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Ch'uqila dancers



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Frontispiece

The *ch'uqilas* originates from the Titicaca Lake region and is mainly danced in the dry season. Its name already reveals a strong connection with tubers: *ch'uqi* means potato in Aymara. Two more revealing words are found in its name: *illa* (amulet, talisman) or *iluña* (to sow). As a matter of fact not only the *ch'uqilas*, but also the very similar *qharwani* (literally: the one who owns a llama) and *mukululu/pusi p'ia* (the ants' dance/four holes – referring itself to the *quena* flute) from the same region are mainly danced in connection with the sowing and harvest of the tubers. The most striking part of the costume used by *Ch'uqila* dancers is the 1.20 meters high, eye-catching *ch'uqilpanqara*, a headdress made of feathers resembling the flowering of the tubers in the sprouting period. It is worn by the male dancers who execute different choreographical figures playing their *quena* flutes and moving in serpentine lines.
(photo: Peter McFarren; see article Sigl this issue)

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Editorial

The Viennese Ethnomedicine Newsletter's present issue contains articles written by members of the scientific association EMLAAK (Ethnomedical working group emphasizing on Latin America). The EMLAAK association defines itself as an affiliate organisation of the Austrian Ethnomedical Society with a regional focus on Latin America and at this point would like to express its gratitude for being invited to edit the present issue. The topics covered range from an ethno-nutritional contribution about the potato's presence in the dances, rituals and textiles of the Bolivian highlands to parallel medicine systems in Mexico, Peruvian textiles and paintings in the ethnomedical context and the use of medicinal plants in the Dominican Republic.

The scientific association EMLAAK founded in 2006 and located in Vienna sees itself as an interface facilitating ethnomedical exchange and intercultural contact not only between scholars of diverse disciplines (medical anthropology, medicine, ethnomedicine, ethnobotany, psychology etc.), but also between interested non professionals and representatives of different Latin American medical systems. Regular meetings provide the basis for getting to know each other and are a means of technical exchange among scholars. However, the lectures organized by EMLAAK not only foster the scientific exchange, but also try to address a broader non-scientific public. At the moment we focus on Latin America, but depending on the growth of our association and the audience interested in our activities there will be possibilities of including other regional areas. The majority of the lecturers has emerged from the cultural and social anthropology area, but there are lecturers with other scientific backgrounds including musicology, botany and psychology as well. EMLAAK is to be found in the World Wide Web under www.emlaak.org.

Yvonne Schaffler

Medicinal Plants Use in the Dominican Republic: A Delicate Topic

Yvonne Schaffler

Introduction

Dominican physicians and botanists claim that herbal remedies used by Creole¹ healers would be poisonous and lead to a constant intoxication of those who frequently consume them (Roersch 1999: 199ff.). Even though there is a general resistance against Creole healers on the part of the representatives of biomedicine, the problem does not only lie in the rivalry between the two systems. In fact, toxic plants are an important component of the Dominican Creole medicine and their purging effects are used in order to extract bad fluids and agents from the patients' bodies. The present article discusses the origin of the mentioned ideas about medicinal plants and the Dominican Creole conception of the body, and it tries to explore whether these plants represent a serious

threat to the health of Creole healers' patients or not.

At the same time the following contribution summarizes some aspects of my doctoral thesis in Medical Anthropology, focussing in Creole medicine, spirituality and identity, emphasizing the socio-cultural aspects of healing. It was finished in the beginning of 2008 after spending a total of eleven months doing qualitative fieldwork in the Southwest of the Dominican Republic (Schaffler 2008). Since most of the healers I worked with used medicinal plants either one way or another, I decided to take into account botanical aspects as well. For this purpose together with my informants – most of whom are Creole healers – I collected 130 samples of plants and seeds which supposedly had medicinal effects.²

The Dominican “Medico-Scape”

As in most Latin American countries, the Dominican “medical landscape” is divided into two large sectors, a formal and an informal one. The first broadly fits into the concept of biomedicine and consists of the governmental public healthcare system as well as of diverse private healthcare facility institutions. Its services are known as the *medicina de la farmacia* (pharmaceutical medicine), *medicina de los médicos* (medicine of the doctors) or *medicina científica* (scientific medicine). The informal sector is represented by the local healers and subdivided into various sectors itself, plant medicine and “witchcraft” being the predominating ones. If medicinal plants are used, people talk about *medicina de plantas de la tierra* (medicine of the plants of the earth). On the other hand spiritual practices are usually summarized under the term *brujería* (witchcraft), which often, but not forcingly carries a negative connotation (Roersch 1999: 197). In addition to these two large categories there are many smaller subcategories of healing activities. Among the different types of practitioners one can find *botellero/as* (people who are specialized in preparing healing elixirs), *caballos de misterios* (“spirit-horses” – believers who are “mounted” or possessed by spirits), *cojemuertos* (the ones that catch the souls of the dead) and *ensalmador/as* (people who heal with the help of prayers and spells). Furthermore most of the healers combine ritual techniques with the use of plant medicine and somebody who is “mounted” by the spirits might not only give advice, but also prescribe herbal infusions to his/her patients. However, focusing on the two main categories of the medicine using the *plantas de la tierra* and *brujería* it can be said that the first is more broadly accepted within society, since the therapeutic use of plants may be understood in rather scientific terms than the spiritual practices frequently associated with “superstition” – especially by members of the more privileged social classes (Schaffler 2008: 25ff).

Medicinal Plants and their Administration Within the Creole Herbal Medicine

As part of the Antilles Española is the island with the second largest diversity of plants (of which about 36% are endemic), only surpassed

by Cuba. However, although especially the mountainous regions host different and very rich natural habitats, the single endemic plants often only cover relatively small areas. Unfortunately, due to the exploitation and destruction of their habitats, many species are already severely endangered (Roersch 1994: 14).

The use of medicinal plants goes back to the pre-Columbian era, where people cultivated those plants that were most important to them (Garcia, Roersch 1996: 154). Today, people on the countryside still grow herbs, bushes and trees that serve as remedies, or at least they know where to find them – either in the neighbour’s yard or in some place outside the cultivated areas. In the cities, medicinal plants are available on the markets in so called *botánicas*. Since the plants are frequently used as domestic remedies, their cultivation and storage is not limited to Creole healers.



Fig. 1: Seller of herbal supplies, *mercado modelo*, Santo Domingo (photo: Yvonne Schaffler)

Plantas de la tierra mostly are ingested in a combined way and it is said, that the more complicated a disease is the more complex the remedy has to be. Thus, for the curing of one disease up to ten different plants might be required. The techniques applied for the preparation of herbal medicine vary from squeezing out the juice of plants or the oil of seeds, brewing decoctions, preparing macerations, grinding parts of plants to powder, to the mixing of ointments (Brendbekken 1998: 101).

The most common form of administering herbal medicine is called *botella* (bottle). The term refers to the bottles where herbal decoctions or



Fig. 2: Herbalist preparing a *botella* on the base of wine and the roasted seeds of *guaymate* (c.f. *Mucuna adans.*) for the purpose of “cleaning her patients’ kidneys”, Ciudad de San Cristóbal (photo: Yvonne Schaffler)

rum pickled herbal material are stored. In the case of the decoctions, different kinds of uncut herbages are combined with pieces of roots and barks and cooked for at least half an hour. If the herbal material is pickled in rum or red wine, pieces of roots or bark, spices and toasted seeds are the main ingredients. Non-herbal substances such as iron powder, minerals, vitamins; malt drinks, antacids, aspirin, and laxatives (i.e. magnesium hydroxide) may also be part of a *botella*. For better storability, great amounts of sugar or honey are added to the herbal infusions. Only in urban areas people often store their *botellas* inside the refrigerator and therefore do not use sugar any more. *Botellas* prepared with malt and vital substances usually serve to cure malnutrition and anaemia, whereas those with herbal ingredients and/or laxatives are used to boost fertility, to clean a mother’s uterus after giving birth, to cure diseases such as *pecho apretado* (“tight chest”), rheumatism, *padrejón* or *madre* (a stomach-ache either affecting men or women)

or serve as agents for a general cleansing and strengthening of the blood (Schaffler 2008: 194ff).



Fig. 3: *Botellas* sold at Santo Domingo’s *mercado modelo* (photo: Yvonne Schaffler)

Creole Conceptions About the Human Body

Within the Creole conception of the human body it is thought that the blood, as the most important life-maintaining substance of the human body, must be kept “clean”. It has to be of fresh and red colour, neither dark, nor diluted. Immoderate lifestyle including the consumption of alcohol, cigarettes, hot spices, pork, eggs, wheat and certain kinds of fruit may “spoil” the blood. In case the blood has become “dirty” and therefore is “thick and heavy”, it cannot circulate properly and the resulting constipation of the blood vessels might not only lead to *cansancio del corazón* (tiredness of the heart), *paro de la circulación* (stagnancy of circulation) or *trombosis*, but also provoke body odour, skin rash and ulcers. The condition of “dirty” blood is associated with “heat” and furthermore with anger, because “hot” blood tends to rise up into the head, where it causes *frenesí* (franticness). Moreover the circulation of the blood may be affected by external influences like injuries where the resulting haematomas or swellings are seen as “coagulated blood” that has lost its ability to circulate (Schaffler 2008: 136ff).

Coldness that penetrates the human body is thought to be dangerous. It strikes especially people who are in a state of “heat”, for example during or directly after heavy physical work or after having spent time in the sun. It leads to the paralysis of parts of the body, a syndrome called *‘pa’mo* (from *espasmo*; spasm) and it may be caused for example by drinking a cold glass of water or jumping into cold water with-

out cooling-down first. 'Pa'mo can be lethal, if nothing is undertaken to remove it. In order to get rid of the cold, which is seen as intruded noxa, the provocation of vomiting or diarrhoea might be required. Blood spoiled by immoderate consumption of drink and tobacco, as well as other noxious liquids flowing inside the body such as mucus or pus, may be removed the same way. Rheumatism, skin problems or chronic diseases such as *presión alta* (high blood pressure) or *azúcar* are seen as direct consequences of "bad" blood and therefore also treated through purging (Schaffler 2008: 143f).

A further category of a humoral disease is called *desasurdo*. It is caused by the violation of a social taboo and basically affects the female body during puberty, menstruation and childbirth. As adolescent girls are deemed to have an unbalanced and "hot" body and the ingestion of certain kinds of food – mostly fruits and some types of meat and fish – would make their bodies even hotter and cause "inadequate behaviour" and skin problems its consumption is forbidden. During the periods of menstruation, pregnancy and the beginning of menopause women are said to suffer from a slight disturbance of their blood circulation, which results in swollen legs, skin problems or attacks of heat. Especially during menstruation and after giving birth these disorders make the body "leak" and "open", something deemed to be especially dangerous. Since they easily could enter the body and spoil the blood, the handling with acrid and sour substances such as lemons, or chemicals as for example detergents or hair dye should be avoided. In the case of menstruation, the handling of those substances could even lead to a stop of the bleeding and the blood remaining inside the body would thus cause a deathly poisoning. After giving birth, the uterus of a woman has to be cleaned by drinking of a special sort of *botella*. Adolescent girls who ate forbidden food have to drink *botellas* with purging ingredients in order to "cool-down" (Brendbekken 1998: 79ff., Labourt 1982: 52ff, Schaffler 2008: 144ff.).

Generally speaking it can be said that a disequilibrium within the body, which in the majority of the cases means a "too much of something that should not be there", in Dominican Creole medicine is treated with purging. Even diseases caused by the intrusion of bad spirits are often

attended the same way. Whether the sickening agent is "cold", a certain "hot and acrid substance" (such as drink and tobacco) or an evil spirit (mostly spirits of the dead that had been sent by evil sorcerers) does not make much difference – it entered the body, caused sickness and therefore must be expelled. Depending on the severity of the disease and the preference of the healer who makes the prescription, either mild or strong herbal, but also chemical laxatives that lead to diarrhoea, vomiting, or both are applied.

Typical plants that are used for the removing of sickening agents are *javilla* (*Hura crepitans* L.), *lirio* (*Amaryllis* sp.), *peronilla* (*Abrus precatorius* L.), *tabaco* (*Nicotiana tabacum* L.) *túatúa* (*Jatropha gossypifolia* L.) and *ruda* (*Ruta chalepensis* L.) as well as the crude pulp of green fruits like *mango* (*Mangifera indica* L.) or *jigüero* (*Crescentia cujete* L.). Further curing effects within Creole herbal medicine are achieved by the freezing of "hot" and the warming of "cold" symptoms. A headache for example in some cases is seen as a hot symptom and therefore must be cooled down by putting fresh and chilly *ayoama*-leaves (*Cucurbita pepo* L.) on the forehead. Swellings e.g. caused by joint distortions or pulled ligaments are treated with the fresh and gelatinous pulp of the plants *sábila* (*Aloe vera* [L.] Burm.f.) or *tuna* (*Opuntia cochenillifera* [L.] Mill.). Ailments caused by a lack of "heat", as for example impotence are treated via the ingestion of spices such as pepper, ginger, chili and cinnamon. Besides therapy applying a medication under a "doctrine" of similarity and the principle of avoidance of the opposite, also the "doctrine of signature"³ plays an important role. "Weak blood" that leads to bodily weakness in general is treated with red substances supposed to fortify the blood such as the red seeds of the *bija* (*Bixa orellana* L.), red wine and beef. A "weak brain" that cannot cope with the work with spirits – a problem that mostly concerns people who professionally deal with spirits in the course of their activities as Creole healers – is fortified with the ingestion of a goat's brain. In this way many plants and substances are used; thorny plants are applied to defend the body against bad influences, plants with yellow flowers or wood like *carga agua* (*Senna angustisiliqua* [Lam.] H.S.Irwin & Barneby), *cadillo tres piés* (*Pavonia spinifex* [L.] Cav.),

or *behuco chino* (*Smilax coriacea* Bello) are used to cure the liver, snake oil is supposed to enhance the flexibility of the body, etc. (Schaffler 2008: 195ff.).

Concepts of Ancient European Humoral Pathology Within Dominican Creole Medicine

Concepts about the balance of bodily fluids and dichotomies between hot and cold are to be found all over Latin America. Whether they are of American indigenous or ancient European origin is part of an intensive academic debate. Following Foster (1987), the aim at maintaining a bodily equilibrium is a simplified version of the Spanish medicine during and after the conquest. The Creole medicine's roots would thus lie in the Hippocratic-Galenic medicine, which is based on the Hippocratic-Galenic humoral theory applying the concept of four elements constituting the World and brought to Western Europe by Arabs and Persians during the middle-ages. Each of them has a certain characteristic: Fire is hot, earth is dry, water is moist and air is cold. These four constituent elements are analogous to the four humours, circulating within the human body: blood, phlegm, yellow bile and black bile. A healthy body requires that all four fluids are balanced in their proportion one to another (*eucrasia*); disequilibrium (*dyscrasia*) may trigger disease. Medical treatment in the Hippocratic-Galenic medicine is typically administered "by means of diet, internal medicine, purging, vomiting, bleeding, cupping, the application of plasters, and the like" (Chevalier, Sánchez Bain 2003: 8). During the Renaissance, the Hippocratic-Galenic medicine was revitalized all over Europe and taught as a medical science until the early 19th century. Spanish and Portuguese conquerors transferred the system to the so called New World, where it was diffused through religious delegates and the medical personnel in hospitals and pharmacies as well as through medical handbooks (*recetarios*) and the teachings at universities.⁴ Foster's point of view claims that the Latin-American model of the maintenance of the bodily equilibrium is of European origin. His opinion is opposed to the theory presented by Butt Colson and De Armellada (1983), who attest the hot cold-system an Amerindian origin, due to their own studies in communities only marginally affected by the Spanish influence. Chevalier and

Sánchez Bain (2003) argue in a similar way and question a supposed European origin, because the Latin-American system would be reduced to matters of heat and cold instead of considering states like wet and dry as well. Moreover it does not deal anymore with the four humours blood, phlegm, yellow bile and black bile, but merely focuses on the blood. However, Foster does not discard the possibility of a previous hot cold dichotomy in some prehispanic cultures, but in his view there would still be a superposition caused by the European system.

My argument against the Amerindian origin theory concerning humoral pathology in the Dominican Republic first and foremost is that the Indigenous population was seriously decimated within the first 50 years after Columbus' arrival (Cassá 1987: 46ff.). A significant influence on the part of the indigenous population on today's Creole medicine thus seems to be rather unlikely. Second, there is much evidence for European derived modes of thought, both in concepts of disease and in therapy. To give an example there is an illness whose denomination (*padrejón* or *madre*) depends on the gender of the patient and which is vaguely described as a stomachache, as something that "jumps up and down inside the stomach". If the jumping rises up to the head, one could asphyxiate or become maniac. The European counterpart is what was called hysteria. The adjective hysteric derives from the Greek word for uterus and describes an anxious state of women, whose uterus is not properly fed with sperm. The uterus thus roams around the body, rises up to the head and "bites" the brain. Later, during the Middle Ages, people talked about a "uterus-toad" which would crawl around inside the stomach. Men could also be affected by similar symptoms (Atterer 1997: 51). Considering that the Spanish word *madre* is another word for uterus, it is obvious, that the disease called *madre/padrejón* is rather of European than of Indigenous origin.

Concepts of disease and therapy as described in the Dominican Republic are also to be found in de Esteyneffers (1978; original version in 1712) „Florilegio medicinal de todas enfermedades“. Esteyneffer⁵ was a Bohemian Jesuit priest who lived in the Mexican colony, where he wrote down his European medical knowledge. Like

others he described concepts of diseases like the *frenesí* or '*pa'mo* – exactly the way they are described within the paradigm of Dominican Creole medicine. He also advised either blood-letting or the ingestion of a spoon full of tobacco, in order to deduce mucus from the bronchial tubes. In addition the root of *lirio* (*Amaryllis* sp.) combined with red wine would lead to vomiting and thus have the same cleansing effect. In present day Dominican Republic bloodletting and cupping are not practiced anymore – at least not by Creole healers – but up to 30 years ago cupping was a wide-spread healing method⁶.

Toxicity of Medicinal Plants

On the part of the patients, the ingestion of purging plants indeed leads to a vivid impression of bad fluids leaving their body. It conveys them a feeling of cleansing, a feeling of doing something effective. The purging effects in some cases may lead in fact to an improvement of symptoms – especially in women who are in childbed and suffer from debilitated pelvic muscles.⁷ However, natural scientists such as Marciano Fondeur (1977, 1992) or Robineau (1991, 1993) regard the use of purging plants as something critical. According to them plants with purging effects such as *javilla* (*Hura crepitans* L.), *lirio* (*Amaryllis* sp.), *peronilla* (*Abrus precatorius* L.), *tabaco* (*Nicotiana tabacum* L.) *túatúa* (*Jatropha gossypifolia* L.) and *ruda* (*Ruta chalepensis* L.) as well as the crude pulp of green fruits like *mango* (*Mangifera indica* L.) or *jigüero* (*Crescentia cujete* L.) contain toxic ingredients that affect the liver, the central nervous system and other organs. Furthermore, they also consider the following herbal parts that are according to my informants frequently used within the Creole medicine, to be toxic: the leaves of *doña ana* (*Lantana camara* L.), *guandúl* (*Cajanus cajan* Millsp.), *jigüereta* (*Ricinus communis* L.), *jojaban* (*Trichilia hirta* L.), *piñón* (*Jatropha curcas* L.), *túa túa* (*Jatropha gossypifolia* L.), *apasote* (*Chenopodium ambrosioides* L.), *cola de caballo* (*Equisetum giganteum* L.), *lino cimarron* (*Leucaena leucocephala* [Lam.] de Wit), *maguey* (*Agave antillarum* Descout.) as well as the seeds of *sapote* (*Manilkara zapota* [L.] P.Royen).

Conclusion

It is an interesting fact, that if the assumption is true that the model of the balanced bodily fluids in the Dominican Republic derives from Europe, today's Dominican physicians argue against the ancestry of their own science and not, as usual, against indigenous medical traditions, which they consider to be useless or noxious. Yet, the model of the maintenance of the bodily equilibrium is an integral part of the contemporary Dominican Creole medicine, and so is the ingestion of substances with purging effects. For this very reason, some NGOs started to inform the (mostly rural) population about the "correct" use of medicinal plants already during the 80s.⁸ They also published brochures in order to advise the people against the ingestion of toxic plants (Roersch 1994). Probably due to the resulting skepticism, some of the Creole healers I interviewed already started to use synthetic purges such as magnesium hydroxide, Epsom salts, or *sanasan*, an industrially produced mixture.

Even though the toxicity of the above mentioned plants cannot be denied from a pharmacological perspective (Marciano Fondeur 1977, 1992; Robineau 1991, 1993), the commonness of intoxications hardly can be proven (Roersch 1999: 199f). Research undertaken by Roersch in two Dominican information centres for intoxications (*Centro de Informacion de Drogas y de Intoxicaciones* and *Centro de Información de Medicamentos y Tóxicos*) revealed that not even one case of intoxication caused by medicinal plants had ever appeared on the records (1999: 199f). Besides, not all plants classified as toxic by Marciano Fondeur (1977, 1992) and Robineau (1991, 1993) were actually used by my informants in a way that could have harmed them. The *piñón* (*Jatropha curcas* L.) for example, which by Robineau (1991; 1993) is classified toxic if orally ingested, by my informants is used rather symbolically. Its wood is believed to have special magical powers and it is used to wipe patients with mental problems. The leaves of the *guandúl* (*Cajanus cajan* Millsp.), which according to Robineau (1991) should not be ingested because of the plant's cytotoxic activity, are actually used for magical baths in order to get rid of a bad spirit possessing the patient's body. Some of the *Mucuna* species (e.g. *Mucuna pruriens* DC. and *Mucuna*

urens [L.] DC.), Marcano Fondeur (1977; 1992) classified to be toxic, because their seed pouches cause skin irritations, by my informants are handled with care: The seeds serve as talismans only after the seed pouches are removed. Due to the fact that the seed pouches cause itching and thus frighten the victims they are thrown on, they are also used to support the process of “bewitching” people (in the sense of “assault magic”). In this case their toxic effect is consciously used; the plant does not serve as a medical drug. Moreover it has to be made clear that only a part of the plants applied within the Dominican Creole medicine contain toxic components, which is why Robineau (1991: 11) divided them into three categories: “A” (toxic), “B” (not investigated yet) and “C” (recommendable).

One furthermore has to take into account that Creole healers do not just prescribe the use of plants, but listen to the needs of their patients and answer not only medical questions but also the ones that concern private or business-related problems. Most of them have sufficient medical knowledge to distinguish at least between harmless and harmful diseases. Since they are not opposed to biomedicine, they frequently convey their patients to a hospital if they cannot help. Many patients also attend biomedical advice and the advice of Creole healers at the same time. The first helps them with their symptoms; the second removes the health problem “from the root” – either via the administering of purging plants or through rituals that are supposed to remove the bad spirits.

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Notes

¹ By Creole I understand the fusion of Spanish (as implemented during Colonization) and African (as brought to the country by the slaves) cultural elements that have formed Creole culture over the past centuries (Hannerz 1996; Fleischmann 2005)

² The herbal material was identified with the help of

Bruno Wallnöfer, botanist of the Botanical Department of the Naturhistorisches Museum Wien (The Natural History Museum Vienna). Voucher specimens are deposited at the museum. Thanks also to the pharmacologist Carles Roersch (founder of the Instituto de Medicina Dominicana) who helped me to preserve my herbal material as long as I stayed in the Dominican Republic.

³ The doctrine of signatures implies that higher forces marked objects with a sign, or “signature”, for their purpose. For instance, a plant bearing parts that resembles human body parts, animals, or other objects, has useful relevance to those parts, animals or objects. The “signature” may also be identified in the environments or specific sites in which plants grow.

⁴ During colonial times the European humoral pathology was taught at the Dominican Universidad de Santo Tomás de Aquino (Moscoso Puella 1983: 122).

⁵ His original German name was Johannes Steinhöffer.

⁶ Conversation with the medical doctor and historian Santiago Sobiesky, City of San Juan de la Maguana, Dominican Republic, 26.8.2005.

⁷ Personal communication with Dr. med. R. Prauser, specialist for gastroenterology and proktology, 6.12.2007.

⁸ Among them COSALUP, Enda-Caribe and MUDHA.

Where Bulls and Tubers Dance. The Relation between Fertility, Dance and Garments in the Bolivian Central Andes

Eveline Sigl

The present article is based on the analysis of video films during the three indigenous dance-events Festival de Música y Danza Compi Tauca, Festival de Música y Danza of the CDIMA and *anata andina*. The following reflections and preliminary results are part of my dissertation project about the Bolivian highland dances and its relations to questions of gender, identity and power. After an introduction about the importance of the potato and some general data about the relationship between the agricultural lifecycle, Andean cosmology and rural indigenous dances I proceed to the description of three dances belonging to the rainy and the dry season and thus hope to give a more precise idea about the actual dance practice.

Tubers Matter

Like many other countries Bolivia is affected by urbanization and mass migration into the cities.

However, the economy of its highland departments is still dominated by agriculture, where the potatoes play a vital role: they are not only the most important staple food, but also an important part of the Bolivian (rural indigenous as well as urban) identity. Bolivians are generally proud of the fact that the potato's origins lie in the Titicaca Lake region and that there are hundreds of different types of tubers in their country. Ultimately people, NGOs and governmental institutions have become more conscious about maintaining their country's bio-diversity and thus many peasants are now trying to re-introduce or conserve the old local species endangered by the uniform seeds for mass distribution promoted and sold by the transnational companies (Proinpa 2009, GENRES 2009, Centro Internacional de la Papa 2009). Talking to white foreigners people frequently mention with a certain irony that a long time ago their potatoes saved the Europeans from starving. Just by looking at the

daily meals of the highlanders one gets an idea of the importance of the tubers – there is hardly any food which is not accompanied by potatoes and *chuño*, the freeze-dried potatoes which form an integral part of the Bolivian highland dishes. The process of making *chuño* has a very long tradition and was appropriated by the Inca in order to prevent famines: as *chuño* may be kept for years they stored large amounts of the freeze-dried potatoes and in case of food scarcity allocated them correspondingly throughout their empire. The production process is fairly simple, but highly dependant on the climate, more precisely on heavy sunshine at daytime alternating with frosty nights, conditions pleaded for in the ritual dances and offerings of the dry season. At the beginning of the process the potatoes are spread out, covered and frozen. Then they are stepped on in order to open their skins and are exposed to the heavy sunshine at daytime until the sun dries them up (Organización de Estados Iberoamericanos 2009). The whole process is repeated during a few weeks, until the potatoes convert themselves in small freeze-dried and hard balls, which can only be made eatable after a few hours' soaking and boiling. According to the potatoes used there are different types of greyish to nearly black *chuño* and the white *tunta*. However, the importance of the tubers is not only reflected in the eating habits, but also in language, music and dance. Aymara is a very agrocentric language containing lots of different words concerning the potatoes. There are several words denominating the sowing and harvesting of tubers and many names for the different varieties; raw and cooked potatoes are referred to as *ch'uqi* and *qhati*. In some regions there are even special rhythms and dancing styles corresponding to certain types of potatoes: in the *chaxis* dance there are different songs played for the sour and the sweet potatoes (CDIMA 2003: 16, 23).

The Function of Music and Dance in the Rural Area

Generally speaking music and dance of the Bolivian indigenous highlands is inextricably linked to agriculture and natural phenomena. No matter if it is sowing, the growing of the first crops, early and full harvest or the production of *chuño*: every single activity is accompanied by the corresponding rituals which again are

inseparably linked to music, dance, song and poetry (Quispe 1996: 144, Cavour 2005: 64, Stobart 1994: 35f.). Of course dance also covers important societal and identitary dimensions which cannot be treated here. Notwithstanding centuries of Catholic Mission and the worship of Saints and Virgins the prehispanic gods and goddesses have not ceased to exist: *pachamama* (mother earth), the *achachilas* (mountain spirits), *uywiris* (gods of the domesticated animals), *illapa* (god of thunder and lighting) or *phaxsi* (moon) are still worshipped (although partly under Christian names) in order to achieve a maximum agricultural output. Following the Andean concept of reciprocity there is a constant interchange between the people living in “this” world (*akapacha*) and the gods inhabiting the upper (*alaxpacha*) and lower world (*manqhapacha*). The gods are “fed” with rituals, offerings, music and dance and in turn have to provide optimal conditions such as sufficient rain, sun and frost at the right time for the growing of the crops, the *chuño* production and the procreation of the animals (Fernández Erquicia 1987: 101, CDIMA 2003: 90, López García 2007: 37f., 45ff., Baumann 1991: 4). Gutiérrez (1992: 121) even uses the term “magic” talking about the dances, which represent a liminal space between mankind, and nature that facilitates the oscillating between the different *pachas* (worlds, temporal spaces or seasons). The lower world is seen as the fertile and creative space where the souls of the dead live who similar to the gods contribute to the positive outcome of the harvest and thus must be included in the festivities and rituals. Unsurprisingly the fertile period ritually starts on November 1 and 2 when the souls of the defunct are asked for cooperation in the agricultural production cycle (Romero Flores 1997, 2001a, 2001b, Baumann 1991: 4).

The Meaning of the Seasons

Following the agricultural production cycle music and dance have to accommodate themselves to the climatic conditions and the seasons. In general the year is split into a rainy season (*jallupacha*), ritually marked by all saint's day (*todos santos*) and lasting until the *anata*/carnival, and a longer dry season (*awtipacha*), both associated with different music instruments, rhythms and dances (López

García 2007: 46ff., Stobart 1994: 37f.). *Jallupacha* is the period of the *pinkillos* and *tarqas* which “call the rain” and which are heavily associated with fertility and femininity (CDIMA 2003: 12, 26, 28). Rituals taking place during this time emphasize on the growing progress and have a strongly local, many times even familiar character (Baumann 1991: 5). The jubilant end of this season is the *anata*/carnival, a celebration of the pre-harvest, where the “young” potatoes are feasted exuberantly. *Anata* means “play” and at the time of the Incaic Empire was the name of a whole month (February 16 until March 17), where the “new potatoes” were served during “banquets” (Lens Soria 1995). Meanwhile the *anata* has become superposed by the Christian carnival so that the end of both ritually marks the beginning of the dry seasons, associated with masculinity and accompanied by panpipes and single cane bamboo *quena* flutes (Baumann 1982).



Fig. 1: Indigenous community leader (*jilakata*) during the *anata andina* (photo: Ulpian Ricardo López García)

The dry season is the period of harvest and processing, but also the time when regional festivities take place. These festivities facilitate the exchange of products and thus the strengthening of old and the establishing of new social ties. It is the season of thanksgiving feasts, including the encounter called *tinku*. During the *tinku* ritual fistfights among couples of men and women of equal strength are fought and the blood shed is supposed to be an offering for mother earth. Nowadays these encounters are associated nearly exclusively with the cultural area of Norte Potosí, but formerly they seem to

have been widespread in Oruro and La Paz as well (Valeriano Thola n.d.: 11f., Baumann 1991: 6). Many of the important virgin's and local saint's celebrations take place from June to August, in the period between harvest and the next sowing and date back to the big Incaic festivities of the months *willka* (sun), *khuchu* (cut) and *sata* (sowing) (Lens Soria 1995).

The following description of the dances *ch'uqilas* and *waka waka* (belonging to the dry season) and the *tarqueada* (representing the rainy season) wants to show to which extent these “dances” surpass the common “Western” understanding of the word “dance” and at the same time wants to emphasize on the unity of music, dance, dance costumes and agriculture.

Ch'uqilas: Tubers Dance

The *ch'uqilas* originates from the Titicaca Lake region and is mainly danced in the dry season. Its name already reveals a strong connection with tubers: *ch'ui* means potato in Aymara. A few members of the indigenous cultural center TAYPI find two more revealing words in its name: *illa* (amulet, talisman) or *iluña* (to sow). As a matter of fact not only the *ch'uqilas*, but also the very similar *qharwani* (literally: the one who owns a llama) and *mukululu/pusi p'ia* (the ants' dance/four holes – referring itself to the *quena* flute) from the same region are mainly danced in connection with the sowing and harvest of the tubers. Moreover their dancing outfit is strongly associated with the potatoes (CDIMA 2003: 52, Chuma Mamani 2000: 230, Paredes de Salazar 1976: 108). The most striking part of the costume used in the three mentioned dances is the 1.20 meters high, eye-catching *ch'uqilpanqara*, a headdress made of feathers resembling the flowering of the tubers in the sprouting period.¹

It is worn by the male dancers who execute different choreographical figures playing their *quena* flutes and moving in serpentine lines (see title photo). As various authors discussed in the context of textile art and dances from Norte Potosí (Gisbert 2006 et al. 277, Platt 1996) this kind of zigzag-movements and textile designs are associated on the one hand with the serpent and the “underworld” and on the other hand with the lightening and thus with the prehis-



Fig. 2: The *ch'uqilpanqara*, a headdress made of feathers resembling the flowering of the tubers in the sprouting period (photo: Collection Ethnomedicine)

panic weather god *illapa* and the “upper world”. Although there don’t seem to be any publications describing similar images and movement patterns for the Titicaca Lake region I tend to see the witnessed dance figures as based on similar understandings, all relating to fertility and the best possible agricultural output. In general, there is a lot of attention put on the sprouting and flowering of the potatoes reflected not only in the corresponding dances and dance outfits, but also in the offerings and ritual proceedings accompanying the potatoes’ lifecycle. As the farmers say, in order to make it sprout and flourish the potato seed is decorated with flowers and the peasants themselves have to be adorned with flowers, so that “mother earth and the potatoes can feel joy and will

provide a good season” (Arnold et al. 1996: 302f.). In the *ch'uqilas* dance there is another reference to the potatoes: the coloured, fist-sized „coloured balls full of sand“ (*samimuruq'us-challa*), dangling down from the dancers’ bags in a few rows which are nearly as striking as the feather-flowers.



Fig. 3: Sand-filled *samimuruq'us-challas* symbolizing the tubers and the riches accumulated by its owner (photo: Peter McFarren)

They are decorated with varying motives (butterflies, Zs, ants) and symbolize the tubers. In a more metaphoric sense they stand for all the material and immaterial riches accumulated by its owner (Chuma Mamani 2000: 230). But there is another interesting aspect to the dance: if one looks up *choquela* (as usually written in Spanish) in Hoguín’s dictionary of Quechua, one finds the word *chhoqqeylla*, equal to lighting and thunder and its commander *illapa* (Proinpa 2009) who apart from mother earth heavily influences in the growing of the potatoes.

***Waka Thuquri* or: The Bull Dancers**

There is a whole “family” of *waka*-dances belonging to the Titicaca Lake region, which

have one principal actor, the *waka*, in common: *waka thuquri*, *waka waka*, *waka tintis* and others. One might easily relate *waka* to the Spanish *vaca* (cow), but the word explicitly denominates the bull put in front of an Egyptian plough transformed into a dancer (Aymara: *thuquri*). The dancing costume consists of a longish framework covered with cattle leather and horns. In the middle there is a hole for the dancer who heavily swings the costume from one side to the other (sometimes also up and downwards) while walking rhythmically.



Fig. 4: *Waka thuquri* – a bull dancer (photo: Peter McFarren)

Depending on the region the dancers have their faces covered and wear caps with large nandu feathers or just wear a knitted cap adorned with wig hair and a poncho. Especially older bibliographical sources often refer to the *waka* dances as mock dances of the Spanish colonial rule, the Spanish bull fights and the cattle they brought to Bolivia (Paredes 1913: 19). However, drawing on my own observations I would say that nowadays this aspect is rather emphasized on in urban dance processions accompanied by brass bands. In the rural areas, though, two totally different elements are at the core of the representation: the sowing with the plough and the libation (*ch'alla*) (CDIMA 2003: 55, 58f., 84, Cavour 2005: 86f., Comisión de Cultura 2005: 23, 41). In order to make more understandable the proceedings of the dance I first want to introduce the other actors portrayed in the *waka waka*. Apart from the village leaders who dance with their leadership staff and sometimes with a mug full of alcohol there are dancers who carry around 3 meters high staffs covered with dyed feathers

and use the bags decorated with the already described woolen balls. The *k'usillo*, often forming part of different dances from the Titicaca region, is a main protagonist. Often erroneously described as some sort of punch or even clown, for some he is a remnant from Incaic times and may best be described as a trickster who establishes many connections to the Andean cosmovision (Osuna Sotomayor 1998: 68 ff). Even though the *k'usillos* create their dancing outfit quite freely there are some unalterable elements: the face part of the completely covering cloth mask is always divided into two parts of different colours and every *k'usillo* has a long nose and flexible horns sprouting from his head. Very common, but not compulsory are the greyish coat with coloured round parches, a white scarf put around the waist and mummified wild animals, often dangling from the *k'usillo*'s back. The divided face could be a symbol of Andean duality, the long nose is often referred to as a phallic symbol of fertility and from my point of view the horns represent the sprouting of the sowed tubers.



Fig. 5: Masked *k'usillo* and *ch'uqila* dancers (photo: Peter McFarren)

In his article about the “enchanted tubers” and their relation to music in Norte Potosí Henry Stobart (1994: 39) refers to the widespread concept of “horns” (*astas* or *cuernos*) and relates them to the sprouting tubers, an analogy that also seems to be applicable to the dances in other Bolivian departments. In most of the cases there are various *k'usillos* who act separately and dance with rural working tools such as the plough, yoke and the mattock. It is them who pick out two *wakas* from the numerous “waka herd” and who put the two

playfully resisting dancers under the yoke. Then they simulate a sowing procedure: in many cases a *k'usillo* leads the yoke while another one takes care of the plough and the remaining *k'usillos* follow the group joyfully. The symbolic representation is supposed to anticipate a successful sowing and subsequent harvest. The second core element, the libation (*ch'alla*) carried out by the indigenous village leader and his wife equally aims at maximizing the agricultural output. A normal sized carrying cloth (*aguyao*) or a smaller textile called *tari* is laid out, coca leaves are scattered over the hand-woven cloth and wetted with alcohol. Then the participants (sometimes there are more village leaders) drink to each other, but pour down quite a big part of their glasses' content as an offering for *pachamama* (mother earth). Of course a more elaborated ritual table (*mesa*) containing a few coca leaves, pieces of sugar pressed into symbolic forms and wrapped up in coloured llama's wool may be offered together with gaudily dyed pink and violet pieces of sugar, llama's grease and foetuses. Apart from being a general offering for mother earth during the sowing time the llama's grease is spread on the eyes of the potatoes in order to make them sprout. The sugar is supposed to provide a sweet meal for the gods and the foetuses are deemed to be an especially delicious offering for the supernatural beings (Arnold 1996: 305ff.). With all this the "dancing bulls" fulfil a very important ritual function which in earlier times was highlighted by the coming together of dancing groups from different parts of the village representing the ritual division into "upper half" and "lower half" a practice which has practically ceased to exist (CDIMA 2003: 44).

***Tarqueada*: To make the Flowers Dance ...**

The *tarqa* is a wooden flute played from the sowings onwards, but especially during the two months before the indigenous *anata* respectively the Catholic carnival, in order to express the joy caused by the growing of the seed plants. During the *anata*, the festivity celebrating the ritual end of the rainy season, the first young tubers may be eaten. In this period characterized by a generalized atmosphere of joyfulness and jubilation the newly born animals are marked and ritually adorned with woollen flowers and even the plants are supposed to be

rejoicing and eager to dance. The many dancers participating in the indigenous *anata andina* celebrated in Oruro City do not only wear the flowering twigs, plants, flowers and fruits as natural jewellery, but also because they want to "share their joy with the plants". They say: "They are as happy as we are and as they don't have legs and cannot move we just make them dance like ourselves" (Sergio Chambi and other informants in López García 2007: 72f., Fernández Erquicia 1992: 170, Lara Barrientos 2000: 240).



Fig. 6: Tarqueada dancer carrying some of the season's first fruit (photo: Ulpian Ricardo López García)

While the instruments (*tarqa*) and thus the music itself hardly vary there are big differences as far as the dancing costumes and the way of dancing are concerned. As López García puts it very much to the point: there are groups showing "indigenous" choreographies and others which try to imitate "uniformity" and the structure of mestizo-urban dance formations. "Indigenous" choreographies frequently are spatial representations of textile production. To give an example: there is a figure called *waraq'aku*, which is the name of a woollen slingshot, used in order to push on and scare away domesticated animals. So the dance tries to imitate the movements of the thread while tied to a sling by giving it a spatial dimension.

Other choreographical patterns as the *q'axcha* (Aymara for lightning and thunder) and *cebadilla* (derived from the Spanish *cebada*: barley; informant Severino Calizaya in López García 2007: 55), not only connect dancing to textile production, but also visualize the relations with nature, its fruits and Andean cosmovision. Even after a few hundred years of Christian mission lighting and thunder still are associated with prehispanic weather god *illapa*, who commands thunderstorms, frost and hail and is worshipped as Tata Santiago (Rösing 1997: 12, Gisbert 2004: 28, Guaman Poma de Ayala 1616: 899).

The dancing outfit makes clear reference to the period of pre-harvest, although the clothing and the accessory items vary considerably. Some of the dancers just wear a few green twigs of the potato plant while others rather might be associated with a dancing field of flowers. In the 2008 *anata andina* the carrying cloths of the dancers from the village Marka Huari seemed to bubble over with fresh green; the female dancers were totally wrapped up in crossed wreaths of green leaves, all of them wore hats beautifully decorated with flowers and some of them even put on necklaces made of the first fruits. The male dancers belonging to the *tarqueada* “*awaya*” from the Guadalupe canton and to another group from Neondo Ayahuaya did not carry any “real” flowers but from tip to toe were gorgeously adorned with brightly coloured *t'awra panqaras* (woollen flowers). The hat they used is called *pantipillu* and resembles the form of a flower. It is decorated with red, blue, bright green, pink and orange woollen slings that cover the whole hat and hang down over the brim covering more than half of its bearer. In addition the men wear wreaths of woollen flowers tied to a belt and tied to each other in order to form a chromatically coloured “curtain” forming rhomboid patterns which certainly not only represent the flowering of nature, but also the relation with weaving patterns and concepts of spatial order. Bright colours and shades also characterize many of the over-skirts of the women (*aqsus*) and carrying cloths, frequently associated with the rainbow. In general many of the dancers performing at indigenous processions and festivals emphasize on the relationship between de colours of their dancing clothes and nature: green skirts and capes denote the

greening of nature, while yellow, red and pink skirts are meant to resemble flowers of the same colour. Grey hats sometimes are associated with clouds; white ones with snow or fog (CDIMA 2003: 28, 32, 43f., 61). The coloured lines, broader stripes and patterns of all those hand-woven textiles also refer to the ecozones their bearers belong to: people coming from the lower valleys use other colours than the farmers living in the higher and more arid zones.

As one can gather from López García's (2007: 75f.) comparison of different *tarqueada* groups and one *pinkillo* group from the hamlets of Totora, Chuquichambi, San Miguel and Wayllamarka the accessory items are another difference marker characterizing “indigenous” and “urban” choreographies: While “indigenous” groups dance with white flags the more urbanized groups use bags and small hand-woven cloths (*taris*). As far as their meaning is concerned there are different interpretations: For some they represent the playing (the literal meaning of the word *anata*!) of the flowers in the wind, others regard them as clouds or, following the indigenous discourse, even as an Incaic symbol of the Incaic *kollasuyu* region comprising Southern Peru and parts of present day Bolivia (López García 2007: 74).

Approaching the extremely complex research field of indigenous Bolivian dance one can only agree with Rigoberto Paredes who already in 1913 realized that “the indigenous dances certainly are not a mere pleasure, but a very serious and important matter connected to many aspects of public and private life” (1913: 15).

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Note

- ¹ The Collection Ethnomedicine recently purchased such a headdress together with the corresponding costume from the author.

Shipibo-Konibo Art and Healing Concepts: A Critical View on the “Aesthetic Therapy”

Bernd Brabec de Mori and Laida Mori Silvano de Brabec

In this paper we present five objects (three textiles and two paintings) from Shipibo-Konibo origin that are part of the Collection Ethnomedicine, Unit Ethnomedicine and International Health, Medical University of Vienna. First we describe the techniques and contexts wherein the three embroidered textiles were made. Then we analyze the contents of the two paintings as explained by the painters. Both textile patterns and painting contents are presented as connected to indigenous medical concepts and to the immanent healing songs. Many anthropologists interpret the patterns to show visions obtained by ingesting the hallucinogenic plant drug *ayawaska* (a decoction that mainly consists of *Banisteriopsis caapi* and *Psychotria viridis*). *Ayawaska* thus is seen as the foundation of these artistic and medical ideas and methods. In a second part we analyze into which extent the assumption can be held that art, music, *ayawaska* and indigenous medicine are so intensely connected. It appears that historically no such connection is evident. Probably through the reinterpretation of suggestions by Western researchers and the following mass tourism mainly aimed at the *ayawaska* drinking practice, Shipibo-Konibo people started to present a “more interesting” medicine to the visitors by merging art, music and plant drugs into an “aesthetic therapy” as described by various authors.

Introduction

The Shipibo-Konibo¹ are a Pano speaking indigenous group of about 45.000 individuals who dwell on the shores of the Ucayali river and major affluents in the Eastern Peruvian rainforests (Amazon basin). The ethnonym Shipibo-Konibo was created during the 20th century to substitute the despective term Chama – a name that was used by missionaries and travellers to subsume the many small Pano speaking groups they met on the Ucayali river. The Shipibo used to live in extended households, relying mainly on fishing and slash-and-burn agriculture. Today, most communities are

organized in villages of about 100-2000 inhabitants and beside the mentioned subsistence economics many people work in extraction industry (wood, koka, oil), artwork production and tourism. The area they live in is easily accessed by airplane, bus, or boat, which provides a good supply of tourists and other visitors compared to any other region of the Amazon lowlands. This is one reason why “ethnic identity” and “indigenous traditions” are very important to many of them.

The Collection Ethnomedicine possesses five objects of Shipibo-Konibo origin.² It obtained these objects from the authors of this paper who gathered them in Peru in 2006. The objects consist of three decorated textiles embroidered with geometric designs (*kewé*), and two acrylic paintings showing visions as seen by traditional healers (*onanya jonibo*) after the ingestion of the hallucinogenic brew *ayawaska*.³

The traditional geometric pattern style is often viewed as representation of *ayawaska* visions. Illius (1987: 168f.) recounts a Shipibo informant’s comparison of a pattern-covered ceramic vessel with the world’s structure as perceived by many *ayawaska*-drinkers, while referring to the differently patterned sub-sections of both vessel and cosmos in his informant’s eyes. Gebhart-Sayer dedicated a large section of her book on Shipibo-Konibo cosmologies (1987: 170-298) on the relations of these design patterns with *ayawaska* related curing, with curing songs and presumed ancient pattern books possessed by this indigenous group. Martin (2005) reports about “singing patterns”, “woven songs”, “healing songs” and “healing patterns”, as presented by his main informant Herlinda Agustín, a Shipibo female traditional healer. The healer related that during nightly curing sessions ill people were covered with textiles bearing the appropriate “healing design”, while she would sing the corresponding “pattern song”. Under the influence of *ayawaska*, she could “sing the designs” and

learn new songs through the visualization of certain patterns.⁴

Acrylic paintings, on the other hand, do not carry the epitaph of “tradition” with them. First paintings among Shipibo people regularly appeared during the 1990ies. They were obviously based upon Pablo Amaringo’s successful iconography on *ayawaska* visions (Luna and Amaringo 1999) as well as on his Amazonian landscapes. The Shipibo painters of course were highly encouraged by both researcher’s and tourist’s requests for such paintings.

In the following we are going to analyze to which extent this artwork is related to the indigenous medical concepts held by Shipibo individuals. However, beforehand we would like to draw attention to an interesting detail: the market prices for embroidered textiles, which are almost exclusively made by indigenous women, stay at about 35 dollars per piece in 2008, while acrylic paintings, a domain of indigenous men, are valorised ten times higher, around 350 dollars each. This points towards an irrational distinction between handicraft (textiles) and art (paintings). This distinction is of European origin and ignores that both artistic and labour investments are highly comparable: both techniques rely on elaborate compositions of a predetermined iconographic corpus. In the case of the textiles, this corpus is provided by the traditional Shipibo ornamental style and for the paintings by Pablo Amaringo’s iconography and some indigenous stories combined with the same traditional patterns. The time and material invested are fairly equal, too. This short excursion shall serve as an example how gender relations – nowadays – can be unequally constructed by Western expectations.

The Objects



Fig. 1: *Chitonti* of a Shipibo woman (photo: Collection Ethnomedicine)

The textile n° 1640 (fig.1) was produced presumably around 1990 by a Shipibo woman in the native community Caimito for her own use as a skirt (*chitonti*). It was embroidered with vividly coloured yarn on white cotton bought at a local market. With the colours fading and the white cloth becoming dirty during years of use, the skirt was later dyed with a brown liquid (*pokoti*) obtained from mahogany tree bark (*wishtininti*). The different patterns shown on the piece belong exclusively to the category of “cross patterns” (*koros kené*). One may observe the professional composition of the different designs: inside the fields on top and bottom, the artist placed iterative patterns which are similar but not equal to each other (the blue and the pink patterns). The design of “interlocked” square motifs in the left main section (although embroidered in a different technique) shows a kind of “tensor”, a matrix upon which both designs from the top and the bottom can be combined. In the end, the right section shows the main artistic contribution, a compelling picture puzzle interpretation of a traditional cross-pattern component (which looks like a diagonal H).

We can observe that the patterns themselves are seen as “infinite”. Each pattern would extend further into the plane, if it was not cut off by the rectangular framework marking the entire composition – these framed sub-sections are called *xate* (cut) in Shipibo language. Roe (1979: 196) called this phenomenon “infinite design field truncation”. Also, there are many motifs, which show self-similarity in the different *xate*, sometimes on different scales (compare e.g. the small motif in the most bottom line with the blue motif in the top field).



Fig. 2: *Chitonti* skirt made for sale (photo: Collection Ethnomedicine)

Object n° 1639 (fig. 2) is also a *chitonti* skirt. The style of wearing skirts with an embroidered middle section and black side panels is very popular among today’s Shipibo women.

However, this piece is made for sale.⁵ A white sheet was first dyed as a whole with the brown vegetal liquid *pokoti* (which can be seen in the central section) and then painted on the side panels with black earth colour (*mano*). The final step was the embroidering (see Fig. 5–8). Side panels and central section are divided by a many-lined framework. In the central section, a pattern style called “curved patterns” (*mayá kené*) had been applied. One motif is repeated exactly nine times, showing symmetry both over a vertical and a horizontal axis. The thick blue lines, forming that motif, are framed with thin yellow lines and the fields between them are completely filled with a geometric pattern called “tiny pattern” (*beshé kené*). This method of filling an entire area, mainly concerned with a *horror vacui*, was called “busy style” by Roe (1979). However, in this example the features which are regarded aesthetic by Shipibo themselves, that is symmetry, the even distribution of the lines and regular colourful inserts called “eye” (*bero*), are well achieved and Shipibo people usually attribute this textile *sanken* (high quality).



Fig. 3: *Servilleta* or *mantita*
(photo: Collection Ethnomedicine)

Textiles like n° 1641 (fig. 3) are presented as *servilletas* or *mantitas*. This new standard format in Shipibo textile art historically combines the men’s scarf *panyon* (worn on the head to prevent sunburn, obsolete with the availability of hats) and the women’s shoulder cape *rakoti* (which covered shoulders and breasts, but became obsolete with the introduction of the blouse *koton*). This modern combination is dedicated exclusively to the tourist market. The format always presents a square or rectangular sheet, which is completely filled

with one pattern, although since about 2000 sometimes it is decorated with a central circle, not unlike a mandala. The “mandala” also may appear on newer *chitonti* skirts for sale. The pattern here also shows Roe’s “busy style”, but the main lines form an iterative *koros kené* (cross-pattern). It is simpler than the patterns in the other examples but still shows the picture-puzzle effect and double symmetry.

In the streets of Pucallpa, in the few indigenous stores and in the villages, women who offer such textiles to tourists often insist that these designs show what one sees when inebriate with the hallucinogenic *ayawaska*. Taking this for granted, we could agree with Gebhart-Sayer and many authors of popular books on “shamanism” and drugs, and conclude that the Shipibo have learned this pattern art by drinking *ayawaska*. However, this is historically untrue. Newer research (Gow 1994, Shepard 1998, Brabec de Mori n.d.) indicates that the *ayawaska* drinking practice among the Shipibo is younger than the design patterns. We also showed elsewhere (Brabec de Mori and Mori Silvano de Brabec 2009) that the structural similarities among Shipibo patterns and songs, especially *ayawaska*-related medical songs, do not go further than a common aesthetic background.⁶

In summer 2008, a Shipibo art seller told the second author Mori Silvano de Brabec in confidence: “I am not going to involve myself in the *ayawaska* drinking thing. I will never cheat tourists as a fake ‘shamaness’. However, I always have to lie a little bit when selling my textiles. If I do not tell them that the patterns are *ayawaska* visions, I cannot sell any, and how shall I provide things for my children then?” This is not the only account pointing towards such a little “lie”. Living inside the community, like Mori Silvano de Brabec as a native Shipibo, easily reveals that the connection between designs and indigenous healing is an artefact constructed to obtain a better position on the market.

Something similar occurred with the paintings. Artists like Milke Sinuiri (jaguar transformation, see picture at the back) and Chononsuy (vision painting, fig. 4) consciously drink *ayawaska* for aesthetic reasons. They depict their visions combined with certain mythologi-

cal constants in order to gain a market position like the Amazonian art idol Pablo Amaringo did, exhibiting his art far outside Peru and earning considerable sums by selling his visionary paintings. However, as Pablo Amaringo told Brabec de Mori,⁷ when he was young he only painted landscapes. He drew landscapes on anything and as a poor youngster he had a hard time obtaining his working materials. He said, “Nobody in Pucallpa would have bought an *ayawaska* vision painting. They would have thought that I was a sorcerer and would not wanted to have anything to do with witchcraft and sorcery”. This changed profoundly when he met Dennis McKenna and Luis Eduardo Luna in 1985. They asked him to paint *ayawaska* visions and organized Pablo’s first trips to the USA and Europe, promoting his “shamanic” art (Luna and Amaringo 1999: 16-17). This is how paintings of the *ayawaska* experience actually came into life.⁸

Both authors of the present paintings explained the semantic contents of their artwork to Mori Silvano de Brabec. Milke Sinuiri provided a more “educated” interpretation of the standard iconography than his peer painter. We can see that his painting itself is divided vertically: on the left, the “human” side, a celestial background hosts symbols of modern *ayahuasquerismo*, like the pink dolphin on the left standing for love magic, the *ayawaska* vine itself as a basement, and the spaceship-like anaconda pointing towards often-mentioned journeys in heavenly or extra-terrestrial landscapes. On the other hand, the right “jaguar” side is dedicated to “old-fashioned” animal transformation, sorcery (see the snakes as arms of the sorcerer) and counter-witchcraft. The toucan also is viewed as a dangerous sorcerer. Remarkably, the animal transformation is not performed through *ayawaska* ingestion but through inhaling tobacco (Shepard 1998: 322 and 325). Milke’s painting shows many references to Pablo Amaringo. The mythical anaconda on the upper left looks very similar to Amaringo’s anacondas, e.g. in his painting “Ayahuasca Mariri” from 2002, where also a human-jaguar-transformation is depicted. There is a toucan in Amaringo’s “El Solitario” (Luna and Amaringo 1999: 65). In Milke’s painting a battle between sorcerer and healer, symbolized with two faces confronting each other, can be seen to the right of

the tobacco pipe. The “bad guy” on the right (in black and red) confronting the “good guy” (in white and pastel colours) covered with Shipibo patterns (*kené*) looks very much alike the “bad guy” in Amaringo’s “Sepultura Tonduri” (Luna and Amaringo 1999: 139). A similar “arsenal of snakes” as in the bottom right, Amaringo painted in “Three Kinds of Sorcerers” and in “Vision of the Snakes” (Luna and Amaringo 1999: 71 and 81). We do not blame Milke for having produced a plagiarism; we just want to show how much today’s young artists owe to Pablo Amaringo and how canonic the style of *ayawaska*-vision painting actually is.



Fig. 4: Vision, painting by Chononsuy (photo: Collection Ethnomedicine)

Chononsuy (vision painting, Fig. 4), on the other hand, owes more to the Shipibo women’s *kené* techniques. Both the “busy style” that stings the eye at the first glance as well as the composition (the framed rectangle with a circular mandala insert) were implemented first in the *chitonti* and *servilleta* art formats. The “cross-pattern” *koros kené* can be found in the centre, on the tower on the right side and in the cross at its top. “Tiny patterns” *beshé kené* are reproduced on the lower left side as well as in the centre. However, references to Amaringo’s artwork are also present with the “angel” on

the top left, with the liana-wound tower on the right and in the overall composition of three semantic fields (bottom, center, top) representing foreground, main vision and celestial backdrop.

In Chononsuy's interpretation, his painting also includes time: the foreground shows the vivid colours one sees first when ingesting the hallucinogenic brew. The ladder-like figure below the circle symbolizes the "way" (*kano*) the *ayawaska*-drinker then builds to proceed within his visionary world. The circle itself stands for the healer's body (center) and the healing song he finally performs during the session, extending around him. The vertical structure to the left symbolizes the "spirit of the Shipibo patterns" (*kenen ibo*), depicted as an "angel" on the top. On the right we can see the *ayawaska* vine itself as a tower and the faces within it as a representation of its various "personalities" (*personajes, jonibo*). The stars in the uppermost section stand for spiritual purity and the crosses in the corners for the healing purposes.

Analysis

In order to analyze the connection between art and indigenous medicine, we have to distinguish primarily between the past and the present, and further on between "official" and "unofficial" views on both history and actual practice.

As mentioned above, ethnohistorical research indicates that the use of the hallucinogenic *ayawaska* brew is not anchored in Shipibo history for a long time.⁹ Gow (1994: 93) proposes that "ayahwasca shamanism" (to use *ayawaska* in healing and sorcery) has spread from the northern Peruvian, Ecuadorian and Columbian rainforests via Jesuit missions and urban areas and such has been introduced to the Ucayali region fairly recently. He remains hesitant to declare the use of the brew itself (as for example in collective rituals) a recent phenomenon. Shepard (1998: 326) indicates that the current formula of mixing the *ayawaska* vine (*Banisteriopsis caapi*) with *chakruna* leaves (*Psychotria viridis*) has been introduced about 50 years ago among the Matsigenka of Manú, and thus probably only a few decades earlier to the Ucayali people like the Shipibo. Brabec de Mori (n.d.) suggests that

the use of *ayawaska* as a hallucinogenic brew in the Ucayali valley probably dates back to the "rubber boom" migrations between ca. 1865 and 1925. Since about then *ayawaska* has been in use by Shipibo shamans (*yobé*). However, only the *yobé* drank it, and the society of "ordinary" Shipibo people refrained from it because they would not want to have anything in common with the feared *yobé*. Mori Silvano de Brabec confirms that in Shipibo villages e.g. children are not allowed to go close to the *yobé*'s homes because of their "dangerous nature".

This changed when Western scholars (among them Michael Harner and Terence and Dennis McKenna who ventured into Shipibo society and wrote highly popular books) started to do research explicitly dedicated to "ayahwasca shamanism". When Shipibo people noticed that the *ayawaska*-drinking *yobé* earned most attention, and also the "gringos" drank the brew, *ayawaska* use was quickly restructured. Many people trained in drinking and administering the brew in order to attract the many drug tourists and young researchers who followed in the footsteps. They adopted a new practice of drinking *ayawaska* collectively, say; also the patients (tourists) would drink the brew.¹⁰

Among groups less pressed by tourism there can be observed that a pre-*ayawaska* medicine consisted much more of animal summoning and physical transformations into animals, like suggested by Milke's jaguar painting, as well as providing well-bearing crops to the community (see also Gow 1994: 109, Shepard 1998). E.g. our main informant from the Iskobakebo group performed a theatrical piece mimicking an Iskobakebo *janebo* (healer) when he got possessed by the macaw bird spirit. Until today, the Iskobakebo do not use *ayawaska*.

It can be concluded that the importance attributed to *ayawaska* emerged mainly through research on the topic and the following drug tourism. The young researchers and drug tourists (two groups not easily distinguishable) sought "ayahwasca shamanism", and of course found it. When Gebhart-Sayer presented her hypothesis of an "aesthetic therapy" (Gebhart-Sayer 1986) involving patterns, songs, and *ayawaska*, her book (1987) was not only reflected by Western scholars. There were also many young Shipibo women and men who

heard of the hypothesis through the author herself (for example Herlinda Agustín worked with Gebhart-Sayer in the late 80ies)¹¹ or through questions from the following researchers and tourists who had read Gebhart-Sayer's book. That is why Shipibo women started to tell tourists that their patterns were *ayawaska* visions and could be "sung". The interconnectedness of pattern art and indigenous medicine – including *ayawaska* ingestion and curing songs – is a relatively recent phenomenon. Most Shipibo *artesana* women and *ayahuasquero* men are conscious about this. They do not have a moral problem when "lying" to tourists (and researchers) about this fabulous aesthetic therapy. They use it for advertising their art, which actually has different cultural origins, as was shown before.

What was said above, however, is the "unofficial" version on history and practice from the Shipibo point of view. The "official" version, as being told to tourists (and researchers) insists on a "millennial indigenous tradition", "ancient legacy of the jungle tribes" and whatsoever sounds well in a buying tourist's ear. So to say – ever since, the Shipibo have been working with singable healing patterns in a shamanic setting of collective *ayawaska* ingestion. When looking for "Shipibo" and "Ayahuasca" on the internet, one may end up in watching various movies taken by "gringos" and published via YouTube which show evidence of the existing practice – of drinking *ayawaska* collectively in order to heal, covering patients with patterned textiles and suggestions of "singing the healing patterns".¹²

Outlook

The connection of Shipibo-Konibo arts with medical concepts is very subtle. It doubtlessly exists in what we called above the "official" version from Shipibo perspective. In order to obtain a good market for both selling artwork and attracting drug tourists, many Shipibo *ayahuasqueros* actually do cover their patients with patterned textiles and several Shipibo women actually do sing "pattern songs" when convincing tourists to buy their art. They also commonly insist that this is the "real indigenous tradition of their people".¹³

On the other hand, ethnohistorical data shows that the connection of textile art, pattern designs and healing songs caresses of historical evidence. Until today, many Shipibo people declare "unofficially" that they are aware of the recent construction of this "aesthetic therapy" and they do not consider it "effective" in medical contexts. They know that this is used as a collective advertisement for Shipibo-Konibo art and *ayawaska* drinking events. However, this construction slowly but steadily transforms into reality, because corresponding "healing sessions" or "shamanic ceremonies" are held with growing frequency and social impact. As many young Shipibo men (and some women) train in this kind of "ayahuasca shamanism" without studying other medical techniques, some culturally less educated (mostly urban) Shipibo today already adopted these advertisement methods as a "historical truth". History – permanently – is in the making.

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Fig. 5: Dying a white cotton sheet (*tucuyo*) with the liquid *pokoti* (mahagony tree bark).



Fig. 6: Painting a decorative *rakoti* sheet with black earth color (*mano*).

Fig. 7: Woman weaving a *chitonti* skirt with *poko ati*, a weaving tool attached to her waist.



Fig. 8: Embroidering a *chitonti* skirt.
(Photographs: Bernd Brabec de Mori and Pierre Urban)



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Notes

¹ The official name "Shipibo-Konibo" is often substituted by the shorter "Shipibo", referring to the same population.

² These are the objects n° 1639, 1640, 1641, 1785 and 1786.

³ For detailed information about chemistry, ethnobotany, different contexts and traditions of use around the brew *ayawaska* see the volume edited by Labate and Araújo (2004).

⁴ Such performances by Herlinda Agustín can be observed on the internet: <http://www.youtube.com/watch?v=9frbbFFSCts>, <http://www.youtube.com/watch?v=8AwFTMTfwuk>, or <http://es.youtube.com/watch?v=Vc23V819Btk> (January 2009).

⁵ This is determined by different material and elabora-

tion: The shown piece is made of a thin, white cotton sheet (locally called *tucuyo*), which was bought at a local market. Skirts for wearing are made of a thicker, black sheet, which is embroidered with colourful yarn, but not dyed. The skirt format was quickly adapted as one of the Shipibo "standards" for presenting and selling to tourists, probably because of the tryptichon appearance, which excels as a wall decoration. In many cases, the side panels are also painted with designs contrasting the central section. Also a circular insert in the very centre is often added since about 2000.

⁶ In Shipibo-Konibo culture the aesthetic perception is highly valorised. Symmetry is one of the main features positively perceived among almost all Shipibo. Symmetry occurs in musical structure, design patterns, houses, many tools and objects forged by Shipibo men, as well as in the ground plan of any Shipibo settlement. Symmetry is a basic feature that declares an object "forged by real people" (*jonikoman aká*) in order to distinguish them from objects made by other people. For a more profound discussion see Brabec de Mori and Mori Silvano de Brabec (2009).

⁷ Personal communication, autumn 2005, in Pucallpa.

⁸ Some of Pablo's paintings are presented on his homepage <http://www.pabloamaringo.com/> (January 2009). Hundreds more are available on the internet when searching for "Pablo Amaringo".

⁹ Extensive descriptions of Shipibo indigenous medical concepts without focussing on *ayawaska* can be reviewed in the books by Arévalo Valera (1994), Tournon (2002) or LeClerc (2003), among others.

¹⁰ A more profound discussion of these effects of pioneer anthropological research was presented by Brabec de Mori at the 2008 EASA meeting (Brabec de Mori 2008). It appears that almost the entire complex of Shipibo-Konibo traditional medicine as presented today is based upon ideas from Western researchers which have been re-interpreted by indigenous agents in order to control the development instead of "being victims of the globalization".

¹¹ Personal communication with Herlinda Agustín, 2001.

¹² See for example

<http://www.youtube.com/watch?v=rXojrk70snQ> (January 2009). This example also features a mestizo *ayahuasquero* who "shipibisized" himself in order to appear as an "original jungle inhabitant" and thus as a legitimate heir of the "millenial tradition".

¹² See for example the motion picture "Woven songs of the Amazon" by Anne Stevens (2005, cf. <http://www.greenspiderfilms.com/products.html>; a trailer is available at <http://one.revver.com/watch/310087/flv/affiliate/96978> [August 2008]). In this movie, Herlinda Agustín recounts this "tradition" and Shipibo people who do not take part in it (say, who do not "sing pattern songs") are regarded ignorant. The fact that many Shipibo decline from "singing pattern songs" is explained as a loss of cultural tradition.

Adapting and Including Western Treatment Methods in the Holistic Concept of Health Care of the Tarahumara in NW Mexico

Evelyne Puchegger-Ebner

Introduction

Ever since the *conquista*, European, and lately also global, influences have been affecting pre-Columbian medical traditions of local societies in Mexico. Additionally to the use of their own indigenous healing practices, they have continuously encountered several other medical systems, of which the Western one is currently the most predominant. The latter differs significantly from indigenous healing rites and shamanic practices – as experienced among the Uto-Aztecan Tarahumara in the state of Chihuahua.

A superficial look on the phenomenon implies that the health projects, hospitals and pharmacies not only influence the healer as a person in the sense of a transcultural exchange, but also have an effect on the whole system of indigenous therapy, preventive medicine and healing of diseases – i.e. it seems to have an impact not only on the entire health sector of the respective local culture but it also drastically changes or even eliminates it. I believe that such a point of view results from a frequently partial debate on globalization¹ and the different notions of terms such as “healing practices” or “traditional medicine” (Knipper 2003: 153-175) or the cultural hegemony of biomedicine (Kleinman 1980: 39). As medical systems² are organized around cultural key concepts such as “health” and “disease”, these serve as strategies to cope with the phenomenon of “illness” and the maintenance of health. In this context, the scientific differentiation between and discourse on disease and illness is of great importance (Mechanic 1962, Kleinman 1988: 3-5). Especially the anthropological branch of Critical Medical Anthropology criticized the dual concept of disease/illness. Young (1982: 270), for instance, defined the term sickness as “process for socializing disease and illness” This definition aims at showing that the macro-social political and economic framework conditions

are important factors in the formation and social distribution of disease.

In contrast to western discourse, which revolves around considerations on disease, “healing” (in the sense of prevention) is at the core of medical thinking and practice according to emic understanding. The German term “Heilkunde” (healing arts) (Hörbst, Wolf 2003) expresses this preventive-curative aspect³, at least on a linguistic level.

Here, I would like to point out two of the five core functions of Kleinman’s explanatory models⁴ (1980: 24): the “curing of disease and healing of illness” and especially “health care” are of particular importance. Health care – in Kleinman’s elaboration – includes far more than just the treatment of disease. It covers prevention as well as the processing of therapeutic results.

In 1997, Kleinman et al. further developed the concept of suffering (Hahn 1984) and coined the term social suffering, emphasizing the idea of collective suffering. Macro- as well as micro-social structures and processes were included as conditions for intersubjective suffering. The focus is put on an extensive, transdisciplinary view on suffering that aims at connecting different areas such as medicine, social policy, development cooperation and refugee aid.

In many indigenous healing rituals the social environment is cured together with the person affected, as I will illustrate by the example of the Tarahumara. Further aspects regarded in this paper are the specific topography of the Sierra Tarahumara (i.e. the shortcomings of the geographical area) and the financial feasibility of the medical system. Has the majority of the Tarahumara easy access to a hospital or first-aid-station? Or in other words: is western medicine compared to traditional healing systems

plausible and realistic from a socio-economic point of view?

Trade and Change

Regular interactions, permanent social exchange and mutual cultural influence are typical features of the pre-Columbian groups of the Southwest of the USA and the North(west) of Mexico (Cordell 1984: 275) to which the Uto-Aztecan ethnicities belong. Ceremonial centers (e.g. Paquimé⁵ in Chihuahua) were the hubs of life of every local culture and functioned as interfaces enabling the transfer of worldview and information. As early as the pre-Columbian era, regionally developed medical, religious and ritual knowledge and experiences were exchanged and newly negotiated in this way. And consequently, treatment and healing methods such as therapies and tools for diagnosis and the cosmovision in which these were set repeatedly altered in the course of history (Ventura i Oller 2003: 79).

During the *conquista* and the ensuing period of colonization, the world and lives of the ethnicities living in the Sierra Tarahumara drastically changed. A high number of indigenous people died throughout the famines caused by the conquerors or fell victim to the diseases introduced by European pioneers and adventurers. But despite the emergence of new diseases, the and prestige of indigenous healers in the Sierra Tarahumara remained untouched – due to their reputation as spiritual guidance and mental leadership in the instigated uprisings and revolts against the Spanish colonial rulers (Puchegger-Ebner 2004: 250ff.). From this point in history on, the Tarahumara had to share their living environment with the “whites” and *mestizos* (*chabochi*) surrounding them. In the course of several centuries, the Tarahumara developed varied strategies to be able to survive and keep their own cultural distinctiveness despite the daily interactions with the Mexican majority culture. One of these strategies consisted in the flight and retreat to the partly inaccessible and arid terrain of the Sierra Tarahumara – a rugged part of the Sierra Madre Occidental which is characterized by its high number of ravines.

During the colonial period Shamanic “traveling merchants” established interethnic trade rela-

tions with the *chabochi* and in so doing continued with the pre-Columbian tradition of exchanging goods, information and gossip in the rural area. Furthermore informal kinship relations with “whites” and *mestizos* frequently developed out of trade relations and shamanic networks (Puchegger-Ebner 2001: 61). Despite these interethnic contacts shamanic healing ceremonies in the Sierra Tarahumara were never incorporated in the Catholic environment of the *pueblos* – the centers created by the missionaries. Healing ceremonies were and are exclusively practiced on the *ranchos*⁶ during corn beer festivities, where they represent(ed) pre-Columbian tradition as well as pre-Hispanic beliefs and rituals. This is one of the reasons why the Catholic Church has always striven to weaken the influence of healers, who they still regard as (religious) competition. Education in Catholic boarding schools and state-run schools, influence by the mass media and growing interferences of the dominant *mestizo* culture all had an effect on the shamanic views of the Tarahumara: old healing methods and rituals are devalued as outdated and substituted by ceremonies of the state and the church, and the Western medical system is labeled as “advanced”.

Ethnographic Key Data

Forms of settlements, social structure and economy of the Tarahumara – the census fluctuates between 60,000 and 80,000 members – are mutually dependent: the majority lives in scattered, stand-alone ranches (*ranchos*), which are surrounded by the fields belonging to the respective ranch. These scattered settlements (*rancherías*) are usually made up of two to five households of a bilateral kin group. Apart from that, there were and are no other formally organized kin groups. Every ranch is inhabited and cultivated by one family, the core of the household being the nuclear family (Deimel 1980: 43).

Ever since the colonial period, the Tarahumara have practiced a cultivation form which combines crop and animal husbandry (*mobile farming*), as well as gathering, fishing and hunting. Most of them grow their own food and participate in the processes of market economy only marginally (through trade with and wage work for *mestizos*). A Tarahumara “household”

is thus a site of subsistence production where vital goods are manufactured in an arid environment. For this reason, the Tarahumara local culture has a very distinctive view of production/reproduction – these two concepts are perceived as a union in indigenous thinking: without (food) production the individual cannot survive, without individuals there is no community, which in turn ensures the survival of the individual through a “culture of reciprocity” (Bennholdt-Thomsen 1998: 70). Apart from the community, there are no social or other institutions taking care of an individual in a case of emergency.

Despite the fragile eco-system, the economic strategies of the Tarahumara functioned surprisingly well. It was not until the Mexican state introduced concepts for the utilization of forests, that the balanced system of subsistence practiced by the Tarahumara could not entirely outweigh the negative ecological effects of the economic “advancement and development” strategies anymore. These were based on comprehensive advertisements of the region aimed at tourists and subsequently resulted in a major growth of population and tourist numbers. Today, drinking water supply and wastewater management as well as curbing epidemic diseases such as cholera, typhoid fever, hepatitis and diseases caused by parasites are problems that urgently need to be dealt with. The wastewater of paper mills and highly toxic chemicals used for ore mining, which are dumped into rivers and lakes without being filtered or clarified, pose another serious strain on the drinking water situation (cf. interview Edwin Bustillos Garcia⁷ 1997-01-21).

Wholesome Worlds

Concepts of diseases and healing systems are always products of given historical developments; they are an expression of the worldview of a society and a manifestation of the cultural and ethnic self-conception of a community. Striking features of the indigenous interpretation of the world are the comprehensiveness of their way of thinking and the integration of the sacred into their daily lives. Cosmvision and healing relate to each other in numerous ways and constitute an inseparably interwoven whole. Relations between concepts of the body and interpretations of the soul are among the

varied dimensions of these interweavements/interdependencies. Such relations are entered when according to emic understanding e.g. supernatural powers influence the soul or the soul separated from the body is unable to return; a split that can cause disease or even death unless healing countermeasures are taken in time. This practical approach of indigenous beliefs – the coherence of “religion” and healing – shows its focus on the close connection of the wholeness of body and soul and illustrates how deeply indigenous interpretations of health and disease are influenced by worldviews (Mader 2003: 97f., Feest 1998: 157ff., Deimel 1996: 7, Kennedy 1996: 154f., Irigoyen-Rascon 1989: 172f., Merrill 1988: 95f.).

This can also be witnessed in the Tarahumara use of the term “healing”, encompassing much more than the physical healing of a human being: the term “to heal” also means “to make provisions for something” and “to take care of somebody” and is used for a collective rather than for an individual. What is more, the word does not only denote a physical component but also carries spiritual connotations: the community should be mentally strengthened and diseases and all kinds of unlucky incidents should be prevented in the first place (Kennedy 1990: 81). Much room is provided for healing rituals in this holistic indigenous method which regards medical concepts as essential components of a comprehensive worldview, because everything that is important or useful, including fields, animals and even human beings, has to be subjected to a regenerative and preventive healing process at least once a year at the beginning of the agricultural cycle to “immunize” it against a crop shortfall.

Autochthonous beliefs regard regeneration as a universal biological return of life – this includes astronomical cycles and the belief in the rebirth of individuals⁸. In this sense, healing ceremonies are perceived as forms of regeneration – on the individual level, in the shape of physical and spiritual healing, and in the social context of re-establishing social relations that have weakened or broken entirely: such a perception enables people to start anew after a crisis situation.

Biomedical Health Care

Implanting Western medicine into indigenous societies has always been a highly emotional process that is inseparably linked with expectations as well as reactions of rejection. The successful establishment or total dismissal is, however, as much directly influenced by objective decisions as it is determined by the economic situation of a society and its members. Treatment that is financially affordable or free of charge promotes the acceptance of biomedical systems, as witnessed in the example of a hospital run by a Jesuit mission.

*Sta. Teresita in Creel/Sierra Tarahumara/Chihuahua*⁹

Medical care in Creel is provided through an IMSS¹⁰ clinic, which is mostly consulted by *mestizos*, and through the Jesuit clinic Sta. Teresita. Contrary to the aggressive missionary work and the harsh suppression practiced in the past, the Jesuit mission of today strives to achieve compromises: it built a hospital which treats Tarahumara patients free of charge, installed the first water pipes in the settlement and finances projects aimed at improving the drinking-water supply to remote *rancherías* of the Tarahumara.

Sta. Teresita is specialized in treating Tarahumara children suffering from malnourishment, infections of the skin or other diseases. A high number of the infants hospitalized are not older than two months and frequently only weigh about 65% of what is medically defined as normal weight. The main reasons can be found in dehydration caused by severe diarrhea. But not only children are treated free of charge: every Tarahumara is entitled to a health check and medical treatment in this hospital. Five doctors, 9 to 12 nurses and numerous assistants (*auxiliares de enfermería*) are employed in this 70-bed hospital.

Besides white and *mestizo* staff, Tarahumara women work as assistant nurses to bridge the linguistic and cultural barriers. Furthermore the Tarahumara Health Promoters Program aims at the prevention of respiratory illnesses, TB, gastroenteritis, dehydration, and malnutrition of infants by training male and female Tarahumara promotores.



Fig. 1: Padre Verplancken, Tarahumara assistant nurses and some young patients outside the Sta. Teresita hospital in Creel.

In 2001, operating the hospital, including an affiliated pharmacy, technical equipment, a motor vehicle fleet and accommodations for the family members of the patients, who often come from very far, cost USD 45.000,- per month. The hospital project is still financed by domestic and foreign donations as well as by the profits from the missionary shop in Creel, where indigenous crafts, books, slides and information material on the Tarahumara are sold.

To reduce diseases caused by contaminated drinking water, education campaigns¹¹ were initiated. These health-care programs, however, lowered neither the number of gastro-intestinal infections nor reduced the child mortality related to it, because the basic requirement – sufficient amounts of clean water – was not met. Thus, the next logical step was the planning and implementation of a well-construction project. The main goal was and is to facilitate direct access to clean water or, depending on the situation, to also create water storage facilities. Wells do not only provide drinking water to families, but also allow for a better irrigation of the fields. This guarantees a secure harvest – in spite of an impaired ecological balance and dry spells. After drilling a hole, water is lifted to the surface by hand-operated pumps and is transported to the storage facilities via hoses. As the settlements of the Tarahumara (*rancherías*) are mostly located at great distances from each other, a well can supply just one settlement – meaning up to 5 or 6 family ranches at the most.



Fig. 2: The well drilling project aims at improving a clean drinking-water supply

In areas where wells have already been built, a substantial improvement of the health condition of the indigenous population and a decline in child mortality can be observed. However, the costs for the installation of a well and a hand-operated pump amounted to between USD 1.500,- and USD 2.000,- in the year 2000. This means that the current economic and ecological problems of the region are directly linked to the health risks of the indigenous population and it also explains why certain preventive and curative offers are made use of.

Further Selected Local Examples of Western-Influenced Medical Care

Western medical care is already in place as an authority in many indigenous regions – it has long been a reality. The fact that many indigenous people, however, do not make use of it is frequently due to access difficulties which manifest themselves in the Sierra Tarahumara not only in the form of socio-economic problems but also specifically in the impassibility of the area. Transporting an injured or ill person

from Retosachi (Munérachi district) to the hospital of Creel can take 10 to 16 hours, and part of the way the injured/ill person has to be carried on foot (field diary 4: 2001-04-06).

Besides doctors and pharmacists, nurses and medical assistants (*auxiliares de enfermería*) also volunteering medical students – i.e. all people who provide biomedical care to the population in rural communities – are considered as part of biomedicine. Sometimes in the summer they and/or young doctors travel, with their medical equipment in their backpacks, from ranch to ranch in the Munérachi district and offer their help to the indigenous people (interview Luciano¹², 1997-12-18).

Sole medicalization and the individualization of disease – both characteristics of Western medicine –, however, often contradict traditional, indigenous concepts. Indigenous healing rituals are mostly group events (cf. Ventura i Oller 2003: 92). Ill people – and their treatment, care and recovery – are always a family matter and not isolated blows of fate, as the following two examples illustrate:

1) When Geraldo from Retosachi (Munérachi district) contracts malaria, he is treated with anti-malaria drugs which he receives at an infirmary in Huisuchi.¹³ Parallel to this treatment, Geraldo insists on the performance of a healing ceremony, because swallowing medicine without any ritual context does not seem sufficiently effective to him (field diary 4: 2001-04-19).

The indigenous people belief that diseases such as colds, scarlet fever, measles but also malaria infiltrate the body in the form of a fog or wind (*nawiri*) and so they need to be “sweated out”. As healing ceremonies only take place in the context of corn beer festivities, Geraldo’s wife Dolores first brews corn beer and decorates the crosses for the place where the dancing will take place. Geraldo invites relatives and friends and asks the two healers Luciano and José Maria for their support. On the day of the healing ritual, Luciano, the *owéame* (shaman), covers the sacrificial goat as well as all people attending the ceremony in incense smoke. The slaughtered animal is hung up on a tree, skinned and carved. A wooden board placed upon two big stones is used as sacrificial altar.

Dolores puts a bowl with the goat's blood on the altar – next to the *olla* filled with corn beer.

The women start preparing the food. Spices are used for the dishes, but salt is not added until the end of the cooking time (i.e. at the same time the sacred part of the ceremony ends). According to Tarahumara belief, salt is unholy and should not be consumed during spiritual/ritual acts.

Amid this social event, the two healers, Luciano and José María, carry out the actual healing ritual – for themselves and without much ado. A big pit is dug and filled with a layer of red-hot coal. The coal layer is then covered with soil. Afterwards, Geraldo goes to sit on this pit and is “buried” in sandy soil up to his neck. Luciano walks over to the women and puts some of the (unsalted) food into small pots and then goes to the (sweating) pit. There, he sets two small pieces of wood on fire and draws a cross in the air above Geraldo's head. With a wooden stick he draws another cross onto the earth around the pit. In the meantime, José María and some of the guests dance on a circular dancing area before the crosses, because dancing helps to protect and heal as much as the ceremonies of the *owéame*. Dance is considered “ritual work” which needs to be performed to satisfy the deity. When Geraldo has finished sweating, José María takes him to the circle of dancing people. Now, he covers all people present with incense made of pine resin while Luciano pours some of the sacrificial food into the (sweating) pit. The people thank the god for the food and drink and pray for protection of the entire community – at this particular event, they especially pray for the protection from further diseases. In a long, ritualized speech (*nawésari*), Luciano thanks the people for their attendance and reminds them of their moral obligations that provide for solidarity within the community. Now the “unofficial” part of the festivities, including drinking, eating and more dancing, begins.

Interaction, the connection between specialists and laypersons, is a distinctive feature of traditional medical systems. Shamanic healing rituals always aim at creating interaction among the community, the healer and the individual – i.e. social and psychological factors are included in the therapy. This is the only way a person

can convalesce in his or her entirety. Healing in this sense does not imply a return to the initial situation before the disease but a new regulation of the organism based on the experiences made during the disease.

Being surrounded by the community during the healing process seemed to be very important to Geraldo. It helped him overcome his illness. Six months later, I learned that he had fully recovered and that no member of his family had fallen ill since.

2) Juanito – married to Regina and living in Retosachi – has been neglecting his family for some time. He has recently taken to the bait of the (alcohol) trader of Huisuchi and has been drinking with the *chabochi*. This means he no longer consumes alcohol in a ritual context and mostly drinks spirits instead of the holy corn beer. Both factors constitute alarming signals for his family members, because his misbehavior could cause them to fall ill. Luciano, Juanito's grandfather and a healer, José María, Juanito's other grandfather – also a healer – and Venancio, a friend and shaman in the region, decide to cure the family together¹⁴ (field diary 3: 1997-01-07 to 1997-01-10)

Regina is sitting with her back to the house wall, her youngest child is on her lap – Juanito is next to her. The older children are crouching around her. The two shamans Luciano and José María are working together. First, it is Juanito's turn. He has to take off his *huaraches* (sandals) and stand on a mat. José María then tells him to stretch out his arms and then slides his index finger along the inside of Juanito's upper arms and the inside of his lower legs. He traces Juanito's palms, and then his chest, back and the back of his neck. He then draws a circle with his index finger above Juanito's head three times. There are no circles traced above the heads of the other family members – but apart from that, the method for establishing the cause of the problem remains the same. Luciano and José María take turns in examining the family. They agree that the invisible threads (*remugá*) which can cause various kinds of misfortune (from diseases to lightning strokes) are the cause for Juanito's misbehavior and the imbalance in the family.

The central element of the healing ritual is thus

the elimination of the threads: Luciano heats corn cobs until they smolder and then “burns” the threads (*remugá*) above the heads of all family members. Next to the healers, there is a pot of corn beer. The shamans dip the wooden crosses attached to their rosaries into the corn beer and symbolically draw crosses in the air: three times above the heads as well as the right and the left shoulders of each child. The cross is again dipped into the beer and put against the mouth of each child three times. The little crosses the children wear around their necks especially for this event are taken off now – the shamans “heal” these with *suwiki*. Every family member now takes a few sips of corn beer.

José Maria then burns incense made of pine resin above the left and right shoulders as well as the head of every person treated and then fans the incense in all four cardinal directions. He picks up one of the two wooden altar crosses (the one that is decorated with a cloth and a rosary) and draws an imaginary cross towards north, south, east and west. Luciano takes the other (similarly adorned) wooden cross and finalizes the ritual in the same way as José Maria. In the end, they throw the corn cobs – used during the ceremony – far away in all four cardinal directions. During the whole ritual, a friend plays the healing melodies for this ritual on a violin. Towards the end of the healing ceremony, the mestizo alcohol traders once again enter the scene in their pick-up truck. This time (and also in the following years) Juanito can resist the temptation.

Western biomedicine and indigenous healing traditions do not necessarily pose opposite polarities. Luciano himself has experienced this apparent dichotomy and integrated it on a physical level: when he is on the way home from a healing ceremony, he falls and seriously injures his hip joint. He asks to be transported to the hospital Sta. Teresita in Creel. For the necessary but complicated hip surgery, he is transferred to the municipal hospital of Chihuahua City. The operation is successful in the sense that the shaman of over 90 years of age learns to walk with crutches. When he dies three years later, the walking aid is put on his grave as an aid on his path to the other side.

The importance attached to the collective during healing ceremonies is also reflected in

the qualities a healer has to meet. Among other things, he has to be a good communicator to be able to create solidarity within the community in extraordinary situations. After Luciano’s death, José Maria Rekalachi from Chapatare takes on his status, function and tasks. When José Maria dies shortly afterwards too, Frederico, an aspiring healer from the close-by city of Cieneguita, tries to fill the vacant position of shaman. He is struggling for the approval of the group, but is not really accepted. The two deceased shamans were popular, friendly and social people (interview Juanito 2001-04-17). The difference to the new healer could not be greater. He is described as very individualistic, extravagant, uninterested in social contacts and introverted. He seems not to care about anyone else and only tries to cut his own path. His unconventional method of practice differing from the usual Tarahumara ways (individual instead of collective field healing) contributes to the downfall of the prestige of healers in Retosachi. This could possibly reflect a cultural change: that is a tendency away from community healing – away from a collective ritual experience – towards individual medical acts like the *servicio medico* offered in Huisuchi¹⁵.

Lourdes Ayala, a nurse, attends the only infirmary there for the 320 families in the settlement of Munérachi, which covers an area of 20 km². The first-aid station consists of a treatment room and a resting room with two beds. Lourdes Ayala has been living in Huisuchi for about 15 years. As the remuneration for running the infirmary is very low, she and her husband Miguel run a shop (*tienda*), where beer and various household and work appliances as well as hardware are sold in addition to staple foods. Communication with other places in the Sierra Tarahumara (e.g. Guachochi, Creel) is possible via radio. Lourdes Ayala also attends to critical emergencies and gets help and instructions from doctors in the district town of Guachochi via radio, as was the case with Regina from Retosachi. She had given birth to all her children alone and without biomedical aid. However, when complications occurred during a miscarriage, her husband Juanito brought her to the first-aid station and Lourdes Ayala was able to save her thanks to the help she received from a doctor in Guachochi via radio (interview Ayala 2001-04-06).

These examples and the one that will follow show the pragmatic approach of the Tarahumara on the one hand, and that they draw no clear lines between traditionally indigenous and western medicine on the other hand.

In certain intervals, various fundamentalist US-American sects¹⁶ invade the Sierra Tarahumara for proselytization purposes. The main goal of these evangelical groups is the elimination of the community-oriented corn beer festivities and the implanting of economy-oriented, “progressive” structures. As the majority of the sects proselytize only temporarily, the Tarahumara pretend to commit to the conditions of the missionaries to receive various financial and medical benefits. When the missionaries return to the USA, the Tarahumara also return to their old traditions.

The religious conflict in the Sierra Tarahumara is also a regional fight for water and health. The religious group that wins the war is also the one that the indigenous population joins. In Choguita¹⁷ for instance, several rivaling Protestant sects try to offer the Tarahumara in the region a compact health-care program. It includes the establishment of a Protestant clinic and extensive well drillings to guarantee clean water. While the evangelicals carried out seven unsuccessful drillings, the Catholic padre, who used a divining rod, immediately discovered three abundant water sources (interview Verplancken 2001-04-04). Luz Elena León Ramirez¹⁸ comments on this laconically by saying that building the Protestant clinic and the Catholic wells has drastically reduced gastro-intestinal diseases in Choguita and also child mortality. For her it does not matter which religious group provides for health and wellbeing, she accepts all of them as long as they support the indigenous population (interview León Ramirez 2005-03-29).

Summary and Conclusion

While hospital stays and therapies in Western societies are tied to health-insurance systems which guarantee financial coverage in case of illness or accidents, many indigenous societies have very different coping strategies in case of health problems. This is also true for the Tarahumara, of whom the majority of the population is not able to fall back on the safety



Fig. 3: The religious conflict in the Sierra Tarahumara is also a regional fight for water and health.

net of a social system. They resort to reproductive entities: entities that are based on family and/or other ties – in the sense of “belonging” (Parkin 1998) and “relatedness” (Schweitzer 2000: IXf.; 1-32.). Care and support of ill people takes place in a family or kinship-like context, healing rituals are integrated in the annual agricultural cycle, and menstruation, pregnancy and birth are celebrated as the most important festivities of the circle of life.

However, by now also state and non-state players (private research institutions, religious associations, NGOs) are involved in and support the health-care system in the Sierra Tarahumara. The latter group mostly depends on international donor organizations¹⁹. The fact that medical care can thus often be offered free of charge has contributed to lowering the inhibition threshold of consulting Western medicine. This attitude was further promoted especially by the quick and effective treatment of severe diarrhea and malnutrition of infants, which had only been made possible through the building of hospitals and first-aid stations in the Sierra Tarahumara. At the same time, the *mestizos*’ pressure to assimilate supported the tendency to trivialize healing rituals and the

resulting loss of traditional knowledge and social positions. Nevertheless, the importance of the collective still plays a vital role in the healing process (as some of the given examples illustrate), especially and also in the treatment of the effects that come along with the imitation of *mestizo* behavior patterns (alcoholism, drug abuse, domestic violence).

Such cultural changes are often attributed to the phenomenon of globalization, but they only reflect the cliché of a global cultural amalgamation or the scenario of a fragmentation of so-called “intact” societies. In many indigenous societies change is by no means a new phenomenon, but part of their tradition; change does not necessarily equal the loss of something, but is the integration into or adjustment to something, which was illustrated in the digression on the pre-Hispanic initial situation of the Uto-Aztecan ethnicities. Thus, the concept of the so-called closedness of “local” medical systems can be questioned. In this context, the unreflected use of terms such as “hybridization” and “syncretism” in connection with indigenous societies also becomes apparent. In reality the terminological overlapping/amalgamation – as the labeling for such phenomena suggests – did not exist: the two different cultural systems (pre-Columbian, Hispanic/occidental) often seemed incompatible.

Since the *conquista*, the Tarahumara²⁰ have demonstrated how to handle dilemmas of such cultural discrepancies and inconsistencies. By falling back on complementary structures and introducing further social parallel worlds in addition to the pre-Columbian parallelism of sexes, they organized cultural transfer in their very specific way: e.g. the parallelism of the socio-political system *ranchería/pueblo* and now also of the two medical systems that are used parallel and complementary to each other. This has and will guarantee the continuity of pre-Columbian traditions while also transcultural exchange processes can take place.

The Western medical system seems like an antipode to autochthonous healing rites and shaman methods, but it can be integrated into the indigenous concept of “healing”, which is exercised in a broad frame of reference. With regard to the belief system of the Tarahumara, the indigenous term “healing” was outlined.

Thus it is possible to explain how the acceptance of the Western medical system is not as much a medium to adapt their own medical system or to involve various cultural strategies as a policy of targeted adjustment to new living circumstances. It is more likely an integration of the part of indigenous healing rituals which has always had to do with surgery, medicalization and physical therapy or which has also been used in indigenous treatments – i.e. “healing” in the usual sense of the word.

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Notes

¹ This one-sided debate which lasted until modernism regards cultures as "intact" and static and deems the "major" cultural change as identical with the processes of globalization (Breidenbach, Zukrigl 2000: 163-202).

² Even though the concept of "medical system" (and the respective analysis) is criticized today (Lampert 2002: 359, Janzen 2002: 215), this descriptive term continues to be used in publications.

³ Incidentally, connotations of the Middle High German word "*heil*" (healing) covered a similarly broad range of meaning: it could mean "luck", "happy coincidence", "health", "healing", "salvation" and "support". All meanings can be traced back to a Germanic s-stem (**hailiz*) and correspond to the meaning of the respective adjectives. The meaning "favorable sign" indicates usage in a sacred context from which it is very likely derived (Duden 1989: 275). "whole": Middle English *hool* healthy, unhurt, entire, from Old English *hçl*; akin to Old High German *heil* healthy, unhurt, Old Norse *heill*, Old Church Slavic *cûl*?. The term very likely has its origin in cultic usage, compare for instance Cymric. *coel* omen or German *heil* which does not only mean healthy but also saved. In northern German usage, *heil* is used with the meaning "whole" to this day. (Merriam-Webster Online-Dictionary www.m-w.com).

⁴ The five core functions are: 1) the cultural construction of disease as a psychosocial experience, 2) the criteria determining health seeking behavior, 3) coping with episodes of disease through communication and explanatory models, 4) curing of disease and healing of illness and 5) health care.

⁵ Mogollon culture (200 B.C.E. to about 1300 C.E.). Paraphernalia used at religious celebrations were also produced here and sold to the backcountry. The Uto-Aztecán traveling merchants (*pochteca*) were not only traders, but also important messengers transporting knowledge and culture to the Southwest (the area which is today the USA) and even to the Mississippi centers (Southern Ceremonial Complex) (Neurath 1992: 1-8).

⁶ Small farms. Further explanation given below.

⁷ In 1992, E. Bustillos Garcia founded CSMAC (Consejo Asesor Sierra Madre A.C., advisory council for the Sierra Madre). This non-governmental organization (*asociación civil*) fights, among other things, to protect the land rights of the Tarahumara.

⁸ Based on the duality of the agricultural cycle (rain/growth on the one hand, drought/ripeness on the other), Uto-Aztecán societies developed the idea of rebirth (modelled after the renewal of life in fauna and flora) – there is always a balance of power in nature and human society. In this context, regeneration stands for a transfer between two differing, polar states of being (López Austin 1998: 11ff.).

⁹ The information and data presented in this chapter were obtained from interviews with Padre Luis G. Verplancken, S.J., held between 2000-03-10 and 2001-04-22. In 1965, Padre Verplancken started a small clinic with eighteen beds for children. Until his death in 2004, he added numerous adjoining buildings and turned it into an efficient hospital. Information on the clinic and the activities of the Jesuit mission can be

found at: <http://www.companymagazine.org/v193/loveofapeople.htm>

¹⁰ Instituto Mexicano del Seguro Social

¹¹ The advice offered in these campaigns included for instance to only drink boiled water that had rested for at least half an hour before consumption. Another recommendation given was to avoid scooping water from water holes whenever possible.

¹² Until his death in 2000 Luciano was one of the oldest and most respected healers of the region.

¹³ More details will follow below.

¹⁴ For detailed description of the healing of diseases cf. Puchegger-Ebner (2004: 582-585).

¹⁵ On the *mesa* between Barranca de Batopilas and de Urique, a two to three hours distance from Retosachi by foot. The information refers to Europeans / US Americans, because the Tarahumara are faster and more sure-footed.

¹⁶ E.g. Summer School of Linguistics, Baptists, Methodists, Mormons, Pentecostals, Asamblea de Dios.

¹⁷ A village in the Sierra Tarahumara Alta.

¹⁸ Luz Elena León Ramírez lives in Choguina and is one of the local authorities.

¹⁹ To what extent these organizations expand more strongly in comparison to state-run institutions and to what extent they subsequently support the withdrawal of state regulation and monopolies in the field of health-care policy needs to be investigated.

²⁰ This does not only apply to the Tarahumara (Puchegger-Ebner 2004: 244-248), but also to numerous other American ethnicities as Irene Silverblatt (1987) showed for the Incas, Susan Kellogg for the Aztec society (1993, 1995), and as Ventura i Oller (2003: 91) illustrated by the example of the network of the Colorado with regard to medical parallel worlds.

Project Report: Inviting an Indigenous Healer from the Peruvian Amazon to Austria

Bernd Brabec de Mori, Yvonne Schaffler



Fig. 1: Gilberto Mahua Ochavano (right) with Bernd Brabec de Mori (left) during a lecture at the Josephinum, Vienna

In October 2006 the EMLAAK association organized a fundraising event in order to finance a visit of Gilberto “Soi Meni” Mahua Ochavano, a Shipibo-Konibo who comes from the Peruvian Amazon and has been working as an indigenous healer for 49 years. In March 2007 Gilberto Mahua Ochavano came to Austria where he stayed for a couple of weeks carrying out healing sessions and holding two lectures in the academic environment. He used indigenous practices such as singing curative songs, ritual touching and blowing fragrances (*agua florida*) and tobacco on to the participants.¹ The songs Mahua Ochavano sang for them not only described the problems affecting the people

they were directed to, but also depicted the causes of these problems and the measures that should be taken in order to remove them. According to the healer's cosmology the curative effect is due to his spiritual confrontation with the disturbing influence. These performances were effected either in group-sessions where one person after the other was addressed to or in the course of individual consultations. EMLAAK was conscious about the possibly problematic encounter of culturally different concepts and eventual difficulties in the understanding of healing. In the following a few aspects of the intercultural contact between the Austrians and the representative of the Shipibo-Konibo shall be described.

Technically the healer did not notice many remarkable differences between curing people belonging to his own ethnic group and the Austrians, but as far as spirits were concerned he did notice a difference: according to his perception there would be a bigger variety of spirits in the Amazon which, above all, would be much more dangerous. The illnesses themselves would only differ in part: the Austrians would predominantly suffer from disorders caused by the cold; a cold that would cause pain in the bones or that would enter the head and trigger vertigo (*matsi jikia*).² Moreover Mahua Ochavano stated that a fairly high number of the Austrians who attended the sessions would consume drugs, something that he deemed to have a negative effect on their mental state (*raon irabana*). In general he observed a strong dispersion of the participant's minds (*shinan tsokas*), mainly in cases where the affected persons themselves were complaining about depressions, disorientation and uncertainty. He also explained depressions as a debilitation of one's will (*shinan masata*). Another important topic of Mahua Ochavano's songs was the noxious influence (*niwen tsaia*) of air pollution and „gases“ caused by the dropping of bombs³. In the worst case such environmental influences would lead to severe illnesses that are known in Europe as cancer and multiple sclerosis. In addition, he observed quantitatively less significant causes for disorders, always formulated in his own terms as shown above. In any consultation he found an explanation of people's problems in his own, culturally determined terms. Mahua Ochavano repeatedly remarked that in Austria less people

than in Peru would practice witchcraft in order to harm their victims, e.g. by reciting sickening spells (*boman*). Therefore there would be relatively few people suffering from severe diseases caused by “black magic” or by “magical darts” (*yotota*). According to Mahua Ochavano, the greater poverty in Peru and subsequent enviousness would lead people to order witchcraft. Here in Austria there would be less jealousy and people as a whole would be happier and more carefree than in Peru, something beneficial to one's health.⁴

In the email-survey following Mahua Ochavano's visit⁵ the vast majority of his clients said that they would have another session at any time. They described the act of being sung to as something very pleasant and stimulating, especially in terms of gaining ease of mind and having the sensation of being cared for. For some participants Mahua Ochavano's expectation of his clients remaining in a passive state was quite unfamiliar. One of them said that “according to my European point of view” the healing ceremony “somehow lacked the dynamics” the client himself added “by singing along”. Another participant complained that she could not verbalize her concerns. For some clients who are accustomed to tell their therapists about their sufferings, above all the language barrier and the dependency on translations⁶ were disturbing. However during Mahua Ochavano's sessions the suffering is felt intuitively and does not need to be verbalized. Others did not like the intensive smoking of tobacco, a plant negatively connotated in Austria while considered as an important ritual plant in the Amazon. “The room should have been ventilated better and there should have been less smoking”. In some cases the perceived effects of the performances were described using vocabulary belonging to other spiritual traditions. Mahua Ochavano's singing was referred to as “reviving *chacras*” or leading to an “amplification of the energetic body”.

After the hours-lasting group sessions held in rooms without light the majority of the participants felt tired, but content. Some recounted positive effects like “things emerged that happened at least 20 years ago or longer, until today I feel how my strength and my self-consciousness grow”, or even as enthusiastic as “the life before Gilberto was different to the life

after Gilberto. The changes were correspondingly deep. Everything turned into clarity and toward solution – spiritually, psychically and hence corporally!” At this point it is impossible to say if this is due to fulfilled expectancies or if Mahua Ochavano’s healing power is working transculturally.

People said that they had participated in rituals with Mahua Ochavano, because he had “other perspectives than a bio-medical doctor” and because he had “a more direct and undisguised access than the physicians and psychologists from our fields”, as one client said. Another participant remarked that he expected a traditional healer to access “living parts” in humans rather than proceed in the mechanistic way he attributed to biomedical practice. Many just showed interest or curiosity while others confessed to be frustrated with biomedicine, which “can only cut surgically, prescribe pills and treat symptoms, but not the causes”. Moreover Mahua Ochavano’s decades-lasting experience, the „traditionally rooted method“ and the prospect of a „holistic treatment“ caused interest in the curative rituals.

From EMLAAK’s point of view Mahua Ochavano took care of his Austrian clients with a high amount of tolerance and benevolence, something that showed itself for instance in how those who saw him frequently and those who were in charge of caring for Mahua Ochavano after a short time began to address him with *tío* (uncle). Once, when Mahua Ochavano was singing one of his curative songs during a group sessions, the person sung to suddenly started to clap into his hands and join the singing. While the other participants were disturbed by the singing and clapping Mahua Ochavano did not get out of rhythm. As he said, clapping hands did not have anything to do with an indigenous session, but was not at all disturbing as it just had been a sign of joy and interest of the participant.

Basically 59-year-old Gilberto „Soi Meni“ Mahua Ochavano liked his first overseas visit. After the rainy cold in the beginning the weather turned out to be more pleasant for him and he also considered the food tasty. However, he did not sleep well, because during the whole stay his head „was very full“. He felt better in the countryside than in Vienna but above all he

appreciated that there is little crime in Austria: “Here in Austria, it is relaxed. There is no danger, there are no villains to assault you. But in Peru it is different. One can not walk in the streets alone late at night, sometimes they attack you, they might kill you with a knife, it is like this, they kill you in Peru. “⁷

When departing from Austria, Mahua Ochavano was already planning a subsequent visit to Canada. However, he could not go there until today. He stated that from now on he could go anywhere, from the technical point of view that he owned a passport (and that he entered and left Schengen without incident), and also from his new individual perception of journeying in foreign countries. Although Mahua Ochavano did not charge any fees and therefore did not come home as a rich man (in the way many travelling indigenous healers do), after his return there could be traced some envy or suspicious talking among his Shipibo-Konibo peers.⁸ Anyway, this kind of talk died away with time and Mahua Ochavano himself and his social environment seem to take it fairly easy these days.

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Notes

¹ There was no fee charged for the indigenous „therapeutic sessions“ and already exiting therapeutic

relationships between patients and biomedical or other medical instances were not interrupted or affected otherwise.

² Bernd Brabec de Mori collected Mahua Ochavano's interpretations.

³ These are translated contents of the songs. Mahua Ochavano explained to Brabec de Mori that he referred to actual bomb-dropping e.g. in the Middle East or even during World War II, which would have caused long-lasting and far-reaching consequences.

⁴ Interview with Gilberto Mahua Ochavano, conducted by Yvonne Schaffler on 14.4. 2007.

⁵ Michael Engel effected the email-survey with the participants.

⁶ Bernd Brabec de Mori translated for Mahua Ochavano (Spanish-German and Shipibo-German).

⁷ Mahua Ochavano, 14.4.2007: “Acá en la Austria, tranquilo. No hay peligro, no hay no hay rateros, lo que te asaltan. Pero en Perú no es así. No se puede andar todo solito en la calle fuera de hora, a veces te atacan de ahí, te pueden matar, tienen cuchillo, así es, matan gente en Perú.”

⁸ Since Bernd Brabec de Mori is still in contact with many Shipibo-Konibo, he could listen to some of the talk.

Conferences

Summary of the Workshop „Medical Pluralism“, Organized at the Annual Meeting of the Austrian Working Group for Latin American Research (ARGE Lateinamerikaforschung) in Strobl, Austria, June 1-3, 2007

Coordinators: Bernhard Wörrle, Yvonne Schaffler, Evelyne Puchegger-Ebner

In most of Latin America's pluralistic medical systems one can observe a coexistence of bio-medical institutions and indigenous healing systems. During the workshop, regional examples were discussed, in particular from Otavalo (Ecuador), Sierra Tarahumara (Mexico), Rosita (Nicaragua), San José (Guatemala), Peru, Cuba and the Dominican Republic.¹

In many cases, local people do not approve biomedicine. Many NGOs who work in medical issues assume that intracultural factors in indigenous societies play an important role in the acceptance of biomedicine. In the workshop, we discussed and challenged this assumption. It seems likely that the problem rather consists in the lacking adaption of biomedicine for the local needs. We agreed that in some cases local biomedical supply is actually lacking quality (e.g. through the absence of qualified medical personnel or the non-existence of pharmaceuticals and medical equipment), while in other cases, as some of us observed, patients are treated in a questionable way by physicians in charge, who, for instance, show a euro-centric attitude. One of the results of the workshop was that representatives of biomedicine should not so much try to “educate” the indigenous but to gain their confidence instead. Many projects undertaken by NGO's in order to bringing forward the local biomedical supply may result in disaster because of the limited project duration and the withdrawal of resources following the end of the project. This can be observed for example in the western Amazon where deserted medical posts are now used as guesthouses for visitors, while indigenous healing declined at the same time biomedical projects decomposed.

According to the participants of the workshop one of the advantages of indigenous healing is that it can reproduce itself and also operates locally, while biomedicine is not only expensive but also depends on the supply of drugs, instruments, and personnel which itself depends on the governmental apparatus

that is often unreliable or not working at all. This way dependency is created. In general, continuity or deterioration of the indigenous arts of healing are less determined by factors of medical efficiency than by political decisions, tourism or the intervention of Evangelical sects.

Bearing in mind such exterior but nevertheless determining factors, the question arose, if conservation of indigenous arts of healing would be promising in any case. The WHO, for example, along with many locally operating NGOs, promotes such conservatism in indigenous medical techniques². Analysing the approaches of such institutions, it appears that most of them concentrate on selecting supposedly useful healing plants according to Western imaginations of medical efficiency. On the other hand, spiritual – and such scientifically intangible – healing techniques and their representatives are promoted very seldom.³ Such selective conservatism, we concluded, would rather lead to a bending, re-interpretation and re-weighting of indigenous concepts and methods.

During the workshop also methodical issues regarding health-seeking behaviour were thematised. Retrospective accounts of patients are always interconnected with posterior reflection and resulting explanations. Therefore, one has to ask whether interviewing people is a methodologically sufficient approach to study their health-seeking behaviour. Based on the analysis of observed cases that were presented in the workshop it appeared that most people, especially in cases of acute illness, make use of all available resources (usually the closest and cheapest first). They probably do not reflect much on how to classify the disease and to estimate its cause, which would seem necessary to decide which health institution they are going to resort to. Such classifications and contextualisations patients usually undertake only in retrospect. However, one can assume that besides easy geographic and economic reach, confidence in a certain healing method plays an important role when choosing a medical institution. So the following strategies were proposed:

- To define confidence as a main action-leading factor in order to ask by which means confidence in any medical institution may be obtained. Therefore, it has to be understood which factors are necessary to let an individual rely on a certain type of treatment.
- To deduce less from what people tell (especially from interviews about patients' careers) in order to study their health-seeking behaviour, but to observe the processes instead.

Another issue in discussion was the terminology of “medicine”, “religion” and “healer” in the course of medical anthropological research. Neither the term religion nor the term medicine can grasp the practice of indigenous healers in satisfying profundity. On the one hand they both encompass more than what is done but on the other hand they do not describe every aspect of a healing performance. To give an example: an indigenous healer's activity also includes ritual proceedings which are supposed to manipulate social relationships or optimize financial success, and which fairly often also involve assault sorcery. Moreover – as far as (healing) rituals are concerned – the Durkheimian distinction between the sacred and the profane is not as rigid as often assumed, that is, switching between the two is highly frequent. Ritual proceedings often contain relaxed phases where people laugh and foster social contacts and not infrequently they also satisfy a need for ecstasy. Rituals do not necessarily have to be carried out in a space reserved for religious or medical contexts, but may also take place in everyday-settings.

Finally, the term “healer” may be seen as a Western construct, as in some indigenous languages no corresponding term exists (i.e. Shipibo or Tarahumara). “Healer” can only be legitimized by the individual researcher's focus on the aspects of healing.

During the workshop the following suggestions concerning the use of the mentioned terms were worked out:

- In German, the terminology of “healing” encompasses religious and medical meanings in a broader sense than in English: the religious grace (*Heil*), the sacred (*heilig*) and the saviour (*Heiland*) definitely stem from the same root as the medical healing (*heilen*), being whole, unharmed or healthy (*heil*) and of course the healer (*Heiler*). Thus, in German, the term “art of healing” (*Heilkunst*) might be justifiably employed as an alternative to the term “medicine” in medical anthropological studies in order to highlight the twofold religious and medical quality.

- Instead of talking about “religion” there could be more emphasis put toward “spirituality” or “belief” which would stress the non-institutionalised character.
- If available, emic terminology should be explored in regard of its meaning and preferred to however generalizing terms like “healer”, in any possible case.

Notes

¹ Besides the three coordinators, also Bernd Brabec de Mori, Barbara Kazianka, Lucia Mennel, Nora Ramírez, and Christina Schmutzhard participated in the workshop.

² <http://www.who.int/mediacentre/factsheets/fs134/en/>

³ Indigenous spiritual healing techniques, however, are often promoted in esoteric or „neo-shamanistic“ contexts. Therefore, „serious“ medical projects seem to avoid their involvement in these discourses.

Obituary



† January 27, 2009

Nina L. Etkin, Professor of Anthropology at the University of Hawai'i, died in Honolulu, on January 27, 2009, of cancer. Nina was born in New York City, earned the BA in zoology at Indiana University, and began graduate studies in anthropology in 1970 at Washington University-St. Louis, where she received the MA in 1972 and the PhD in 1975.

Her early research emphasized the biocultural dimensions of health, beginning with her Ph.D. dissertation, which explains the biochemical basis of protection against malaria infection that is afforded by an inherited enzyme (G6PD) deficiency. She also explored the evolution of population variability, epidemiology, and health through studies of sickle hemoglobin and malaria; ABO blood groups and infectious diseases; and the intersection of diet, genetics, and daily activity patterns in the expression of hypertension.

Her postdoctoral research evolved into a multi-decade study of Hausa health, diet, and medicine in northern Nigeria, through which she broadened her theoretical perspective to work at the interface of biology and culture. Her husband, Paul Ross, was an integral element of her Hausa research. She is best known for her pioneering work on the pharmacologic implications of plant use, especially the interrelations between medicine and food, and the cultural constructions of health and physiologic implications of people's health-seeking actions. In a later trajectory of ethnomedical inquiry Nina began research on the use of complementary and alternative medicines (CAM) in Hawai'i. Her studies revealed that the uses of CAM are not only for preventive and therapeutic actions, but also are statements about what it means to be sick and who has access to the knowledge and substance of cure. In sum, Nina's biocultural medical anthropology research raised questions about explanatory disease models and healing paradigms, 'irrational' drug use, agency and authority in identifying drug actions as primary or side effects, the overlap of medicine and food, physiological outcomes of self- and specialist-care, physician-driven and patient-augmented polypharmacy, syncretic models of health care, gauging therapeutic efficacy, and the cultural construction and social negotiation of medical knowledge.

Beginning early in her career, Nina has published extensively across a range of disciplines. Her most recent book is “Edible medicines: An ethnopharmacology of food” (2006). At the time of her

death another book was in production, “Biocultural perspectives on food, and beverages, and association” and another in process, “An ethnobiology of Darwin’s gardens”. Her research has been funded by the National Science Foundation, National Institutes of Health, Social Science Research Council, National Endowment for the Humanities, Fulbright, American Heart Association, National Geographic Society, and several private foundations and university sources.

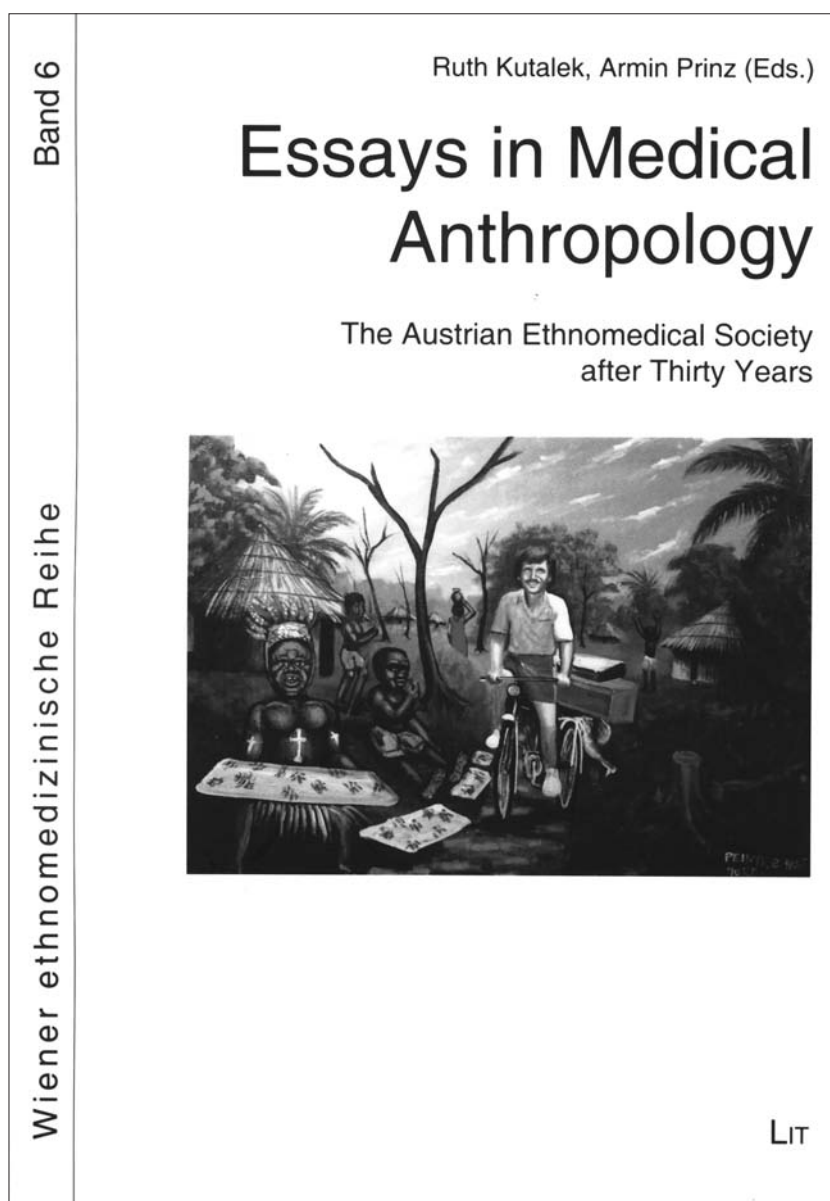
Nina Etkin’s first academic position was at the University of Memphis (1977-1979). She joined the anthropology faculty at the University of Minnesota in 1979, and the University of Hawai’i in 1990. At UH, she served for many years as graduate chair and briefly as department chair, with strong contributions to college and university governance. She chaired dozens of anthropology PhD and MA committees, mentored extensively outside of anthropology, and served as external reviewer at both the graduate and faculty levels. Her CV lists about 130 publications, including 28 (three of them books) since she became ill about 4 years ago. Her accomplishments were recognized through the prestigious Regents’ Award for Excellence in Research, and college teaching and merit awards. She had only recently learned that she was to be awarded the Distinguished Economic Botanist award at the Society for Economic Botany meetings in June, 2009, in Charleston, SC, USA, at which occasion the Society will celebrate her life and career.

Among her many colleagues she will also be remembered because of her great dedication to scholarly work, her enthusiasm for a critical dialogue and her quiet but determined personality. Her research greatly improved our understanding how people understand and use what we commonly call medicine and food: *Food as medicine and medicine as food*. Nina traveled extensively, many of the trips centering on invitations to present plenary addresses and serve on the scientific boards of international conferences. She was a Fellow of the Linnean Society of London and past President of the International Society for Ethnopharmacology. She was editor-in-chief of one academic journal and associate editor of 3 others, and served on the editorial boards of another ten.

Outside of her professional accomplishments, Nina was passionate about hiking, botanizing, and pet dogs. She is survived by her husband and research partner, Paul Ross; three sisters, a niece, two nephews, and their families; and a golden retriever. Contributions to the ACLU (by Nina Etkin, lightly edited by Elaine Elisabetsky, Michael Heinrich, and Dan Moerman).

The International Society for Ethnopharmacology has dedicated its latest ISE Newsletter to the memory of Nina Etkin.

(http://www.ethnopharmacology.org/downloads/newsletters/nl_2009/ise_newsletter_april_2009.pdf)



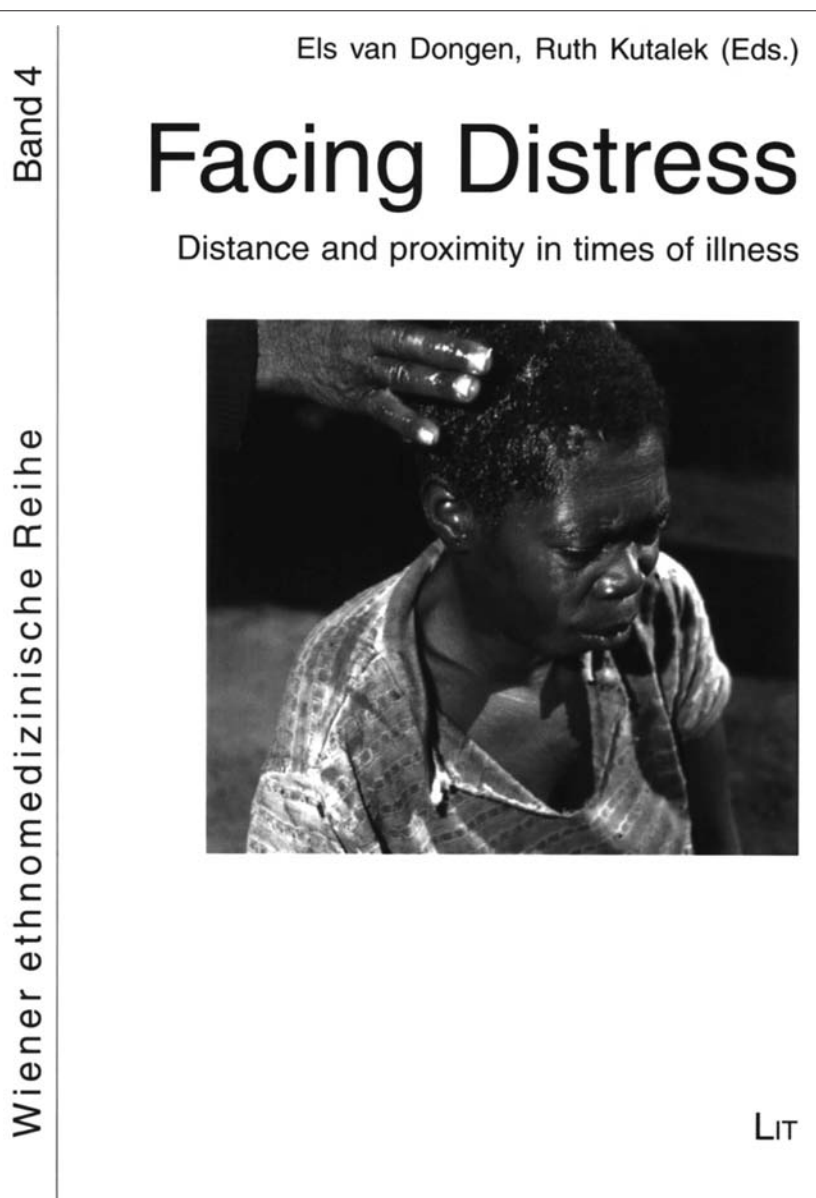
Wiener ethnomedizinische Reihe

Bd. 6, 2009, 432 S., 34.90 EUR, br., ISBN 978-3-643-50008-3

This book is supposed to be a warm thanks to all those who have supported the Austrian Ethnomedical Society (Österreichische Ethnomedizinische Gesellschaft) in the last three decades and who have turned it into what it is today. The 29 authors of this volume have been connected to the Society and the Unit Ethnomedicine and International Health, Medical University of Vienna, in various ways. Apart from our guest professors John Janzen, Wolfgang Jilek, Ma Kanwen, Margaret Lock, Richard Ralston, Sjaak van der Geest and Zohara Yaniv, many other medical anthropologists have contributed to this volume.

After giving an introduction to the history of the Austrian Ethnomedical Society and other ethnomedical institutions, a selection of theories and research topics in current medical anthropology and ethnopharmacology is presented.

This book is also dedicated to Els van Dongen and Nina Etkin, two medical anthropologists of international format and guest lecturers at the Unit, who recently passed away.



Wiener ethnomedizinische Reihe

Bd. 4, 2007, 176 S., 14.90 EUR, br., ISBN 978-3-8258-0171-7

Distance and proximity are concepts par excellence to describe what may happen in times of illness and suffering. When one faces distress and suffering the need of proximity of the sick or suffering person may manifest itself or - the opposite - a need of distance exists. A doctor or an anthropologist may believe proximity is necessary, but the other can disagree. Illness raises questions for all individuals. The sick individual will question his/her relationship with others and being-in-the-world. The authors of this volume take up issues of distance and proximity in illness and suffering in various situations. The papers were first discussed in a workshop titled Facing distress. Distance and proximity in times of illness at the 8th Biennial EASA (European Association of Social Anthropologists) conference in Vienna in September 2004.

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Contributing Authors



Bernd Brabec de Mori (born 1975, Bregenz/Austria) studied musicology, philosophy and history of arts at the Universities of Salzburg, Graz and Vienna. For his master's thesis he spent one and a half year fieldworking in the Peruvian Amazon. He decided to stay in the area, married co-author Mori Silvano de Brabec and became integrated in the indigenous group Shipibo-Konibo. His recent fieldwork on musical practice in the Ucayali valley (2004-2006) was supported by a grant (program 'DOC') by the Austrian Academy of Sciences and paved the way for his doctoral thesis (Documentation and analysis of indigenous musical practices and identity aspects on the Ucayali river/Peru; advisor: Gerhard Kubik). Since 2006 he has been working at the Phonogrammarchiv in Vienna. He has published various papers about music, medicine, arts and history of Shipibo-Konibo and other Peruvian Amazonian groups.



Laida Mori Silvano de Brabec, Neten Rama (born 1975, Patria Nueva/Peru) was raised within Shipibo-Konibo society and pertains to the first generation of Shipibo-Konibo who received organized bilingual school education. She studied primary school education at the Superior Institute of Education in Yarinacocha and at the University San Marcos in Lima. She worked as a translator and field assistant with Frédérique Rama LeClerc and later with her husband and co-author Brabec de Mori. During two years in the field and translating, she specialized in interpreting and analyzing Shipibo-Konibo art and music. Now she lives in Austria together with her husband and their five children.



Eveline Sigl was born in 1975 in Vienna/Austria. Before starting on cultural and social anthropology she finished studies on bio-chemistry, internacional comerce and pedagogics of business administration. She is the founder and director of a Bolivian folk dance group in Austria (www.bolivia.at.tf) and in August 2008 she published her master's thesis "Para Bolivia y el mundo. La danza como generadora de identidad y etnicidad en los contextos online y offline" at CEPA/Oruro/Bolivia. At the moment Eveline Rocha Torrez is working on her dissertation about structures of power, ethnicity, status and gender in the Bolivian highland dances.



Evelyn Puchegger-Ebner, MA, PhD in cultural and social anthropology from the University of Vienna, where she works as a lecturer. She is also freelance documentary filmmaker and author. Her research is preceded and based upon by several periods of fieldwork (1993, 1995, 1997, 2001, 2005, 2007) in Mexico and Colombia (2008). These constitute the foundation of her scientific focus on feminist anthropology, women and gender studies, anthropology of violence, peace and conflict studies, as well as theories and concepts of cosmovision, mythology and rituals. Included in the cosmological complex are themes of body concepts, power and hierarchy.



Yvonne Schaffler, born 1978 in Klagenfurt/Austria, studied social and cultural anthropology at the University of Vienna. She recently finished her doctoral thesis on Dominican folk medicine, spirituality and identity after eleven month of field research in the Southwest of the Dominican Republic. She teaches at the University of Vienna and at the Medical University of Vienna. She currently works on a filmproject (supported by the Austrian Nationalbank) at the Unit Ethnomedizin and International Health, Centre for Public Health, Medical University of Vienna.

Photograph last page

Milke Sinuiri's painting is divided vertically: on the left, the "human" side, a celestial background hosts symbols of modern *ayahuasquerismo*, like the pink dolphin on the left standing for love magic, the *ayawaska* vine itself as a basement, and the spaceship-like anaconda pointing towards often-mentioned journeys in heavenly or extra-terrestrial landscapes. On the other hand, the right "jaguar" side is dedicated to "old-fashioned" animal transformation, sorcery (see the snakes as arms of the sorcerer) and counter-witchcraft. The toucan also is viewed as a dangerous sorcerer. Remarkably, the animal transformation is not performed through *ayawaska* ingestion but through inhaling tobacco. (See article Brabec and Brabec this issue)



Jaguar transformation, painting by Milke Sinuiri

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