

# Collective occupation as a means of overcoming Occupational Apartheid: the case of the struggle for the right to health of the Mama Cultiva Grouping<sup>1</sup>

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**Abstract:** The objective of this article is to turn the practices used by Ocupação Coletiva da Mamá Cultiva visible to advocate to the right to access health, which would be limited by a context of occupational apartheid. A qualitative research was carried out, with a phenomenological approach, in which the information is produced by semi-structured interviews and discussion groups, with 6 groups participants. The information obtained is organized through a categorical matrix and analyzed through simple categories. The main conclusion is that the resistance practices are strongly rooted in a collective identity. This is related to the shared experiences of group individuals, especially those associated with the experience of psychosocial suffering caused by stigmatization, criminalization and prevalent medicalization.

**Keywords:** *Right to Health, Social Marginalization, Health Systems.*

## Ocupação coletiva como meio de superação do Apartheid Ocupacional: o caso da luta pelo direito à saúde da Associação Mama Cultiva

**Resumo:** O objetivo deste artigo é tornar visíveis as práticas utilizadas pela Ocupação Coletiva da Mama Cultiva para exercer o direito à saúde, o que seria limitado por um contexto de apartheid ocupacional. Neste estudo optou-se por pesquisa qualitativa, com abordagem fenomenológica, na qual a informação é produzida por meio de entrevistas semiestruturadas e grupos de discussão, com 6 participantes do grupo. A informação obtida é ordenada através de uma matriz categorial e é analisada através de categorias simples. A principal conclusão é que as práticas de resistência estão fortemente enraizadas na identidade coletiva. Isto está relacionado às experiências compartilhadas pelos sujeitos do grupo, especialmente aqueles associados à experiência de sofrimento psicossocial causado pela estigmatização, criminalização e a medicalização prevalente.

**Palavras-chave:** *Direito à Saúde, Marginalização Social, Sistema de Saúde.*

## Ocupación colectiva como medio de superación del Apartheid Ocupacional: el caso de la lucha por el derecho a la salud de la Agrupación Mama Cultiva

**Resumén:** El objetivo de este artículo es hacer visibles las prácticas realizadas por la Ocupación Colectiva Mama Cultiva, para defender el derecho al acceso a la salud, que estaría limitado por un contexto de apartheid ocupacional. Se realizó una investigación cualitativa, con un enfoque fenomenológico, en la que la información se produce mediante entrevistas semiestruturadas y grupos de discusión, con 6 participantes. La información obtenida se organiza a través de una matriz categorial y se analiza a través de categorías simples. La conclusión principal es que las prácticas de resistencia están fuertemente arraigadas en una identidad colectiva. Esto se relaciona con las experiencias compartidas de los sujetos del grupo, especialmente aquellos asociados con la experiencia del malestar psicossocial causado por la estigmatización, la criminalización y la medicalización prevalente.

**Palabras-clave:** *Derecho a la Salud, Marginación Social, Sistemas de Salud.*

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Received on Aug. 13, 2018; 1<sup>st</sup> Revision on Oct. 06, 2018; 2<sup>nd</sup> Revision on Nov. 15, 2018; Accepted on Nov. 25, 2018.



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# 1 Introduction

This paper is about the work carried out by the Agrupación Mamá Cultiva Concepción, an organization in which fathers and mothers seek to improve the quality of life and health of their children and family members, through the cannabis medicine (oil) that is obtained through self-cultivation.

This work emerges as a need to show the struggle that this organization develops to achieve its purposes, given that there are a number of obstacles such as stigmatization, criminalization and medicalization. This set of impediments to be articulated culturally, socially and legally could constitute the structure of occupational apartheid, which would produce occupational injustice at the same time, while there is limited access to the full exercise of the right to health of boys and girls who belong to this organization.

This paper begins by showing a brief historical review about the medicinal use of cannabis and the emergence of its prohibition. Then, the opinion of the authors about the elements present in Chile is described that determine a condition of occupational apartheid such as: legislation, the hegemonic medical model and stigmatization/criminalization.

Finally, the practices developed by the members of the group to overcome the occupational injustice and the social, cultural and legal conditions that are considered are described in this article, as constitutive of Occupational Apartheid.

To develop the research, the authors were incorporated into the daily activities that the group develops to generate link and understand the dynamics of the group and its participants, joining meetings, marches, courses, among others. Initially, the researchers fulfilled a role of observers and companions and over time, they acquired different roles based on the needs of the group, so they began to assume a condition of active participants, organizers of activities and managers of other activities.

For the objectives of the research, discussion groups and semi-structured interviews were developed to produce information, methods aimed at describing the practices developed by the collective occupation *Mamá Cultiva*, to achieve the full right to health in a context of occupational apartheid.

The right to health in this study will be understood as the right to health protection, health care and the healthy conditions, as the right to health implies the freedom to have control over our own lives, and

the right to be free of unwanted medical treatments (FIGUEROA GARCÍA-HUIDOBRO, 2013).

## 1.1 A brief history of Cannabis: towards criminalization and stigmatization

To understand the difficulties of the *Mamá Cultiva* group, it is necessary to make a brief historical overview of the relationship between the medicinal use of cannabis and the society, which has been generally linked to laws, media and scientific publications, currently delegitimizing and questioning the use of cannabis as a result of which there is stigmatization and punitive actions for those who use it, as expressed below.

Ramos and Fernández (2000) develop a description of the medicinal use of cannabis, reporting that the first records found come from China around 2,600 a.c. where in his book “*NeiChing*” Emperor Huan Ti tells about the possible uses of cannabis in medical applications. Also, there are records from India with its use focused on religious customs.

In the nineteenth century in Europe, the healing properties of cannabis become popular, in treatments of rabies, rheumatism, epilepsy and tetanus. Positive results were also obtained in childhood seizures.

Although the positive results of the treatments based on the “tincture of cannabis” (cannabis resin dissolved in ethanol) contributed to the medicinal use in Europe, the great controversy caused by its hallucinogenic effects on the brain and possible adverse effects, investigated widely by other doctors such as Moreau (RAMOS; FERNÁNDEZ, 2000) who opposed its use, generated its prohibition. In the “Drug Abuse Act” of 1932, a series of medicinal plants is prohibited, censoring their applications of the medical books of the time. This situation shows the influence of medical knowledge in the prohibition of cannabis, situation that is still maintained, according to this investigation.

It is worth mentioning that during this time, the synthesis of opiates begins, such as morphine and heroin, as well as analgesics such as aspirin and barbiturates. As these drugs are developed artificially, they have a high reliability for traditional medicine, becoming the main in the treatment of pain, displacing natural medicine and contributing to the prohibition of cannabis.

For this investigation, it is important to understand that these facts are expressions of what we understand

as a hegemonic medical model, which Menéndez (1988) defines as

The set of practices, knowledge and theories generated by the development of what is known as scientific medicine, which since the late eighteenth century has been able to establish as subalterns the set of practices, knowledge and theoretical ideologies hitherto dominant in social groups, until it can be identified as the only way to treat the disease legitimized by scientific criteria, as well as by the State (MENÉNDEZ, 1988, p. 451).

This model recognizes all knowledge and forms of treatment based on scientific evidence, a situation that *Mamá Cultiva* does not share and on the contrary, reveals that her knowledge is rather linked to the lived experience, to the practice of immediate and collective healing.

In this sense, the dispute that occurs in the encounter between the hegemonic Medical Model and the *Occupação Coletiva Mamá Cultiva* is linked to what Santos (2006) calls the sociology of absences, through the monoculture of knowledge, which means validating only scientific knowledge as the only legitimate knowledge, which in this case, it would be the treatments of allopathic medicine. At the same time, other knowledge is delegitimized and canceled, for this situation, the medicinal use of cannabis.

## 1.2 The case of Latin America and Chile

Cannabis reaches Latin America through the process of colonization of America during the sixteenth century. Although cannabis was used freely in a medicinal way, a prohibition in its use was quickly generated. Thus, García-Robles (2015) indicates that this prohibition is due to the economic interests of American magnates who, during the first decades of the twentieth century saw that the Mexican hemp that could be used as a raw material for the production of paper and fuel. Also, their medicinal properties presented a threat for the interests of the pharmaceutical industry.

La Sáenz Rovner (2007) points out that in Colombia for example,

The Federal Bureau of Narcotics (FBN), the North American federal agency in charge of the repression of drug trafficking, was behind the efforts to criminalize marijuana, announcing it as a drug that induced violence to those who smoked it (LA SÁENZ ROVNER, 2007, p. 208).

In the case of Chile, according to La Sáenz Rovner (2007), before the political and social scenario of the cold war, the US presses to create a law that sanctions the consumption of Cannabis, causing the first trial related to cannabis use in Chile in 1969.

Currently, in Chile as in the rest of the countries of Latin America, citizens have put on the forefront the decriminalization of the use of cannabis, both recreationally and medicinally. Several national and regional organizations are carrying out actions that promote decriminalization in the therapeutic use, such as *Cannabis Chile*, *Mamá Cultiva* and *Fundación Daya*, specifically demanding the modification of the Law 20,000 (BIBLIOTECA..., 2005), that the most limiting indications are:

- If a person plants, cultivates or harvests plants of the cannabis genus without authorization, he has risks of fines between 40 and 400 UTM and imprisonment from three to twenty years, unless he proves that this plant is for personal consumption and close in time.

This regulation states that personal and private consumption of cannabis can be carried out, but it cannot be cultivated not even bought it, sold or given away, which is sanctioned by law, with a fine or jail, as indicated by Sánchez (2012). This law establishes that the use of narcotics is essential to mitigate human pain, issue of Law 20,000 but not the way of access to the substance.

## 1.3 Medical use of cannabis: occupational apartheid, occupational injustice and collective occupations

Chile is still in a situation of criminalization of the use of the plant and therefore, it is not possible for this group to access the right to full health, restricting this right only to access to traditional health, which does not provide answers to their problems. The authors of this text maintain that the group *Mamá Cultiva* and its members cannot freely access the medicinal use of cannabis, through self-cultivation. This is because in Chile, they are in a condition of occupational apartheid:

[...] the segregation of groups of people by restricting or denying their access to a dignified and meaningful participation in the occupations of daily life based on race, skin color, disability, national origin, age, gender, sexual orientation, religion, political beliefs,

or other characteristics. Caused by political forces, its systematic and dominant social, cultural and economic consequences endanger the health and well-being of individuals, communities and societies (KRONENBERG; SIMO; POLLARD, 2007, p. 66).

Given the general and broad concept of occupational apartheid, Vargas, Olivares and Fernandez (2016) propose that specifying the conditions generating occupational apartheid is necessary and in which group of people or groups specifically.

For this reason, this research establishes that the conditions that produce occupational apartheid in the Agrupación Mamá Cultiva, Fundación Daya, *Cannabis Chile*, *Red de Usuarios de Cannabis (RUCA) and Cultiva Tus Derechos* and other organizations, as well as others fathers and mothers who seek alternatives to traditional treatment, are a system of elements that as a whole and in coordination limit the full exercise of the right to health of the girls and boys who belong to it.

This system is constituted by the current legislation that restricts the medicinal use of cannabis and criminalizes the parents who cultivate it; because the hegemonic medical model that delegitimizes the benefits that medicinal cannabis would offer in the treatment of children's health problems; and, finally, the stigmatization of those parents who use it in their sons and daughters, since this is considered a harmful drug for health.

The conditions that generate Occupational apartheid described above is materialized in the limitation to the exercise of the full right to health of Boy and Girls, who belong to the *Agrupación Mamá Cultiva*. For this research, this is an expression of Occupational Injustice that as Kronenberg, Simó and Pollard (2007) point out, it occurs when participation in the occupation, in this case access to the full right to health, is limited in any way. Occupational injustices occur within the existence of occupational apartheid.

The concept of collective occupation and the link developed by the authors is fundamental for this research, in terms of understanding and defining ontologically as a collective occupation of the Agrupación Mamá Cultiva. Palacios (2013) points out that the collective occupations are those occupations that can provide cohesion, sense of community, well-being, belonging and social identity, from the idea that the participation can generate a sense of well-being in the community, linked to a

sense of belonging, strengthening the community and the social organization.

Also, Ramugondo and Kronenberg (2015) define collective occupations as

[...] occupations carried out by individuals, groups, communities and/or societies in everyday contexts. They could reflect an intention towards social cohesion or dysfunction, and/or the advance or aversion to a common good (RAMUGONDO; KRONENBERG, 2015, p. 10),

in this case, the Agrupación Mamá Cultiva is organized according to the malaise that causes a disease that does not find a solution with the treatments of the hegemonic medical model, its intention is to modify the health status of their children, to achieve their psychosocial well-being. In that process, they are developed, as Palacios (2017) states

[...] cohesion around well-being or discomfort, when the value of being together is for the common good, or, when being together makes us aware of the discomfort [...] (PALACIOS, 2017, p. 35),

which in the case of the Agrupación Mamá Cultiva correspond to ways of being and doing historically located in the context of occupational apartheid already described.

Another fundamental element to consider the Agrupación Mamá Cultiva as a collective occupation is related to what Simaan (2017) proposes in his study on the cultivation of Olives in Palestine, that collective occupations are a practice of resistance to injustice. In this sense, collective occupations would have the characteristics of an intentional social practice, that is, as stated by Cohen et al. (1988), it would be an expression of resistance product of a shared experience of social unrest, attributable to collective needs not resolved in the public or private field and/or a perception of injustice, built on social interaction, and involving visibilization and confrontation of demands with an adversary.

Therefore, the Ocupação Coletiva Mamá Cultiva is organized in a determined way, to respond and overcome the occupational injustices, that is, the limitation to the full exercise of the right to health, in a context of occupational apartheid, which, in this case is determined by the criminalization, stigmatization and medicalization prevailing in the treatment of diseases.

The research question that emerges from this situation is: What are the practices developed by

the Ocupação Coletiva Mamá Cultiva to achieve the full right to health, in a context of occupational apartheid?

## 2 Methodology

The type of study is qualitative, in which:

[...] the researcher asks himself what people really think about this concrete situation, how they live or experience a change in their habits and customs, how they feel about the events in their environment, what are the images that underlie their choices and what fears or expectations generate transformations in their daily reality (VIEYTES, 2004, p. 613).

This is evident in the fact that the Agrupación Mamá Cultiva will be analyzed from the discourse of its participants, in which the evolution of its reality will be reflected.

The research approach is phenomenological as mentioned Rodríguez, Gil and García (1996):

[...] phenomenological research is the study of the vital experience, of the world of life, of everyday life. In a phenomenological sense, the daily life is the non-conceptualized or categorized experience [...] (RODRÍGUEZ; GIL; GARCÍA, 1996, p. 3).

This research approach is justified when the group of researchers has been with the participants from the beginning of 2016 to the present, enabling to understand the meanings of the participants, of the experience of being part of the Ocupação Coletiva Mamá Cultiva and thus, describe the practices aimed at achieving their objectives.

The study participants are 6 mothers and fathers of the Ocupação Coletiva Mamá Cultiva, who have in common a son, a daughter or a relative diagnosed with refractory epilepsy, strange syndromes and other neurological disorders (currently accompanying adults and families with various types of pathologies, chronic pain, parkinson's, osteoarthritis, fibromyalgia, etc.), have medicinal use of cannabis and promote its self-cultivation.

The approach with the participants is through the snowball technique with an intentional key informant, being the coordinator of the group at the regional level, who links the researchers with the active members of the group. The research involves mothers and fathers with different roles in the collective occupation, such as regional manager, president, secretary and participants.

Regarding the data collection, the Open Participant Observation was used, since the observer participates actively, being part of the group to investigate, and in this way “[...] allowing to obtain the express consent of the people involved in the investigation [...]” (VIEYTES, 2004, p. 658).

This technique is used initially for the generation of trust and the progressive approach to the research field.

One of the methods of data production used corresponds to the Semi-structured Individual Interview; since

[...] it constitutes a conversational narrative created jointly by the interviewer and interviewee, which contains an interrelated set of structures that define it as an object of study (VIEYTES, 2004, p. 661).

This technique is worked with the participants who are called “active” within the group, since they seek to understand and develop the practices they have developed to this day.

Four interviews were conducted, two to the president of the group as a key informant, and two interviews to other participants who have an active participation in the activities of the group; secretary and participant.

On the other hand, 2 Discussion Groups were generated. As Vieytes (2004) refers, being in a group stimulates the conversation among the members, and as stated by Gurdían Fernandez (2007), the discussion group favors the participants to get involved in the exchange of ideas and dialogue. In both instances, all the participants of the investigation participate.

All interviews and discussion groups were documented with the consent of the participants, through audio recordings. The results presented in this paper are focused on the findings obtained in the semi-structured individual interviews and in the discussion groups.

The information produced was organized through categorical mesh in which topics were defined as categories relevant to the study: self-production, collective identification and visibility of use in boys and girls. From each of them, subcategories of analysis were established. A thematic analysis was carried out through the inferential triangulation procedure that “consists in establishing ascending conclusions, grouping the relevant answers by trends” (CISTERNA, 2005, p. 68), which is consistent with the use of categories and subcategories for the research objectives.



The ethical considerations included the use of informed consent to show the objectives and purposes of the investigation, stipulating the voluntary nature of the participation and the confidentiality of it. The results of the investigation were validated by the study participants.

### 3 Results and Discussion

For this research, the discourses of the participants are fundamental, related to the elements that would be constituting a condition of occupational apartheid, in which the *Occupação Coletiva Mamá Cultiva* would be found.

The first one corresponds to the legislation as a limiting institution in the exercise of the right to health, since it promotes a prohibitionist and negative view of cannabis, as a mother reported.

*[...] until now, the clearest objective is that cannabis is seen as medicine, to be taken out... to be lowered from the 20,000 law, which is not seen as a drug, because we do not see it that way (AB).*

Another element present in the participants corresponds to the stigmatization as expressed (JB):

*[...] the stigma yes, because me and my companions always show us because we do not hide what we are doing, and many people see us as, I do not know, almost like the traffickers.*

There is a relationship between legislation and criminalization, which directly affects the quality of life of families and their children. This is reflected in the concern generated by the fact of making medicinal use of cannabis with current legislation, as expressed by the interviewee:

*Gabrielito, the boy who left today, I had to make him oil, [...] they received my oil, the parents were super generous and they guarded my name, because [...] for any legal issue, the law says that I cannot share, then I was committing traffic, then they sheltered me (AB).*

Other structures constituting occupational apartheid is the hegemonic medical model, through the health system of Chile and medical knowledge, as the following quote illustrates:

*A year later you arrive at the same consultation, with the same doctor, you see the same exams and they tell you what to see, [...] all because you sat him down and the boy is stiff with the fixed gaze, I moved the key, the boy does not understand because the environment is completely different because*

*he has not seen him since a year ago that he will remember him, and then he comes and says "and does he respond to some stimulus?", "yes", I move the keys and turn the head, and he begins to move the keys and soft... or he is interested in showing what he is doing, does not call the attention, [...] and he does not believe you because he did nothing. Then he goes and says "yes yes" and we prescribe and we have to wait, and come back in one more year, six more months in control (AB).*

As the quote illustrates, in addition to having a reductionist view of the conception of subjects, the health system completely ignores discourses that lack scientific rigor, such as the subjective experience of fathers and mothers. This is why it only offers medical knowledge as a health alternative for children. The fathers and mothers are aware that medicine and its treatments do not pursue the health of their children as an end, but rather maintain them as consumers of the pharmaceutical industry, all with the complicity of the medical teams. One of the participants points out

*Yes, with the medical societies that they say there is not, that is, our struggle goes on that same side, against medical societies and also against pharmaceutical companies, in what sense, that pharmaceutical companies also work with the medical societies and they tell you, look at us, we can bring you an outside medicine that costs you millions and that does not give results (AB).*

The hegemonic Medical model hinders children and their families to exercise the Right to Health, and even in the long term it could put them at risk, since the excess of drugs ends up causing biological damage in children as the participant JB

*That is, because the medicines do not start working and it is not that they are changing them, they are adding more medicines, so basically you have a sleeping child (JB).*

In short, based on their experience in research, the authors propose that occupational apartheid corresponds to the process of oppressive articulation, of the social, legal dimension and dominant knowledge/power, which limits the full exercise of the right to health, from specific groups of the population. In the opinion of the authors, it does not emerge naturally, given that the capacity for self-cultivation and self-production of medicine is a threat to the interests of powerful groups, as pointed out by Sepulveda (2017, p. 1)

[...] cannabis [...] is censored by the pharmaceutical industry and the current health system, which does not allow its dissemination, because it has a lot of healing power.

The legislation, the Hegemonic Medical Model, and the stigmatization/criminalization in the medicinal use of cannabis are the three dimensions that structure occupational apartheid, and their oppressive effect, materializes when they deploy and articulate legal and medical institutions or devices, with the symbolic-cultural sphere, in which stigma and criminalization circulate.

In this sense, from an occupational perspective, the authors define that the Ocupação Coletiva Mamá Cultiva is a device of resistance and struggle, promoter of the necessary force to overcome the just mentioned dimensions. Next, the forms in which this Collective Occupation is organized and the practices it develops are shown, as an alternative to social struggle, against hegemonic, to fulfill its purpose of autonomy, freedom and emancipation.

### 3.1 Gestating transformative practices from self-production

Faced with this condition of occupational apartheid, collective occupation emerges as a possibility of resistance and search for solutions to the problems that afflict a specific social group. In the case of the Ocupação Coletiva Mamá Cultiva, a series of mechanisms are developed to fight and achieve the right to health. One of them is self-production, which includes the practice of appropriating disease health processes and the production of knowledge.

First, the families resist through the appropriation of health processes – illness of their children. This idea arises from what Marín (2012) states when referring to the social appropriation of knowledge

[...] as a process that implies, on the one hand, the provision of scientific and technological knowledge in a common scenario and language for society; and on the other hand, the human being use his knowledge such as useful and necessary elements for his benefit (MARÍN, 2012, p. 57).

However, in the case of fathers and mothers, the Ocupação Coletiva Mamá Cultiva through the available knowledge and self-training on the cultivation, preparation and administration of cannabis oil and its medicinal use, as MF points

out, participating “... in how to cultivate, when you already do the cutting, how to dry the heart, how to make the oil, how it was made, what was it that you had to have”, not only do you own the knowledge associated with this practice, but also the practice transforms them into own traffickers and direct witnesses of the positive effects expected with the use of the plant. This is a fundamental resistance practice for the purposes of the Ocupação Coletiva Mamá Cultiva, linked to the production of their own knowledge, which permeate the hegemonic medical model and the bodies that constitute it, the doctors, which at the same time produces legitimacy among the members of the Ocupação Coletiva Mamá Cultiva on its own knowledge.

The same interviewee reinforces the story by pointing out:

[...] *for a year we had talks, we went to talks on Fridays, where they taught us... then we started to get together and to work all for ourselves, in doubts that we had ourselves because the plant turned yellow, maybe you put it a lot of potassium, you put a lot of fertilizer, a lot of fertilizer, do not put that much, you measure the water or you leave the water from one day to the next and that way you will learn things* (MF).

This process of appropriation puts fathers and mothers and their knowledge about the plant over medical knowledge, as JB reports when the treating doctor finally gives in, given that traditional medicine does not respond to the health problem addressed, and begins to incorporate the use of cannabis in treatment.

*I talked to the neurologist because she told me [...] “we have tried all the remedies for the girl, she has a brain surgery, what can be done?” She told me, “we do not know what else” [...] Then I told her if she knew about cannabis oil, if she had heard about it “yes, why?” She said, she looked at me like a stranger, and I said, “Look, I’m going to give it to my daughter with or without authorization, I’ll give it to her, I have, I’ll give it to her,” and she said “Yes” she told me, “ring it”* (JB).

The same interviewee shows an experience of the appropriation of health illness processes and how they generate a positive impact on the medical and disciplinary body that allow an opening to the recognition of the use of cannabis and the autonomy of parents in this healing practice of their children

*I remember that the paramedics, the nurses, everyone came to see, because they saw me enter with a syringe, then of course, if they all heard that I was going to give them oil, but of course,*

*they saw me enter with a syringe and they did not understand if it was injected or because... they did not really know, so I was there, explaining "this is taken like this, put a piece here on the finger and put it under the tongue", then there all looking, and "Wow, will it turn out?"; "I hope so" and on the second day Liz had no seizures (JB).*

At the same time, this experience is transformed into a space for education and exchange of knowledge with professionals associated with the field of hegemonic medicine, in such a way that it permeates with new knowledge and practices that are reinforced by obtaining the expected results.

The appropriation of the processes of health - disease of the parents who are part of the Ocupação Coletiva Mamá Cultiva constitutes a fundamental aspect for the fulfillment of the purposes of the Association, as well as for its strengthening. An expression of what has just been described is the production of alternative medicine, as a resistance practice, as stated by Santos (2010) when referring to the sociologies of emergencies, not only to overcome the medicalization of the treatments of their children and daughters, but allow the possibility that in the near future, the use of medicinal cannabis is recognized as a legitimate treatment and emerged from the needs of those who suffer, those who demand and have no voice to do so, such as boys and girls with refractory diseases and without solution with traditional medical treatments.

This appropriation implies two fundamental aspects; first: strengthening, in the sense that they can exercise their power to decide, through cooperation with others, in this case with the members of the Hegemonic Medical Model; and second: the determination and intentionality of the parents to intervene, as a political act, directly the medical and social institutions. This implies considering the support that exists as an essential element in the Collective Occupation, since it allows its participants to move from discomfort to psychosocial well-being, based on relationships of cooperation, empathy and solidarity. At the same time, it allows them to build as a political community, as citizens, seeking to exercise the right to health from their own will or organization (GUAJARDO; GALHEIGO, 2015). As stated by Fransen et al. (2015), the collective occupation Mamá Cultiva develops practices that would correspond to a participative citizenship, that is, practices that include active participation, influencing in the decision making that involves them directly, in such a way that together they can determine their present and future.

### 3.2 The medicinal use of cannabis: making the struggle visible

It is important that some practices that develop the Ocupação Coletiva Mamá Cultiva tribute to society, doctors and all who can, to know the positive benefits of medicinal use of cannabis for children.

One of them is called the instrumentation of medical knowledge. The instrumentation according to Estrada and Espinal (2014) is the mechanisms and effects produced by the market in bodies, in consumers, so they consume their goods and products. This purpose is fulfilled when the market uses the means of communication to transmit the charms of consumption and the market. Then, the issue is in what is used, how and for what it is used.

In the case of the Ocupação Coletiva Mamá Cultiva, the instrumentation of medical knowledge seeks to support and validate the practice of the use of medicinal cannabis, and for this, it is necessary to advance in overcoming the hegemonic medical model. This purpose is based on the ability of parents to negotiate with doctors about pharmacological adjustments in the treatment of their children, especially with the progressive reduction of traditional drugs and simultaneously the installation of the use of medicinal cannabis in the treatment of her children, as the same interviewee points out:

*I started giving him cannabis, and when I talked to the doctor I told him "because you do not help me to take the medication" and we started to take this one, these are stronger and we start like this one week in the morning a half the amount, then you give the same, you give him in the afternoon and we began to dose to be able in 20 days 30 days to remove everything that was the amount of medicines (MF).*

The instrumentation of medical knowledge is materialized with the support of doctors, parents that can initiate the self-cultivation with which they prepare medicinal cannabis oil, as mentioned by the interviewee:

*[...] because Fundação Daya, to which Mamá Cultiva belongs, gave us a paper that said that if a neurologist signs you the paper certifying that this oil is good for your child you can grow 4 plants (MF).*

Finally, closely linked to the previous one, is the recognition of the guild of medicine among its peers, of the beneficial use of medicinal cannabis,



as mentioned in the discussion group developed during the research

*Once a doctor came from Santiago who is from the company [...], the doctor started talking to her colleague and said "no, Tomas was super refractory" [...] and she continued saying: "It was super difficult to be able to download the Propofol, it was a Michael Jackson, because he was long time in coma" but he said and then I turned red: "Hey, but if you have an alternative medicine", "Ah he told him, which one?" Tomas' doctor replies: "He's in marijuana oil" and the doctor's eyes are like that, he recognized it and said: "Tomas has had an impressive change" and that helps me with the mood and it is good" (GN).*

This recognition implies an effect that shows the inclusion of medicinal cannabis in the treatment of children, given that the medical body is permeated by these dynamics of struggle of the Ocupação Coletiva Mamá Cultiva, promulgating the knowledge and practices as a knowledge that benefits others:

*[...] the doctor "Pasten" in Santiago, when she saw and realized that she could lower seizures, that there was a cognitive awakening and that she was not out of this world [...] she is now able to tell you at least, look at part of that dose, and they send you and that makes that doctor who has been teaching for a year and a half... she sends you to a mom, she talks to that that mom, she can help you more (AB).*

Thus, the following report shows the effect of the conviction and practice of the medicinal use of cannabis, achieving empathy of the medical body, which is the result of various instances of raising awareness from the collective occupation of the mamá cultiva towards the specialist group. What promotes their integration, in the relationships that are created from the organization and struggle of the members of Mamá Cultiva, and how the practices of the group are reproduced, through the same doctors:

*[...] so those gestures are wonderful, they are beautiful!, because not all doctors do it, as I say, they come here to the house to see him, come with his car, to spend his fuel and come to see him, to me is fantastic; and that I do not want to charge a dollar, it's fabulous, as I say, he talks about Benjamin, about changes, about children like him and you know he's super good (MF).*

Mamá Cultiva seeks to instrumentalize medical knowledge, using the strategy of immersing in the argumentative rationalities of the Hegemonic Medical Model, so in that same space, the use of cannabis

can be validated scientifically for medicinal purposes and emerge with therapeutic practices supported by this knowledge-power, that is, use the social power of medicine, and from there, promote the possibility of installing, as Rodriguez (1995) states the truth, the truth that validates the medicinal use of cannabis, from that power, the truth of the Ocupação Coletiva da Mamá Cultiva, as Ovejero (2001) points out, will be a discourse of truth, from those who hold the power in the field of healing.

The strategic actions of collective occupation are possible to understand based on Montero (2006), as the exercise of social practice that implies being part of this collective occupation is materialized in the group's ability to make its demand visible to social level, that is, to move from the field of the private, to the public exposure of the psychosocial malaise that identifies them. This strategy is understood as a political act that is transversal to all the resistance practices carried out by the Ocupação Coletiva Mamá Cultiva.

The important thing is that the members of the Ocupação Coletiva Mamá Cultiva mean that these practices in the social sphere are fundamental to achieve their goal from the visibilization, as explained by MF when referring to the importance of participation in the marches organized as team, along with other groups that fight for the same reason:

*It's important because people have to know, because my husband and I have gone and a niece accompanies us, the grandpas have accompanied us, [...] we go with pride and with posters to be able to leave, so that people know that we are fighting for our children (MF).*

Another strategy to take control of the social sphere developed by the members of Mamá Cultiva is face-to-face, word of mouth, visibilizing the situation

*[...] I want the rest to realize it and what I can most always say to people and I have seen how I have convinced many people to look for the alternative (JB)*

Which shows that the struggle is not limited to the space in which only those who share the need to access the medical cannabis, but the idea is to invade all the spaces of daily life and add more people to support the cause, as indicated

*But I tell you today, even in my company, everyone knows that Tomas has oil, and they ask me. Listen, is it good for this? and for this another? (GN).*

The Media is a tremendously valued mechanism, which allows transmitting the knowledge acquired in the collective occupation and also helps to raise awareness in public opinion and citizenship, to destigmatize the use of cannabis, which supports:

*If they invite me to a radio, to a newspaper or to the TV it is because I also have the knowledge and I have prepared myself to be able to talk about it, for example when we were in the peak of this, every interview that I went was by law 20,000 and I had to study while driving for if they ask me this and that (AB).*

The struggle for the right to health of the Ocupação Coletiva Mamá Cultiva is carried out through practices that are designed to install the theme at a social level, to generate awareness and support by the public and to solve their demand from the public visibilization. In this sense, on June 30 of the previous year, a seminar called “Medical Cannabis Day, a look from love” was organized, with the purpose of considering the actions and challenges of the group Mamá Cultiva and Fundación Daya to achieve its objectives. In this activity, 2 of the authors of this study were exposed, who continue to participate actively in the Collective Occupation and collaborate with these initiatives to spread this work.

### 3.3 Collective identification as a support and as a product of themselves

All the aforementioned practices show that, in the collective occupation, whose purposes are linked to social action to achieve the right to health, there are also internal dynamics and organizations that strengthen the bonds, based on the need to resolve the health problem and become experts from experience in the production of cannabis oil. Therefore, it is necessary to immerse in those dynamics and reasons that are relevant to be part of this group. It is understood that the support at a relational level produces changes in psychosocial discomfort, that is, it promotes the mobilization of subjects from a condition of displeasure, discomfort and insecurity to a state of psychosocial well-being.

This is a shared experience that generates a collective feeling among the participants, cited in Caro-Vines, Morrison and Palacios (2015, p. 148), a feeling of “the existence of a system of shared symbols; the experience of emotional security; and the feeling of identification”, around the shared health experiences that their daughters and sons

have experienced. This is expressed by a participant when there is dialogue about the group and their own experiences, as related by (JB)

*[...] The name of Mamá Cultiva came to me from the internet and it caught my attention because I saw publications of mothers who were in the same struggle of mine, looking for an alternative for their children (JB).*

This is reinforced by the story of another interviewee and participant of the group:

*[...] P. goes to the talks and tells the experience of his daughter and everything and it is super valid and it is what is left to the people, it has the real experience and also that in that type of children the experience it's similar, it's yours very much like mine [...] We've all gone through the same process so it's much more internalized (AB).*

And finally, this experience is materialized in the sense of identity that generates for the members of Mamá Cultiva, the fact of being part of this group

*Yes, yes, if there are meetings I go... ehbb ... I always tell the girls, I'm a proudly Mamá Cultivate, I'm really proud to be in this group (JB).*

Mutual support is understood as the practice guided by cooperation, solidarity, within a community or social group (ROBERTAZZI; PERTIERRA; FERRARI, 2008), within the Collective Occupation strengthens and increases the cohesion of the group, promoting the group belonging. Particularly in the Mamá Cultiva, this support is expressed through the exchange of inputs and experiences, as reported by MF

*[...] then we do it and we exchange and we have someone to tell or if he has doubts to ask, then the group for me is that, it is a support network [...]* (MF).

Mutual support is a major factor in articulating different moments of the struggle for the right to health of their sons and daughters, cited in Robertazzi, Pertierra and Ferrari (2008, p. 238)

*[...] the solidarity is unfolding from spontaneity and conjuncture until it becomes a permanent commitment and, finally, in a strategic and articulated action.*

The vast majority of Mamá Cultiva's practices are oriented towards the expression and exposition of how medical cannabis has allowed them to achieve a psychosocial well-being, that is, to feel good when being in relation with their immediate social and

cultural environment (ADARO; MUÑOZ, 2014). This means achieving the purpose of exercising the right to health, that their children have the facilities and the recognition of accessing and using cannabis for their treatments.

## 4 Conclusion

The Ocupação Coletiva Mamá Cultiva values the acquisition of their knowledge from the shared experience, which in turn uses to instrumentalize the medical knowledge seeking to achieve its objectives, such as: the acquisition of medical certificates that allow them cultivate cannabis for medicinal use and dose reduction of medicines with the help of doctors.

It is possible to point out that the Ocupação Coletiva Mamá Cultiva, in dialogue with medical knowledge, would be able to advance in overcoming the hegemonic medical model, based on what Kronenberg, Pollard and Ramugondo (2010) propose, through evidence based on the practice, typical of experts' knowledge of experiences.

The work done in this field of relationships, doctors - collective occupation allows generating changes that facilitate access to alternative health for their children. This practice is reinforced, while simultaneously promoting the ability to empathize of the medical body with the psychosocial malaise of the members of the group. This scenario is a way to exercise the right to health, not the legal norms, guided by regulations to be met, but as proposed by Cantero et al. (2015) when referring to the exercise of human rights, as an effect of social practices, those practices are the social relationships, and those practices are transformative, since it implies the appropriation of social experience.

Collective occupations would necessarily mean, according to the experience of the Agrupación Mamá Cultiva and probably other social organizations, to politicize the collective practices, since, through this exercise, the capacity and power of the individuals and groups of people would be strengthened to build a destination with autonomy, self-determination, as well as fight for the exercise of their rights (MONTERO, 2006) such as the right to health.

The Ocupação Coletiva Mamá Cultiva generates visibilization of positive results, mobilizations, use of the media, education and self-training and training of others, strategies that on the one hand, indirectly intervene the legal aspects associated with the blocking of medicinal use and criminalization of cannabis, and point especially to the destigmatization,

since these actions as noted by, cited in Delgado (2015) point to the 3 necessary components for positive attitude changes, the cognitive, affective and behavioral components.

It is expected that this research will deepen knowledge about collective occupations and at the same time understand them from an eminently social and transformative perspective, which can open horizons and ideas regarding disciplinary practices in the contexts of groups, collectives and communities.

From the above, a proposal emerges to understand the concept of Collective Occupation considering three important connotations, first; to be a dynamic, changing, transformable space in itself, for the subjects and the relationships that constitute it, second; be an entity, a social organism that identifies the different powers that make up the power networks in which it is inserted, what Agamben (2011, p. 250) calls a device, given that collective occupation as well as the device "results the crossing of power relationships and knowledge", and third: collective occupation is a possibility of collective, community, collaborative, political articulation that allows transforming unfavorable social conditions, conditions of oppression, of violation, to overcome occupational apartheid, with actions concrete and objective in the field of daily life.

Finally, it is fundamental to realize that the subject analyzed in this study is in full discussion as a country, and in that sense, there are progress made that is somehow linked to the practices developed by the Ocupação Coletiva Mamá Cultiva and other organizations. These advances are materialized in March of 2018, when the regulation of medicinal use of cannabis products was approved, which modifies the Sanitary Code to incorporate and regulate the medicinal use of cannabis products (CAMARA..., 2018).

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## Author's Contributions

All authors also contributed to the text design. All authors approved the final version of the text.

## Notes

<sup>1</sup> This paper corresponds to a material developed from a research.

This paper considered and developed all the ethical aspects in force.