

"SHIPIBO-KONIBO TRADITIONAL MEDICINE". THE IMPACT OF ANTHROPOLOGIST'S (STUPID) QUESTIONS ON AN INDIGENOUS GROUP'S SELF-PERCEPTION.

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1. Introduction.

The Shipibo-Konibo (often just called "Shipibo") are an indigenous group of about 45.000 individuals, dwelling mainly on the shores of the Ucayali river in eastern Peru, within the borders of the amazonian rainforest lowlands. They are the biggest and only riverine group of the Pano linguistic family. The group is well-known because of their fine artwork, manifesting especially in elaborate geometric patterns applied to textiles, ceramics and carved wooden items. Since about 1975, also a lot of ethnomedical research has been done on the group, mainly regarding the use of plants, most prominently the hallucinogenic brew *ayawaska* (called *nishi* or *oni* in Shipibo-Konibo language).

Because of their accessibility (the regional capital city of Pucallpa can easily be reached on road or by airplane and many Shipibo settlements can be visited through one-day boat-trips from Pucallpa), in the second half of the 20th century, the Shipibo suffered a relative oversaturation with anthropologists doing fieldwork, at least compared to their neighbour groups like the Kukama, Asháninka, Yine or Kakataibo, although Kukama and Asháninka both have higher population numbers. During the 50ies and 60ies, the archaeologist Donald Lathrap (1970) drew attention to their artwork, and Peter Roe (1982) worked intensely on Shipibo artwork and mythology during the 70ies. In the 80ies, Jacques Tournon (2002) started to do ethnobotanical fieldwork, Bruno Illius (1987) conducted research on Shipibo shamanism, and Angelika Gebhart-Sayer (1987) undertook a synthesis of artwork, music and shamanism/healing which had a wide response among other researchers. Since then, many studies have been done especially on the complex around arts and shamanism.

"Traditional Medicine"

The Shipibo themselves differentiate between what we call biomedicine (*nawan rao* or *medicina del hospital, medicina occidental*) and medical practices based upon indigenous philosophies which they call *non rao* or *medicina tradicional*. However, mainly in urban areas, many Shipibo now consider trans-cultural combination therapies most efficient (in both directions, for example by "empowering" treatment in hospital with simultaneous treatment from a distance by a specialist *yobé* – emic term for medical practitioner – or by mixing pharmaceutical medicaments in plant preparations to make them more "powerful").

Medicina tradicional is based upon a principle of communication between human beings and plants or animals, as well as landscape agents and deceased humans. The prime requisite for communicating is the "diet" *samá*, which is being applied both for learning medical techniques and applying them. The philosophical background can well be described with Viveiros de Castro's (1997) concept of "indigenous perspectivism", indicating that those non-human agents, in their own point of view, behave like human beings and perceive the same world from a different perspective with different natural surroundings. For example, the big *xono* tree (*Chorisia* sp.) perceives itself and its *xono* peers as humans, while perceiving human beings like us as something very different from them, in a way like trees are different from us. If now such "humans" can be contacted and manipulated, they may influence our human world perception (as well as we can influence theirs: e.g. we can tend a tree to bear fruits or we can fell it).

This philosophical background, with its interesting ecological implications, can be traced throughout Amazonia and even among other indigenous cultures in the Americas. However, during the long history of contact with Europeans, this background now stands behind Christian, Darwinistic, psychoanalytic and materialistic interpretations of behaviour, and especially among more acculturated groups like the Shipibo, the "indigenous perspectivism" can not be easily discovered.

The second basement of "traditional medicine" is the great flexibility of including new methods and techniques within this human / non-human communication background. Today's indigenous "myths" – of course – do not represent a pre-civilised way of worldview, but a quite "modernised" one. Again, Christian, materialistic and any Western aspects are well included, as shown for example by Chaumeil (1998) in the introduction to the Spanish edition of his book on Yagua shamanism, or, for the Ucayali region by Luna and Amaringo (1992). Airplanes, parabolic antennae or syringes represent material aspects, while prayers or blessings, operations and economic orientation show implications of habitual items.

Thus, "traditional medicine" is in no way "traditional" regarding methods and techniques which evolve quickly and efficiently in very individual ways among the different practitioners of, well, "traditional medicine". That for I prefer the term "indigenous medicine" though the Indigenous themselves call it *medicina tradicional*.

This terminology gives a clue for our approach of interpretation: the word *tradicional* was reinterpreted by the Shipibo (and other groups). There is no emic term exactly mirroring what we mean with "traditional", and also the indigenous reinterpretation is not congruent with this meaning, as shown above. The same is true for *medicina*. This "medicine" in the reinterpreted indigenous meaning includes the areas of witchcraft and sorcery, love and relationship magics, manipulation of cultural behaviour and abilities (like "curing" somebody to become a good hunter) beside what we understand in the West, a transformative process from an abnormal physical or psychic condition towards a normal, or healthy, condition.

As well as *medicina tradicional* does not signify something "well established since times immemorial", its methods and techniques must not be considered such, even if indigenous informants guarantee that these items are part of their *medicina tradicional*. The most prominent example among the Shipibo and many other ethnic groups in Western Amazonia is the use of the hallucinogenic brew *ayawaska*. Although considered the fundamental part of indigenous cosmology since thousands of years by many researchers, newer research (Gow 1992, Brabec de Mori 2009) shows, that probably *ayawaska* was not yet known or at least not used on the Ucayali river about 200 years ago. Of course, the Shipibo, among their peer groups, included *ayawaska* very quickly into their medical system and nowadays consider it "traditional" themselves.

3. Constructing Systems

That cultural systems are permanently being constructed in a conscious or unconscious process is nowadays nothing new to write home about. However, by considering such a process of being alive and at work, many assumptions must be reviewed, e.g. the complex around artwork, *ayawaska*, music and *medicina*. Together with Mori Silvano de Brabec (2008), I analysed the history of the "anthropological myths" around Shipibo design patterns, so-called "books" the Shipibo are supposed to have used or possessed about 200 years ago, the story of "master shamans" (or priest-shamans *Priesterschamane* as Gebhart-Sayer calls them) telling the women the patterns, while the women dutifully reproduce them, and the connection of these stories with songs and curing of *ayawaska* specialists. This analysis will be published elsewhere, so here we will only elicit that we concluded that these constructions were mainly triggered by the high expectations of anthropologists, searching for a "meaning" of the patterns.

Of course, being repeatedly asked about the connection of curing songs and designs, Shipibo informants would ponder the idea and respond something.

In the biggest Shipibo settlement, San Francisco de Yarinacocha, which is also the nearest one to the city of Pucallpa, a specialist "school" has emerged, how to "get your gringo" and how to provide valuable information for "your gringo". There is quite a group of people who I know personally, who make their living from telling tall stories to – mostly young and unexperienced – researchers. I do not blame this in a moralist way, I only want to draw attention to the fact, that these people consciously invent their peoples "traditional medicine".

In the case of *ayawaska* use, a few decades ago, there were a few specialist *yobé* who drank the brew and used the altered state of consciousness for "medical" purposes. The 99% non-*yobé* population would never touch it, because *ayawaska* and the whole "medical" techniques were ambiguously used for healing and sorcery and people were (and in more remote areas, still are) highly afraid of any *yobé*'s concerns. Nowadays in San Francisco quite every man and many women call themselves *chamanes* and train in *ayawaska* sessions, for easily understandable economic reasons. Thus, within the Shipibo discourse, *ayawaska* use is now considered the fundament of *chamanismo*, and somebody who asks for it, will get the response, that *chamanismo ayabuasquero* IS the basement of *medicina tradicional*, which is not wrong, remembering what was said above about "traditional" in that context.

Pondering about these processes of construction, one should be aware of the relative young history of the Shipibo "nation" itself. During missionary reports before 1800, the Shipibo were a quite small group dwelling in a few households along the remote Aguaytía and Pisqui rivers. Around them, the Ssensi, Shetebo, Panobo, Remo, Inobo, Ronobo and many more "clans" or "families" dwelt, and the oldest mentioned clan on the upper Ucayli river were the "Konibo". The whole cluster of group obtained its current name by the fact, that the big *reducción* in Sarayacu was founded in 1790 in Shipibo territory. Through ongoing missionary reduction and rubber boom migrations during the 19th century, the many riverine Pano-speaking groups were fused into one complex then being called Shipibo-Konibo. I have gathered some evidence in musical recordings, that "Konibo" was a different language which is not being understood by nowadays "Konibo" from the upper Ucayali. The same seems to be true for Ronobo, Inobo and better known in literature, for Panobo. Further on, when I went to the lower Ucayli in search for remaining Shetebo, I met a few families who considered themselves "Shipibo-Konibo", but were identified as Shetebo by a "confessing" Shetebo peer, but without exception they insisted, that any Shetebo who had ever existed, now behaved like mestizos, and nobody would recognize them as indians. This is interesting, because despite some older informants, also cited in literature, still remember the former "clan structure" with their respective names, younger Shipibo do not and consider themselves ever having been "Shipibo-Konibo".

I claim that the only items that were successfully constructed in cooperation of indians, missionaries and anthropologists are those two complexes (the whole ethnic group and their "traditional medicine"), ironically today representing (politically and in popular and tourism concerns) the "purest indigenous" items.

A more recent process can be observed around the complex of "healing designs", "design songs" and finally "healing songs". Mori Silvano de Brabec and me proved that the prior two terms lack any historical or ethnological evidence. However, medical songs seem to be ancient in the region, whatever this would mean in years or centuries. The connection of the "book myth" with the "design teaching myth" led to increased questioning about these concerns by anthropologists, Gebhart-Sayer leading the field, and there were positive responses, of course. In 2001, I met a Shipibo woman who pretended to sing a "good luck"-song following a "good luck" pattern painted at a textile in order to sell it. Among Shipibo peers, this was considered ridiculous. The same woman who sold me the textile (yes, I bought it), later travelled to the United States (New Mexico) and to Lima to present "Woven Songs of the Amazon" in academic settings, backed up by young and well-prepared anthropologists.

In anthropological literature, there is much reference attributed to Gebhart-Sayers hypothesis and more recent "evidence" backs it up. I refer e.g. to a book by Luisa Elvira Belaunde (2005) which draws a comparative picture on gender relations in Amazonia. The Shipibo-section basically mentions some books written by authors who relied a lot on the information that was provided by the above mentioned group of specialists in "anthropological issues" in San Francisco de Yarinacocha. The design-song-healing topic, beside other new "traditions", is right now transforming into reality, because Shipibo started reinterpreting and diffusing it themselves.

4. The moral question of lying

In the field of Shipibo-Konibo *medicina tradicional* I have indicated what happened during the second half of the 20th century, when the focus on *ayawaska* (by both indians and researchers...?) overlaid many former concepts of plant and animal medicine, including transformations and spirit possession, which is not being found anymore among the Ucayali population. Artwork nowadays is usually being connected to *ayawaska* visions and "shamanic" practice by Shipibo artists themselves, as a reaction to both anthropologist's and tourist's interests.

I would like to point out that the Ucayali indians with their amazing flexibility in switching perspectives (which I consider an ability deeply rooted within their philosophical background) have learned how to "use" westerners for their own goals and for constructing a reality which is more favorable to them. While Kakataibo elders tell stories about Sētēnē Bolívar, who worked very hard on "civilising" the white people and finally succeeded, Shipibo youngsters develop techniques how to "chase their gringos" – indicating that many times the researcher is found by the informant, not vice versa.

Some questions arise: how shall we – as conscious anthropologists – respond to such processes? The first problem is, that the Shipibo "good luck"-singer, at least when singing to me in 2001, was consciously lying. The second problem is, that in the motion picture which was made by two US researchers with that singer, she openly declares, that any Shipibo who does not know about the "Woven Songs", is ignorant to his own history and his people's tradition¹ – such defending herself tautologically from expected criticism, also lying.

Any researcher doing fieldwork is manipulating his surroundings, more or less consciously. So, how should we ask questions, when facing tendencies as those described above, which in a great dimension were influenced or even constructed by former researcher's questions? What will be the effects of our questions? Which processes of "truth-genesis" will be launched by our fieldwork?

These questions I hope to discuss in the panel.

Gratwein, 16-06-2008

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¹ cf.: Stevens, Anne (2005): *Woven Songs of the Amazon*. Green Spider Films. (<http://www.greenspiderfilms.com/products.html>, see a trailer at: <http://one.revver.com/watch/310087/flv/affiliate/96978>)

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**Proposal for a paper at symposium on fieldwork in medical anthropology
Ljubljana, august 2008**

Name of person submitting:

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Equipment needed for the presentation:

audio CD player and a slide projector (if available) or an overhead projector instead.

Type of presentation:

individual paper

Title of presentation:

"Shipibo-Konibo Traditional Medicine". The Impact of Anthropologist's (Stupid) Questions on an Indigenous Group's Self-Perception.

Abstract:

Fieldworking in medical anthropology is a very delicate process. There are researchers who feed like vampires on their informants, as well as informants who likewise feed on researchers. From the very beginning, the fieldworker is challenged by his own prejudices, by projections from his culture of origin and from the host cultural complex. If the researcher is conscious of his own biases, he will have to understand the informant's expectations of both his project and his very personality before understanding anything else. The author has lived for five years inside his own fieldwork in western Amazonia.

In Shipibo-Konibo society (an indigenous group on the Ucayali river/Peru), semiprofessional experts in responding anthropological questions have evolved after a relative oversaturation with anthropologists during the 20th century. They know how to seduce researchers with interesting knowledge regarding medical practices, which may be completely eclectic, improvised or even constructed in purpose of impressing the visitor, and of obtaining economic favours.

The impact of western scientific research in general and of ethnomedical fieldwork in particular on the representation of "Shipibo-Konibo cosmology" will be elaborated. It shall be mentioned that the Shipibo-Konibo ethnic compound is a 20th century's construction as well as the assumption that there exists a representative cosmology; not to skip the fact that *ayawaska* usage has been considered *the* fundamental (and millenium) experience for this "cosmology" by most authors. Today's Shipibo-Konibo self-perception is greatly influenced if not almost entirely constructed by former ethnographer's expectations. If you ask a question and get an answer, this should sometimes be considered more worrying than getting no response.

The author:

Bernd Brabec de Mori, Mag. phil. in musicology, currently works at the Phonogrammarchiv in Vienna and on his Ph.D. thesis about indigenous musical practices on the river Ucayali/Perú, advised by Gerhard Kubik. He did five years of fieldwork in the Ucayali region, cooperating with the *Universidad Nacional Mayor de San Marcos*, *Pontificia Universidad Católica del Perú* and various local institutions in Pucallpa/Ucayali. The last two years of venturing into remote places were accomplished with a grant (program 'DOC') by the Austrian Academy of Sciences. The author lives highly involved within the indigenous group Shipibo-Konibo.