiago Atitlán region. Armed and wearing balaclavas, the group of 15 men was said to be asking for money or food in exchange for providing security and ‘finishing off’ the criminals (Guoz 2005; Sáenz 2005b). Although many thought it was a good idea, fear among residents escalated as they worried that the group may accidentally kill innocent people (Guoz 2005).

It is in this atmosphere of poverty, inequality, and fear that most Guatemalans live, and the situation for Indigenous Guatemalans is even more distressing because of the added burden of discrimination and racism that they face. Weak implementation of the Peace Accords has meant that Indigenous peoples in Guatemala still face intense discrimination and are lagging in political participation, education, healthcare, and land ownership (Fischer and Hendrickson 2003; Blum 2003). Racist ideology and practice in Guatemala are among the most aggressive in Latin America and are sustained by the *ladino* fear of Indigenous ‘revenge’ (Vela et al. 2001). Racism in Guatemala is so pervasive and engrained in social institutions and norms that it is not unheard of for Indigenous individuals to start believing the negative stereotypes that exist. Such a sociopolitical atmosphere is unhealthy in that it challenges the validity of the Kaqchikel worldview and way of life, thus undermining cultural identity and pride, both of which are integral to therapeutic landscapes. What follows is an examination of the aspects of Kaqchikel culture that are most salient to this study, particularly the Kaqchikel worldview, the relationship to the land and its practical, social, and spiritual aspects, as well as Maya views on health and wellbeing.

### 3.5 Kaqchikel Culture and Worldview

The Kaqchikel worldview is based on the notion of a sacred covenant between humans and cosmic forces, which is intimately tied to notions of balance, reciprocity, and cosmic cycles (Fischer 2001). The earth is sacred for the Kaqchikel – it is somebody, not something (Ventura 2000); it is their mother and is the source of life from which everyone is born and to which everyone returns when they die (Autoridad y Gobierno Kaqchikel de Sololá 1998). The earth is sacred because she has life and also gives it, therefore one must respect, love, and care for her, for if the earth is not cared for and becomes malnourished she cannot provide for her children, and they too become malnourished (Ventura 2000).

Agricultural cycles are integral to the Kaqchikel worldview, and the agrarian roots of Maya culture have led most highland Maya to place a high value on land ownership and control over one's means of production (Fischer 2001). Land ownership among the Kaqchikel is generally thought of as communal, although each family has its own plot of land (Ventura 2000). However, the majority of lands held by Maya individuals are not legally registered because they have been passed down or negotiated through customary law, which is not recognized by the Guatemalan government (Tiney 2000).

Within the agriculturally based worldview of the Maya, maize plays a central role. Maya spiritual ties to maize originated in the creation myth, as told in the *Popol Vuh*, where the gods<sup>26</sup>, after three unsuccessful attempts to create humans, finally succeed by fashioning them out of maize (Tedlock 1996). Given the significance of maize to the Maya worldview, it is only natural that the *milpa* is also essential to Kaqchikel life. As one Kaqchikel individual states, “The *milpa* [...] is more than just corn; the *milpa* is an entire world, a way

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<sup>26</sup> There is one god in Maya religion (known as *Ajaw*), which is best conceived as a cosmic force. Though this cosmic force has various aspects and can manifest itself in different ways to appear as distinct gods, these manifestations are all part of a single, unified force that drives and animates the cosmos (Fischer 2001).

of life” (Green 1999, 17-18). In addition to providing food, the *milpa* also has strong spiritual and social elements. The *milpa*, according to Alcorn and Toledo (1998) is primarily both a social institution and process, with its spatial aspect being secondary, and its religious and social importance often exceeding its nutritional and economic importance. For example, the ancestors reside in the *milpa*, and thus working the *milpa* reconnects the living with the dead, and also with Mother Earth and the spirits of nature (Green 1999). The *milpa* is passed down through generations, and to neglect one’s *milpa* is to neglect one’s ancestors (Ventura 2000). To “abandon one’s *milpa* is to forsake the very roots of life” (Redfield and Villa Rojas 1934, in Alcorn and Toledo 1998: 233), thereby jeopardizing the sacred cosmic balance.

While it is predominantly the men who work in the *milpa*, Kaqchikel women also play an important agricultural role by helping in the *milpa* during the planting and harvesting phases and also by maintaining household gardens that produce supplementary food, medicinal herbs, plants to be used in religious ceremonies, and ornamental plants and flowers (Keys 1999). Home-grown medicinal plants are not only less expensive than Western medicines, but they are also culturally and socially important because they can be traded among neighbours, not for cash, but for future reciprocity on the part of the recipient (Keys 1999).

For the survivors of the civil war, the *milpa* figures prominently in their testimonies, both as a metaphor for the vast destruction Maya communities experienced and as a symbol of community rebirth (Sanford 2003). The following excerpt from a survivor’s testimony (in Sanford 2003, 120; my translation) captures the significance of the *milpa* in the Maya culture:



During the violence, there came a time when the sacred maize that gives us life disappeared. Because of the destruction of the fields, it disappeared. The maize disappeared and there was a period of time when people had to live without maize. It was a time when a lot of people, a lot of children, died because the sacred *milpa* was destroyed. But there was an old man who had a *buzón*<sup>27</sup> and despite having moved around so much, he still had his *buzón* of maize. And the sacred maize stayed in his *buzón*. The time came when he could return to his *buzón* and see how it was doing. In it, he found a small bit of maize, and he didn't eat that little bit of maize that he found, even though he was hungry. He didn't eat it, but rather he took it with him and handful by handful he gave it to his neighbours. Everyone got a little bit because there wasn't much. That's how we started growing maize again, and how the harvests began again, and we started making the tortilla again. After so many deaths, so much sadness, we are still able to sow our sacred maize.<sup>iii</sup>

Since the *milpa* is an integral part of Kaqchikel life, both practically and spiritually, many religious ceremonies surround the agricultural cycle in general, but specifically that of the *milpa*. For example, the *sak'aj* is a family or community feast that is celebrated after very important events, such as the sowing or harvesting of crops (Chajil 2001). During this celebration, it is common to burn candles, incense, and fireworks to thank *Ajaw* and Mother Earth (Chajil 2001). There are also ceremonies to give thanks for other important events, such as the first rains. Because most Maya have converted to Christianity (predominantly Catholicism), many say that they no longer celebrate these ceremonies. But as Ventura (2000, 112; my translation) argues,

...they always take into consideration the fact that they must ask for rain, that they must be thankful for the harvest, that they must thank the earth that has given us our food. [...] Although they say that they no longer perform Maya ceremonies, they celebrate mass and they say: 'Let us thank God, who gave us the earth, who gave us the rain, who gave us our harvest.'<sup>iv</sup>

Thus a spiritual connection to the earth and the *milpa* still exists, whether it be in the form of traditional Maya ceremonies, Christian prayers and services, or a combination of the two (Ventura 2000).

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<sup>27</sup> A *buzón* is a hiding place, and has no direct translation in English.

In addition to the important and sacred relationships between the Kaqchikel and the earth, interpersonal relationships and community cooperation are key aspects of Kaqchikel society. The extended family is the basic social unit and it is embedded in larger community structures (Green 1999). Community and family relations are very important to the Kaqchikel, and the home (particularly the kitchen) plays an essential role in maintaining family unity (Fischer and Hendrickson 2003). The home is seen as a metaphorical extension of the body, and the kitchen (whether it be a room itself or a corner in a room) is at the heart of the home. Mealtime interactions are very important in Kaqchikel society, and many Kaqchikel elders “recall with fondness the conviviality brought about by sitting around the fire and sharing thoughts” (Fischer and Hendrickson 2003, 10).

In Kaqchikel society, every individual plays an important role in community life. The *ucholaaj'* (order) of community life is based on moral and spiritual values, including respect, equanimity, responsibility, honesty, simplicity and humility, doing good, being grateful, listening, and serving one's community (López Batzin 1997). The practice of these values translates into equilibrium and harmony and guarantees *utz' k'aslen* (wellbeing) and social cohesion (López Batzin 1997). Kaqchikel values and philosophy are intrinsically linked to spirituality, which is a natural force within the individual and the community and plays an integral role in community identity and the dynamic of daily life (López Batzin 1997).

Because *tzyäq* (traditional dress) is place-specific, it carries strong associations with community cohesion and identity. There is a strong ideological and emotional component of *tzyäq* that is inextricably tied to an individual's sense of being (Fischer 2001). *Tzyäq* reveals a commitment to a particular worldview and is an outward expression of community solidarity. Men in San Lucas Tolimán are rarely seen wearing *tzyäq* because they were

forced to abandon their traditional dress years ago during the civil war. Women, on the other hand, were (and still are) more ‘protected’ by staying in the home and have thus conserved their use of *tzyäq* more than men. The basic elements of women’s *tzyäq* include a *po’t* (blouse), an *uq* (skirt), and a *ximb’al* (belt). Almost all Kaqchikel women in San Lucas Tolimán wear *tzyäq*, and the *uq* is the most common article worn because it is less expensive than the *po’t* and can be bought second-hand. *Po’t* are often replaced by Western blouses for economic reasons, or simply for personal comfort because blouses are not as heavy as *po’t*, although many women only change into blouses during the hottest hours of the day and then put their *po’t* back on. Weaving is an important economic, social, and cultural activity for Maya women, and it has come to be seen as symbolic of Maya women’s work in the household (Fischer and Hendrickson 2003). Thus from a symbolic and practical standpoint, the production and use of *tzyäq* are both key symbolic components of Kaqchikel community life and cultural identity.

A sense of community, equilibrium, and balance are all important components within the Kaqchikel worldview. It follows that within this worldview Maya notions of health are holistic, taking into account the physical, social, and spiritual, and illnesses are signs of disequilibrium (Lipp 2001). Though Western medical beliefs have become prominent in San Lucas Tolimán, they often co-exist with traditional health beliefs. Kaqchikel notions of health are based on three main beliefs: that there is a direct relationship between misfortune and infractions of a moral code; that life is vaguely preordained based on luck and destiny; and that various supernatural agents and deities have power over life and death (Woods and Graves 1973). Illnesses can be caused by imbalances brought on by disturbed emotional states (e.g. fear, anger, envy), excessive amounts of certain foods, overwork, sudden shifts in

body temperature, or social conflict. Disturbed emotional states, particularly anger and aggression, can make the body more susceptible to illnesses sent by the deities (Lipp 2001). Treatment of illnesses is generally concerned with restoring balance between internal bodily processes and the physical, social, and cosmological orders. The patient's family and relatives tend to be actively involved in treatment, and their involvement entails such things as prayers, sacrificial offerings, pilgrimages to mountain shrines, and ritual meals (Lipp 2001).

Traditional Kaqchikel health beliefs operate on a hot/cold system, and to truly understand this system a discussion of two fundamental Kaqchikel concepts – *k'u'x* and *anima* – is essential, because they are central elements of the relationship between individuals and the cosmos. All things are seen as having a *k'u'x* (variously translated as heart, soul, centre, and essence), while only humans have an *anima* (a life force associated with destiny) (Fischer 2001). These two notions regulate social and spiritual relations and underlie individual and community health. A centred *k'u'x* leads individuals to participate in activities that promote social cohesion, and a contented *k'u'x* denotes a state of social and psychological stability (Fischer 2001).

Of particular importance to the cultural significance of the *k'u'x* and *anima* are the metaphysical notions of hot and cold. A hot state is associated with power, dominance, and potential harm, while a cold state is associated with weakness and physical and/or social vulnerability (Fischer 2001). Though the energy embodied in a hot *k'u'x* may be used toward productive ends, it is still considered inappropriate because it upsets the social and cosmic equilibrium (Hill and Fischer 1999). Illnesses, physiological states, and personalities can be classified as hot or cold and are treated accordingly, either medically, spiritually, or

socially. For example, pregnancy is a hot stage for women, but when a child is born it is in a cold stage and must be kept warm and protected in the first few days as its *anima* is forming (Fischer 2001). Food and medicine are also classified as either hot or cold and are used to restore the body's natural balance. Continuing with the above example, pregnant women often avoid eating hot foods during pregnancy, thus sometimes depriving themselves of essential vitamins and nutrients, though it has been possible to convince them to eat hot foods in combination with cold foods to neutralize them (Westbrook Arnold 1993).

The metaphysical notions of hot and cold also often extend to elements of the built environment, with sites of spiritual importance often having hot *k'u'x*, such as mountain caves and volcanoes, which are sought out for ritualistic purposes in order to maintain the cosmic balance. One important element of the Kaqchikel built environment is the *tuj*, a traditional sweat bath. The *tuj* is used both for both hygienic and ritualistic purposes because it is said to cleanse the body and warm the soul. Family members generally use the *tuj* together, and it therefore serves to reinforce social relationships (Fischer 2001). *Tujs* are often referred to as 'little volcanoes' because of a shared physical resemblance and also their link to the metaphysical notion of heat (Fischer 2001). Due to modernization, the *tuj* is not widely used anymore in the urban area of San Lucas Tolimán, but it is still used – albeit infrequently – in some of the surrounding rural communities.

Kaqchikel spirituality is everywhere: in medicine, philosophy, agriculture, and community life. The Kaqchikel connection to Mother Earth and the *milpa* are important parts of daily life, with multiple layers of practical, social, and spiritual meaning. Kaqchikel life, health, and wellbeing are embedded in these complex and symbolic relationships. The Kaqchikel of San Lucas Tolimán, and indeed the Maya of Guatemala, are faced with many

inequalities and hardships that prevent their health and wellbeing. In a country where discrimination, poverty, and violence are interwoven with the social and cultural fabric, they are the ones who take the brunt of these injustices. Survival from day to day for the Maya is precarious and hard-fought, adding unimaginable physical and emotional stress to their lives. Therapeutic landscapes thus play an extremely important role in Kaqchikel life, offering temporary respite from the pressures of daily life. Before entering into a discussion of how the Kaqchikel of San Lucas Tolimán create and use therapeutic landscapes in their daily lives, it is necessary to first outline the methods used in the study.

## **4 METHODOLOGY**

This chapter outlines the methods that were employed in the fieldwork and analysis phases of my research. The methods and their underlying rationale will be explained in as much detail as possible in order that readers may evaluate the validity of my work (Baxter and Eyles 1997). I will first briefly describe the salient aspects of the feminist methodology that guided the research process, followed by an explanation of the two main research methods used – structured interviews and photovoice – as well as how the fieldwork process was carried out and some of the difficulties I encountered. Given that the research was carried out in a foreign language, some time will be spent exploring the various implications this had on the research and how issues of language and translation were approached and dealt with. Finally, I will describe how the data, both verbal and visual, was analyzed and how I have chosen to represent my participants' voices and my own interpretation of the information they offered me.

### **4.1 Feminist Methodologies**

Feminist methodologies emphasize the fact that knowledge is socially constructed and is thus fluid, partial, experiential, and highly dependent on the contexts in which it is produced and interpreted. Knowledge is never value-free or unbiased, and feminist methodologies strive to examine the underlying assumptions about who can know, what can be known, and what is valued as knowledge (Moss 2002). Notions of power are intimately related to knowledge, as those with the power generally decide what constitutes valid knowledge. Since gender is a central, albeit contested, analytical category because it inevitably positions people in different ways (WGSG 1997), feminist research seeks to hear women's voices and legitimize various ways of knowing (e.g. women's often experiential

and subjective knowledge) (Cope 2002). Feminist research not only seeks to empower women, but also other marginalized groups and individuals that have traditionally lacked access to power (Falconer Al-Hindi and Kawabata 2002). Broadly speaking, then, feminist methodologies have emancipatory goals for those involved in the research, with the hope that the research will lead to social change (WGSG 1997).

Recognizing that all knowledge is context-dependent, feminist researchers have written extensively on how the ‘personal’ affects the way research is carried out. “Whether we like it or not, researchers are human beings complete with all the usual assembly of feelings, failings, and moods. And all of those things influence how we feel and understand what is going on” (Stanley and Wise 1993; in England 1994, 84). The ‘personal’ influences what we study, what questions we ask and how we ask them, how we interpret the answers to those questions, and what we ultimately do with the results (WGSG 1997). The beliefs and interests of the researcher influence the outcome at every stage in the research process (Cope 2002), and therefore feminist researchers must always be aware of how personal experiences shape their research agendas. It is also necessary to recognize how the social context and power relations in which the research is embedded can influence the researcher’s interactions with the participants. Research is inherently ‘messy’ and complex. In feminist research, recognizing this complexity is essential and it means that researchers need to be honest about all aspects of their research: any ethical dilemmas they faced, any shortcomings of the research process or its findings, as well as the value of the findings and how they will be used (WGSG 1997). One of the most powerful tools researchers possess for addressing these issues is known as reflexivity.



Simply put, reflexivity is reflectivity – the act of reflecting upon oneself and one’s experiences (Falconer Al-Hindi and Kawabata 2002). According to England (1994, 82) reflexivity is not mere “navel gazing”, but rather is “self-critical sympathetic introspection and the self-conscious *analytical* scrutiny of the self as the researcher.” Reflexivity is a way to situate oneself in the research, thereby avoiding the appearance of false neutrality and making the research process more transparent (Rose 1997; Valentine 2002). Without reflecting on their work, researchers risk imposing their own desires, goals, and worldview on those that they research (Kirsch 1999). By reflecting on the researcher’s place in the research process and his/her relation to the participants, the researcher makes the circumstances surrounding data collection and analysis more explicitly known, thereby enhancing the rigour of the study (Baxter and Eyles 1997). There are two main approaches researchers traditionally have used to include their reflexive position in their work:

1. Sharing their reflexive notes from a personal journal.
2. Describing their circumstances and position so that readers may decide for themselves what impact the author’s life, identity, and experiences had on the study (Falconer Al-Hindi and Kawabata 2002).

I have used both these approaches in writing this work, with my reflexivity being both incorporated into the main text and direct quotes from my journal found in separate boxes throughout the text.

The goal of reflexivity is to make the self and its effect on the research transparent. Full transparency, however, is impossible to achieve because identities are fluid and relational, constantly being (re)created and (re)negotiated through the performance of our interactions with the others and with the world around us (Rose 1997). During an interview, both the researcher and the participant are constantly reproducing themselves based on how they read the performance of the other, and may thus be multiply positioned over the course

of the interview. How the participants and researcher read each other's identities influences what they each feel safe disclosing. Thus the self can never be fully revealed through self-reflection and, as Valentine (2002, 125) states:

[T]he extraordinarily complex nature and general messiness of both the performance, and reading of identities which occur between interviewers and interviewees [...], mean that despite all the talk in feminist methodological debates about the importance of acknowledging our positionality or redistributing power between researcher and informant, in reality the research process is beyond the understanding of the researcher. We cannot ever really know what is going on in any given research encounter and therefore how the information we use might have been different if our performances, those of our interviewees, or interactions between us, had been different.

Throughout my research I kept a reflexivity journal, and though I know that I can never fully grasp the complexities of my encounters with the individuals I interviewed, nor can I ever make myself fully transparent to the reader or to myself, keeping my journal helped me better appreciate how different I, my worldview, and my experiences were from those of my participants. By providing me with a space separate from my more structured fieldnotes, it gave me the opportunity to vent my frustrations, my worries, and my moments of clarity; most importantly, it allowed me to be honest with myself (and now the reader) about my research. In order to be truly reflexive, Falconer Al-Hindi and Kawabata (2002) write, it is necessary to let go, to write about and therefore re-live discomfoting experiences, to look awkward, and to feel ill at ease. In the spirit of honesty, I would like to share a few discomfoting experiences from my reflexivity journal that I feel were particularly important in my evolving comprehension of the relationship I had with my participants. I am not sure I ever fully resolved these issues, but at the very least I was aware of them.

#### **Box 4.1 My identity and the role it played**

May 25, 2005

*In Colonia Pampojilá, all the women we visited seemed very fearful and nervous, and it definitely seemed like they needed to get their husbands' permission before agreeing to participate in the study. Even the children (especially in the backstreets) were very scared, and a lot of them cried upon seeing 2 strange gringa women. Margaret<sup>28</sup> says it's because they warn them about gringos.*

May 27, 2005

*Today Laura asked me where I was living and I told her. She asked how much I was paying. The women at ASEDSA<sup>29</sup> also wanted to know where I was living. One of them asked, "In Hotel Tolimán<sup>30</sup>?" I said, "Oh no, that's very luxurious!" People here definitely sense my affluence, and it's difficult for me to pretend otherwise because I know that in comparison I am rich.*

*I am also getting really tired of saying that I don't have a boyfriend. The women from ASEDSA were all talking and laughing amongst themselves in Kaqchikel, so Mario translated for me, saying that they were trying to decide if I was a Miss or a Mrs. Everyone always wants to know if I'm married or have a boyfriend. Of course, I told them I was a Miss, and one woman said to me "But you'll fall in love here," to which I replied, "But all the men here are so short!" Everyone laughed at my joke, but I'm getting tired of making it. I'm tired of hiding such an important part of my identity<sup>31</sup>. But I guess it's a must if I want to be accepted and taken seriously. I keep being confronted with how different I am from these women (not that I ever expected it to be otherwise). Some of them are younger than I am and already have 3 children, while I don't have a maternal bone in my body. I can't even imagine what their lives must be like.*

July 1, 2005

*Today Luz was talking about her Kaqchikel identity and she said something that I didn't quite understand. I think she was saying that gringos were better than Mayans (not only better = richer, but better = nicer and more intelligent). Because I am considered a 'gringa', this made me feel really uncomfortable and guilty, and I didn't want to ask for*

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<sup>28</sup> All names have been changed to protect the identities of those who participated in this research.

<sup>29</sup> ASEDSA stands for *Asociación para la Economía y el Desarrollo Social Autosostenible* (Association for Sustainable Economic and Social Development).

<sup>30</sup> Hotel Tolimán is the most expensive hotel in San Lucas Tolimán.

<sup>31</sup> As an openly queer individual in Canada, it was at times frustrating to have to act straight. However, I had been advised by a Guatemalan friend that if I were to disclose my queer identity to my participants, it was likely that word would get around and people would not participate in my study.

#### **Box 4.1 My identity and the role it played**

*clarification. The difference between us in terms of power and privilege is enormous and I didn't want to emphasize that any more than I had to.*

June 21, 2005

*When I'm interviewing people, so many of them want to know if they're telling me the 'right' answers. I keep telling them that they're the experts, that there are no wrong answers, that I'm only interested in what they think. But they want so badly to please me, to do well. It makes me really uncomfortable. Who am I to say what answers are 'good' and 'bad'? I feel like they're unnecessarily elevating my position; I feel like they think that just because I've studied I'm automatically more important, more knowledgeable, more 'right' than they are and that they must defer to me.*

#### **Box 4.2 Reflecting on the benefits of my research**

July 9, 2005

*The talk<sup>32</sup> on Thursday really shook me. How am I going to give back? What accountability do I have to my participants? I haven't really seriously considered that yet, even though I tell myself I'm a responsible researcher. I think I've been very focused on getting this fieldwork done. I've been selfish, definitely, and I'm starting to feel really uneasy about it. I feel like I'm cheating my participants. So I guess that's the question I have to answer: What am I giving to my participants? Is this project benefiting them at all? I'm starting to feel like my project is pointless for these people. Can I justify this? I'm not sure that I can – I feel like everything I could say is very shallow. Did I really empower anyone? Sure, I gave them the chance to talk about their lives (supposedly validating their experiential knowledge), and they got to use some cameras and they were excited about that and were so proud of the pictures they took. And that was nice to see and it gave me warm fuzzies. But in the big picture, did it really empower them? Did I have a positive impact? A negative one? No impact at all? I'm not sure which is worse.*

## **4.2 The Field Research Process**

At the root of my study lie local narratives of therapeutic landscape experiences as told by marginalized Kaqchikel women and men. I have therefore chosen to use a feminist approach because of the value it places on local lived experience, situated knowledge,

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<sup>32</sup> I attended an informal evening talk intended for long-term parish volunteers about giving back to the parish and to San Lucas Tolimán.

subjectivity, power, and difference (Moss 2002). Qualitative research methods were chosen because these methods “seek to develop a complex and holistic understanding, often based in the natural setting, from the perspective of the study participants” (Sterk and Elifson 2004, 134). Qualitative methods promote a detailed understanding of the richness and diversity of everyday life as experienced by the research participants.

The two main methods I used to collect data for this study were structured open-ended interviews and photovoice (sometimes also referred to as photo novella or photo elicitation). Participants were selected using snowball sampling, and I was also always open to recruiting a participant as a result of a chance encounter. The easiest way for me to meet potential participants was through my contact with Veterinarians Without Borders and also through the local Catholic parish. It is not surprising then that many of my participants were involved in community groups of various types or were employed by a local NGO or the parish, and I recognize the potential bias this may have introduced into the results. A total of 28 participants were recruited – 14 women and 14 men, ranging in age from 23 to 55 (see Table 4.1 for a breakdown of participants by town or village).

**Table 4.1 Participants by location**

Town / Village	# of Participants	
	Women	Men
San Lucas Tolimán	5	8
Finca Pampojilá	1	0
Colonia Pampojilá	2	1
Xejuyú	2	0
Tierra Santa	1	0
San Martín	2	1
Quixayá	1	4
<b>Total</b>	<b>14</b>	<b>14</b>

In selecting the participants, I did not recruit only individuals living ‘traditional’ Kaqchikel lives or supposed ‘experts’ on Kaqchikel culture (e.g. Maya priests, traditional

healers, midwives etc.). Instead, I invited self-identified Kaqchikel individuals who were willing to participate, regardless of their ‘traditional’ or ‘expert’ status (or lack thereof). When snowballing my sample from my initial participants, I asked them if they knew anyone who may be good to talk to. It became obvious from their rationale for recommending people that their selection criteria went beyond simply being born Kaqchikel. Participants who helped me identify other participants emphasized a continued connection to the land, to the broader Kaqchikel community, and to Kaqchikel spiritual beliefs and practices.

Though recommended individuals may not have lived a traditional agricultural life, they often had done so in the past and continued to engage in agricultural activities in addition to their formal employment. Similarly, many of the recommended individuals showed strong solidarity with their Kaqchikel ‘brothers’ and ‘sisters’, either through their waged employment or volunteer work. Lastly, though all but one of my participants were Christian, participants made a distinction between being Christian and being ‘too Christian’ – having abandoned Kaqchikel spiritual beliefs and practices altogether. Modernization and development did not make anyone ‘less’ Kaqchikel, it was the abandonment of traditional beliefs and practices that did, and my sample included many different perspectives on Kaqchikel life, from those whose primary identity was their Kaqchikel heritage to those who had slowly drifted away from their community. I chose to compose my sample in this way because I was interested in getting a more realistic picture of Kaqchikel lived experience, and the reality is that not everyone in San Lucas Tolimán identifies strongly as being Kaqchikel. It was also important to capture the broad spectrum of Kaqchikel identity that exists in San Lucas Tolimán because, for me, it served as a safeguard against romanticizing Kaqchikel life and culture.

Once participants had agreed to take part in the study, they were immediately given a disposable camera, instructed on its use, and asked to take roughly 12 pictures of their own therapeutic landscapes or, as it was explained to them, places that made them feel good and contributed to their overall health and/or wellbeing. I found that the cameras were particularly motivating and I am sure that many of my participants volunteered because of the chance to use a camera. The vast majority had never used a camera before and were evidently excited about the prospect, just as later on they were clearly proud of the photographs they took.

It was usually agreed that one week would be sufficient time to take the pictures, but that frequently got extended to two weeks or even a month for various reasons (e.g. people needed more time, they forgot how to use the cameras, it was difficult to arrange for the cameras to be picked up). When I picked up the cameras we often did the first part of the interview (the part that did not require the photographs). I found that this was a good strategy because with two shorter interviews it was easier for me and the participant to remain focused. Also, when I did do the complete interview in one sitting with participants they were quite anxious to see the photographs and talk about them. If I did the first half of the interview with them before showing them the photographs they seemed rushed in their answers, wanting to get to the photographs, but if we discussed the photographs first then after we were done with those they seemed to lose interest.

Structured open-ended interviews were used because open-ended questions effectively reduce the distance between the researcher and the participant, thereby positioning the participant as the expert and creating a more collaborative dialogue (Sterk and Elifson 2004). Open-ended questions let participants describe and talk about their own lives in their own

words, while closed-ended questions would not have elicited the kind of in-depth, context-specific details about each individual's experiences that I was looking for. Structured interviews were chosen over semi-structured or unstructured interviews for a number of reasons, many of them personal. First, given the time constraints of the fieldwork (all interviews were conducted between May 31 and July 18, 2005), I felt that structured interviews would perhaps be a more efficient use of my time in the field. Also, recognizing that the participants' daily lives were very busy, I felt like I was imposing less on their limited time by having a set list of questions to ask them. Finally, as a novice interviewer, I felt more comfortable and sure of myself using structured interviews rather than letting the conversation flow freely. That is not to say that interviews never went off on tangents or that I never asked questions not included in my list if an interesting and potentially insightful topic arose, but for the most part I followed the interview questions fairly closely for the sake of consistency.

Information was recorded using hand-written fieldnotes rather than audio tapes in an effort to make participants more comfortable. In conducting research in Guatemala, Rotter (1999) and Green (1999) found that their interviewees were clearly uncomfortable with their conversations being recorded, most likely due to the recently ended civil war and the fear of being reprimanded. This fear certainly still exists, and since Guatemala is far from being politically peaceful and free of racism and discrimination, interviews were not audio- or video-recorded.

Interviews lasted anywhere from 35 minutes to 2 hours, with an average length of 75 minutes. The interview questions were divided into three sections. The first set of questions was designed to gather information about the participants' daily lives – for example, what a



typical day was like for them, what responsibilities they had, and what roles they played in their families and the community. The second set of questions dealt with their views on health – for example, what health meant to them, what they needed to be healthy, and what they did when they felt unwell. These two sets of questions constituted the first interview if I did two interviews with a participant. The final set of questions (reserved for the second interview, if there was one) focused on the participants' own therapeutic landscapes, and it was here that the photographs were used. Participants were asked to explain the significance of each of their photographs and how the place captured in each photograph affected (positively or negatively) their health and wellbeing. For a full set of the interview questions, please refer to Appendix A.

#### **4.3 Photovoice**

Recognizing that the structured interviews did not afford participants much control over or input into the themes we discussed because the questions were inevitably reflective of what I considered important, photovoice was used as a way of giving the participants the opportunity to show me what they considered important. Photovoice entrusts cameras to the hands of participants to enable them to act as expert recorders and represent their communities and their lives from their own perspective (McIntyre 2003). Like feminist theory, photovoice assumes that the research participants are the authorities on their own lives and that what they have to say is important (Wang and Burris 1994). Through photography, the previously marginalized and disempowered are given a voice with which they can share their lives. A quote by McIntyre (2003, 64) reveals what she considers to be the value of her photovoice research on Irish women, and I feel this also applies to my work:

The women's visual and textual stories may not change the extent to which violence, and uneasy peace, mediate life on Monument Road. Yet what

they can do is provide politically disempowered people with opportunities to author individual and collective stories that best represent how they experience their lives – individual and collective stories that carry the signature of the people who live them.

Aside from giving more control to the research participants, photovoice facilitates the collection of data by ‘insiders’ in situations and settings that otherwise would not be open to the researcher (Wang and Burris 1997). Nevertheless, it must be noted that participants surely had to censor themselves by deciding when and where it was appropriate to take a photograph. One other issue to bear in mind is the fact that everyday life sometimes takes precedence over photography. As Wang and Burris (1994, 184) observe, “[...] the women who labored in the fields from dark until dark, traveled home, and moved to household chores, sometimes were simply too tired to take pictures of their busy lives. Photo novella happens in the reality of people’s experience.”

Photovoice was a particularly effective method because it not only gave more authority to the participants, but it also elicited longer, more detailed answers about the photographs. I found, as did Harper (2002), that the photographs were able to evoke more emotional stories about the participants’ lives. These stories were richer than those that would have been elicited by a purely verbal interaction (Orobittg Canal 2004). It is undoubtedly a difficult task to describe solely in words a place that plays a special part in one’s life, health, and happiness; having the photographs made this task easier for the participants because they had a tangible image to draw on and to refer to when explaining things to me. The participants’ photographs acted as a bridge between our very different experiences of reality (Pink 2001). I was, in a way, invited into their therapeutic places through the photographs, which enhanced my understanding of their daily lives as I visually experienced the places they were referring to. Orobittg Canal (2004) says that using photographs in interviews is a way of

producing data through reflexivity, and I believe that the process of taking the photographs gave participants time to reflect more deeply on their therapeutic landscapes before having to explain them to me.

#### **4.4 Opportunistic and Secondary Data**

In addition to the data collected using interviews and photovoice, I also gathered data more informally when the opportunity arose. Chatting with people around town (both locals and long-term volunteers), learning how to weave, touring the parish projects, attending some training sessions for rural health promoters, and helping out at a drop-in rural health clinic all proved to be valuable sources of information and insight. Even seemingly small things, such as getting sick, enhanced my understanding of the answers participants were giving. For example, when asked what they needed to be healthy and well, many participants said that it was important to not go out in the rain.<sup>33</sup> I did not fully comprehend this answer until I was caught in a downpour, without a raincoat or umbrella, three days in a row. I was soon sick with the flu, which later developed into laryngitis. Lying alone in my damp room, feverish, shivering, and unable to talk, I finally realized just how much seemingly harmless environmental factors, like rain, could influence the health of my participants.

While in Guatemala I also had the opportunity to collect secondary data (e.g. books, community reports, etc.) that was unavailable to me in Canada. Before leaving for Guatemala, I was also advised that reading the newspaper each day and collecting relevant clippings would be beneficial to my project in order to better understand and portray the broader context within which my research was situated. I soon discovered, however, that reading the newspaper every day was, for me, unrealistic because I found the stories in the

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<sup>33</sup> My research took place in the rainy season in Guatemala, which lasts from May until October.

newspaper too unsettling or, simply put, scary. Each day there was at least one whole page dedicated to the violence gripping the nation, reporting the number of violent deaths accompanied by graphic descriptions and photographs. For example, Figure 4.1 shows a characteristically graphic photograph from one of the national newspapers, while the passage below is a translation of an article printed in *Prensa Libre* (Lara 2005) that shows the sort of detail given in newspaper reports.

**The violence against women continues. Yesterday the body of Flor de María Cristina González Arriola, 20, was found with gunshot wounds near the entrance to San José Nacahuil, Chinautla. Meanwhile, in El Caminero, Mixco, another woman was found strangled with a necktie.**

At 6 o'clock a.m., the body of 19-year-old Astrid Bin Rodas was found wrapped in a blue *poncho* on the side of the El Caminero viaduct in Mixco. Volunteer firefighters reported that her hands and feet [*sic*] were tied behind her back.

According to police, Bin Rodas had a tie around her neck and showed signs of torture.

In addition, paramedics reported the discovery of the body of González Arriola in San José Nacahuil. Her body was identified by family members.

González Arriola was abducted this past Wednesday night by four suspects in a grey vehicle only metres away from her home in Montserrat, zone 4, Mixco.

She was studying graphic design at the University of San Carlos and was abducted when she was returning home from studying.<sup>v</sup>



**Figure 4.1** Characteristic newspaper photograph from *Prensa Libre* (Mejia 2005)

Meth and Malaza (2003) write about their experiences doing research in a violent society and describe how the fear born of experiencing that violence both first- and second-hand impacted on their research decisions. Though my experience of fear was far more tame than Meth and Malaza's (and they also readily acknowledge that their carjacking was less harrowing than what other researchers have experienced), it nevertheless shaped my research decisions. Both Meth and Malaza (2003) and Widdowfield (2000) encourage researchers to consider and write about the impact of emotions on their research, and I have endeavoured to do that throughout my work.

Admittedly, reading the newspaper would not have paralyzed me with fear to the point where I would have been unable to continue my research. However, I found that travelling back and forth along the main road between the villages to do my interviews was nerve-racking enough knowing that there had been a number of assaults recently, and I did not need

the additional fear and emotional stress caused by the newspaper articles. Not reading the newspaper every day was a personal choice I made in order to maintain my sanity.

A few weeks before I left Guatemala, I spent some time at a friend's house in the capital and had the opportunity to pour through a month's worth of newspapers. The newspaper I read, *Prensa Libre*, was one of the major newspapers in Guatemala and I believe it was representative of Guatemalan print journalism. Reading the newspapers and clipping out various articles was far from being considered an exercise in content analysis. Rather, reading the newspapers allowed me to appreciate that the issues affecting my participants' construction and use of their therapeutic landscapes were not limited to San Lucas Tolimán, but rather affected communities all over Guatemala, thereby speaking to the generalizability of my study.

Reading the articles still scared me, but it was somehow easier knowing that I did not have to travel alone anymore between towns. Looking back, I am glad that I was scared because I can now, in some small way, appreciate how stressful it must be for my participants to live in a culture of violence where fear permeates their everyday lives (Box 4.3). I am, however, not arrogant enough to think that my experience was anything like theirs – I was there only three months, nothing ever happened to me or to anyone I knew, and I knew that I would soon be leaving the violence behind and returning to my quiet, privileged life in Canada.

**Box 4.3 Reflections on the violence around me**

June 22, 2005

*Violence has been a very constant presence during my time here. I actually started feeling its presence even before I left Canada – the stories Rosa and her parents told me really scared me. Then, my first day in San Lucas, the 2 women from Veterinarians Without Borders were attacked and robbed. A few weeks ago I was thinking of going to*

*Quixayá to drop off a camera, but it started raining so I didn't. Lucky I didn't, because when I saw Mark and Melanie that night they told us that there had been robberies on the highway and people were coming away all bloody. Then, the other day when we went hiking, we were told not to go all the way up to the lookout because there had been attacks up there the day before. And I must also mention the fear I felt when I had to walk alone through the forest to Tierra Santa, and the scolding Sara gave me for walking alone along the highway. In the last few weeks there have been a lot more attacks around here. Someone told me it's because a gang member has just gotten out of jail and is re-forming his gang. Today when I went to Quixayá and Pampojilá, I noticed that there were a lot more police along the highway...*

#### **4.5 Difficulties Encountered in the Research Process**

Like any researcher, I encountered some difficulties when conducting my fieldwork. Communication was difficult since the majority of the participants did not have telephones, thus it was not easy to arrange (or remind them of) a camera pick-up or interview time. This made some meetings very dependent on chance and delayed the research somewhat. It also meant that I had to be very flexible – some days I had no interviews or just one, but some days I had anywhere from two to four interviews. Though not ideal because admittedly my concentration and energy were waning by the third or fourth interview, I thought it important to make myself available whenever it was convenient for my participants since I knew their lives were very busy and I was grateful for any time they could spare for me.

Another difficulty I encountered with the scheduling of interviews was that I did not feel safe travelling alone after dark (Box 4.4), thus interview times were restricted to daylight hours, which are inevitably the busiest hours for my participants. Knowing I was interrupting their day made me oftentimes rush through the interview, thus not always getting the in-depth information that I would have liked. When evening interviews were the only option, exceptions were made, but this was very infrequent because of the threat I felt it posed to my personal safety.

#### **Box 4.4 The impact of violence on my mobility**

July 13, 2005

*Last night I didn't leave Quixayá until 6:50pm. It was nearly dark and it was raining. There was one other guy at the pick-up stop, and I was glad he was there. Finally a pick-up came and we hopped in. The entire ride I was so nervous. I had huge butterflies in my stomach, especially when the truck would slow down (even though it was only to go over the speed bumps). After Santo Tomás Perdido, I was alone in the truck. That was the scariest part. I kept thinking, "Nobody knows where I am. This guy could easily just pull over and do whatever he wants to me." The one thing that kept me semi-calm and kept my mind occupied was watching all the fireflies light up on the sides of the road. [...] At Pampojilá we stopped for what seemed an eternity and I started to get really freaked out. But then finally 2 more passengers appeared, a woman and her child, and I felt much better.*

It was also sometimes necessary to do an interview with a third person present – necessary because I did not feel that it was my place to ask that person to leave. Sometimes this third person was a friend of the interviewee and in one case it was the interviewee's husband. Luckily these cases were the exception and not the rule, and I was able to do the majority of my interviewing alone with the participant. If a third person was present, his/her presence inevitably influenced the interviewee's answers. If it was a friend that had also participated in the study, the interviewee would usually turn to the friend when he/she did not understand the question or did not know how to answer, in which case the friend would usually tell the interviewee how he/she had answered the same question, resulting in the two having similar answers. In the case of the husband, he gave his wife all the answers to my questions and she then gave them to me (Box 4.5). These interactions always took place in Kaqchikel (which I do not speak), so I do not know what was said or exactly how the third person influenced the answers, but I could vaguely infer what was being said by tone of voice and body language.



#### **Box 4.5 Journal entry on interview dynamics**

June 12, 2005

*From now on, I am not going to interview women on Sundays if at all possible, because their husbands are generally home then. With each question, Mercedes turned to her husband and he “clarified” the question and I also believe he told her what she should give as an answer. They were speaking in Kaqchikel, so I’m not completely sure, but it seemed like that was what was happening. I got really frustrated, but what could I do? I had to sit there patiently and smile. At least Mercedes took the photos herself and largely commented on them alone. When I did the first half of the interview with her a few weeks ago, I felt it went much better than this half. I sensed that she didn’t want to talk much, and I can only conclude it was because of her husband’s presence.*

#### **4.6 Working in a Foreign Language**

This brings me to a crucial aspect of my research methods that must be discussed: the effect that working in a foreign language had on my research. Geographers to date have tended to be relatively silent on issues of language and translation, though they are gradually paying more attention to the complexities that working in a foreign language adds to the research process and the impact of foreign language work on issues of interpretation and representation (Smith 1996). The translation process is important to address in all stages of the research because it is a highly subjective process in which decisions are made by the researcher that directly affect how information is interpreted and represented. Smith (1996) argues that working in a foreign language makes writing, representation, and the position of the researcher more problematic, and therefore stresses the necessity of addressing the multiple meanings inherent in language and how those meanings are lost, altered, or conserved as they pass between languages during the research process.

Those geographers that have written about foreign language fieldwork agree that learning the local language is beneficial to the research. Conducting research in a foreign language gives perspective through difference rather than familiarity (Gade 2001; Veeck

2001; Watson 2004). Knowing the local language is critical in gaining the necessary cultural competence, which leads to more valuable and deeper insights into how people construct their own geographies (Watson 2004). I agree with these arguments, but I must admit that my interviews were conducted in Spanish even though Kaqchikel was the first language of the vast majority of my participants. I chose to work in Spanish rather than in Kaqchikel because it allowed me to avoid some of the problematic issues that arise when working through an interpreter. Being fluent in the local language is always preferable to working through an interpreter because the research participant will inevitably be more in tune with the interpreter than with the researcher, and the interpreter's own perceptions may distort the words of the researcher and/or the participant (Gade 2001; Watson 2004). I am well aware that some subtleties of my participants' answers were lost as they were translated from Kaqchikel to Spanish and that I will never be able to truly appreciate what was lost. However, whichever way I had chosen to conduct the research – either in Kaqchikel using an interpreter or in Spanish by myself – there would inevitably have been distortion, and I felt it best that any misunderstandings be between two people rather than three.

Since the geography literature afforded me little direction on how to deal with issues of foreign language fieldwork and its subsequent translation, I looked to postcolonial translators for guidance. Postcolonial translators are faced with the dilemma of writing about or representing the Other in the researcher's own language in such a way that the latter does not alter the former (Niranjana 1992). Drawing on postcolonial translation strategies, I chose to write my reflexivity journal in Spanish and also incorporate reflexivity into the translation and writing process.

In order to truly connect with the rhetoric of the original, translators must immerse themselves in the text, or as Spivak (1993, 180) says, “[t]ranslation is the most intimate act of reading. I surrender to the text when I translate.” If the researcher surrenders to the text, translation could then be conceptualized as a return to the field. The ‘field’ is recognized as a social terrain, located and defined in terms of political objectives that cut across time and space (Nast 1994). As Katz (1994, 72) puts it, “I am always, everywhere in ‘the field.’” In this context then, I have expanded the reflexive process to include language and translation issues, because every act of translation is a social act involving social relationships that transform and cross boundaries (Rubel and Rosman 2003). It was therefore imperative that I use the reflexive process to consider the consequences of my interactions with the foreign language.

If written in a foreign language, reflexivity journals can be used to build language fluency, and they can later be used for crafting translator commentaries, footnotes, and the actual translation itself. For example, Gade (2001) stresses the importance of journaling, stating that communication in a new language necessitates a written day-to-day commentary. This commentary can help the researcher monitor his or her language progress, serve as a personal record of the experience, detail language frustrations and breakthroughs, and can help record the subtleties of the language and the contexts of its use, which is useful when later undertaking the actual translation (Gade 2001). Spivak (1993) argues that in order to decide whether or not a researcher is fluent enough to undertake a translation, it is necessary for him or her to have graduated into speaking (either by choice or by preference) of intimate matters in the foreign language. Certainly the act of journaling could be thought of as

‘speaking’ (writing) of intimate matters, and could thus be seen as deepening a researcher’s fluency in and engagement with a language.

I attempted to write my reflexivity journal in Spanish and for the most part I succeeded, but there were times (particularly when I had a lot to say, or when I was frustrated, lonely, or simply exhausted) when I slipped back into the familiarity and comfort of English.

Admittedly, my level of comfort and fluency in Spanish is not as developed as it is in English and thus my reflexivity journal entries in Spanish were sometimes not as detailed and free-flowing as they would have been in English, though I feel that eloquence was sacrificed more than content. One could argue that journaling in Spanish was not useful in helping me better understand my participants since Spanish was neither my mother tongue nor that of my participants and thus served only as a linguistic meeting place. It is, however, precisely this linguistic common ground that made journaling in Spanish so important.

I am convinced that journaling in Spanish as much as possible was an important and effective research decision for two reasons. First, journaling in Spanish helped my spoken Spanish become more spontaneous and colloquial – a skill not acquired in my formal undergraduate training. By learning to ‘chat’ with myself through my journal, I could then apply this to interview situations. I felt that this made my conversations with participants less formal, thereby helping me to put participants more at ease and better establish a sense of trust and rapport. Second, journaling in Spanish kept my mind actively in the ‘field’ rather than letting it wander back ‘home’ through the use of English, and I believe that this kept me more focused than I would have been had I written my journal in English. Though journaling in Spanish did not directly allow me a deeper understanding of my participants (as knowledge of Kaqchikel may have), it did allow me to better understand the research

encounter. Spanish was the language of that encounter and in my opinion reflecting on it and writing about it in Spanish allowed me to better analyze what had gone on and what had been said, because I remained immersed in the language of the interview. In the spontaneous context of a reflexivity journal, my translations to English would not have been rigorous or consistent, and I believe a switch in language would have resulted in a potential loss of information or understanding.

**Box 4.6 Reflecting on the subtleties of language**

*I must note the potential impact of language on the responses elicited from participants regarding their perceptions and experiences of violence. Participants (especially women) most often talked about violence when they were asked about therapeutic landscapes that were at risk of disappearing. The words chosen in Spanish to ask about ‘threatened’ or ‘at risk’ landscapes were amenazado (from the verb amenazar, “to threaten”) and correr riesgo de desaparecer (“to run the risk of disappearing”). It was not until I was nearing the end of my fieldwork and reflecting on what my participants had told me about their experiences with violence that I realized the connotations these words have in a culture of violence. In this particular context, amenazar evokes notions of personal harm, while desaparecer harkens back to the days of the desaparecidos (the ‘disappeared’ mentioned in Chapter 3). I do not think that my choice of words led the women to only talk of violence or skewed their answers unnecessarily in that direction, because many women mentioned places and landscapes other than those affected by violence. I cannot, however, be sure of what responses would have been like had I used words that did not have these particular connotations. Had I realized sooner the potential implications of my word choice, I would likely have used a more positive phrasing, such as no existir en el futuro (“to not exist in the future”) because ‘to exist’ is both a more passive and positive verb.*

It is essential that I take responsibility for my translations and acknowledge the choices that I made. I have made an effort to acknowledge the translation process and its impact on my work by claiming responsibility for my decisions and acknowledging my shortcomings and subjectivities. As Katz (1994, 69) states in describing her research choices, “I am responsible to and for [them],” and I thus extended this attitude to my translations. I am aware that a great deal of information was inevitably lost as thoughts passed from Kaqchikel

to Spanish, and from Spanish to English. Where possible, I have done my best to highlight potential losses of information or multiple interpretations of that information (Box 4.6).

#### **4.7 Analyzing the Data**

Having explained how I went about collecting the data used in this study and how I dealt with language issues that inevitably surfaced during the various phases of my research, it is now necessary to discuss how the data was analyzed. The most valuable information I gathered was the photographs taken by each participant because not only did they bring the participants' narratives about their therapeutic places to life, but more importantly, they allowed the participants to express themselves freely, in their own time and manner, away from the sometimes intimidating (or at least unnatural) interview setting. I have no doubt that my research would not have been half as successful had I not used photovoice as one of my methods. The photographs were thus the central element of my analysis, with the verbal narratives elicited during the interviews playing a complementary role and helping me better contextualize the participants' photographs.

Photographs yield an abundance of very complex data that is difficult to analyze and summarize (Wang and Burris 1997). Though images are a powerful research tool because they store complexly layered meanings in a readily accessible format, their interpretation is far from straight-forward. While photographs are objective at their most basic level because the viewer sees what the camera captured, they are also subjective because they reflect the perspective and focus of the photographer at one particular moment in time (Grady 2004). Since there is no single or correct interpretation of an image (Rose 2001), it is important not to analyze the photographs in isolation, but rather in combination with the commentaries provided by the participants (Wang and Burris 1997). Although the photographs taken by

participants could certainly be considered stand-alone texts and analyzed using a variety of methods (e.g. content analysis or semiotics), the photos and explanations were so inherently linked that I have chosen not to separate them lest I introduce too much of my own personal bias and interpretation into the analysis.

Given that the interpretation of photographs is complex and subjective, it is necessary to justify one's interpretation and underlying analytical framework. In order to keep my analysis focused and coherent, I examined each photograph and its accompanying narrative with one question in mind: Why is this particular place therapeutic to this participant? Given the inherent complexity of visual data and the sheer number of photographs I collected (in excess of 300), it was necessary to establish clear boundaries for my analysis, and this guiding question allowed me to do so.

In nearly all photographs, there was more than one reason why that particular location was therapeutic. During my analysis, the multiple therapeutic aspects of place depicted in each photograph were not ranked in order of importance because no hierarchy was evident; rather, the themes were interconnected, drawing upon and emerging from one another. The themes in each photograph were given equal importance and were all recorded, along with the gender of the participant and the specific place that was shown. It was important to record the place depicted in the photograph because any given theme could be demonstrated using a number of different places, some of them quite gender specific, as will later be discussed.

After cataloguing each photograph as described above, the responses were tabulated in order to see which responses were the most prevalent. While I did 'count' the number of occurrences of each response, I chose not to go so far as to report my data quantitatively

because I was simply interested in using these tabulations as a tool to allow me to see which themes could be identified in the data and which were the most prevalent. A quantitative analysis would have been problematic because it would not have been able to discriminate between strong and weak examples of themes (Rose 2001), and it would also have been difficult to define a base unit for any statistics reported given the fact that each photograph had multiple themes that were ‘counted’.

Once I had determined which ideas were most prevalent in the participants’ photographs, I was then able to distil them into four main themes, which will be discussed in the following chapter. Within each of the four categories, I explored any differences there may have been between the responses offered by men and women. To explain the categories that were identified in the photograph analysis and to establish the connections between them, I not only drew on the explanations offered by participants but also the answers they had given to questions regarding their daily lives and their perspectives on health and wellbeing, as well as general background data I had collected on Guatemala.

#### **4.8 Presentation of the Data**

Before moving on to the results of my study, I must also discuss how I have chosen to present the data gathered from the participants and my interpretations of it. Like all researchers, I have inevitably interpreted and appropriated my participants’ stories in the context of my work. I have filtered their comments through my theoretical framework and I have analyzed their narratives based on my own knowledge, training, and lived experience (Kirsch 1999). I therefore take full responsibility for all interpretations presented in the analysis that follows. In speaking about others (because I realize that I cannot truly speak with them) I risk misrepresenting them, but this is the risk I take in order to allow the voices



of my participants to be heard, however filtered and biased they may become. Though I can employ certain techniques to allow the voices of my participants to be heard without being completely obscured or appropriated by my own voice, I ultimately have control over how the research is presented – what quotes and photographs are used and what conclusions are drawn (England 1994).

One strategy for incorporating the voices of the researched into the final report is for researchers to seek out participant feedback after data analysis and interpretation have been done (England 1994). Due to time constraints during the fieldwork and subsequent communication difficulties between Canada and rural Guatemala, this strategy was not possible. A second strategy that has been suggested is creating multivocal texts by including lengthy quotes from research participants in order to let their voices be heard (Crang 1992; England 1994; Kirsch 1999). This option was also unavailable to me given that I did not have interview transcripts from which to pull lengthy quotes; all I had were my pointform interview notes – stories told to me that I filtered as I recorded them and that are therefore already altered by my own biases.

The best way I have to bring my participants' voices into my work and allow them to 'speak' is with their photographs – the purest expression of their voice that I have. Photovoice exploits the emotional power of photography, putting a human face on the data and allowing the audience to see the participants' everyday reality (Wang and Burris 1997; Wang et al. 1996). Admittedly, some photographs have been selected over others with similar content simply because of their aesthetic qualities or because they clearly demonstrated more than one theme, though I have made an effort to include as many participants' photographs as possible with a good mix of men's and women's photos. Even

though I am still mediating their voices, including a generous number of photographs taken by the participants was the best way for me to let their voice be heard or, more accurately, seen.

A third writing strategy that has been suggested is the author-saturated text, in which authors situate themselves conspicuously in the text in order to highlight the biased interpretations that underlie all presentations of data (Kirsch 1999). Through my reflexive exercises I have tried to make the rationale and thought process that underlie my interpretations as clear as possible for the readers in order that they may judge for themselves the impact my biases may have had on the research. I have also chosen to use personal pronouns in my writing in order to personalize the research process and highlight the partial, contextual nature of any interpretations I make (WGSG 1997).

Constructing knowledge from fieldwork is a heavy responsibility, particularly given that we 'fix' meaning from a fluid and uncertain world (Dyck 2002). Though fieldwork experiences allow researchers to tell specific stories, they do not automatically authorize knowledge (Hyndman 2001). The findings presented in this thesis can never capture the whole picture because what I recorded in the field is not all that happened, it is simply that which could be narrated (Hyndman 2001). Thus I conclude this chapter by saying that the research results presented in the following chapter are, in my opinion, valid yet inevitably partial and biased. Knowing how I approached each stage of the research, how my personal experiences and identity shaped the research, as well as the contextual background of the study site as provided in the previous chapter, readers now have the necessary information to critically evaluate my research and the interpretations I offer.

## 5 RESULTS

Having explored the relevance, context, and methods of my study, it is now possible to discuss the four main themes that I identified in the data. Specifically, these four themes are: daily life and survival; development, success, and a better future; ‘getting out’ and the utility of natural beauty; and negative (‘untherapeutic’) landscapes. In order to illustrate these themes, I have chosen a number of the more than 300 photographs taken by my participants that I felt best demonstrated one or more of the themes in question. Where faces were visible they have been blurred to protect the identities of both participants and other individuals in the photographs. I have paired the photographs with anecdotes and short quotes from participants, though as previously noted, the use of long quotations was difficult due to the fact that I did not audio record the interviews. I have chosen to use a rather large number of photographs because I feel that they are the purest form of my participants’ voices that I could make available to the readers. It is my hope that the photographs will provide readers with a richer experience of Kaqchikel life in San Lucas Tolimán<sup>34</sup> and a better understanding of why and how the Kaqchikel use their therapeutic landscapes.

All four themes are not equally prominent in the verbal and visual narratives of the research participants, nor are they discrete entities. Rather, the themes are interwoven to reflect the complex and dynamic nature of Kaqchikel lived experience. As will be demonstrated, within each theme there are both similarities and differences between the responses of men and women in terms of which places are therapeutic (and why) and how these places are used. Gender differences in the therapeutic landscapes of the research

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<sup>34</sup> Throughout this chapter I will be using the name San Lucas Tolimán to refer to the whole municipality, not just the *cabecera*. I have decided not to identify the village each participant came from in order to offer them as much anonymity as possible. I recognize that since many of my participants lived in small villages, word inevitably got around about who participated in my study, but it is my hope that by assigning pseudonyms and not disclosing each participant’s village, it will more difficult to match a participant’s words to his or her actual identity.

participants are the product of traditional gender roles and relationships as well as external forces such as the pervasive violence that exists in Guatemala.

## **5.1 Participant Notions of Health and Wellbeing**

Before examining the themes that emerged from the data, it is first necessary to explore Kaqchikel notions of health and wellbeing, as well as illness and dis-ease. This discussion is necessary in order to understand the beliefs that underlie the participants' therapeutic landscapes, since these landscapes were used to lessen or eliminate dis-ease while at the same time promoting wellbeing. In Chapter 3 it was established that the Kaqchikel of San Lucas Tolimán have health beliefs that are both traditional and modern. Traditional Kaqchikel medicine operates on a hot/cold system, which extends beyond the body to an individual's personality and his/her relationships with other beings (human and otherwise). Traditional views of health are holistic, comprising physical, emotional, social, and spiritual elements. Good health is dependent on maintaining a sense of balance and harmony within the individual and also between the individual and his/her family, the community, nature, and the universe. The Kaqchikel still subscribe to these beliefs, but they have added the views of conventional Western medicine as well. I would now like to discuss how my participants operationalized and expressed their health beliefs in the context of daily life.

Beginning with the term 'health', many participants spoke of its importance in their daily lives because without it they would not be able to work. Their measure of good health was therefore the ability to work, to fulfill their responsibilities, and also to enjoy life. Antonio explained what health meant to him in this way: "*Vivo bien, no me duele la cabeza ni los pies ... como bien, trabajo bien, duermo bien*" ("I live well, my head doesn't hurt and neither do my feet ... I eat well, I work well, I sleep well"). Or, as Rafael said, "*La salud es*

*necesaria para trabajar – recoger leña y caminar hasta la milpa son trabajos que requieren fuerza y salud*” (“Health is necessary in order to work – gathering firewood and walking to the *milpa* are chores that require strength and health”). Luz’s words echo those of Antonio and Rafael, “*La salud es sentirse bien para poder salir a hacer sus mandados y poder trabajar*” (“Health is feeling well enough to be able to go out to run one’s errands and to be able to work”). Being able to work, as will be seen, is of utmost importance because of the tenuous nature of Kaqchikel daily life and survival.

Health was initially defined as a predominantly physical condition, with participants mentioning illnesses such as head and stomach aches, sore muscles, colds, and the flu. Participants almost always used natural remedies first, and if those did not work they would then try chemical medicines. There were many reasons for this preference, including a belief that natural medicines were not as aggressive and thus easier on their bodies, as well as being less expensive than conventional medicine. Laura said, “*Uso medicinas naturales casi siempre porque no hacen daño como lo hacen a veces las medicinas químicas y también son muy económicas*” (“I almost always use natural medicines because they don’t cause harm like chemical medicines sometimes do, and they are also very economical”). Gilberto expressed his preference for natural medicines this way: “*La medicina natural es más efectiva, cura totalmente. En cambio, las medicinas químicas sólo curan por un rato*” (“Natural medicine is more effective, it cures completely. On the other hand, chemical medicines only cure for a short time”).

When physically ill, most participants preferred to recuperate at home rather than in a hospital, because it was a familiar, comforting environment and their families could care for them there. According to Tomás, “*La casa es la cuna, el refugio*” (“The home is a cradle, a

refuge”), and Silvio prefers to recuperate at home because “*allí puedo descansar, puedo hincar a Dios, y mi familia está pendiente de mí*” (“there I can relax, I can kneel before God, and my family is there to take care of me”). Mercedes also preferred to be at home because “*en el hospital uno es como preso*” (“in the hospital one is like a prisoner”).

Though discussions of health usually began with the physical aspects, further discussion often revealed a strong belief in a mind-body connection. Many participants remarked that being healthy meant that they were not overly worried or stressed, noting that stress could impact their physical health and vice versa. Ailments such as headaches, stomach problems, and fatigue were often attributed to the stresses of everyday life. Sara’s story is the best example of the effect of stress on an individual’s health. One of the oldest female participants, Sara began her story with the war and how her husband was disappeared, saying that the emotional impact of the war damaged her nerves. After she lost her husband she had to find work, but nobody would hire her as a maid because she had five children. She was therefore forced to work in a *finca*, doing ‘men’s work’ and, as she described it, “*gasté mucho allá porque había muchos químicos y el trabajo era duro*” (“I spent a lot of energy there because there were a lot of chemicals and the work was hard”). At the time of our interview, Sara was again going through a stressful time in her life. She had re-married, but her second husband had left her and was refusing to help her pay for their child’s education. Sara told me she had been experiencing headaches, high blood pressure, and loss of appetite due to this personal ordeal she was going through. She told me: “*Lloré y me sentía muy triste. Luego me tocó todo el corazón*” (“I cried and felt very sad. I felt it with my whole heart”). Gazing down at her hands through her tears, Sara said in a low voice, “*Me dejó dañado la guerra, y ahora esto...*” (“The war hurt me, and now this...”).

In addition to mental and emotional health, participants also spoke of the importance of having good relationships with their families and friends, as well as with God, which played an important role in determining their health and happiness. For Rebeca, “*la salud moral*” (“moral health”) was an integral part of her overall wellbeing, because it meant that she was getting along with others and did not have any conflicts with her family or friends. Gilberto also expressed the importance of having good relationships with others when he said that in order to be healthy it was necessary to be “*sin rencor, sin envidia, y ocuparse del bienestar de la comunidad*” (“without bitterness, without envy, and to dedicate oneself to the wellbeing of the community”). Good relationships with others often started with being content with oneself, for instance, Isabel said “*Si hay paz en el corazón, todo lo vamos a ver bien; estaremos felices con la familia, los amigos, la sociedad*” (“If we have peace in our hearts, we’ll see everything in a positive light; we’ll be happy with our family, our friends, our community”). And Ignacio taught his children this lesson: “*La gente hoy en día se arregla el pelo todos los días, pero ¿por qué no se arregla el corazón también?*” (“People nowadays fix their hair everyday, but why don’t they do the same with their hearts?”). It was obvious from the responses given by participants that their health was more than physical; it also comprised a feeling of inner happiness and peace, which led to good social relationships.

What is important to note is that what emerged time and again from the participants’ answers was the importance of mental or emotional health and the need to deal with the stresses of daily life. I asked participants what they did when they were not feeling well, leaving ‘not feeling well’ open to interpretation. It was surprising how many spoke primarily of what they did when they were feeling worried, anxious, sad, or overwhelmed. In fact, these negative mental and emotional states were more prevalent in the participants’ verbal

and visual narratives than accounts of physical health. Beyond the physical health implications of having basic resources such as food, water, shelter, and clothing, the theme of emotional and social wellbeing was a dominant and common thread in an overwhelming majority of the therapeutic landscapes identified by participants. Having demonstrated how participants operationalized the concepts of health and wellbeing in their daily lives, I will now discuss the main themes underlying the therapeutic landscapes of the Kaqchikel of San Lucas Tolimán.

## **5.2 Survival and Daily Life**

Not surprisingly, the first theme to be discussed – the daily struggle to survive – is the most prevalent and will also serve as a strong unifying thread that ties the themes together. Survival for poor Indigenous peasants in Guatemala is precarious and achieved on a day-to-day (or very short-term) basis, thus placing a great deal of stress and worry on individuals. As we have just discussed, this reality was evident in the definitions of health provided by many respondents, who stated that health was being able to work, having resources (food, shelter, money, clothing), and not being worried about surviving. It is therefore not surprising that landscapes that contribute to daily survival are therapeutic for the Kaqchikel men and women of San Lucas Tolimán. The most prominent characteristic of survival-based therapeutic landscapes is their relation to food, whether it be production, purchase, storage, or preparation.

Seeing a crop doing well brings a sense of relief because the individual knows that his or her family will be able to eat both that day and in the coming months. Some crops, such as maize and beans, are grown for home consumption and are the basic staples of the Kaqchikel diet, while others (e.g. tomatoes, coffee, and watercress) are sold for profit as well



as consumed in the home. Regardless of whether the crop is eaten or sold, a healthy crop (even if it only consists of a single fruit tree) guarantees short-term survival. Growing a crop for consumption saves the individual money, while selling a crop earns him or her money with which to buy food or other resources. Not having to worry about whether one will have enough food to feed one's family was, for research participants, therapeutic.



**Figure 5.1** A well fertilized *milpa* (photographed by Alberto)

There are marked gender differences in terms of which agricultural landscapes were therapeutic for men and women. Men are responsible for the majority of agricultural activities in Kaqchikel society, and thus it is not surprising that their photographs and narratives were focused on their fields (Figure 5.1). The crops that were photographed the most included maize, beans, coffee, tomatoes, and watercress. Even if agriculture was not the primary occupation of some men, fields where they grew crops as a way of supplementing their income still figured prominently (Figure 5.2).



**Figure 5.2 Coffee – an economically important crop in San Lucas Tolimán (photographed by Samuel, who works in an office)**

Women, on the other hand, are responsible mainly for domestic activities and though many women did take photographs of agricultural plots of land (rarely their own), an additional symbol of food security that was almost exclusively female was fruit trees growing in the yards of their homes (Figure 5.3). Not only did these trees provide fruit for the family to consume, but they were also a source of home remedies and a good source of vitamins for growing children. As will be discussed later, children figured prominently in women's therapeutic landscapes.



**Figure 5.3 An orange tree in Verónica's yard**

The sacredness of the *milpa* was acknowledged by a number of participants who talked about the ceremonies they performed before planting and harvesting. The planting ceremony was to ask Mother Earth's permission to 'hurt' her (as the act of planting inevitably would do) and also to ask her and God for a successful harvest, while the ceremony at harvest time was to give thanks for the gift of the harvest. Photographs of the *milpa* also prompted some participants to speak of its role in linking them to their ancestors, since the *milpa* is an important symbol in the Kaqchikel worldview and present-day Kaqchikel continue to sow, harvest, and eat it as did their ancestors. Such was the explanation offered by Felipe, who photographed the cobs of maize that had been harvested and were now being stored (Figure 5.4). Felipe spoke of how his ancestors had also cultivated maize and it therefore served as a link to the past, but the overarching theme of the photograph was not just the sacred and ancestral aspects of the *milpa*, but rather its importance as a food source. As Felipe said, "*Aunque no haya comida pero haya maíz, la vida sigue*" ("Even if there is no food but there is maize, life will go on"). Thus although a number of participants expressed the more

‘traditional’ cultural aspect of the *milpa*, this aspect was inevitably overshadowed by the immediacy of daily needs and the *milpa* was primarily associated with survival.



**Figure 5.4 Stored cobs of maize from the harvest  
(photographed by Felipe)**

Another aspect of the daily survival theme was other income-generating activities that provided participants with an additional way of making ends meet. Men whose primary source of income was not agriculture usually talked about formal employment, emphasizing the fact that the money they earned was essential in sustaining their families. Informal employment, on the other hand, such as small businesses run out of the home, was almost exclusively the domain of women and was both spoken of and photographed. For example, Diego’s wife (Figure 5.5) buys unripe bananas in bulk, covers them until they ripen, and then sells them for one *centavo*<sup>35</sup> more than she originally paid. The crucial role of these few *centavos* earned by women in their small businesses is evident in Diego’s statement that “*de eso vivimos*” (“this is what we live on”) – the money earned by Diego’s wife plays an essential role in sustaining their family from day to day.

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<sup>35</sup> One *centavo* is one one-hundredth of a *quetzal*, which is equal to \$0.0015 CAD, or less than one cent Canadian.





**Figure 5.5 Diego's wife and her small banana business**

Other examples include: Isabel, who embroidered napkins and other linens to sell; Olga, who also embroidered napkins that she then used to package the tortillas she sold to people around her village; and Sara, who kept a few jars of candy in her kitchen and sold it to the children in her neighbourhood. It must also be noted that because a number of the women I interviewed were recruited through community groups and NGOs, many of them were participating in micro-credit loan programmes to help them fund their home-based businesses.

A final important activity for the women I interviewed was the traditional Maya art of weaving. As described in Chapter 3, weaving is very time-consuming and women tend not to make much money from it. As is more often the case, women themselves tend to use the items they weave as well as selling them, thus saving money on clothing. More important than the economic benefits of weaving are its cultural significances. As previously discussed, *tzyäq* is an important part of Maya cultural identity, particularly for women because they have conserved traditional dress more than men have. Nearly all women interviewed stated the important role that both wearing and weaving *tzyäq* played in their

Kaqchikel identity. María photographed herself wearing her favourite *uq* and *po't*, explaining that she puts on these particular items of clothing when she is feeling sad because the colours and designs lift her spirits (Figure 5.6). Weaving is a woman's art, and though the economic gains accrued are far from indicative of the labour and time invested, weaving is a source of pride and identity for Kaqchikel women.



**Figure 5.6** María wearing her favourite *po't* and *uq*

Also prevalent within the daily life and survival theme is the fundamental importance of the hydrological cycle, which was evident in many of the participants' photos. Described as “*un líquido vital*” (“a vital liquid”) or “*el fuente de la vida*” (“the fountain of life”), the importance of water took many forms in the photographs of male and female participants. Two obvious forms of water shown in the photos were Lake Atitlán (Figure 5.7) and rain, while other participants traced the hydrological cycle back to the forests covering the

mountains. Verónica photographed the forest and explained, “*Si no hay bosque no hay lluvia, y sin lluvia no hay cultivos, y sin cultivos no hay vida*” (“Without the forest there is no rain, and without rain there are no crops, and without crops there is no life”). The lakeshore was also identified as an important place for growing crops because of its proximity to water, which practically guarantees the success of the crop and means they can be grown year-round. Figure 5.8 shows three main water-related elements – the lake, the lakeshore, and the coming rain – and while the lake may, at first glance, appear to be the focus of the photo, Felipe’s description revealed its profoundly agricultural theme with the approaching rains and the fertile lakeshore being the actual focus. According to Felipe, “*La gente agradece mucho cada vez que llueve porque es bueno para los cultivos*” (“People are very thankful every time it rains because it’s good for the crops”).



**Figure 5.7 Lake Atitlán, an important source of water (photographed by Ana)**



**Figure 5.8 The fertile lakeshore and approaching rain  
(photographed by Felipe)**

Regardless of at what point participants photographed the hydrological cycle, the conclusion was always the same: water equals life. Water is essential for drinking, but it is also essential for growing crops, and as has been shown, food ensures survival and having food to eat every day is therapeutic. A number of participants also identified threats to both the lake and the hydrological cycle, citing pollution and deforestation as major negative influences on the health of these resources and processes. Isabel stated, “*Ahora hay una vista al pantano, no al lago*” (“Now there’s a view of the swamp, not the lake”), referring to the weeds, algae, and mud that have taken over the lakeshore due to the pollution running into the lake from the streets, especially during the rainy season. These threats to the hydrological cycle and the lake ultimately affect the participants’ survival.

Daily life for the men and women of San Lucas Tolimán is labour intensive and exhausting. It follows then that technologies that make everyday life easier were identified by both men and women as contributing positively to their overall health and wellbeing. The technologies identified by women tended to be focused on the home, such as running water or the more efficient stoves that are replacing the traditional hearth stones set around a fire on



the kitchen floor (Figure 5.9). New stoves are not only more convenient for women, but they also pose less of a danger to children and reduce the amount of smoke inhaled by women and their families, thus also improving respiratory health.



**Figure 5.9 Luz’s stove, with her *nixtamal*<sup>36</sup> and beans ready to be cooked**

Men, on the other hand, tended to identify technologies that were outside the home, such as a pickup truck for easier transport of harvested crops or firewood, or technologies at the community infrastructure level (e.g. water tanks or new roads). These infrastructure-related technologies will be discussed in the second section of this chapter, thus for now it is enough to say that though these technologies were utilized by both men and women daily, it was the men who were more often instrumental in their construction and thus identified an element of pride rather than simply convenience in them. For example, Figure 5.10 shows a recently constructed road to one of the villages located a fair distance off the main highway. As photographed by Gilberto it means easier travel since pickup trucks can now reach his village (though service is still intermittent), and it is a symbol of cooperation and

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<sup>36</sup> *Nixtamal* is softened grains of maize that have been boiled in lime water and will later be ground into a paste to make tortillas (Moore 1967).

accomplishment for Gilberto and the other men who constructed it. The new road also means a faster connection to the ‘outside world’ in case of emergency. This meaning was particularly significant for the female participants from this community because shortly before the road was built, a woman had died from complications in childbirth because she could not be transported fast enough to a larger community for the help she needed.



**Figure 5.10** The new road to Gilberto’s village

Staying healthy was also particularly important in terms of survival and daily life, evidenced by the fact that both men and women frequently defined health as the ability to work, thereby securing the resources necessary to survive. Though men often spoke of the importance of hygiene (usually in the home setting), they did not specifically identify hygienic places as therapeutic. The women both spoke of and photographed ‘clean’ home spaces, such as the kitchen and yard, most likely because they are charged with the responsibility of keeping those spaces clean and hygienic. Luz’s photo of her stove (Figure 5.9) is not only a photo of technology; her accompanying explanation also revealed that the stove is an example of good hygiene, with the *nixtamal* and beans out of the reach of dogs and cats. Olga spoke of the health benefits of hygiene when she said the following, “*Cuando*

*no me siento bien, no tengo ganas de trabajar, pero hay que seguir con la vida y los trabajos porque la enfermedad puede empeorarse si la casa no esté limpia*” (When I don’t feel well I don’t want to work, but life goes on and I need to keep up with my work because illnesses can get worse if the house isn’t clean”). Luz commented that women were in charge of keeping the house clean, while the men were responsible for keeping the streets clean – a clear demonstration of Kaqchikel gendered space.

Cleanliness was not only a precursor to good health, it was also a source of dignity. Both female and male participants placed a great deal of emphasis on the importance of having a clean body and home, saying that even though their clothes and homes were simple, they were well kept and a source of pride and dignity. For example, many women planted flowers in their yards in order to, as Ana said, “*alegrar la casa*” (“brighten the home”), and for some, looking after their flowers was a therapeutic distraction in addition to the happiness their flowers brought them.

In addition to hygiene, women also frequently talked about and photographed medicinal plants that were found in their yards. These plants are used in treating simple illnesses (e.g. colds, diarrhea, and even worms and amoebas), thus maintaining the health of women and their families (particularly children). For example, Mercedes photographed her lime tree, saying that the limes were a good remedy for stomach aches, while Verónica pointed out two medicinal plants – one for fever and one for worms – in one of her photos. Having medicinal plants on hand also represents one less expense for women. In addition, medicinal plants are often traded between neighbours, thereby fostering stronger community ties. An important symbol in one of Dolores’ therapeutic places is the eucalyptus tree behind her house because it represents both personal and community health (Figure 5.11). Members

of her community come to her to ask for leaves in order to make various medicines and she is happy to give them away (rather than sell them) because she is glad her neighbours are using natural medicines rather than buying chemical ones. It is also a very important symbol of her community's health, and it brings her much happiness to know that she is contributing positively to her community and its overall health, wellbeing, and survival.



**Figure 5.11 The eucalyptus tree behind Dolores' house**

Dolores' photograph of her eucalyptus tree is not only an example of the importance of daily survival as a theme in the participants' verbal and visual narratives, it is also an example of the second theme to be discussed – community development, success, and the building of a better future. In some respects, this second theme can be viewed as a natural extension of the survival theme previously discussed as individuals and the community go

beyond short-term survival to increase their prosperity and better the quality of their lives both now and in the future, thus ensuring longer term survival.

### **5.3 Community Development and Building a Better Future**

For many of the participants, community development was an important aspect of their therapeutic landscapes. Community development encompassed everything from actual infrastructure (e.g. schools, water tanks, electricity) to the hard work and cooperation that was necessary to achieve those more tangible results. Just as the infrastructure-related technologies discussed in the previous section were almost exclusively male, community development as symbolized by infrastructure was, again, located in the male sphere. Men frequently talked about the importance of working together to build physically better communities, as seen in Daniel's photo of the water tank his community fought hard to get built (Figure 5.12) and in Antonio's photo of the installation of electrical lines in the new community of Totolyá (Figure 5.13).



**Figure 5.12** The community's water tank (photographed by Daniel)





**Figure 5.13 Bringing electricity to Totolyá (photographed by Antonio)**

Men's participation in the public sphere is very well established in San Lucas Tolimán and when women attempt to challenge this dominance their efforts are greeted with resistance from the men. Here is what some of my female participants had to say about men's reluctance to let women participate in the public sphere and about gender relations in general in Kaqchikel society:

Susana: *“A veces nuestros esposos no nos permiten ir a participar en las reuniones y divertirnos. Los hombres tienen el poder porque van al cultivo y ganan dinero, entonces se sienten muy valientes en el hogar”* (“Sometimes our husbands don't let us participate in meetings and have fun. Men have the power because they go to the fields and earn money, so they feel very important at home”).

Verónica: *“De vez en cuando, las mujeres sufren la discriminación por parte de los hombres. Aquí los domingos las mujeres se reúnen mientras los hombres juegan al fútbol”* (“Occasionally women are discriminated

against by men. Here on Sundays we gather while the men are off playing soccer”).

Isabel: “*Antes a las mujeres no mucho las tomaban en cuenta, pero ahora hay mujeres que dirigen, que juegan un papel importante en la comunidad y en la sociedad*” (“Before, men didn’t really pay attention to women, but now there are women who are leaders, who play an important role in the community and in society”).

Olga: “*Una mujer tiene que trabajar más que un hombre, pero los hombres tienen el poder. [...] Tengo suerte porque a mi esposo no le molesta que participo en el grupo de mujeres*” (“A woman has to work more than a man, but the men have the power. [...] I’m lucky because my husband doesn’t mind that I participate in the women’s group”).

It is quite telling that in Verónica’s village the women wait until the men are off playing soccer and then they feel free to gather, just as it is telling that Olga considers herself lucky that her husband lets her participate in her women’s groups, suggesting that this is an exception to the rule. Some men even commented on a woman’s place being in the home, supporting their husbands. Felipe told me the following traditional saying: “*Si duerme un gato en las tres piedras, la mujer no cumple con su trabajo*” (“If a cat is sleeping on the three stones, the woman is not fulfilling her duties<sup>37</sup>”). Antonio had a more positive slant on his interpretation of a woman’s role in society, saying that Maya women play an integral role in society because they support the men. Though the community may see the work Antonio does, it is really the work of Antonio and his wife, because she has fed, clothed, and looked after him so that he could serve his community, or as Antonio said, “*Ella me sirve para que yo sirva*” (“She serves me so that I may serve [the community]”). While men’s dominance in the public sphere is obvious from their many photos of infrastructure projects, women are

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<sup>37</sup> What this saying essentially means is that if the three stones (the stones traditionally set around the cooking fire) are cool enough for a cat to sleep on, then the woman is obviously not performing her domestic duties, such as cooking.

very slowly beginning to make inroads into the public sphere, as will be discussed in more detail shortly and as is evident in the above statements.

Aside from physical infrastructure as a symbol of community development, many participants spoke of the importance of working together, both on a family and a community level. Cooperation and serving one's community are basic Kaqchikel values that serve to reinforce social bonds and community harmony, as discussed in Chapter 3. As Antonio put it, "*trabajar juntos es estar hermanado*" ("to work together is to be united as brothers"). The participants' photographs showed many scenes of individuals cooperating for the benefit of their families and the community, with no obvious distinction between photographs taken by men and those taken by women. Rafael and Gilberto both took great pride in taking their sons to work with them in the fields on the weekends so that they could teach them how to grow maize and coffee, while Susana proudly showed me a photograph of her daughter helping to look after her baby brother. Dolores' photograph of two boys in her community is also demonstrative of the cooperation sub-theme (Figure 5.14). Dolores is particularly fond of these two boys because they are hard workers and are always helping their families, such as in this photograph where they are carrying water to be used at home.





**Figure 5.14 Two boys helping out their family by fetching water (photographed by Dolores)**

A photograph taken by Susana shows women gathered together to learn how to prepare snacks for the children at school (Figure 5.15). Working in pairs, the women of the community take turns preparing the daily snack. For Susana this photograph was important because not only was she participating in a meeting, but she and the other women were also positively contributing to the welfare of the children in their communities, providing them with the nourishment they needed to be able to learn and grow. Children were a very important theme in women's photographs. Women were proud and satisfied to be raising happy, healthy, and educated children – a strong symbol of the future of the community. Children are in large part the woman's responsibility, which explains why they were a prominent feature in women's photographs. As one woman explained, her husband did not concern himself too much with helping raise the children – instead, he only worked, ate, and slept. Though men did mention their children or grandchildren, it was not with the same frequency that women did, and it was often in the context of working together with them in the fields.



**Figure 5.15 Women learning how to prepare daily snacks for the schoolchildren (photographed by Susana)**



**Figure 5.16 Rebeca’s son, happy and healthy, playing in the street**

For women, their children were almost always at the centre of their lives and many felt that a therapeutic place was anywhere their children were, as is the case in Figure 5.16, where Rebeca photographed her son playing happily in the street, saying that “*donde él está, yo estoy feliz*” (“wherever he is, I’m happy”). Women took great pride in giving their children more opportunities than they themselves had had growing up – particularly in terms of education, since many older women were never given the chance to go to school. They hoped that in the future their children’s lives would be easier than theirs and that the community would subsequently grow and flourish.

Raising healthy children can be seen as a personal triumph for parents, which introduces the final point of discussion in this second theme: personal and community triumphs or successes. In terms of personal triumphs, men again were very focused on

agriculture. A triumph for them was seeing their crops doing well and perhaps having enough money that year to apply either pesticides or fertilizer, thus ensuring a better harvest for subsistence and sale. Tomatoes and coffee were seen as particularly lucrative crops. Diego, for example, showed me a picture of a tomato field (not his), excitedly saying that it looked like it was going to yield a good crop – a huge triumph because tomatoes are very susceptible to pests and because the seeds are quite expensive, thus if the crop fails everything is lost. Diego hoped to be able to save enough money to buy tomato seeds the following year because, if the crop succeeds, it generates a substantial profit. Symbolizing an even greater personal triumph for men than successful crops was being able to buy a livestock animal, such as a cow or goat. Men appreciated this triumph, even if it was not theirs, much like they admired not only their own crops but also those of their neighbours. Alberto was very proud to show me his goats and cows (Figure 5.17), as these were not only a source of milk, meat, and income, but also a symbol of personal success.



**Figure 5.17** Alberto's goats and cows

As already discussed, women's personal triumphs included seeing their children grow up healthy and get an education, but they additionally included accomplishing things that

went against traditional societal norms. For example, like Diego, Dolores also photographed tomato plants – not a whole field, but rather just a few near her house. However, in addition to being a source of income for her, they were a source of pride and accomplishment. She told me that seeing her tomato plants with flowers on them made her happy, as it meant that they had survived past the stage when they usually got damaged by pests, because she had managed to buy pesticides to protect them. Most importantly, however, was the fact that her husband had not supported her in her effort to grow the tomatoes, thus it represented a completely personal achievement (Box 5.1). Similarly, Sara photographed the local school for two reasons: it was a place where education was opening doors for the children in her community (a theme already discussed), but it was also a place where she and other women were learning to read and write. This is a very significant personal triumph for Sara and other women because traditionally men’s education has been given priority over women’s, with women often beginning to work at a young age to help support their families rather than going to school.

**Box 5.1 Trying not to impose**

*Writing this chapter, I realize that I don’t know why Dolores’ husband didn’t support her efforts to grow tomatoes. Maybe he saw it as encroaching on his role as provider. Maybe he simply didn’t have the time or energy, or wasn’t interested. Or maybe he knew she was perfectly capable of doing it herself. Whatever the case, I don’t know because I didn’t ask. Looking back, I see that when women started talking about the discrimination they suffered and how unappreciated and over-worked they felt, I wouldn’t let myself engage or probe for more information because I was afraid that my questions or comments would reveal my very different views on the matter, or that I would in turn be asked, “How are things in Canada?” I was very reluctant to provide this sort of information, lest I inadvertently impose my own values and beliefs on my female participants. The result was fairly superficial information in some cases, but I feel that was a fair trade-off that hopefully lessened my impact on their worldview.*



Both men and women expressed an overwhelming satisfaction with respect to having their own house and/or parcel of land. A home of their own symbolized not only dignity but also stability. With a home and plot of land, individuals could escape *finca* life and not have to constantly worry about being fired and having to uproot their families again to move on to the next *finca* in search of work. For instance, Luz's home (Figure 5.18) was located on the outskirts of her village, and in the rainy season it was threatened by mudslides. Even with the potential threat of a mudslide that could destroy her home, Luz was still happy to have a place that was hers and to no longer have to move from *finca* to *finca*. Men expressed great happiness about being their own boss, even if they were still poor and life was difficult, because they were no longer at the mercy of the *finca* owners. Diego put it this way: before, they had to start work at 5 a.m., but now they can choose the rhythm of their own lives. If they want to sleep until 6 a.m., they can. And even though they may not receive a regular paycheque every 15 days like before, they are free to do as they please and they have authority and control over their own lives.



**Figure 5.18 Luz's home - a source of great pride and stability.**

Though their plots of land may be small and their houses simple, they are theirs, or as Diego expressed it, “*aunque la casa y la comida son sencillas, allí estamos*” (“even though the house and food are simple, there we are”). Having a plot of land also meant participants had a place to go walk and get some fresh air. Daniel said, “*Hay personas que no tienen su propio terreno, sólo tienen su casa entonces no pueden salir a pasear o descansar. Es mejor tener su propio terreno*” (“There are people who don’t have their own land, all they have is their house, so they can’t go out to walk or relax. It’s better to have your own land”). For Sara, having a house of her own was not only a personal accomplishment (particularly because she was a widow), but it was also a symbol of community development: “*Me siento muy tranquila y feliz allí porque antes no tenía casa. Ahora mi familia está más feliz porque mis hijos tienen sus propios cuartos ... cuesta mucho vivir todos juntos en una sala todo el tiempo. Tener mi propia casa también significa que la comunidad está creciendo y que sí se puede lograr cosas así*” (“I feel very calm and happy here because before I didn’t have a home. Now my family is happier because my children have their own rooms ... it’s tough living all together in one room all the time. Having my own house also means that the community is growing and that achieving these sorts of things is possible”). To the men and women of San Lucas Tolimán who are fortunate enough to have a home and land to call their own, this is an enormous accomplishment and provides them with much-needed stability and peace of mind.

In addition to personal success, a number of participants photographed and/or spoke of community or group triumphs that were a sign of progress. Once again, men’s community triumphs were related to the construction of infrastructure in their communities. Women, on the other hand, mentioned one particular collective triumph time and again, and that was the

establishment of women's groups. Women in Kaqchikel society have traditionally been confined to the home, and women gathering together was essentially prohibited. According to Sara, men did not allow women to gather formally and have meetings because they were "*meras chismosas*" ("merely gossips"), thus it was only men who got involved in the community in groups or on committees. Though women are still often seen as being 'out of place' away from the home and in the public sphere, things have been changing and women are beginning to be presented with opportunities to become more involved in the public sphere, whether it be through formal community group meetings or casual gatherings of friends. This achievement was, for the women in my study, very significant and it made them feel important and empowered. Though women still face opposition and a number of my female participants frequently talked about how their husbands disapproved of their going to meetings, they nevertheless participate in the various groups because for them it is an important form of escape. Going to a meeting or gathering with friends is, for women, an opportunity to get out of the house, to forget about their problems for a few hours. As Sara put it, "*aunque no tenemos nada para comer, allí nos sentimos felices*" ("even though we may not have anything to eat [at home], there [at the meeting] we are happy"). Before they go to the meetings, the women bathe, put on their good clothes, and do their hair, and that simple act of doing something nice for themselves raises their spirits and their self-esteem, adding to the sense of being 'away' and escaping the routine and the burdens of their everyday lives (Figure 5.19).



**Figure 5.19** The women’s group in Sara’s village

#### **5.4 ‘Escaping’ and the Utility of Natural Beauty**

This sense of escape is actually the third major theme identified in the participants’ photographs and narratives. In a life where survival is so uncertain, individuals inevitably experience a great deal of anxiety just coping with everyday life. Indeed, my participants’ greatest worries or sources of stress were almost always related to a lack of resources. How am I going to feed my family today? What if my crops do not survive? How am I going to pay for my child’s education? Will I get robbed on the way home? Laura expressed the stressful effects of the combination of poverty and violence in this way: “*No es sólo que no hay trabajo y apenas alcanza el dinero para sobrevivir, pero imagínese que luego se lo roban en la carretera el poco dinero que tiene*” (It’s not only that there’s no work and that the money we have is barely enough to survive on, but imagine that you then get robbed on the highway and they take what little money you have”). These sorts of problems plagued my participants every day, and sometimes it got to be too much for them and they needed to escape. This sense of escape was fundamental to my participants’ understanding of what was therapeutic. As already mentioned, when asked what they did when they did not feel well,



most participants did not discuss their physical health, but rather their mental or emotional wellbeing. They talked at length about feeling down, frustrated, anxious, and worried, with too many thoughts racing around in their minds. When they felt unwell, they looked for an escape – a change of scenery. They sought out a place where they could forget about their problems for a while, clear their heads, and recharge their batteries.

For women, escape often came in the form of being in a group (as with the earlier example of group meetings). Other places women used in order to get out of the house included informal gatherings of friends to weave (Figure 5.20; Box 5.2), going to the forest with family or friends to gather firewood or edible plants, or going to a friend’s house to visit.



**Figure 5.20 Women weaving together under a tree (photographed by Mercedes)**

## **Box 5.2 The importance of weaving**

June 27, 2005

*Learning how to weave is probably one of the best decisions I have made. Though I initially did it purely out of personal interest, it has ended up helping me establish a rapport and sense of trust with my female participants. They light up when I tell them that I'm learning to weave, delighted that I'm taking the time to learn an activity that is so central to their daily lives and identities. Not only has weaving provided me with an "in" and a deep appreciation for the work that these women pour into their weaving, but it has also helped me understand the importance of its social aspects. Some of my most memorable moments were actually not spent weaving, but rather simply chatting with my weaving teacher and enjoying her company, which often helped me forget about some of the frustrations I was having with my research.*

Another place that women identified as a place where they went in the past was the lakeshore, where they would do their washing. This was an important gathering place for women, where they talked, laughed, and forgot about home for a while. The lakeshore is rarely used by large groups of women anymore for a number of reasons, as shown in Laura's photograph (Figure 5.21) of a solitary woman doing her washing on the rocks of the lakeshore, and thus the lakeshore is, for women, a therapeutic place that has been lost. Most women now have running water and do their washing in their *pila*<sup>38</sup>, and washing at the lakeshore is being discouraged in an attempt to limit the pollution of the lake. Additionally, travelling to and from the lake can be dangerous for women, and the effect of danger and violence will be discussed in more depth later in this chapter.

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<sup>38</sup> A *pila* is a large basin found outside the home in the yard, and is used for washing. One can be seen in Figure 5.18 on the left-hand side of the photograph.



**Figure 5.21 Lone woman washing at the lakeshore  
(photographed by Laura)**

Though ‘home’ was an important place for women because it was where they spent the majority of their time and also because it was so closely tied to their identities, women did not talk about the home as being as therapeutic or restorative as men did. Men tended to see the home as a place to rest, eat, sleep, and be with their families (Figure 5.22), and while women often agreed that their families’ presence at home was a very important part of their happiness and wellbeing, the home was also viewed as a place of work, boredom, worry, and loneliness. This is why women placed such a great deal of emphasis on getting out of the house and being with other women – it was a welcome variation to their regular routine and helped them avoid feeling cooped up and bored. Both men and women placed a great deal of importance on eating together as a family, most frequently at lunch. As Laura so poetically stated, “*Comer juntos es una vitamina, una vacuna que integra la familia*” (Eating together is a vitamin, a vaccine that bonds the family”).



**Figure 5.22** Diego and his family at home, sharing a meal

When men needed to escape, they often went to their fields to work (generally alone). Many said that being there doing physical labour helped them clear their heads while at the same time being productive and not ‘wasting’ time and/or making the situation worse (thereby linking back to the theme of daily survival). This was true for both farmers and those men who worked in an office setting. Going to their fields was not simply the result of an innate, idyllic need to get closer to nature and return to the cyclical rhythms (both agricultural and otherwise) that form the basis of the Kaqchikel worldview, rather men often chose to go to their fields by default. Daniel, for example, said that he goes to work in his field when he is frustrated because he has no other option; if he had the money, he would travel and visit other towns. Diego also saw it as simply something he must do – a product of his economic and social situation – saying, “*como somos del campo, vamos al terreno y trabajamos*” (“because we’re from the countryside, we go to our fields and work”).

Nature, for both men and women, was a place of escape. Going out into the forest or sitting down by the lakeshore were both important escapes for men and women. Men (mostly those living in the *cabecera*, because it is right by the lake) were likely to go down to

the lakeshore to sit, think, and be alone, taking in the beauty of their surroundings. Women often commented on the beauty of the lakeshore, but rarely used it as a place of escape. Many women were afraid to go down to the lakeshore because it was a place frequented by gangs and drug dealers, and travelling to the lake from other towns was also dangerous because of the possibility of getting robbed or worse. Marta took her older nephew to the lake with her for protection, though she would have liked to have been able to go by herself. Rebeca also did not go alone, choosing instead to look at the lake from the balcony of the school where she worked. Mercedes wanted to take a picture of the lake because her women's group sometimes meets there, but she was afraid to travel there alone. Hearing these women's perspectives changed how I, as a woman, viewed the lakeshore, as shown in my reflexivity journal entry in Box 5.3.

**Box 5.3 Changing views of the lakeshore**

July 9, 2005

*I remember the day I first saw the lake. It was absolutely beautiful – sparkling in the sun and surrounded by tree-covered mountains. I went down to the shore and sat for a good 2 or 3 hours by myself on the dock. I knew I had found my own therapeutic landscape here in San Lucas. I felt both peaceful and energized at the same time. I used to go down there all the time when I didn't have interviews; I would work on writing up my notes, or sometimes I would just sit and think. Even though I always went alone, I never felt scared. But now I barely go at all, or if I do I make sure it's at a time when there are sure to be plenty of people there. This sudden change is because of the stories I've been hearing from some of the women I've interviewed. I had no idea the lake was a dangerous place where drug dealers and gang members hung out! Even though I've never seen anything 'shady' or felt even the least bit scared or uncomfortable, these stories were enough to make me think twice about going alone, and I'm sad that I haven't been there much recently.*

I do not mean to suggest that violence only affects women, because it certainly affects men as well. It was, however, the women I interviewed who talked the most about the effects of violence on their everyday lives. If men mentioned the violence, it was because I

had asked about it, and even then they had the attitude that if something was going to happen, it would happen and all they could do was put their trust in God and carry on with their lives. When talking of violence, however, those few men that did discuss it briefly with me acknowledged that it was undoubtedly worse for women because of the possibility of rape. None of the men I interviewed let the violence curb their mobility, though they always travelled with care. As Daniel put it, “*Están matando a mucha gente ahora y da pena viajar porque hay muchos asaltos, pero hay que hacerlo y lo único que uno puede hacer es pedirle a Dios que todo salga bien y que nada le pase*” (“A lot of people are being killed right now and it’s difficult to travel because there are many assaults, but you have to do it and the only thing you can do is ask God that everything go well and that nothing happen to you”). The only story I heard of violence affecting a man’s mobility was through Laura, who told me that her father no longer went down to the lake in the morning to bathe because of the possibility of being assaulted.

Figure 5.23, photographed by Rafael, is a view of the lake from Pachitulul, a village located a few kilometres west of the *cabecera*. This photograph demonstrates men’s more frequent use of the lake as a place of escape, but more importantly it is also a symbol of their greater mobility in the face of violence and social norms. Given their restricted mobility, women’s therapeutic places did have a tendency to be located closer to the home than men’s. For example, in terms of nature, women photographed their own yards or flower gardens, which were places nearby where they could at least get out of the house for a moment.



**Figure 5.23 Rafael's 'escape' by the lake in Pachitlul**

The forested mountainsides and volcanoes were another important place of escape for the men and women I interviewed. While participants almost always commented on their natural beauty and how it lifted their spirits, there was an overarching theme of utility. Men enjoyed the walk through the forest or up the mountain on the way to their fields, stopping at times to take in and enjoy the scenery. Women went to the forest to gather firewood or edible plants (Figure 5.24). Olga described the importance of firewood in this way, “*Si no hay leña, no podemos hacer nada ... ni tortear, ni cocinar, ni nada*” (“If there is not firewood we can’t do anything...we can’t make tortillas, we can’t cook, we can’t do anything”), thus demonstrating the overarching sense of need and urgency that shapes women’s trips to the mountain. Thus though they were getting away from home or the office, participants were still doing work in order to ensure their survival. Natural beauty therefore almost always had a utilitarian aspect to it. The mountain was beautiful, but it was also a source of firewood and food and was an integral part of the hydrological cycle that ensured the success of the crops. The lake was a spectacular sight, but it was also a source of fish and water (for drinking, bathing, cooking, watering crops). For example, Gilberto photographed Volcán



Atitlán (Figure 5.25) not only because of its beauty, which he sees daily and is a source of happiness for him, but also because his plot of land was located at the base of the volcano (not to mention the importance of the *milpa* in the foreground), again linking Kaqchikel therapeutic landscapes to survival.



**Figure 5.24 Mother and son collecting edible plants (photographed by Tomás)**



**Figure 5.25 Volcán Atitlán (photographed by Gilberto)**

Two other common features of participants' escapes were that these natural landscapes were both a source of fresh air and privacy. Women tended to mention the importance of fresh air more than men, most likely because they are the ones in the home (and the village)



all day, breathing in the smoke from their cooking fires as well as smelling the garbage that litters most streets and inhaling the exhaust from generators and from the buses that pass through town (the latter applying mostly to those living in the *cabecera*). Privacy, like fresh air, is difficult to find in the villages for a variety of reasons. Obviously an entire family living in a one-room house does not afford one a great deal of privacy. For many participants, it was sometimes necessary to be alone to think through their problems without interruptions or distractions. Additionally, the rumour mill is alive and well in San Lucas Tolimán. As in many small towns, everyone tends to know everyone's business. As one woman told me, "*las paredes tienen oídos*" ("the walls have ears"), so sometimes it is necessary to find a private place to discuss one's problems with a friend or loved one. This feeling of being under surveillance is perhaps, to a certain extent, the product of the fear instilled during the civil war. There were times when participants felt they could not trust anyone, regardless of whether or not they were in a private place, and at these times participants sought out some privacy in order to pour their souls out to the plants, trees, animals, or God. As María said, "*Las plantas son como mi familia, y hablo con ellas*" ("The plants are like my family and I talk with them").

Laura took two photographs that captured this occasional profound need for privacy. Figure 5.26 shows a man sitting alone down by the lakeshore, deep in thought. The man is barely visible in the photograph (his back can be seen just to the right of the end of the dock, right on the shore) and the fact that the photograph was taken from afar suggests a respect for and understanding of his need for privacy. In Figure 5.27, again taken by Laura, the focus is not the family in the foreground of the photograph, but rather the couple sitting under the tent

having what Laura interpreted as a private conversation, away from the prying eyes and ears in town and at home.



**Figure 5.26 Man sitting alone and thinking by the lake (photographed by Laura)**



**Figure 5.27 Two individuals having a private conversation (photographed by Laura)**

A final place that served as an escape for both women and men was the church (Figure 5.28). Participants went to be alone and to thank God and ask Him for help, and there they found a sense of peace and tranquility. Church was also a social place for most, though participants focused mostly on their private relationship with God rather than their

interactions with friends and family at church. Samuel, who photographed the church in Figure 5.28, mentioned that he had actually wanted to get a picture of just the church, without all the people, but had been unable to do so because there had been a number of baptisms that particular Sunday. Clearly to Samuel the important part of church was being alone to reflect and to communicate with God.

Participants also found God in nature, especially in the more striking natural features of the region, such as the volcanoes, mountains, and lake. Sitting and contemplating everything God had given them brought many participants a sense of tranquility, wonder, and thankfulness. Though Christianity was by far the dominant form of spirituality discussed and photographed by participants, a small number of participants photographed a sacred site or a traditional religious ceremony (Figure 5.29), and as previously discussed, some also mentioned Kaqchikel spirituality in reference to the sacredness of the *milpa*. According to those who photographed or spoke of Maya spirituality, the majority of *luqueños* are either no longer aware of the locations of these sacred sites (or they do not have access to them because they are now located on private land), or they have simply forgotten traditional Kaqchikel spiritual beliefs as they have become more Christian. Regardless of whether participants subscribed to Christian or Kaqchikel spiritual beliefs (or some combination of the two), connecting with the spiritual was seen as a way of not only escaping the pressures of everyday life and entering into a state of mental and spiritual peace, but also as a way of actively doing something (e.g. praying) to improve their present situation.



**Figure 5.28** The Catholic church in San Lucas Tolimán (photographed by Samuel)



**Figure 5.29** A Maya sacred site (photographed by Eduardo)

## 5.5 ‘Untherapeutic’ Landscapes

The three themes I have covered so far have all been related to positive therapeutic landscapes, but the final theme deals with negative or ‘untherapeutic’ landscapes. Participants were given the option of photographing both places that made them feel well and also ones that contributed negatively to their health and happiness. Many of the negative places or ideas presented by the participants clearly lacked the important therapeutic aspects we have already discussed. For example, a large number of participants spoke of the clandestine or informal garbage dumps (e.g. garbage thrown over the side of a hill, as seen in Figure 5.30) as being places that contributed negatively to their health because of the smell, the flies that gather in such places, and the simple fact that they are an eyesore. These dumps and other places where garbage and pollution were apparent did not conform to the

participants' valuation of hygiene as a precursor to physical health both at the individual and community levels and as a source of pride and dignity.



**Figure 5.30 An informal garbage dump (photographed by Daniel)**

Aside from not having the proper disposal infrastructure, meaning garbage was left exposed to rot on hillsides, communities were often forced to dispose of their garbage close to or in the community because there was either no money to buy land for a landfill or, as was more frequently the case, the land surrounding the community was privately owned by large landholders and was not for sale. Private property was a recurring theme in the discussion of negative landscapes because it symbolized lost or wasted opportunities. As has already been discussed, a small plot of land means a great deal in the lives of *luqueños*. Large expanses of private land, therefore, were places where participants could not cultivate crops, collect firewood or edible plants, or simply walk for fear of being apprehended for trespassing. Figure 5.31, photographed by Olga, shows a number of very healthy banana plants that are located on the property of a *finca* owner, and Olga identified this as a negative landscape because the community could not access those resources. Not only was the countryside identified as land that had been (or was being) privatized, but also the lakeshore



where people used to be able to go to fish, plant crops, or just relax. Private land owners (usually wealthy *ladinos* or foreigners) inevitably are able to purchase the best plots of land, and as has already been discussed, Maya peasants are left with the marginal, unproductive lands. Growing crops on these lands is difficult, and the sight of failing crops was another important ‘untherapeutic’ landscape for men and women.



**Figure 5.31 Banana plants on private land (photographed by Olga)**

The crops’ ill health or failure was caused by several possible factors, such as extreme weather conditions (e.g. drought or heavy rains), a pest outbreak, or an over-reliance on chemical inputs. Several men acknowledged the fact that they and their crops were very much at the mercy of the weather. Daniel, for example, expressed his frustration about the heavy rainfalls the region had been receiving that year, which were drowning his crops. He was even more concerned because the previous year his crops had fallen prey to a drought, so he was still trying to recover from that loss and two consecutive years of poor harvests would put his family’s survival in jeopardy. Indeed, a few short months after I left Guatemala, the Lake Atitlán region was hit by Hurricane Stan, and though human casualties in San Lucas

Tolimán were few, subsistence crops were largely affected by the heavy rains and the mudslides they caused<sup>39</sup>.

Though agricultural chemicals were, to a certain degree, seen as something positive because they increased yields (which is particularly important since participants were eking out a living on marginal lands with low productivity), they were more frequently perceived in a negative light because of the possible health impacts as well as the additional financial burden they placed on farmers. Participants recognized that crops that become dependent on chemical inputs resulted in disaster if there ever came a year when a farmer did not have enough money to buy fertilizers or pesticides. A number of participants said they were in need of training on how to prepare and use organic fertilizers in order to lower their costs and, as a small number said, to farm the way their ancestors had. One participant worked as an agricultural educator, “*enseñándoles a las diferentes comunidades las practicas agrícolas de los abuelos*” (“teaching different communities the agricultural practices of their ancestors”). Felipe photographed bags of coffee ‘pulp’ (the outer casings of the coffee bean) at a local *finca* because these were useless to the *finca* owner but were a free source of organic fertilizer for the employees, thus lowering the costs of maintaining their fields (Figure 5.32).

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<sup>39</sup> Although I do not have statistics specific to San Lucas Tolimán, the national numbers will give readers an appreciation of the destruction that occurred. On a national scale, approximately Q3 billion worth of crops was lost, and Q1.2 billion of that was basic grains, such as beans and maize (Rodriguez & Reynoso 2005). Subsistence farmers were particularly hard hit, as an employee of the World Food Programme commented: “These people have for many years practiced a high risk form of agriculture on hillsides with low productivity, and because of this they have lost their crops. We foresee a serious food shortage in the next four months” (Ramírez 2005).



**Figure 5.32 Organic fertilizer from a coffee plantation, to be used by employees on their subsistence plots (photographed by Felipe)**

Failing crops were a source of worry for participants since they negatively impacted their food security, but for the men (and some women) who were growing the crops it was a blow to their confidence. A few women commented that if their husband's crop failed, he would be less likely to plant the following season because his confidence had been shaken, thus further jeopardizing their main food source. Daniel himself expressed his disappointment at a failed crop: "*Si mi cosecha no sale bien, me siento triste y me canso de luchar tanto*" ("If my crop doesn't turn out well, I feel sad and I get tired of struggling so much"). Threats to crops were therefore threats to survival and failing crops were a major 'untherapeutic' landscape. According to some of the women I interviewed, the men would sometimes console themselves by going to the bar or brothel, though failed crops were not the only reason that they frequented these establishments. A number of women spoke of bars and brothels as very negative places, for a variety of obvious reasons, not least of which was that it prevented families from maintaining a healthy dynamic and a safe, loving home environment. At the bars and brothels men spent money that would have been better spent



on meeting their family's daily needs, and they also sometimes brought sexually transmitted infections home and infected their wives. Additionally, going to bars encouraged drinking – an already prevalent problem in San Lucas Tolimán (as seen in Table 3.2) – which sometimes led to domestic violence.

The mention of violence introduces the final negative landscape to be discussed: any place perceived as being dangerous or violent. Dangerous places were exceedingly more prevalent in women's narratives, though, with good reason, they were rarely photographed. It has already been shown how women's mobility is restricted because of fear of robbery and/or assault, with women sometimes not going to their therapeutic places or escapes (e.g. women's group meetings, the lakeshore, etc.) due to fear. Isolated places where women were alone were also seen as dangerous and thus 'untherapeutic', which is one reason why women so frequently took a companion (male or female) with them when they, for example, went out into the forest to collect firewood.

A story told to me by Dolores clearly demonstrates the role that fear plays in the lives of the women I interviewed. Dolores lived in one of the three communities (Totolyá, Tierra Santa, and El Porvenir) that were being moved from the base of the volcano to the side of the highway because of the danger of mudslides. Earlier in the interview Dolores had already mentioned the sometimes paralyzing fear of being assaulted that restricts her mobility as a woman, and when asked if there were any places that contributed negatively to her health and wellbeing, her immediate answer was the new community she was about to move to. Moving to the side of the highway, for Dolores, meant a weakening of her ability to protect her children. Dolores led an active, busy life and was frequently away from her home. She worried that living by the side of the highway would mean that more strangers would come

into the community and, with her not being there, there was a risk of her sons becoming involved in gangs and her daughters being raped while they were at home alone.

With tears in her eyes, Dolores said that it would no longer be possible for her community to live in peace because there would be more violence in the new community. She recognized the fact that her community was suffering because of its isolation (e.g. the half-hour walk through the foothills made it difficult to transport goods), but this was in her opinion a healthy kind of suffering – a trade-off her community made in exchange for being protected by its isolation. Moving to the new community would mean a new kind of suffering, according to Dolores; it would mean increased insecurity and a greater risk of being affected by the violence. These new communities were intended to give the residents better housing, running water, electricity, and their own land – all things that, given the characteristics of the Kaqchikel therapeutic landscapes discussed earlier, should have meant that these new communities were seen as positive places (and I am sure that for the most part they were). However, Dolores' fear was able to overshadow all the positive benefits of the new communities, thus demonstrating the profound impact that the violence experienced by women has on their construction and use of therapeutic landscapes.

In summary, the therapeutic landscapes of the Kaqchikel of San Lucas Tolimán are inextricably tied to daily life. First and foremost, anything that ensured their survival was therapeutic. As an extension, making life better (thus ensuring longer term survival) was also therapeutic. Both were a source of relief, in one way or another, from the stresses and worries of the participants' daily lives. Due to the stresses they faced in their everyday lives, participants often needed to escape in order to clear their heads, thus a third category of therapeutic landscapes was associated with having a change of scenery. These escapes or

changes of scenery, however, were frequently coupled with work. If things were too stressful at home, participants would go to the forest or fields to do work, thus again linking back to the theme of survival.

The overriding factor influencing how participants constructed and used their therapeutic landscapes was poverty. For example, a *milpa* or a plot of coffee were both therapeutic because when an individual saw them, he or she knew they would provide food and/or income after the harvest. The therapeutic landscapes of my participants were embedded in the rhythms of daily life. Participants had to work terribly hard to ensure their survival, and thus relaxation often had a utilitarian aspect to it out of necessity. Given that Kaqchikel therapeutic landscapes were tied to daily life and given also the traditional gender roles and relationships that exist in Kaqchikel society, it comes as no surprise that the specific landscapes differed between men and women. Men's landscapes were overwhelmingly centred around their fields and/or jobs and were a greater distance from home than women's therapeutic landscapes, which were mainly focused on their domestic roles and located close to their houses (though this was also due to violence, not just traditional gender roles). Although the landscapes may have differed between men and women, the underlying themes were consistent between the two.

Poverty and violence are clearly overriding factors influencing the therapeutic landscapes of the Kaqchikel. If poverty and violence were removed as determining factors, I have no doubt that the therapeutic landscapes of the Kaqchikel would be different. For example, were people not poor, their daily lives would not be so intensely focused on survival and, by extension, neither would their therapeutic landscapes. Recall Daniel, who said that he went to his field to clear his head while he worked, but only because it was the

only place he could go. If he had money, he would travel. Without the overriding influence of poverty, perhaps the more 'traditional' significances of, for example, landscapes such as the *milpa* would come to the forefront. Perhaps Kaqchikel therapeutic landscapes would take on a more *ladino* or Western flavour. Or perhaps it would be some hybrid of the two, or an as-of-yet unimaginable outcome to be determined by an empowered and prosperous Kaqchikel community.

## 6 CONCLUSION

In this concluding chapter, I would like to explore the various points of intersection and divergence between my study and previous research done on therapeutic landscapes. Though my work is clearly a better fit with the second ‘wave’ of therapeutic landscapes studies, I would nevertheless like to begin with a brief examination of my work’s relation to some of the ideas presented in the first ‘wave’ of therapeutic landscapes literature. The discussion will then inevitably move into an analysis of how my study relates to more recent therapeutic landscapes studies, with particular attention paid to its relation to Wilson’s work, on which my study was based. I will then briefly discuss some of the methodological and ethical considerations that emerged during the course of my study, and then conclude with a brief discussion of possibilities for future research and a summary of the main findings that emerged from my work.

### 6.1 Kaqchikel Therapeutic Landscapes Compared to Previous Research

Though there are likely more differences than similarities between my work and the work done in early therapeutic landscapes studies, it is important to note two major points of convergence because it demonstrates the fundamental and enduring importance of these ideas to the study of therapeutic landscapes. The first aspect of these studies is the relevance of the five landscape types identified by Gesler (2003) and Dobbs (1997) and their continued applicability to therapeutic landscapes research. Recall that these five landscape types were natural, built, symbolic, social, and spiritual, and that more than one could be present in any given therapeutic landscape, making them both overlapping and dynamic. These five landscape types were undeniably present in the therapeutic landscapes of the Kaqchikel, often two or three at a time. For example, the *milpa*, one of the central therapeutic

landscapes discussed, was simultaneously a natural landscape, a spiritual landscape, a symbolic landscape, and a social landscape. Spiritually, the *milpa* connected the Kaqchikel to their ancestors, Mother Earth, and God/*Ajaw*. Symbolically, it represented not only daily survival but also Maya culture and oftentimes a personal triumph achieved in the face of adversity. It was also at times a social landscape if men or women were working together with other members of their family or community, in addition to the socio-spiritual aspect of relating to their ancestors, the latter demonstrating the dynamic, overlapping, and often hybrid nature of these landscape types.

The results of my study also fit with many of the features Gesler (1998) identifies as being common to therapeutic landscapes in general. Natural characteristics of the landscape, such as fields, mountains, and the lake, were all important aspects of the landscapes identified by the Kaqchikel, as were human constructions such as homes, roads, churches, and water tanks. Additionally, places that promoted feelings of warmth, identity, and rootedness were important elements of Kaqchikel therapeutic landscapes. Places where family and community members gathered, such as the home, the church and the lake, were all places where individuals felt the warmth of family and community. Similarly, the *milpa* was a central part of Kaqchikel identity, and owning a parcel of land on which to build a home and/or plant crops was important in establishing a sense of rootedness (rather than the transient life of continually having to move in search of employment).

It is interesting to note that two common features mentioned by Gesler were either lacking in the therapeutic landscapes of the Kaqchikel or were identified with negative rather than positive places. The first – places incorporated in familiar routines – was for many a source of negativity because of the drudgery, stress, or burden associated with everyday

routines and activities, and was instead replaced by places of escape, where participants would go to get away from the pressures of their daily routines. The second of Gesler's common therapeutic landscapes features that was lacking in Kaqchikel therapeutic landscapes was an atmosphere of minimal social distance and inequality. This quality was obviously lacking given the poverty and discrimination the Kaqchikel face, and Kaqchikel therapeutic landscapes were coloured accordingly by the overriding impact of poverty and violence (here used in its broadest sense). This demonstrates how critical this one particular feature is to the creation of a therapeutic landscape, regardless of cultural context.

My research differs from this first group of therapeutic landscapes studies in several ways, all of which are hallmarks of the second group of therapeutic landscapes studies with which my work identifies. First, I have not focused on one special healing place, such as the spas, shrines, and national parks of previous work. Rather, my research focused on the assortment of therapeutic landscapes that exist in the daily lives of participants. Indeed, my focus on the everyday is also another point of divergence from earlier studies. My work has not focused on one-time extraordinary healing experiences; it focused on the daily use of places and landscapes that help an individual maintain a sense of wellbeing and balance. Though there were common themes that cut across many of the participants' answers and photographs, born of shared experiences and hardships, at the very heart of the research were local narratives, unique to both individuals and communities, rather than universally applicable narratives about the inherently therapeutic qualities of some places. In short, it was the experience of the place, not the place itself, that was the focus of my research.

Gesler's early definition of therapeutic landscapes as places that have achieved an enduring reputation for their healing properties is therefore not applicable to the therapeutic

landscapes of the Kaqchikel and, I would argue, to the therapeutic landscapes of marginal societies in general. The Kaqchikel are continuously navigating the waters between their traditional past and a discriminatory modern world, and their therapeutic landscapes are therefore multilayered and constantly shifting. Places that were significant and therapeutic in the past are lost or acquire new meanings while new therapeutic places emerge. For example, the lakeshore, an important part of women's network of therapeutic places, has been lost but it is gradually being replaced with new places for women, such as group meetings. The *milpa*, on the other hand, has changed meanings over time, beginning as a central element of the Kaqchikel worldview and a place to commune with the ancestors, spirits, and the earth, has acquired increasingly utilitarian overtones as poverty increased and survival became increasingly uncertain for the Kaqchikel. Thus Kaqchikel therapeutic landscapes are not static like Gesler's shrines and spas, rather they are continuously adapting to the shifting cultural, political, and economic situations of the day.

The emphasis placed on the maintenance of wellbeing (rather than the curing of illness), on everyday therapeutic landscapes, and on the local and individual experiences of therapeutic places are all points of convergence between my research and the second 'wave' of therapeutic landscapes studies. By reviewing the themes that emerged in the preceding chapter and comparing them to previous therapeutic landscapes research, it will be possible to highlight the most pertinent lessons that can be taken from my work and either applied to future studies or used to reconsider past studies.

The first theme discussed – survival and daily life – was in fact not only a single theme, but also a common thread that united all the themes that emerged from the data. Though other researchers have written about the importance of daily life and the 'ordinary'



therapeutic landscapes with which an individual interacts on a daily basis, these everyday therapeutic landscapes have not been associated with a sense of urgency and immediate need like they were for the Kaqchikel. For the Kaqchikel, the agricultural landscapes (e.g. fields and fruit trees) are a significant part of the rhythm of Kaqchikel daily life and they play a key role in daily survival. Even though the Kaqchikel therapeutic landscapes associated with food security appear to be predominantly physical – without food an individual cannot survive – they in fact have a significant emotional component, and this is where my research coincides with previous research. The Western everyday therapeutic landscapes explored to date underscore the importance of the emotional wellbeing accrued from the interaction individuals have with these landscapes, such as the inner calm or relaxation it brings. This is also true for the Kaqchikel; a major component of these survival-oriented therapeutic landscapes is the peace of mind they bring the individual, who upon seeing them knows that his/her survival is guaranteed for one more day, week, or month.

As was also seen, technology and hygiene were both important aspects of Kaqchikel therapeutic landscapes. I have yet to read a study in which a Western individual found a microwave, running water, car, or clean home therapeutic. These aspects of daily life and health are taken for granted in the Western world, but for the Kaqchikel a fuel efficient stove and running water represent less work to be done, and a clean home represents a decreased chance of getting sick and not being able to work, and a pick-up truck represents a faster, easier way of transporting both individuals and goods. For the Kaqchikel, therefore, even the simplest aspect of health and survival is therapeutic because both are so hard won.

In addition, Western therapeutic landscapes tend to be focused on the end result, the actual therapeutic place itself, whereas Kaqchikel therapeutic landscapes oftentimes

incorporated parts of the journey. For example, Milligan et al. (2004) and Palka (1999) write about community gardens and national parks respectively as therapeutic landscapes, but it is taken for granted that individuals experiencing those landscapes can access them. In Kaqchikel therapeutic landscapes, the technologies that help people access their therapeutic landscapes are also therapeutic themselves. Hence a road becomes therapeutic because it represents easier travel to the lake, to one's field or place of employment, or to a group meeting. Of course this same road may also be seen as a negative place because of the threat of assault while travelling, again reinforcing the fact that therapeutic landscapes are very dependent on social context and how an individual moves through the world.

The second theme examined in the previous chapter was community development, participation, and the building of a better future. This theme clearly intersects with the work done by Williams (1999) on the importance of place identity in therapeutic landscapes. Williams argues that one very important source of sentimental ties to places is social involvement, and this element was evident in many of the answers provided by the Kaqchikel participants. Working together to better their community was important for men, while participating in group meetings or going to visit neighbours was important for women. Family was also a very important component in the therapeutic landscapes of the Kaqchikel, whether it was in the form of a meal shared together or the collaboration of family members in order to make life better. Social relations in the case of the Kaqchikel spanned many generations, incorporating the living, dead, and yet unborn. Working the land (as already discussed) was a way of connecting with the ancestors, while working toward community development was the participants' way of not only bettering their lives and those of their children but also bettering the future of the community in general, thus linking past, present,

and future generations. Kaqchikel therapeutic landscapes can therefore be said to be temporally multi-scale.

Milligan et al. (2004) found that gardening gave their participants a sense of achievement and satisfaction, and the same can be said of the community development efforts of the Kaqchikel (as well as of their daily efforts to ensure survival). Many of the activities and achievements discussed by participants were a source of pride and accomplishment. What is unique about the Kaqchikel situation is that these accomplishments were achieved in the face of deep-seated adversity and discrimination. Therapeutic landscapes representing the continued survival and development of the Kaqchikel people could therefore be interpreted as sites of resistance, whereby individuals and communities exercise their agency and willingness to fight for both their survival and that of their culture. For the Kaqchikel, any triumph – be it community or individual, large or small – gives them a sense of control in an uncertain existence and is an assertion of their own agency, which is a source of satisfaction and pride.

There is no doubt that the Kaqchikel are immersed in what most would consider to be negative surroundings. In their discussion of landscapes that impact negatively in the health and wellbeing of residents, Wakefield and McMullan (2005) argue that when places are perceived as negatively contributing to health, locals tend to emphasize the health-affirming qualities of these places. This notion is very applicable to the therapeutic landscapes of the Kaqchikel who, although living in obvious poverty, were always quick to emphasize the positive aspects of their lives and surroundings. Using the home as an example, a number of participants commented on the importance of their home even though it was, as they put it, simple. In the same vein, many commented on the importance of keeping their homes clean

and nice by, for example, planting flowers. Similarly, participants commented on the fact that their children were healthy and happy despite their meagre surroundings. One man photographed his grandchildren and explained that the important thing was that they were happy and healthy, even though they were barefoot.

Aside from highlighting the positive aspects of their lives and surroundings, the narratives offered by participants often revealed a sense of acceptance or resignation with respect to their situation. Many participants spoke of the importance of not being greedy or overindulging, as well as the importance of accepting one's reality. This could be said to be a manifestation of the Kaqchikel belief in balance, equanimity, simplicity, and humility. I cannot help but believe, however, that it can also be partly attributed to the effects of long-term discrimination, marginalization, and poverty. As Daniel said, "*Tengo que ser feliz porque no hay modo para tener más*" ("I have to be happy [with what I have] because there's no way for me to have more"). It is precisely this feeling of resignation that makes each hard-fought accomplishment that much more significant and converts it into one more element to be added to the mosaic of therapeutic landscapes in which the Kaqchikel are embedded.

Due to the enormous physical and emotional strain Kaqchikel individuals experience daily, there was often a need for them to escape and step away from the everyday for a moment, and this was the third major theme discussed. In many ways, the therapeutic landscapes of the Kaqchikel that contributed to a sense of escape functioned in a similar manner to those discussed by Conradson (2005). Recognizing that the human self is influenced greatly by its interactions with the diverse 'others' that constitute landscape, Conradson argues that by immersing oneself in an alternate web of socio-natural-material

relationships it is possible to escape and have a therapeutic landscape experience. Conradson contends that most therapeutic landscape experiences involve a move away from the everyday domestic domain in order that some of the immediate constraints and pressures may be alleviated even though there is always an ongoing internal connection to place.

The narratives offered by participants clearly demonstrate the importance of escaping the everyday domestic domain, thereby supporting Conradson's work. While some landscapes discussed by participants were true escapes or breaks from the everyday, for instance trips to the lakeshore for men and group meetings for women, the majority of escape-oriented landscapes did not offer complete breaks from the everyday. Oftentimes participants had to take their domestic 'baggage' with them when they escaped. For example, men often escaped to their fields where they worked, thus bringing their domestic responsibilities with them, while women did the same by going to the forest to gather firewood or edible plants. In keeping with Conradson's notion of escape, Korpela and Hartig (1996) discuss attention restoration theory, which posits that a restorative experience involves the successive penetration into four increasingly restorative levels: (1) clearing one's head, (2) the recovery of attention capacity, (3) facing what is on one's mind, and (4) reflecting on one's priorities, prospects, actions, and goals in life. The authors suggest that restoration can only be achieved if the following four person-environment interactions are satisfied:

- Psychological and possibly geographical distance from one's usual daily context
- Effortless attention to one's surroundings, possibly including exploring and making sense of an environment
- Immersing oneself in a stimulating physical or conceptual environment that can sustain exploration and interpretation
- A sense of belonging, created by a match between personal preferences, available resources, and an absence of constraints on the desired action/outcome

The fact that, in many cases, the Kaqchikel are obligated to bring the domestic sphere with them as they escape means that the majority of the time they are unable to fulfill most of Korpela and Hartig's conditions for a restorative experience. Though they easily achieve the first criteria listed, although perhaps not always on a psychological level, and sometimes can attain the second (e.g. by gazing at Volcán Atitlán in the mornings), it is rare that they achieve the last two. They are neither free to immerse themselves completely because the heavy demands on their time do not afford them that luxury, nor do they have the necessary resources and freedoms to achieve their desired goals. They subsequently rarely enter into the higher restorative levels outlined above, settling instead for a superficial clearing of their minds but rarely having the time to delve into and reflect upon their lives and their problems. Thus while the Kaqchikel do use their therapeutic landscapes to escape from the day-to-day pressures of their lives, it is never really a full escape as they are inevitably forced to bring their domestic responsibilities with them to their physical and mental retreats.

It is not surprising that, given the negative influences in the daily lives of the Kaqchikel, the fourth theme identified in the data was narratives about 'untherapeutic' landscapes. I decided to incorporate explorations of unhealthy landscapes in my study based on the knowledge that the Kaqchikel worldview emphasizes a balance where good and bad are both complementary and necessary. Therefore any discussion of therapeutic landscapes from a Kaqchikel standpoint must also take into consideration the 'untherapeutic' landscapes that exist alongside the positive ones. Discussing these negative places with participants also helped emphasize the critical aspects of positive places. By identifying and discussing therapeutic and 'untherapeutic' landscapes, I am not suggesting that landscapes have an either-or binary existence and that there is no middle ground. Rather, I believe that

therapeutic landscapes exist on a continuum. The nature of these landscapes encompasses a range of positive and negative characteristics and inevitably includes in-between or neutral landscapes that neither enhance nor detract from the health and wellbeing of individuals. Thus the landscapes discussed in this study are not all equally therapeutic or ‘untherapeutic’, though they were presented as such because my methods were not designed to determine the relative strength of their positive or negative qualities.

Participants did not limit their ‘untherapeutic’ landscapes to physical locations that were unhealthy (e.g. garbage dumps and the polluted lakeshore), but rather they often spoke of processes or forces that prevented them from accessing their therapeutic landscapes either physically or emotionally. For instance, failing crops impacted negatively on the physical health of individuals, but more significant was the emotional blow that a failed crop delivered to its grower. Another example of the social forces or impediments faced by participants is the fact that women often spoke of how violence and *machismo* prevented them from getting out and going to, for example, group meetings. Discussions of untherapeutic landscapes were therefore an important part of my research because they allowed me to gain a better understanding of the social, emotional, and mental factors or processes that often jeopardized participants’ therapeutic landscape experiences or prevented them from realizing a more fulfilling and complete restorative experience.

Throughout my research, gender played a key role in determining how individuals constructed and used their therapeutic landscapes. Though all four major themes identified in the participants’ verbal and visual narratives held true for both men and women, there were definite differences between how men and women constructed and used their therapeutic landscapes, and these differences can be attributed to traditional gender roles and

relationships that exist in Kaqchikel (and Guatemalan) society. In short, how women and men moved through and interacted with the world around them played a critical role in determining their therapeutic landscapes.

Many of the differences between the therapeutic landscapes of the men and women of San Lucas Tolimán were influenced by a clear public/private divide. Men were traditionally responsible for work outside the home, not only including agricultural activities but also community development initiatives. Their therapeutic landscapes were often located outside the home, such as in their fields or the various projects they helped implement to improve the quality of life in their community. Women, on the other hand, were mainly responsible for domestic activities and were traditionally confined to the private sphere. Their therapeutic landscapes were located closer to home and were intimately related to their domestic responsibilities. For example, both fruit trees located in their yards and informal home-based economic activities helped them contribute to the health of their family, while having happy, healthy children was a source of accomplishment and pride. Having long been excluded from the public sphere, landscapes that signified a move into traditionally male-dominated activities and social spheres were symbolic of a collective triumph for women and were thus also seen as therapeutic.

The therapeutic nature of ‘escape’ is also quite telling in terms of gender differences. While the therapeutic experiences of men and women were both ultimately restricted by daily survival-related demands, some men were more likely to be able to achieve a more complete level of escape by, for example, going to the lake after work to sit and clear their heads. Men could travel farther and with more ease than women, not only because of women’s traditional restriction to the home, but also because of the effects of violence.



Women often spoke of how violence prevented them from going out (either alone or at all) for fear of being attacked and/or raped, and they also often advised me, woman-to-woman, on what precautions I should take when travelling alone. While men acknowledged the violence and the fact that they were sometimes scared, they frequently added that it was much worse for women and that in the end it did not impact on their mobility. Thus women were doubly restricted in their use of therapeutic landscapes by societal norms and traditional gender expectations as well as by the violence plaguing Guatemala. Gender was therefore an important variable in determining how individuals formed and accessed their therapeutic landscapes.

Having discussed how my work relates to previous research in general, I would now like to discuss how my research compares to Wilson's 2003 article on First Nations therapeutic landscapes. Wilson stresses the connection that the Anishnabek have to the land on a physical, spiritual, social, and emotional level, and she also shows how ideas of balance are intrinsic to Anishnabek holistic notions of health. Though the Anishnabek recognize the physical importance of the land as a source of food and medicine, Wilson emphasizes the important social relationships (with other people, beings, spirits) that derive from connections to the land and positively influence the health and wellbeing of the Anishnabek.

There are many elements of the Kaqchikel worldview that coincide with that of the Anishnabek. For instance, balance is an important aspect of the Kaqchikel worldview, and traditional Kaqchikel conceptions of health and their manifestations in daily life are holistic. In addition, the Kaqchikel worldview emphasizes a sense of connectedness to Mother Earth and its various beings (sentient and non-, as well as spiritual). Recall that some participants found it therapeutic to confide in the rocks, trees, or flowers when they felt troubled.

While the Anishnabek and Kaqchikel worldviews share some similar characteristics, their therapeutic landscapes are very different. What is distinct about the therapeutic landscapes of the Kaqchikel is that the immediacy of daily need overshadows the potential effects that these common characteristics discussed above might have on the therapeutic landscapes of the Kaqchikel. Thus though the Kaqchikel still feel a spiritual connection to the land, the physical connection is dominant because of the need to secure food and income in order to survive, and it is the acquisition of these resources that is comforting and puts the individual's mind at ease.

Admittedly, the social context within which the Kaqchikel are embedded is different from that of the North American First Nations peoples studied by Dobbs (1997) and Wilson (2003). The therapeutic landscapes of the Kaqchikel thus appear to be influenced to a greater extent by negative external forces, such as poverty and discrimination. These are the only two therapeutic landscapes studies of First Nations peoples of which I am aware, and though the conclusions reached by these authors are valid, in my opinion these studies run the risk of painting a rather idyllic and stereotypical picture of First Nations societies. In these two studies, the communities discussed verge on being depicted as detached from and unaffected by external pressures. The individual and community health impacts of the social issues facing First Nations communities are well documented, and there is also an extensive literature on culturally appropriate approaches to First Nations healthcare (see, for example, Durst 2000; Long and Dickason 1998; Warry 1998). An examination of this literature falls outside the scope of my study, as may also have been the case with Wilson's and Dobbs' studies.

The “accumulated hurt of generations” (Nechi Institute 1988; in Fox and Long 1998, 292), however, is engrained in the present reality of First Nations lived experience and manifests itself in various socioeconomic problems. Therapeutic landscapes are also inextricably embedded in the daily lives of First Nations individuals, and the coexistence of these landscapes with the social ills facing these communities should be considered in future studies. As Warry (1998, 75) states, “The problems confronting Aboriginal communities [...] parallel those that Third World countries must grapple with – poor educational and employment opportunities, inadequate housing, poor water supplies and sewage disposal, [and] concomitant high rates of infections, parasitic or respiratory diseases.” My own work has shown that poverty, violence, discrimination, and other negative social phenomena impact heavily on the therapeutic landscapes of the Kaqchikel. I believe that if these factors were taken into consideration in future research, it may likely be seen that the therapeutic landscapes of North American First Nations and Third World Indigenous peoples like the Kaqchikel are indeed more similar than they appear at first glance.

## **6.2 Methodological and Ethical Considerations**

My research also had various methodological and ethical considerations that merit some discussion here. In terms of methods, I would like to suggest that photovoice is a potentially powerful research tool for the study of therapeutic landscapes. Generally speaking, photovoice can be used to ‘level the playing field’ somewhat in terms of the unequal power relations between researcher and researched, empowering participants to record their own realities and tell their stories as they see fit. Putting cameras in the hands of traditionally marginalized people was to a certain extent empowering, making them feel that

their knowledge was valued, though I do not mean to suggest that such a small gesture can in any way remedy the hardships they face on a daily basis.

In a cross-cultural setting, the photographs taken by participants can act as a tangible and common point of reference that bridges two very different cultural outlooks, fostering an increased sense of understanding between researcher and researched. In my opinion, the information collected using photovoice was integral to my research for two main reasons. First, it allowed participants to reflect on their own therapeutic landscapes before having to discuss them with me, thereby encouraging information that was well thought-out and unhurried. Second, the photographs helped participants tell more detailed stories about their therapeutic landscapes and provided me with a data-rich visual cue from which I could form subsequent probing questions to better understand why each place was significant to that particular individual.

In terms of the ethical implications of my research, throughout my fieldwork experience I was acutely aware of how my identity, beliefs, and past experiences were shaping how I interacted with my participants and vice versa, as well as how they were shaping the information I was collecting. I also had many experiences during my fieldwork that allowed me to glimpse my participants' daily reality, whether it was riding in a pickup truck alone after dark, or not being able to read the daily newspapers because of how uncomfortable the reports of violence made me, or spending hours hunched over a piece I was weaving, or simply getting sick from being caught out in the rain. I recorded these occurrences and musings in my reflexivity journal, which I consulted as I analyzed and reported my findings in order to divulge how I had influenced and been influenced by the 'field' and my participants. I kept this journal in Spanish in an attempt to gain a deeper level

of fluency and insight into any language-related issues that arose in the course of the research process.

Making sure that language was incorporated into the reflexive process was important, since it affected both my interactions with participants and my interpretations of these interactions and the information gathered. I have attempted to make my translation choices clear in an effort to move away from the traditional view geographers have had of translation, where it has been seen as an unbiased process that does not warrant discussion in final reports. Based on my experiences, I believe it would be useful if future work done in a foreign language incorporated considerations of language-use into the reflexive process and that this process was done as much as possible in the foreign language so that issues of language and translation can become as transparent and honest as other aspects of reflexivity have come to be.

Many of the ethical dilemmas I encountered had to do with the relevance of my research to the lives of my participants. I could easily justify my work within the context of the existing literature on therapeutic landscapes, but it was considerably more difficult to explain to my participants why my research was important, and this sense of futility increased with each day I spent in the field interacting with my participants and seeing the reality of their lives. Does a peasant really care about therapeutic landscapes if he can barely grow enough food to feed his family? Admittedly, most participants were happy to cooperate regardless of what benefits the study may have had because it made them feel important and respected, and my worries about unequal benefits from my study may have been the product of “my own patronising attitudes towards others, and the fact that maybe I was simply trying to salve my own conscience” (Cloke et al. 2000, 140).

Also, given the significant degree of political inertia and corruption that exists at all levels of the public and private sectors in Guatemala, I had to consider who was in the best position to take my findings and do something positive with them. One obvious answer would be the Catholic parish, simply because it is such a large force in the community and for years has effected much positive change. Another would be one of the local NGOs such as ASEDSA or Veterinarians Without Borders, though by the time my thesis was complete Veterinarians Without Borders was wrapping up its work in San Lucas Tolimán. Ideally, I would go back to San Lucas Tolimán to both revisit my participants and share with them the outcomes of the study as well as to present my findings jointly to the church and local NGOs in the hope of creating some tangible initiatives or future directions based on my findings.

Even as I write my concluding chapter, however, the violence I experienced (though second-hand) while doing my fieldwork is still affecting my research, a testament to both the enduring connections one has to the ‘field’ as well as the importance of reflexivity past the fieldwork stage of research. While I long to be back in San Lucas Tolimán and to visit with the people who in such a short time impacted my life so greatly, I must admit that the fear is still all too fresh in my mind and I am not yet ready to face the violence again. This stirs up feelings of guilt about not wanting to leave the safety of my life here in Canada, particularly because I am fully aware that my participants do not have the luxury of such decisions. As Hays-Mitchell (2001, 320) states:

Throughout the fieldwork experience, we exercise choice; we reserve our options. We select our research topic and its locale. If circumstances become untenable, we leave. The people with whom I have worked [...] have no such option. [...] Lest we forget, our work involves people who live their lives in real, often tragic, space and time and not necessarily in circumstances of their choosing.

In the end, I will certainly send my findings to some trusted friends at the parish and local NGOs, leaving my work in their capable hands. It is my hope, however, that I will overcome my fear and return to deliver these findings in person to the people who created them and to those who are poised to do something meaningful with them.

Though it can be argued that, at the very least, my study benefited participants by valuing and respecting their lives and knowledge, I must also acknowledge “the less-discussed side of ‘dangerous fieldwork’” (Hays-Mitchell 2001, 320) – the potential danger that involvement in my study may have posed to participants (rather than simply the danger it posed to me). None of my participants ever appeared uneasy or scared to talk to me, which can most likely be attributed to two things: (1) that my topic was not politically sensitive and I steered clear of topics such as the civil war, and (2) the fact that there is a large volunteer population in San Lucas Tolimán so people are used to talking to and interacting with foreigners. Also, given the physical danger inherent in travelling in Guatemala, I took care for the physical safety of my participants by travelling to meet them for interviews rather than vice versa.

While I believe that my research did not put participants in any physical danger in terms of, for example, being reprimanded by authorities for cooperating, I do not know whether or not my research contributed to any family or community problems after I left. By asking women to participate (usually without also involving their husbands) and giving them cameras, I was implicitly affirming women’s knowledge and placing it on par with that of men. By doing this, did I inadvertently change any household or community dynamics that would later cause problems for participants? Would female participants be reprimanded by their husbands or fathers? I certainly hope this was not the case, but I cannot be certain that

it was not. I admit that I cannot control any negative ‘ripples’ that participation in my research may have set in motion. I would therefore simply like to affirm my profound respect, appreciation, and concern for my participants.

Acknowledging the fact that the findings of my study may not have immediate or far-reaching benefits for the community, I would like to discuss one possible way for future studies like mine to have an immediate benefit for participants, and this is through the use of photovoice. My interviews were all done individually because coordinating a group meeting in San Lucas Tolimán is quite challenging given the lack of communication technologies. In my opinion, however, the use of focus groups to bring people together to discuss their photographs would have had an immediate and positive impact on participants. Sharing their photographs and the meanings behind them would have brought to light many shared hardships and fostered a sense of solidarity, with participants gaining an increased realization that they are not alone in their struggles. Such discussions may also have revealed creative initiatives and solutions to deal with the common problems identified in the stories that were told through the participants’ photographs.

### **6.3 Future Research Directions**

I would now like to suggest some possible future directions for therapeutic landscapes research. First and foremost, I would like to stress the need for a long-term study of the Kaqchikel (or simply long-term studies in general). I feel this is important for many reasons. First, a longer term study would allow the researcher to better immerse him- or herself in the community and understand the subtleties of its dynamics. I met volunteers who had been in San Lucas Tolimán for a number of years and felt that they were only beginning to understand the local politics and dynamics, yet I am writing this thesis after spending less



than three months in the community. Second, since there is such a strong seasonality in Guatemala, it would be interesting to do a long-term study that tracked the therapeutic landscapes of participants throughout the year, as seasons changed, crops were sown and harvested, and various festivals and holidays were celebrated. And third, a long-term study would allow participants to more fully connect with the research, as well as giving them the opportunity to improve and experiment with their photographic skills. What would also be interesting to examine in San Lucas Tolimán is how *ladino* therapeutic landscapes compare to those of the Kaqchikel. I would guess that they might be surprisingly similar given the overarching influence of poverty and violence, though there would certainly be cultural differences.

After seeing how profoundly external forces such as poverty and violence impact on therapeutic landscape experiences, it would be beneficial that future research consider therapeutic landscapes and the various sociopolitical and economic contexts in which they are embedded, rather than approaching them as isolated entities. To this end, other studies of therapeutic landscapes that exist in violent societies and/or poor communities, not only in the Third World but also in the First World, would be helpful in understanding the interaction of social, political, and economic forces and therapeutic landscapes. Additional research into therapeutic landscapes of Indigenous peoples and other non-Western societies would be useful since research on Western therapeutic landscapes still outweighs that done on non-Western ones. Finally, because it was demonstrated that the therapeutic landscapes of the Kaqchikel were heavily gendered based on a strong public/private divide and clearly defined traditional gender roles and relationships, the therapeutic landscapes literature would benefit

significantly from more research into how these landscapes and experiences of them vary according to gender.

#### **6.4 Concluding Remarks**

Throughout this thesis, I have tried to demonstrate the fact that the therapeutic landscapes of the Kaqchikel are very complex, with an abundance of layered and dynamic meanings that shift as the situation in which individuals find themselves changes. Included in the many layers of meaning in Kaqchikel therapeutic landscapes is the fact that these landscapes span multiple time scales, connecting past, present, and future generations. I have also shown that therapeutic landscapes are very context-dependent and local. In the case of the Kaqchikel, the poverty and violence endemic to Guatemala were significant influences on how men and women constructed, used, and experienced their therapeutic landscapes.

In such a marginal and tenuous existence, survival became a dominant theme that emerged from the responses given by participants – a theme that, to my knowledge, has not yet surfaced in any of the research done on therapeutic landscapes to date. In addition to the therapeutic nature of survival, three other themes emerged: landscapes that represented community development, personal triumph, or the building of a better future; the importance of escaping from daily routines; and ‘untherapeutic’ landscapes that lacked the characteristics inherent to more positive places. I have also shown that because of the pressures of everyday life and the hardships individuals face, they do not fully achieve a relaxing, restorative therapeutic landscape experience because they can never fully escape the domestic domain. For the Kaqchikel, living in a climate of political, social, and economic repression and discrimination, it is the everyday things through which they exert their own agency that are important to them. The therapeutic landscapes of the Kaqchikel also varied greatly according

to gender, which was evident through discussions of traditional roles and responsibilities, but also alarmingly evident in comments made by participants about the effects of violence, which disproportionately affected women and their mobility.

I would suggest that the results of this study indicate that not only is there a need to work toward helping the Kaqchikel lead a more secure existence so that they are not constantly plagued by worry, but also a need for local community groups (for example, local NGOs or church groups) to begin establishing support networks and resources to help the Kaqchikel deal with some of the emotional issues they encounter in their daily lives. It is very telling that participants' narratives about their wellbeing were predominantly focused on their mental and emotional health, not their physical health. This need is beginning to be addressed in San Lucas Tolimán by the parish health promoters, and the results of my work both validate this initiative and provide support for continued development of these programs and resources that have traditionally been lacking. Guatemala is decades away from abating the poverty suffered by rural and Indigenous citizens. Nevertheless, by taking my work into consideration and knowing what the main health concerns of the Kaqchikel are and how they deal with them, specific local mechanisms can be put in place that help Kaqchikel men and women cope with the hardships of their reality and increase their emotional and mental wellbeing.



## APPENDIX A – INTERVIEW QUESTIONS

### Preguntas generales (General questions)

1. <i>Nombre</i>	Name
2. <i>Edad</i>	Age
3. <i>Sexo</i>	Sex
4. <i>¿Dónde vive?</i>	Where do you live?
5. <i>¿Cuántos años ha vivido allí?</i>	How many years have you lived there?
6. <i>¿Cuál es su trabajo?</i>	What is your job?
7. <i>¿Cuál es su religión?</i>	What is your religion?
8. <i>Para usted, ¿qué significa ser kaqchikel? ¿Cómo influye su vida diaria?</i>	What does being Kaqchikel mean to you? How does it affect your daily life?
9. <i>¿Quién es usted en su familia? ¿Cuál es su papel(es) más importante dentro de su familia? ¿Qué hace usted en su familia / que responsabilidades tiene?</i>	What is your role within your family? What responsibilities do you have?
10. <i>¿Cómo es un día típico para usted?</i>	What is a typical day like for you?
11. <i>¿Usted pertenece a algún grupo comunitario? ¿Cuáles son sus actividades fuera del hogar? ¿Qué responsabilidades tiene en esos grupos?</i>	Do you belong to any community groups? Do you participate in any activities outside the home? What responsibilities do you have in those groups?
12. <i>¿Es dueño de algún terreno o tiene acceso a algún terreno? ¿De qué tamaño es? ¿Lo ha tenido / cultivado / trabajado por mucho tiempo? ¿Cómo obtuvo su terreno?</i>	Do you own a plot of land or have access to one? How big is it? Have you had it for long? How did you obtain it?
13. <i>¿Siembra plantas o verduras en su patio? ¿Qué siembra y para qué?</i>	Do you plant anything in your yard? If so, what and why?

### La salud (Health)

1. <i>¿Qué es para usted “la salud” o “sentirse bien”?</i>	What does “health” or “feeling well” mean to you?
2. <i>¿Qué es para usted “le enfermedad” o “sentirse mal”?</i>	What does “illness” or “not feeling well” mean to you?
3. <i>¿Qué es la salud mental?</i>	What is mental health?
4. <i>¿Qué es la felicidad? ¿Qué necesita para ser feliz?</i>	What is happiness? What do you need to be happy?
5. <i>¿Se sienta saludable / bien ahora? ¿Se siente mal mucho?</i>	Do you feel healthy / well now? Do you feel unwell often?
6. <i>¿Qué necesita para sentirse bien?</i>	What do you need to feel well?
7. <i>¿Qué hace cuando se siente mal o cuando no se siente feliz? (¿Adónde va? ¿Quién le ayuda? ¿Cómo?)</i>	What do you do when you don’t feel well or when you are unhappy? (Where do you go? Who helps you? How?)
8. <i>¿Usted usa medicinas naturales o químicas, o las dos?</i>	Do you use natural or chemical medicine, or both?
9. <i>Si usted tuviera una enfermedad (puede ser física, mental, etc.), ¿dónde le gustaría estar para recuperarse?</i>	If you had an illness (it could be physical, mental, etc.), where would you like to be while you recuperated?

### Lugares / paisajes terapéuticos (Therapeutic landscapes / places)

1. <i>¿Cree que hay lugares terapéuticos que son comunes a la gente kaqchikel en general?</i>	Do you think there are therapeutic landscapes that are common to the Kaqchikel in general?
2. <i>¿Cree que hay espacios curativos sólo para hombres? ¿Cree que hay espacios curativos sólo para mujeres? ¿Cuáles? ¿Por qué? ¿Cuáles espacios curativos comparten los hombres y las mujeres?</i>	Do you think there are therapeutic landscapes that are predominantly for men? For women? Which ones and why? Are there any that are shared?
3. <i>¿En el pasado había otros lugares curativos que usted usaba que desaparecieron o no puede visitar? (quizás se han cambiado demasiado o han sido destruidos o usted ya no tiene acceso a ellos...)</i>	Are there any therapeutic landscapes that you used in the past that have disappeared or that you can’t visit anymore? (perhaps they have changed too much, they’ve been destroyed, or you don’t have access to them any longer...)

4. <i>¿Hay lugares terapéuticos que corren riesgo de desaparecer (que están en peligro / están amenazados)?</i>	Are there any therapeutic landscapes that run the risk of disappearing? (that are threatened / in danger)
5. <i>¿Hay lugares que usted quería fotografiar pero no pudo?</i>	Are there any places that you wanted to photograph but couldn't?
6. <i>¿Hay lugares que contribuyen negativamente a su salud / bienestar?</i>	Are there any places that contribute negatively to your health / wellbeing?
7. <i>¿Quisiera añadir algo?</i>	Would you like to add anything?





## APPENDIX B – ORIGINAL SPANISH QUOTATIONS

- i “Nosotros trabajábamos sin horario, es decir empezamos desde que amanece hasta que anochece, no contábamos con los servicios mínimos y éramos explotados fuertemente. Nuestro peor martirio era la alimentación, no teníamos que comer por eso para nuestra tortilla nos veíamos en la necesidad de mezclar con cojollos [*sic*] o bananos, porque no nos alcanzaba, imagínense que el famoso séptimo nosotros trabajábamos para pagar la casa que ocupamos y era conocido ese trabajo como faina” (Chajil 2001, 38).
- ii “Frente a tal enfermedad, lo cierto es que la sociedad va internalizando ciertas pautas de comportamiento que drenan la convivencia social. Evitar caminar por ciertas rutas a determinadas horas, mirar por las ventanas antes de abrir la puerta para salir por la calle, utilizar joyas y alhajas sólo para ocasiones especiales, cerrar las ventanas al detenerse en los semáforos, no hablar con extraños en la calle, ver constantemente hacia atrás cuando se camina por la calle o por el retrovisor si se va en vehículo, colocar visores en las puertas. Así, si antes era usual decir que se tuviera cuidado al caminar por algunos sitios, el país entero hoy es un sitio inseguro” (Vela et al. 2001, 226).
- iii “En el tiempo de la violencia, el santo maíz, que de eso se vive, llegó un momento que se desapareció. Con tanto de destruir su siembra, se desapareció. Porque el maíz desapareció y pasó una época en que la gente vivió sin el maíz. Fue el momento cuando murieron muchas gentes, muchos niños, porque se exterminó la santa milpa. Pero había un anciano que tenía un buzón, y a pesar de tanto desplazarse, quedó su buzón de maíz. Y allí se quedó el santo maíz en su buzón. Llegó un momento que se podía regresar por venir a ver su buzón y a ver que hay. Encontró un poquito de maíz, y ese poquito de maíz que consiguió, no lo comió aunque tenía hambre. No lo comió, sino lo llevó, y puño a puño dio a sus compañeros. Todos tuvimos poquito porque no había mucho. Así fue como empezaron a cultivar el maíz otra vez, y vuelve otra vez la primera cosecha de maíz, y surge otra vez a hacer la tortilla. Después de tantos muertos, tanta tristeza, todavía podíamos sembrar nuestro santo maíz” (Sanford 2003, 120).
- iv “...siempre toman en cuenta que hay que pedir la lluvia, hay que agradecer la cosecha, hay que agradecer a la tierra que nos acaba de dar nuestra comida. [...] Aunque dicen que ya no hacen ceremonia maya, pero celebran misa, piden misa: ‘vamos a agradecer a Dios que nos ha dado la tierra, que nos ha dado la lluvia, nos ha dado nuestra cosecha’” (Ventura 2000, 112).
- v **“Los crímenes contra mujeres continúan. Ayer fue localizado el cadáver de Flor de María Cristina González Arriola, de 20 años, en la entrada a San José Nacahuil, Chinautla, con heridas de bala. Mientras, en El Caminero, Mixto, fue hallada otra mujer, estrangulada con una corbata.**

A las 6 horas, envuelta en un poncho azul, fue localizado en el viaducto El Caminero, Mixto, el cadáver de Astrid Bin Rodas, de 19 años, tenía las manos y los pies atados sobre la espalda, señalaron los Bomberos Voluntarios.

Bin Rodas tenía una corbata en el cuello, y presentaba señales de tortura, indicó la Policía.

Además, los socorristas informaron sobre el hallazgo de otro cadáver, en San José Nacahuil. El cuerpo fue reconocido por sus familiares.

Indicaron que la noche del miércoles recién pasado, cuatro sujetos a bordo de un vehículo gris, secuestraron a González Arriola, a pocos metros de su vivienda, en Montserrat, zona 4 de Mixto.

González cursaba diseño gráfico en la Universidad de San Carlos, y fue secuestrada cuando regresaba de estudiar” (Lara 2005).

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