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# Emotional distress and self-care during the COVID-19 pandemic in women from an indigenous migrant cultural collective in Mexico City

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## ABSTRACT

**Introduction.** During the coronavirus (SARS-Cov-2) pandemic, restrictive measures were implemented to reduce contagion. However, severely decreasing social interaction also negatively impacted the economy, particularly that of indigenous groups. **Objective.** This article seeks to understand the emotional distress identified by a group of indigenous women residents, as well as their self-care practices, during the COVID-19 pandemic in Mexico City. **Method.** A digital qualitative study was undertaken since the fieldwork was conducted in person and online, using various Internet platforms, which served as a field scenario, data collection tool and a means of continuous connection with subjects. **Results.** Anecdotal records were obtained from the subjects, who identified categorizations in the collective organization of the indigenous group, which became a support network for mobilizing official material resources. Information was also obtained on the way the women engaged in the self-care of their emotional distress in a range of ways with a sense of immediacy, through physical, spiritual, herbal, and psychological resources. They observed how women managed to cope with their situation and continue caring for and supporting their families to enable them to get by, distinguishing between those who were providers and those who were dependent on another provider. **Discussion and conclusion.** The pandemic, together with social restrictions, created stressful situations, causing various emotional problems among the indigenous collective. Nevertheless, their capacity for self-management and self-care enabled them to cope with these conditions in the midst of structural contexts of violence, poverty, and social exclusion.

**Keywords:** Pandemic, COVID-19, emotional distress, indigenous women, cultural collective, self-care, social suffering.

## RESUMEN

**Introducción.** Durante la pandemia del nuevo coronavirus (SARS-Cov-2) se instauraron diferentes medidas restrictivas con la finalidad de disminuir los contagios. Sin embargo, al reducir severamente las interacciones sociales también se produjo un impacto negativo en la economía, especialmente en los grupos indígenas. **Objetivo.** Este artículo busca conocer los malestares emocionales identificados por un colectivo de mujeres indígenas residentes, así como sus prácticas de auto-atención, durante la pandemia por COVID-19 en la CDMX. **Método.** Se desarrolló una investigación cualitativa digital ya que el trabajo de campo fue presencial y en línea, así como en diferentes plataformas de la red de internet, las cuales fungieron como escenario de campo, herramienta de recopilación de datos y un dispositivo de conexión constante con los informantes **Resultados.** Se obtuvieron registros anecdóticos de las participantes, que identificaron: categorizaciones en la organización colectiva del grupo indígena, convirtiéndose en red de apoyo que movilizó recursos materiales oficiales; cómo las mujeres practicaron la auto-atención de sus malestares emocionales de manera variada y con un sentido de inmediatez, mediante recursos físicos, espirituales, herbolarios, psicológicos y el saber aguantarse para sobrellevar su situación, y continuar cuidando y apoyando a sus familias a salir adelante, diferenciando entre mujeres proveedoras y las dependientes de otro proveedor. **Discusión y conclusión.** La pandemia junto con las restricciones sociales, generaron situaciones estresantes, desencadenando diversas problemáticas emocionales en el colectivo indígena, pero su capacidad de autogestión y autocuidado les permitió sobrellevar tales condiciones en medio de contextos estructurales de violencia, pobreza y exclusión social.

**Palabras clave:** Pandemia, COVID-19, malestares emocionales, mujeres indígenas, colectivo cultural, autoatención, sufrimiento social.

## INTRODUCTION

In many countries, the initial government strategies to address the coronavirus (SARS-Cov-2) pandemic severely reduced community social interactions by closing workplaces and public spaces and implementing shelter-in-place policies. Although these measures helped reduce COVID-19 infections (World Health Organization, 2020), they harmed the population. In Mexico, many people lost their jobs due to government restrictions and layoffs or lack of demand for their services and/or products (Mujeres en Empleo Informal: Globalizando y Organizando [WIEGO], 2021). Under these conditions, an undetermined number of unemployed people joined the informal economy, offering services and selling essential goods, with lower incomes, a high risk of contagion, and no social security (Medina-Gómez, 2021).

They were "structural victims" of the inconsistencies of the anti-Covid measures, experienced collectively as social suffering since they involved job loss. Social suffering can be defined as the harmful practices (unemployment, social exclusion, discrimination, exile, social rejection, famine, war, and civil violence) of social forces (institutional, economic, and political power; conditions of vulnerability or certain cultural practices) that negatively affect the human experience, either as physical pain or mental health problems (Parella, Petroff, Speroni, & Piqueras, 2019).

Historically, indigenous populations in Mexico have experienced situations of permanent social suffering, caused by poverty, racism, discrimination, and the exclusion/obstruction of the full exercise of their rights to health, education, decent housing, and work. Although the government has invested in infrastructure and personnel to care for indigenous peoples in recent years, their health remains precarious, and they still lack medical personnel, medicines, and beds while the health services they receive are usually discriminatory (Campos, Peña, & Maya, 2017; Horbath, 2021). For example, there is less coverage of immunizations and care by medical personnel in the indigenous population than in the non-indigenous population. When indigenous people seek medical care, they wait longer to be treated, receive fewer clear explanations about their illness and are less frequently invited to self-help groups (Pelcastre-Villafuerte, Meneses-Navarro, Sánchez-Domínguez, Meléndez-Navarro, & Freyermuth-Enciso, 2020). The social suffering of the indigenous population worsened during the pandemic, due to the tardy, improvised government management of prevention and care actions (Horbath, 2021). Consequently, contagion and mortality due to COVID-19 were higher in the indigenous than the non-indigenous population. In the early months of the pandemic, the infection rate in the indigenous population was 43% and the fatality rate 20.4%, vs. 35.4% and 11% in the non-indigenous population (Horbath, 2021). Infections in the indigenous population subsequently increased six-fold while the fatality rate reached 50% (Muñoz-Torres, Bravo-García, & Magis-Rodríguez, 2020).

Social suffering can vary in regard to the type, intensity, duration, origin, and combination of ordeals, all of which can differ by gender. For example, in seven indigenous communities, unlike men, in addition to their traditional gender roles (such as raising children, caring for the elderly, and domestic work), women assumed the school education of their children and community health, education and coordination services, and the overall care and support of their people (Gómez-Navarro, Morales-López, & Martínez-Domínguez, 2021). These women reported stress due to insufficient income, the inability to help their children with their online courses, conflicts with their partners due to spending more time than usual with them at home, as well as fear and distrust of poor medical services. Each of these ordeals was subjectively difficult to endure. Some women resorted to social support networks, whether virtual or non-virtual, for help with care provision, parenting, education, and work. Others set up cottage industries and bartered products between families. Another study found that indigenous women artisans employed a range of strategies to survive the health crisis. They engaged in subsistence agriculture, bartering, manufacturing face masks, loans, marketing, and exhibitions in online social networks, as well as seeking government support (Del Carpio et al., 2021). The resilience, creativity, and adaptative capacity of indigenous women was also reported in studies prior to the pandemic (Vega, Gutiérrez, Fuentes de Iturbe, & Rodríguez, 2021). They showed that women victims of domestic violence can use these survival social networks to listen and talk about their emotional distress, such as sadness, worry, nervousness, and irritability (Vega et al., 2021). These are some of the self-care resources (such as social networks on the Internet, traditional medicine, and family care) that people and groups implement to diagnose, explain, care for, control, relieve, endure, cure, solve, and prevent the processes affecting their health (Menéndez, 2009). Berenzon-Gorn, Saavedra-Solano, and Alanís-Navarro (2009) mention that such self-care can treat a variety of physical and emotional health problems. For example, in Mexico, women self-medicate with products ranging from herbalism to biomedical pharmacology to address emotional distress or physical ailments (Barragán-Solís, 2006), in addition to seeking support with their activities and emotional expressions (Berenzon-Gorn et al., 2009).

Below is a report of a study designed to understand the emotional distress derived from social suffering during the pandemic, as well as the self-care practices of a group of indigenous women living in Mexico City. They constitute a fraction of the migratory flow of approximately 78,000 women who came from various indigenous

towns to Mexico City in the 1990s (Instituto Nacional de Estadística y Geografía, 2000). They accompanied their partners or parents or were sent by the latter to the city with family or friends to work as domestic servants. Others were single women or householders with children, fleeing gender violence in their homes and in the community (Romer, 2014). In Mexico City, they all experienced discrimination and exclusion from the right to housing, decent work and comprehensive health services. The main causes of the exclusion of indigenous residents are racism, working in the informal economy sector, which does not make them eligible for social security, and gender inequalities. During the pandemic, various resident indigenous communities accused the Mexico City government of neglect during the health crisis, excessive requirements for accessing government resources and the unequal distribution of the latter, which led them to adopt their own care protocols, as well as to obtain food supplies due to the economic precariousness they were experiencing.

## METHOD

### Design of the study

A digital qualitative study was undertaken (Hine, 2015) in which the field work was conducted in both real spaces (living rooms, commercial premises, homes) and virtual spaces on the Internet (Zoom and WhatsApp), all used by the subjects. This type of research met the need to continue the in-person work that had begun in September 2019 with a group of indigenous women and been suspended in late March 2020, due to the restrictive measures implemented to prevent the spread of coronavirus in Mexico City (CDMX). It was resumed online in October 2020 and concluded in March 2021.

### Participants

Non-probabilistic convenience and snowball sampling was used in a group of forty-four indigenous women, eight of whom participated in in-depth interviews. They belonged to different ethnic groups, all lived in Mexico City, and spoke both an indigenous language and Spanish (Table 1).

On average, they were forty years old, and had four children. All of them had completed elementary school, some had incomplete junior high school and all of them were homemakers. Five were exclusively homemakers but during the pandemic, two were employed on an hourly basis in domestic service. Another participant was a homemaker engaged in domestic service and self-employed in street commerce. Another shared the household expenses with her husband by selling food. Another also shared expenses with her husband, working as an interpreter and translator with government justice institutions.

### Instruments

Prior to the pandemic, the authors visited the places and attended the events where the group congregated, with an observation guide on indigenous parenting in urban environments. They established rapport with the subjects for two or three hours in commercial premises or in their homes. The parenting of young children and adolescents, conflict resolution strategies and associated situations of violence were recorded in the field diary. As a result of the pandemic, it was no longer possible to witness parenting in commercial premises or homes. Several months elapsed before it was possible to contact the group again via WhatsApp, used by the subjects to arrange meetings, send reminders, provide information, and show the progress achieved in the tasks they had pledged to complete. The collective also used the Zoom platform to hold workshops on the revival of indige-

Table 1
*Sociodemographic data on study subjects*

| | *Woman 1* | *Woman 2* | *Woman 3* | *Woman 4* | *Woman 5* | *Woman 6* | *Woman 7* | *Woman 8* |
|---|---|---|---|---|---|---|---|---|
| Place of birth | Querétaro | Puebla | Oaxaca | State of Mexico | State of Mexico | Puebla | Oaxaca | Puebla |
| Age | 38 | 37 | 40 | 39 | 39 | 41 | 39 | 40 |
| Educational attainment | Elementary school | Elementary school | Elementary school | Elementary school | Elementary school | Incomplete junior high school | Incomplete junior high school | Senior high school |
| Indigenous language | Nahuatl | Nahuatl | Chinantec | Nahuatl | Nahuatl | Otomi | Mixtec | Nahuatl |
| Marital status | Married | Married | Partnered | Married | Married | Householder | Married | Married |
| No. of children | 4 | 3 | 4 | 4 | 2 | 3 | 3 | 4 |
| Occupation | Homemaker | Homemaker and domestic service | Homemaker | Homemaker | Employee and trader | Trader and domestic service | Homemaker and domestic service | Interpreter -translator |

*Note*: Sociodemographic data of study subjects (prepared by the authors).

nous languages, during which the researchers continued to establish rapport with its members. The observation guide was modified to address the emerging issues that arose: the emergencies and problems caused by the shortage of resources; spending more time than usual with other family members during lockdown; the demands of the children's on-line schooling; the creation of economic subsistence alternatives and physical and mental health care. The group leader recorded all the Zoom sessions. She and the other subjects were asked for a copy of the recording, which was contextualized with notes in the field diary.

The Zoom platform was also used to conduct interviews with the subjects, which were recorded with their authorization. The interviews were conducted according to an open question script on a) identity, b) occupation, c) the best and worst experiences during the pandemic, d) the emotional reactions elicited, and e) the way the women responded to them. Descriptive questions were also asked to obtain a detailed portrait of the situation described by the women. Two one-hour interview sessions were held. All audio recordings were transcribed, accompanied by notes on their context, and reviewed by the subjects.

## Procedure

First, authorization was obtained from the leader of the indigenous cultures revival collective to conduct field work with the group. It was decided to work with this group because it included indigenous women, migrants, and residents of Mexico City. In addition, it was led by a woman known to the researchers from a previous study on alcohol consumption in indigenous communities (Vega et al., 2015). During the fieldwork, the researchers established rapport with the subjects in a workshop on positive parenting for fifteen women. The field work was interrupted by lockdown and subsequently continued virtually on the Zoom platform and the social messaging network WhatsApp. Later on, a workshop on breathing techniques to relax was given to forty-four women in the group on Zoom. During the presentation, the researchers established rapport with the subjects, encouraging them to identify the emotions experienced during the pandemic and the events that had triggered them. To ensure the confidentiality and anonymity of the women, the researchers did not ask for details or explore their statements. Afterwards, the researchers continued to establish rapport with the subjects during the crafts and poetry workshop. WhatsApp was frequently used to establish rapport with the subjects, and express interest in the progress of their work. WhatsApp was also used to arrange interview appointments and send subjects reminders. During the rapport, greater trust developed with three of the forty-four subjects, who, in turn, invited other women from the collective to participate in the interviews. In this way, eight women were interviewed. Interviews were conducted on Zoom, in which only the researchers and subjects participated, and what the women said about emotions, situations, and what they did about them was explored in greater depth. All conversations were transcribed and contextualized with the authors' notes in a field diary.

## Analysis

Both the recording, transcriptions, and their contextualization notes were analyzed with Atlas Ti V 7 software. All documents were read several times until a general understanding was achieved, which enabled the identification of expressions, paragraphs, and topics related to the research objectives. Two researchers worked separately and together using Atlas.ti to encode the primary documents deductively and inductively.

The categorization grouped the written lines and paragraphs of the primary documents into codes capturing their meaning. In turn, each code was grouped with others into broader categories, which, in turn, focused on various issues. The material was subsequently re-categorized to contrast the codes and issues according to the Grounded Theory constant comparison method (Corbin & Strauss, 1990), until the information obtained was reduced to the following issues: vulnerability and uncertainty, dependent women and their distress, and women providers and self-care at the individual, family, and collective level.

## Ethical considerations

Each of the subjects was given a letter of introduction from the authors in their capacity as researchers, with their name and work address. This letter requested their voluntary consent, guaranteeing confidentiality, and anonymity, to participate in the training workshops, participant observation and interviews. The objectives, the nature of the research techniques, where they would be implemented and how long they would last were explained to the women. All of them were offered referral to psychological services in Mexico City. All the women signed the letters authorizing their voluntary participation. In the interviews, only the researchers and the subjects were present. The material was transcribed by people unrelated to the research and reviewed by the authors to guarantee the anonymity of the subjects and ensure that the material was error-free. In addition, the transcriptions were saved on a computer, and assigned numerical codes not linked to indigenous names or groups. The researcher responsible for the project was the only person with access to the password for this computer.

Ethical approval was obtained from the Research Ethics Committee of the Ramón de la Fuente Muñiz National Institute of Psychiatry, on June 4, 2018: CEI/C/037/2018.

## RESULTS

The subjects belong to different ethnic groups. They had migrated from different parts of Mexico and lived in an indigenous village in the south of Mexico City. One of these women asked the researchers to conduct a workshop to prevent violence in parenting, with a group of fifteen women who used to meet with her. During the workshop, the researchers established rapport with the women. In this way, they learned that most of them spoke different indigenous languages, learned in their respective families and places of origin, and that almost all of them reproduced processes of invisibilization of these languages, since they almost always concealed their knowledge of them. In fact, several no longer taught them to their children. In their families and towns of origin, the subjects had been taught that Spanish was the language of 'civilization,' 'progress,' and 'modernity.' In this regard, a woman (M2) pointed out the following:

> *"At school, children from the neighboring town looked down on us because they were already fluent in Spanish and we hardly knew how to speak, let alone write it, and they sneered at us for being so Indigenous, because they believed that they were like less Indigenous because they spoke Spanish."*

In this context, the leader organized workshops to revive indigenous cultures in Mexico City. This woman speaks and writes Nahuatl and is an interpreter and translator. She is proud of her indigenous ethnicity and language and managed to bring together forty-four women of different ethnicities in workshops on indigenous language, crafts, dances, and songs from their hometowns. In this way, the leader and the women created a collective for the revitalization of indigenous cultures.

### Vulnerability and uncertainty

During the pandemic, all the families of the subjects suffered the loss or reduction of their partners' jobs. Five of them lost their jobs and three were given fewer days and hours of work. As a result of the precarious nature of their work, they became self-employed, some as taxi drivers, and others as stallholders in street markets, tamale sellers or general assistants.

Uncertainty during the pandemic was an experience shared by all the subjects. They were afraid of becoming infected or infecting their family members with coronavirus and felt insecure about their future work and paying debts. Uncertainty became a permanently stressful situation for women, who also incorporated supervision and support for their children in online classes into their household, parenting, and caregiving duties. Women who depended on their husbands made an extra effort to satisfactorily perform all those gender roles. The majority experienced stress, sleeping problems, anguish, and depression. Conversely, female providers reported feeling this distress less frequently.

### Dependent women and their distress

During the pandemic, these women supported their children's virtual school activities in the various school years. They then felt nervous when they had to go online, as most lacked the skills required to use new technologies. They also experienced doubts and a sense of helplessness when they did not know how to help their children with their homework. In the virtual interviews, the mothers' narratives show how complicated it is to manage school activities from home, especially when there are two or three children at the elementary and/or junior high school level. For example, the women were responsible for filling out the work guides for their children's subjects, using social networks to upload assignments and receive instructions from teachers, and even connecting and managing digital resources on digital platforms for asynchronous and/or real time activities. They also had to help with the complementary activities derived from the "Learn at Home" program and perform their gender roles involving keeping the home clean, washing, ironing, preparing food, parenting children, and looking after their husbands. Many of them resented this emotionally. One of them (M1) said:

> *"I couldn't sleep... my oldest daughter is only in 3rd grade, but she's seeing things that I didn't see at school, so... How am I supposed to help her? And well, that situation ... stressed me out a lot, I didn't sleep well, and it made me anxious."*

For women, it was essential to have more than one cell phone, use their children's school media and communicate via the Internet with teachers. Teachers implemented a weekly work plan. One week, students had to fill in the work sheets and the next week the work was collected, and they were sent the following activities. Mothers served as the link in all this, in addition to ensuring that children handed in their homework, explaining the instructions, and resolving their children's doubts when they filled in the worksheets and handing in assignments. In addition, families had to pay for mobile phone data or guarantee Internet service, which sometimes involved visiting friends who had Internet. One of them (M3) said:

> *"We did not have Internet for a long time, even though we really needed it, because of their homework, because I sort of kept putting it off. And I went to a friend's house but there came a point where we said, 'That's it,' because there comes a point when you feel embarrassed about using it so much... So, we had to contract it, but at the end of the month, you have to pay for the gas, electricity, water, and Internet, and you wonder where the money is going to come from!... That caused us a lot of emotional problems because it increased the amount of money we owed."*

During the second wave of the pandemic, women mentioned experiencing fear, anguish, depression, sleeping problems and despair, and one had facial paralysis. Work became scarce and difficulties meeting family expenses, including the use of Internet multiplied.

### Women providers

This distress was not experienced or at least was reported less frequently by women who were the breadwinners or who shared this responsibility with their partners. These subjects had always had their own jobs to cover family expenses. In this regard, the leader of the group (M8) remarked:

> *"As I always say, we have always learned that we work and live from hand to mouth. If we don't work today, we won't eat tomorrow. So, I thought as far as I know, today is today and who knows what will happen tomorrow, and I have always instilled that in them. I tell my children, don't worry about tomorrow, finish your homework today. The most important thing is today, because we have to make progress, get ahead... and so on, but yes, it is complicated, the stress, above all, the worry, the pressure, and you wonder, 'What shall I do? Just keep going!"*

One of the women was a householder (M6) and the other two, together with their husbands, shared household expenses; one of them was the leader. All of them had to find other ways or earning food and/or money. The householder, who had always been engaged in domestic service, set up a mobile food stand on her own. The indigenous representative left her husband in charge of taking care of the children and preparing the family meals, so she could manage institutional aid and support their economy and that of other indigenous families in the city. The third subject (M5) and her husband were forced to find work as kitchen and food preparation managers for third parties and sent their children to the village to be looked after by their grandparents. Their accounts showed that they tried not to dwell on what would happen tomorrow, or how they would deal with it, adding that "they were only concerned with the present" (M5). They worked hard and said that they kept going. They had faith in themselves and had the initiative to make changes at home, modifying the roles of its members to guarantee an income. When they were unable to make ends meet, they became distressed, but they had no choice but to continue fighting. One woman (M6) said:

> *"I sell my tortillas, quesadillas, and candy but also the same, there are days when nothing is sold, and sometimes you say, 'What do I do? I'm through with this, what shall I do?' but no, we have to continue fighting while we are here, because we have to continue every day and, well, ask God to take care of us and our families. As long as we are all well, we will pull through…"*

### Self-care at the individual level

All the women practiced self-care for their emotional distress in a varied way and with a sense of immediacy. They used various spiritual, herbal, and psychological resources to cope with their situation. For example, they made infusions to relax, prayed, talked about their problems, and worries with their friends and sometimes with their husbands.

Several women, particularly housewives, used the Web to implement relaxing measures, breathing techniques and prayer, or do physical exercise, listen to music and dance. Several admitted to feeling better after they cried, or when they cooked or helped their children with their homework.

They also found relief and distraction by meeting weekly online with their cultural collective of indigenous migrants. There they listened to each other, encouraged each other, shared remedies, and strategies to pull through and in emergencies, shared groceries and money for food, medical expenses, and ambulance transfers.

### Self-care at the family level

All the women had periods of crying, despair, and anger in their relationships with their partners. These women did not have permission from their spouses to go out to work. They had to deal with their spouses' bad moods, temper, demands, and outbursts. They put up with many situations of mistreatment, scolding and complaints from their spouses, who said that they were stressed by the critical state of the economy. They argued that they needed to eat and rest, since they were struggling to support their families. They postponed discussions and confrontation with their partners over the anger, complaints and mistreatment they received, because they thought that the health situation was dangerous and assumed that these other reasons did not warrant getting angry, complaining or defending themselves since there was a more serious situation at hand: the risk of getting sick and dying from COVID, or running out of money to eat. They tried not to complain or say that they were experiencing such situations, since they felt they could endure the cost of postponing them, absorb them without talking about them and deal with the contingencies related to the pandemic, especially regarding the care of their children and the family in general. One participant (M4) said:

> *"I was listening to my children. I was going to check on them and I could hear they were already asleep... and then when we got sick a year ago in May, instead of recovering quickly, my husband and I both relapsed and I was sort of depressed, and overthinking things, apart from that. I often got up and cried to myself at night and thought, "Why scare the children? Once or twice, I cried with my best friend. She did not do anything; she just hugged me and told me that things would work out."*

The women were aware that such episodes could increase stress and pressure on their children, so they tried to hold on and contain themselves so as not to further affect the family dynamic and instead help their children to move forward. They only discussed their emotions and financial problems with friends, colleagues, or trusted neighbors to avoid worrying their children, mothers, grandmothers, or sisters.

### Self-care in the women's collective

During the pandemic, the Women's Collective began using Zoom and WhatsApp to organize support for its members

who were experiencing financial difficulties. Above all, they used it to do the paperwork for obtaining financial and health care support from government authorities. They achieved access to unemployment insurance, the mayor's grant for children and other emergency government support. They made everything available to members to enable them to access their rights both as a result of their ethnic condition and their socioeconomic marginalization in the city.

The collective applied for these resources together with others of a cultural, therapeutic, and educational nature for its members. For example, they organized workshops on managing emotions, promoting self-recognition, strengthening self-esteem, indigenous public speaking and poetry, and applying for government aid. The researchers participated in these workshops, providing relaxation, and breathing techniques. This workshop was divided into three sessions, during which the techniques of deep breathing, autogenic relaxation and guided imagination were practiced (Rodríguez, García Rodríguez, & Cruz Pérez, 2005). All the subjects practiced these techniques online and at home, and most found them helpful for calming down and sleeping. One woman (M7) remarked:

> *"As for the last audio they made us listen to about meditation just now, I can say, 'I couldn't sleep,' in the past tense, because the truth is that... talking about it, and since the workshop started, for example, like... I tried to relax a little bit and also the audio that I listen to has helped me sleep a little more... I really liked the one about imagination (guided visualization)... because with the others, I used to close my eyes, and go on thinking about all my problems, But I liked that one a lot, because I kind of let go of everything, because we even though we have financial problems and so on, you say..., 'Well, we're alright... aren't we?...I managed to relax in those few moments...then you see that it is possible...you learn something that you didn't believe was possible, but it's just you didn't know how to do it."*

During the pandemic, women who were financially dependent on their husbands participated in the collective with other leaders and more self-sufficient women and householders. This is how they learned to process and obtain financial support from the government during the health contingency and contribute to the income of the group members. They also learned how to use digital technology to manage the group's use of Zoom and WhatsApp video, as well as how to relax, calm their anxiety, and manage the stress that made them have difficulty sleeping.

## DISCUSSION AND CONCLUSION

Stress, anguish, and depression are some of the expressions indigenous women use to diagnose their distress. They appropriated the vocabulary disseminated in the mass media and popular sayings. Diagnosed ailments lose their individual symptomatic nature when conceptualized as social suffering, in other words, as expressions of pain or hardship caused, constituted, or conditioned by social circumstances (Anderson, 2014; Kleinman, 1997; Wilkinson, 2012).

The results obtained reveal that women do not uniformly experience distress, since there are differences between those who depend financially on their partners and women who earn money in their own right. The latter complained less about this distress than those who tacitly reproduced the patriarchal demands that value women as self-sacrificing mothers and caregivers, who put their personal projects or self-sufficiency and social and economic independence on hold to look after their families and communities. In this reproduction of the patriarchal scheme, women displayed more distressing symptoms due to financial, health and family care problems. In these cases, women's needs, and distress were overlooked, with emphasis being placed on the requirements of others rather than their own (Sosme & Casados, 2016). They intentionally postponed complaints and confrontation due to the excessive care burden and/or the spouse's complaints since they strove to achieve stability and calm in the family dynamic. They did not wish to exacerbate conflict. This can be seen as an act of submission, but also as a strategic action to reduce stress. It would appear that the women put the problems they encountered into perspective, deciding what to minimize/postpone at the critical moment, and attempting not to become caught up in the confrontation and distancing themselves from anger. These actions designed to reduce stress are some of the self-care practices implemented by the women in the family group.

In the indigenous cultural collective, self-care practices involved using various cultural, economic, educational, and therapeutic resources to help women deal with social suffering, such as breathing techniques, indigenous poetry workshops, self-esteem, and financial support from the government. Moreover, the insertion and participation of dependent women in this group enabled them to embark on a process of empowerment. By attempting to revive indigenous cultures, they began to question the inequalities and social injustices that affected them because they were indigenous and women. During the post-pandemic period, some women sought mediation to resolve conflicts with their husbands and began to take pride in their language and ethnicity, in addition to gaining a degree of autonomy, by helping with or assuming responsibility for the management of government resources to support indigenous languages, craft production and public cultural events. This change in attitude in women towards their cultures has also recently been observed in certain indigenous groups (Ząbecki, 2020). It involves the rebirth of pride in indigenous peoples and resident communities, which could be a key factor in the self-care of the distress caused by discrimination, such as stress, low self-esteem, and suicidal thoughts.

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