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Narrative and Experience: Illness in the Context of an Ethnographic Interview

By Marta Crivos

In the climate of methodological optimism of the 1960s and 1970s, the mere deed of going to the countryside with a tape recorder and finding an “expert” in the chosen field used to guarantee an ethnographic work academically acceptable.

My encounter with oral history has to do with my frustration upon finding such tools were not sufficient to achieve the sought after “insight” into the local ideas about health and sickness in a rural community in northwest Argentina.¹

My “open” interviews generated at one time or another unexpected answers about the lives of my informants. Illness was remembered only by means of the memory of events starting in some way my interviewees, stuck into a plot of personal histories, of relatives or of the group.

The references—the greatest number spontaneous—to the personal life history of the informants, to the dense and apparently unique thread of events that was making up their particular strategy regarding illness, was the initial context, a “natural” way in which I learned about the traditional medicine of the region. I had fragments of biographies, which nevertheless were not being integrated into any type of organic unity in the style of the so-called “life histories.”

Nonetheless, the narratives about personal experiences or the experiences of others provided a strategy for the communi-

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¹ The investigation took place in the town of Molinos and its surroundings, in the province of Salta, Argentina, between years 1976 and 1982, with the support of the National Council of Scientific and Technical Research (CONICET).

cation of relevant information about local medical customs. It enabled me to focus on the sequence of decisions and actions oriented to the resolution of the illness as a practical problem, looking at the procedural and dynamic aspects more than to the systematic aspects of traditional medical knowledge.

I presented the narrative of cases—or concrete episodes of illness—as a kind of “natural” speech, suited to revealing information about medical customs that might lead to an analysis at the same time both sequential and situational.

In particular, one incident during my early interviews permitted me to appreciate in its exact dimension the value that the evocation of that which was really experienced by the interviewed subjects. It revealed the significance of their medical beliefs in the framework of ethnographic research inquiry. One of my informants, a twelve-year old boy upset by a “fright,” was insisting in referring to the cause of his suffering. In his description of the event to which he attributed the “loss of his spirit” he alluded to again and again a precise circumstance:

... I was playing ball and afterwards I came and now the sun was coming out ... I came in peace (calmly), and afterwards I went and after I had left running on the hill and ... now I was looking around everywhere it seemed that something ... was going to happen to me and afterwards this (thing) ... afterwards further down now ... something worse came over me ... and afterwards a chill came over me and ... someone was grabbing me from behind ... and afterwards now I ran and ran, and ... I almost wasn't able to run, further down ... afterwards now ... I arrived here and now ... this (thing) wasn't able ... afterwards now, I was not able to drink the ... tea, now I was upset (...) this (thing) ... afterwards they took me to Uncle Maximino and afterwards now (...) resulting that I felt better. ...

He was doing it (alluding to that circumstance) while he was moving about more and more rapidly around the outskirts of his dwelling and I was following him with my tape recorder. It was thus that upon arriving at an irrigation ditch, he gave a rapid jump that put him outside of the range of my recording instrument. From this position, which evidently was “protecting” him from my pursuit, I could appreciate that in reality the situation created by the interview was reproducing in some way the circumstance that had caused his suffering. At the same time his manner of narrating his illness had a lot to do with the

situation of the interview such as he seemed to perceive it, a situation in which he was facing the strange, the unknown, something which was trying to trap (in some way) his spirit.

That experience put into fact the mechanism to which later Thompson (1993) alludes: "The manner in which the histories were told, the events and the images chosen, the ways of combining them, and the themes about which were kept quiet, constituted indicators of which the evoked were not only fragmentary remembrances of a real past but also a form of the past yet active in the present."²

In this way the interview had brought to life a traumatic circumstance for my informant, and in it undoubtedly I was playing the uncomfortable role of the causal agent in a new episode of a "fright." But at the same time it had constituted a fundamental moment in my apprenticeship in the handling of the techniques of oral history.

² Paul Thompson, "Transmission Among Generations," in Daniel Bertaux and Paul Thompson (eds.), *Between Generations: Family Models, Myths and Memories: International Yearbook of Oral History and Life Stories* (New York: Oxford University Press, 1993), p. 2.