THE SALIENCE OF MEDICAL CULTURE IN AMAZONIAN ECUADOR

By

Kerry Vanden Heuvel

Submitted to the Department of Anthropology
and the Faculty of the Graduate School of the University of Kansas
In partial fulfillment of the requirements for the degree of
Master's of Arts

_____
Chairperson

Committee members _____

_____

Date defended:_____

The Thesis Committee for Kerry Vanden Heuvel certifies
That this is the approved Version of the following thesis:

THE SALIENCE OF MEDICAL CULTURE IN AMAZONIAN ECUADOR

Kerry Vanden Heuvel

Committee:

_____
Chairperson

_____

_____

Date approved:_____

Abstract

This thesis explores the salience of medical culture in the Upper Amazon region of Ecuador. In particular, it will focus on the Quichua community of Venecia Derecha. The framework for this thesis is based on Murray Last's (1981,1992) concept of **"**medical culture," which he uses for all things medical that go on in a given society. Careful examination of a medical culture reveals aspects and domains that are more salient, that have a more systematic character. I argue that in the Venecia medical culture, shamans are central to the medical system because they are the creators of power (*ushai)* and knowledge (*yachai*). Within introduced medicine and religion, Evangelicalism does provide a system; whereas, biomedicine does not although it is available. Midwifery is not an organized system and constitutes fragmentary knowledge, while making no claim to power. Personal knowledge, though connected to the same sources as shamanism is fragmented and individualized.

Table of Contents

Acknowledgements

I would especially like to thank my advisor, John Janzen for his mentoring and guidance over the past two and a half years. I would also like to acknowledge Bartholomew Dean and Brent Metz for their guidance on this project. I must pay my respects to my Quechua instructor, Nina Kinti-Moss who first sparked my interest in Ecuador. I am grateful to the Center for Latin American Studies at the University of Kansas for the opportunity to study in Ecuador. Additionally, I am grateful to Tod Swanson and other faculty members from Arizona State's Andes and Amazon Field School. Most importantly, I am grateful to the people of Venecia, Ecuador who have helped me with my research. I must also thank my fellow anthropology graduate students at the University of Kansas for their support over the years. Lastly, I would especially like to acknowledge César Córdova for his continued and ongoing support.

Map 1. Shaded Relief Map of Ecuador
Located in the Napo Province, Venecia (indicated by the star) lies southeast of Tena, and west of Puerto Misahualli along the Napo River.
Source: http://www.lib.utexas.edu/maps/ecuador.html

Chapter 1
Introduction

This thesis explores medical culture in the Upper Amazon region of Ecuador. In particular, it will focus on the Quichua community of Venecia Derecha, a rural village on the banks of the Napo River. Murray Last (1981,1992) coined the term **"**medical culture," which is used for all things medical that go on in a given society. Last distinguishes medical culture from a medical system because medical culture is capable of having a wider application than a medical system. Unlike a medical system, a medical culture is not bound by theory or limited to healing practices driven by power and organization. Medical culture is useful because it is a common denominator of all medical practice or knowledge.

In this thesis, I use salience to illustrate the significant aspects and domains of Venecia medical culture, some of which are more systematic than others. The medical culture of Venecia includes some features that are more notable and more active or "salient" than others which merely exist in the background as part of the medical landscape. Within the Venecia medical culture, certain features are more salient than others, as will be seen in the forthcoming chapters.

I argue that in the Venecia medical culture, shamans are the recognizable coherence to the local medical system because they are the creators of power (*ushai)* and knowledge (*yachai*). What I am defining as the local medical system is the shamans, midwives, Evangelicals, and individuals who possess personal knowledge, with shamanism as central to this local system. Within introduced medicine and religion, Evangelicalism does provide a system; whereas, biomedicine does not

although it is available. Midwifery is not an organized system and constitutes fragmentary knowledge, while making no claim to power. Personal knowledge, though connected to the same sources as shamanism is fragmented and individualized. Moreover, this thesis examines how medical knowledge is central to Venecia medical culture and can be translated in terms of power, authority, and organization. Evaluating power, authority, and organization is beneficial to understanding how resources of health and healing may become the focus of influence in a society by those who have the knowledge to heal.

Anthropology's helpful contribution to the analysis of medical knowledge comes when this domain is opened up to comparative perspective, both to other medical traditions and to multiple ways of knowing. I have organized five ways of knowledge and practice that are the essence of Venecia medical culture: (1) shamans or *yachajs*, (2) biomedicine and pharmacies, (3) Evangelicalism, (4) midwives or *wachachijs*, and (5) personal experience. The five ways of knowing and practice that constitute Venecia medical culture are not equally salient, as I will discuss in the forthcoming chapters. As Michel Foucault (1980) points out, knowledge is power. This is critical to the understanding of how the "raw power" of healing and medicine are controlled and organized (Janzen 2002:212). Power and organization in medicine thus, go hand in hand with authority and legitimacy. This is evident in the Venecia medical culture.

Research Methodology

The research methodology combines participant-observation, field notes, and open-ended interviews done in one community of Amazonian Ecuador. In June and July of 2006, I stayed in Venecia Derecha, a Quichua community located on the south bank of the Napo River Valley in the Ecuadorian Amazon. Venecia is approximately 17 kilometers (20 minutes by bus) southeast of the city of Tena (see Map 1), the capital of the Napo Province, where I frequented weekly. Venecia lies near the base of the Andes alongside the beginning of the Napo River, which eventually drains into the Amazon River near Iquitos, Peru.

Quichua is the primary language spoken in Venecia, while most individuals under the age of 50 speak Spanish as a second language. People here are known as the Napo Runa, with Napo distinguishing the area they are from and *Runa* meaning person or individual in Quichua. The population of the Napo Province is 79,000, with Tena having a population of 20,000. Venecia has approximately 300 people, most of which consisting of four large *ayllus* (extended families).

I was introduced to the community of Venecia through Arizona State University's Andes and Amazonian Field School in the summer of 2006, which was supported by a Foreign Language and Area Studies (FLAS) grant given by the Center for Latin American Studies at The University of Kansas. The focus of the field school was the intensive study of Ecuadorian Quichua, with language classes held in the morning and culture classes in the afternoon. Notes from the culture classes are also included throughout this thesis. However, there was ample opportunity to engage in

the everyday aspects of life in the community, and in my case, to do participant-observation, take field notes, and conduct open-ended interviews. I will use interviews with Carmen Andi, a well-respected elder in the community, throughout this thesis. Other field school participants and I lived amongst the Andi ayllu, one of the four extended families in Venecia that we interacted with on a daily basis.

Many of the culture classes were held as seminars where Andi family members discussed various themes on Napo Runa culture such as health, kinship, marriage, oral history, religion, gender, economy and so forth. Of particular interest to myself was a seminar on midwifery which was held with the community's three midwives. Outside the classroom, I was able to interact with one of Venecia's shamans, as well as community elders who have extensive knowledge that provides useful in exploring Venecia medical culture. Additionally, I was able to frequent the city of Tena over the course of two months and see how biomedicine is situated next to the indigenous medical system of Venecia. I was able to visit the hospital in Tena, and familiarize myself with the pharmacies in town.

Theoretical Framework

The theoretical framework for this thesis is based on Murray Last's (1981,1992) concept of medical culture in which he uses the term "medical culture" for all things medical that go on within a particular geographical area. Medical culture is a concept wider than that of a "medical system." In evaluation of the salience of Venecia medical culture, I use Last's (1981) definition of what constitutes a medical system. Medical anthropologists have viewed medical systems as sociocultural

systems for quite some time (Janzen et al. in Drew 1998:13). “The medical system is by definition dynamic, with constant change in the distribution pattern of medical resources as competing groups vie for control” (Cobb 1976:49-50). According to Last (1981:389), for medical ideas and practices to form a system, the following must be included: (1) a group of practitioners who adhere to a common, consistent body of knowledge and practice according to logic deriving from that theory, (2) patients who recognize such a group of practitioners and such a consistent body of knowledge, and (3) theory that explains and guides treatment of most illnesses in the society. The foundation for how power and authority shape medical knowledge to include organization within a medical system is based on the work of John Janzen (2002), as well as Hans Baer, Ida Susser, and Merrill Singer (2003) who situate themselves within the critical medical anthropology perspective.

Thesis Questions

In this thesis, I will address the following questions: (1) What is the salience of Venecia medical culture, (2) What dimensions of Venecia medical culture thrive as a localized medical system, and (3) How does power (ushai) and knowledge (yachai) shape the medical culture of Venecia?

Runa History

The Oriente, which refers to the Ecuadorian Amazon, makes up about half of the country and lies east of the Andes. Long home to the Cofán, Secoya, Siona, Huaroni, Achuar, Záparo, Shuar, and Oriente Quichuas, the once near isolated area underwent profound change in the 1960s with the incursion of outsiders, including

those engaged in oil, timber, agriculture, and mining activities. People from these nationalities range from subsistence-oriented to urbane; many are bilingual or multilingual/intercultural, while inter-language marriage is not common (Whitten 2004:448). Centuries-old cultures were deeply altered by the infusion of outsiders, and much of the rain forest's animal and plant life was diminished or destroyed along with the information it doubtless contained.

Amazonian *Runa* have always numbered far fewer than their counterparts in the Andes. The Oriente Quichuas are divided into the Canelos and Quijos of north-central Sucumbíos, Napo, Orellana, and Pastaza provinces (see Map 1). Throughout the centuries, they evolved a sophisticated adaptation to their jungle environment, one characterized by highly complex interaction with an enormous array of plants and animals (Gerlach 2003:9). Amazonians have an ethos of interculturality that emerges strongly at times of perceived collective crisis and binds them together into a powerful ethnic bloc allied with the Andean bloc of indigenous peoples capable of remarkable mobilization (Whitten 2004:448).

Limitations of the Study

Limited time and scope of this thesis required that I focus on only one community in the Upper Amazon of Ecuador, Venecia. With that being said, I rely heavily on the works of anthropologists Norman Whitten and Michael Uzendoski who have done extensive research in Quichua communities of Amazonian Ecuador, as there are few anthropologists, let alone medical anthropologists working in Runa communities of Amazonian Ecuador. It should also be taken into consideration that

while I stayed in the community of Venecia it was under the restrictions of a field school and not the typical setting of anthropologist in the field. The field school has operated in Venecia now for eight years which means that the community has been exposed to students from universities all across the United States. This could be seen as a limitation of research because of the influence or impact of students on the realities of day to day life. This is also noted in the work of Renee Hanson (2006), another University of Kansas graduate student who researched oral history and plant animism in Venecia under the same field school.

Terminology

I will refer to what Last (1981, 1990, 1992) calls "traditional" medicine as indigenous medicine because traditional implies that the medical culture or medical system has not changed over time and delineates an ahistorical perspective. As can be seen in the forthcoming chapters, individuals in Venecia create a compatibility with their medical culture which can shift and change over time.

Additionally, I will use Quichua to refer to the Ecuadorian lowland varieties of the language. Quechua, on the other hand designates the dialects spoken in Peru and elsewhere in the Andean highlands (Wilson 1999:295).

Thesis Organization

Chapter Two of this thesis is the literature review of Last's work on medical culture, and a review of the anthropological work in Quichua communities of the Upper Amazon of Ecuador. Chapter Three explores Napo Runa medical culture in Venecia. Here, I discuss what is important when examining Venecia's medical

culture to include knowledge and power. Additionally, I discuss how verbal concepts are important when looking at health, illness, and healing. Chapter Four examines the role of shamanism in Venecia's medical culture. Here, I discuss how the shaman is the central figure in Venecia's medical culture by the knowledge and power he holds. Chapter Five addresses biomedicine and religion. Here, I discuss Runa access to biomedicine, in addition to an Evangelical worldview. Chapter Six illustrates how midwifery and personal experience play a role in Venecia's medical culture. Here, I discuss the knowledge midwive's possess as well as the personal knowledge held by Runa in Venecia to include plants, spirits, and dreaming. Chapter Seven is the conclusion. Here, I interpret the salience of medical culture in Venecia, and reflect back on the central thesis and discuss the contributions of Last's work to medical anthropology.

Chapter 2
Literature Review

This thesis examines the medical culture of Venecia, a small community in the Upper Amazon of Ecuador. The central theme is that this local medical system which is bound by those who possess medical knowledge can be translated in terms of power. In this chapter, I review the literature of Murray Last on medical culture, and the anthropological literature on lowland Quichua speaking communities in the Upper Amazon of Ecuador. The literature on medical culture addresses Last's basis for a medical culture, while the literature on the Ecuadorian Amazon brings out themes I discuss in evaluating the salience of Venecia's medical culture. Relevant literature from the Andes shows parallel themes in indigenous medicine.

Review of Literature on Last's Medical Culture

As stated in the introduction, I base the framework for this thesis on Murray Last's concept of the term he coined, "medical culture." Last, a distinguished professor of anthropology at University College London has done extensive research in Nigeria and northern Africa. He (1981, 1992) applies his term, medical culture to his work in Malumfashi, Nigeria. Additionally, Last (1990) has also done research concerning the professionalization of indigenous healers as well as the professionalization of African medicine.

In *The Importance of Knowing about Not Knowing: Observations from Hausaland*, Last (1992:393) asks how much people know, and care to know about their own medical culture and how much a practitioner must know to be able to practice medicine. The medical culture of Hausaland in Malumfashi, Nigeria is made

up of Western biomedicine, Islamic medicine, and that which Last calls, traditional medicine. Both the early 19th century Islamic reform movement and colonialism has influenced the medical culture of Hausaland from the sharing of traits from Western medicine, Islamic medicine, and traditional medicine. However, Islam has undermined the authority of traditional medicine by according non-Muslims in Hausaland an inferior status politically and culturally (Last 1992:393).

Last (1992:393) argues that medical knowledge is liable to be layered, and as an outsider one may seep through the inner layers of knowledge, while the deeper one goes, the less certain one is of that knowledge. For ethnographers, the distribution of knowledge is not always accurate or reliable. Every investigator on a superficial level has been given the answer 'don't know' and has been unsure whether the answer was the truth or simply a snub (Last 1981:387). While uncovering the layers of medical knowledge, the ethnographer may not always get the truth. Moreover, to ignore the existence of not-knowing in medicine only negates the claim to know another medical culture (Last 1992:394). Last uncovers a "don't know, don't care" attitude of people towards their own medical culture.

The connection between not-knowing and/or not-caring-to-know, and a hierarchy of medical systems, lies in Last's argument that the medical system at the bottom of the hierarchy can become desystematized. According to Last (1992:394), the salient feature of the Malumfashi medical culture is the widespread attitude found among patients and to a lesser extent among practitioners, of "don't know," "don't want to know." Under certain conditions, traditional medicine then is not recognized

even as a system, although it can be practiced widely and be patronized by the public (Last 1992:394).

According to Last (1981:389), for medical ideas and practices to form a system, the following must be included: (1) a group of practitioners who adhere to a common, consistent body of knowledge and practice according to logic deriving from that theory, (2) patients who recognize such a group of practitioners and such a consistent body of knowledge, and (3) theory that explains and guides treatment of most illnesses in the society.

The medical culture of Malumfashi includes: (1) a traditional Hausa medicine, (2) an Islamic medicine that was particularly dominant during the colonial period, and (3) Western medicine which was important during the late colonial period, but is now disassociated with colonialism and is financed by the government (Last 1992:396). The healers of the Malumfashi area have no association, no examinations, and no standard treatment; however, they do compete with each other using different healing techniques (Last 1993:397). The only preference the Malumfashi community has regarding healers is that a more distant healer is often consulted or chosen before the local expert (Last 1993:397). Others included under the umbrella of traditional medicine are the barber-surgeon (*wanzami*), the bone-setter (*madori*), and the midwife (*ungozoma*) (Last 1993:397). The barber-surgeon, bone-setter, and the midwife are treated as professionals and are mostly Muslim (Last 1993:397). The three are not required to diagnose illness, since in most instances they are called in only to perform their specialized duties (Last 1993:397).

The traditional healer not only has to diagnose illness, but also may be called to provide services such as fortune-telling, supplying poison, and guarding or otherwise coping with wandering lunatics (Last 1993:397). Traditional healers compete against those who have personal knowledge and can construct home remedies. According to Last (1992:398), the traditional healers that serve the Malumfashi area cannot be said to hold to one consistent theory of logic, except insofar as they are defined negatively, as not offering Western biomedicine or Islamic medicine. Last (1992:400) argues that it should be clear that traditional medicine, if not a "nonsystem," is now more than ever extremely unsystematic in practice.

The Malumfashi have become accustomed to the lack of systematization in their traditional medicine and have over time adjusted their ideas and practices (Last 1992:400). In particular, Last (1992:400) discusses the extent to which people "don't know" or do not wish to know. Most apparent is the extreme, institutionalized secrecy surrounding medical matters (Last 1992:400). Practitioners are not to "trade secrets", while patients are not to talk of their affliction, except with their closest family members. Revealing medical knowledge is dangerous because it implies witchcraft (Last 1992:400). For Last (1992:401), the salience of Malumfashi medical culture lies in the fact that people truly "don't know" because of secrecy, uncertainty, and skepticism. Furthermore, Last (1992:402) suggests that the origin of "not-knowing" lies in the breakup of traditional medicine as a system. From the not-knowing, a secrecy has developed that attempts to hide the lack of knowledge and certainty as

well as a skepticism in which people suspect that no one really "knows" that there is no system (Last 1992:402).

Last (1992:402) says that patients view doctors' different systems as "alternatives," while some of the doctors do not act as part of a system. There is a medical culture within which the various systems or nonsystems have affected one another over time, to the extent that a segment of the medical culture can flourish in anarchy (Last 1992:402-403). The reason for this lies partly in people not knowing and not wishing to know. Thus, Last argues that people's disinterest in medicine is an important medical phenomenon.

As brought forth by Last, medical culture differs from medical system. In Hausaland, Western biomedicine has shared traits among a diverse set of healing techniques. Medical culture in Hausaland incorporates Western biomedicine, Islamic medicine, and traditional medicine. History has had a strong influence on the medical culture in Hausaland, while religion has also played a strong role.

Medical culture promotes social, political, and economic support as seen in the case of Hausaland. Last has shown that medical culture includes all types of medical knowledge and is not limited to the power and organization of medical systems. The application of medical culture is useful because it does not exclude any form of medical knowledge and it allows for examination beyond a medical system for anthropological analysis.

It is significant to recognize that a great deal of healing takes place outside the purview of governmental or professional regulations (Last 1990:354). In large part,

self-medication or home remedies account for the great majority of ailments, injuries, and malaise (Last 1990:354). Given that people's commonsense knowledge usually includes herbal medicines and tonics available in the habitat, contemporary self-medication is simply an expansion of ordinary practice (Last 1990:354).

Review of Literature on Amazonian Ecuador

Probably the most prominent in the anthropological literature on Quichua peoples in Amazonian Ecuador is Norman Whitten, Jr. He has done extensive work with the *Runa* who live near Puyo, a town Whitten says is the most dynamic in all of eastern Ecuador. In *Sacha Runa*, Whitten (1976) presents the rich Quichua lifeways that exist in the eastern Amazon of Ecuador. *Sacha Runa* (people of the jungle) is devoted to the high jungle and most importantly, the culture area which runs eastward through an increasingly low rain forest. Whitten (1976:3) uses "Canelos Quichua" to refer to the people participating in the culture presented in this book. The Puyo Runa, on the other hand, are a territorial grouping of Canelos Quichua culture. Contemporary Canelos Quichua represent a rich and dynamic culture that is territorially specific, yet widely shared with other Amazonian peoples and peoples throughout the Andes. Whitten (1976:26) addresses the culture of the Canelos Quichua worth understanding in its own right, through its own system of relationships within its own ecology, society, and ideology.

In his sequel to *Sacha Runa*, Whitten's (1985) *Sicuanga Runa* focuses on the site of Nayapi Llacta/Nueva Esperanza in Amazonian Ecuador to explore the theme of duality of power patterning. This book, according to Whitten (1985:19) is "about a

people who maintain a capacity to respond—a power—based on internal integrity and on adaptability…it explores the nature of contradiction in social life and seeks to contribute to a theory of power—to understand the ability to carry out one's will, despite resistance." I use the works of Whitten to explore elements of translating knowledge in terms of power, in particularly with shamanism.

Another important figure in the literature on Quichua communities in Amazonian Ecuador is Michael Uzendoski. In *The Napo Runa of Amazonian Ecuador*, Uzendoski (2005) investigates the interrelated problems of value, kinship, and historicity of the Napo Runa. He bases his research on the work of the late José María Arguedas, a Quechua writer, poet, and anthropologist. Arguedas situates indigenous characters in his work as spiritual and cosmic beings that are connected to the world by way of intense affectivity and aesthetics (2005:preface). Uzendoski (2005:preface) states that "these relations are not superstition but rather modes of perception by which people visualize their connections to the substances of power of mythical forces that are essential to the materiality of things and to social process." Throughout the book, Uzendoski shows how ushai is central to the symbolic, social, and material complexities of Napo Runa life force. Uzendoski (2005:2) argues that kinship and value form a "sophisticated Upper Amazonian political philosophy." Uzendoski stresses that it is important not to divorce Quichua language from culture. In the words of Luz Maria de la Torre (Uzendoski 2005:6), a linguist and indigenous leader from Otavalo, Ecuador "…Quichua is not merely a language but also a way of life, a way of seeing and acting in the world. This indigenous culture…carries with it

a great wisdom that is not appreciated by the dominant culture but is experienced and used by daily Quichua speakers." I use Uzendoski, along with Whitten to bring forth the use of Quichua verbal concepts when evaluating the medical culture of Venecia.

Blanca Muratorio (1987) in *Rucuyaya Alonso y la historia social y económica del Alto Napo, 1850-1950* and in (1991) *The Life and Times of Grandfather Alonso* tells the life history of Rucuyaya Alonso, a Quichua elder from the Tena-Archidona area in the Upper Napo. Muratorio incorporates oral and written history to interpret a century of socioeconomic and cultural life in the Upper Ecuadorian Amazon. The narrative by Grandfather Alonso (*Rucuyaya* Alonso) covers approximately one century. Furthermore, Muratorio (1991:5) understands Napo Runa consciousness and ethnic identity as "a set of group memories and practices, both material and symbolic that are reinterpreted under different historical situations. These memories and practices are part of an alternative discourse to that of the dominant ethnic group and dominating class, manifested in the various forms of resistance and affirmation of Napo Runa identity." For Grandfather Alonso, his interest in telling stories about old times was to put forth his knowledge and experience to explain various aspects of Napo Runa culture that young people no longer cared to hear.

Muratorio (1991:13) situates the Napo Runa communities in the larger history of Spanish colonialism, missionary Evangelization, Ecuadorian state formation and consolidation, and in relation to regional and world economic and political processes. Moreover, she (1991:13) says:

The Napo Runa had no knowledge of, or control over, the philosophical basis

> of Jesuit Evangelization ideology, the rubber boom…or the ups and downs of the international oil market. In all their unevenness and contradictions, however, these ideas and processes gave rise to the structures, opportunities, pressures and oppressions that shaped the life experiences of several Napo Runa generations and are an integral part of their cultural history.

This book explores Napo Runa practices and worldview in the context of the larger hegemonic culture. The book alternates between chapters on social history and that of Grandfather Alonso's life history. I use this book to form a foundation for Napo Runa culture.

Relevant Literature from the Andes

In her book, *From the Fat of Our Souls,* Libbet Crandon-Malamud (1991) focuses on how and why individuals in the highlands of Bolivia employ elements of all available medical ideologies to effect changes in social relations. She puts forth an argument for medical pluralism, not for medical, but for political reasons. Crandon-Malamud argues that people chose different or multiple medical resources for nonmedical reasons. Additionally, she argues ethnic boundaries in highland Bolivia are in fact markers of social class if social class is defined in terms of relations of production and ensuing access to power. She explores the efforts of people in Kachitu, a local Aymara community, and how they cope with the health consequences of exploitative practices by drawing upon a variety of medical systems. Individuals are tangled in webs of social relations that influence their experience and options, and they act from multiple motives, or motives that can change over time. This is brought out in the role of the shaman. I use Crandon-Malamud to further understand the power structures in shamanism.

Conclusions

This literature review discusses the academic works of Last, Whitten, Uzendoski, and Muratorio which I use throughout this thesis to explore the medical culture of Venecia situated in Napo Runa culture. Last's work sets the stage for evaluating the salience of medical culture in Venecia. The anthropological literature of Whitten, Uzendoski, and Muratorio contributes substantially to this thesis because there is at this time no literature on medical anthropology in Runa communities of Amazonian Ecuador. Although, these authors discuss aspects of health, illness, and healing to include shamanism, midwifery, Evangelicalism, and personal experience, these ways of medical knowing are only touched upon. The work of Crandon-Malamud is useful in examining indigenous medicine and issues of power. Moreover, Whitten, Uzendoski, and Muratorio provide a foundation to allow for further analysis in examining Venecia medical culture, the topic of the next chapter.

Chapter 3
Venecia Medical Culture

In this chapter, I will give an overview of medical culture in Venecia. The shamans, the midwives, Evangelicals, and individuals with high degrees of personal knowledge dealing with health and healing exhibit yachai and ushai. These figures are what hold the local medical system together and are central to the medical culture. I argue that the shaman is the most vital figure of this system. In particular, I will discuss how Runa verbal concepts are important to the way health is understood. Kinship is also important to understanding Venecia's medical culture.

Venecia is a small community of approximately 300 residents that has limited running water and electricity. The community is accessible from Tena by boat on the Napo River or by a paved road. Few people have automobiles, so they rely on buses for transportation. The majority of homes are built with traditional thatched roofs and have wooden stilts that protect the base from rising waters, although some homes are more modern as they are built out of concrete with metal roofing. Venecia has a bilingual school, community center, an Evangelical Church, phone booth, and a small store which makes up the center.

Kinship is centered around the ayllu. In Venecia, the four ayllus collectively make political decisions for the community. This ayllu kinship system is held together by a history of alliances bound by marriage and offspring. The shaman (yachaj) is the center of the ayllu system in Venecia by which community members trace their ancestry through powerful shamans in their ayllus. The shaman is the

headman, the priest, and the healer. He solves material as well as spiritual conflicts between community members. The two shamans in Venecia are male. Women typically do not choose to be shamans because becoming one could make her children prone to illness. Furthermore, the shaman is responsible for protecting the community.

The shamans in Venecia are often incorporated into oral narratives. These oral histories recall stories of shamans acting as central figures of the community. Shamans are remembered for facilitating marriage, death, and healing ceremonies. This is how people trace their lineage. In Venecia, shamans are still required to bless weddings although the community is predominately Evangelical Christian.

Many anthropologists and others scholars have predicted that the Napo Runa would assimilate and eventually disappear as a distinct culture, yet the Napo Runa continue to reinvent themselves as people defined through the presence of *unai* (Uzendoski 2005:164). In Amazonian Quichua, mythical space-time (unai) is centered within human awareness and inhabits the body (Uzendoski 2005:50). Unai is a source of both knowledge (yachai) and power (ushai) (Uzendoski 2005:50). Quichua people therefore experience unai through dreams, storytelling, music, ritual, sickness, and curing (Uzendoski 2005:50). Moreover, unai is a means of perceiving the world, and more significantly, the rain forest (Uzendoski 2005:50). Unai is not just a concept, but it is a somatic, millennial, pragmatic, and aesthetic quality of the human condition (Uzendoski 2005:50). In terms of evaluating Venecia medical culture, I will focus more on yachai and ushai, the product of unai.

Yachai and ushai are exhibited by those who possess medical knowledge. Medical knowledge is the product of a particular place at a particular time (Lindenbaum and Lock 1993:147). Indigenous knowledge is an expression of life itself, of how to live, and of the connection between all living things (Stewart-Harawira 2005:35). Forms of knowledge that are not widely shared are difficult to incorporate into the diagnostic and therapeutic practices of biomedicine, which filter through the social relations of sickness (Lindenbaum and Lock 1993:147). Knowledge is also a reflection of society's distinctive historical experience and central values (Janzen 2002:200). Often, knowledge centers around theories of concepts of disease or illness, their causes, consequences, and implications, the substance of symbols, and the power of healers, techniques and materia medica (Janzen 2002:188-189). While indigenous medical systems rely heavily upon various forms of symbolic healing, they also exhibit a storehouse of empirical knowledge (Baer, Singer, and Susser 2003:314). Knowledge functions as a form of power and disseminates the effects of power (Foucault 1980:69). This is ever present in Venecia with those who have yachai and ushai. Power is employed through a web of organization where individuals are the vehicles of power (Foucault 1980:98).

As brought forth by Murray Last (1990:363) and his research in Hausaland, traditional medical knowledge is seldom uniform. Traditional practitioners are considered specialists in one of the two main aspects of healing: divining or diagnosing the ultimate causes of an illness and identifying the nature of the illness and treating it, usually with an herbal or other empirical medicine (Last 1990:363).

Many practitioners, often diviners, are skilled in both aspects of healing, but the theoretical premises are distinct (Last 1990:363). While herbal expertise can be acquired by anyone so inclined and is often an extension of people's ordinary knowledge of their habitat, diviners' skills are much more personal, even charismatic in origin and scarcely amenable to being taught or examined in schools (Last 1990:363). Consequently, tries at formalizing the qualifications of practitioners through school education are likely to lose the support of many diviners, yet it is they who often have the widest public recognition (Last 1990:363). For many patients the theoretical basis for a particular therapy is not only irrelevant, but better left unknown because their confidence in therapy is more important than an acceptance of its logic (Last 1990:362).

The medical culture of the Napo Runa of Venecia can be divided into five ways of knowing, some of which I will discuss briefly in the following chapters, while others I will go into with more detail. These five ways of knowledge include: (1) shamans or *yachajs*, (2) midwives or *wachachijs*, (3) personal experience, (4) biomedicine and pharmacies, and (5) the Evangelical Church. Yachai and ushai are seen in these ways of knowing except for biomedicine and pharmacies, which I include as part of Venecia's medical culture, but not as part of the local medical system.

In Venecia, individuals who have yachai and ushai exhibit authority and legitimacy. Those who control valued knowledge are viewed as experts, and expertise quite often conveys authority (Code et. al in Wayland 2003:484). Valuing and

controlling knowledge is one way that people maintain, assert, and contest authority (Wayland 2003:484). Janzen (2002) applies Max Weber's ideas of authority and legitimacy to whether a particular body of knowledge is convincing, true, or authoritative. Weber (Janzen 2002:222) describes three types of authority: traditional, charismatic, and rational-legal. Traditional authority comes from something having been practiced over the course of time, like Indian folk culture, and the ayurvedic tradition (Janzen 2002:222). It has always been there and has always been practiced and taught the same. Charismatic authority comes from someone whose ideas, presence, and sheer power of persuasion convinces people that what they are doing is legitimate (Janzen 2002:223). This can be seen in the power that shamans exhibit in Venecia. Rational-legal authority is combined with the backing of science or a rational expose of methods being used, and the legal framework that is connected to that (Janzen 2002:222). This is seen with biomedicine and the pharmacists in Tena. What comes out the most in Venecia is charismatic authority with the shaman.

According to Janzen (2002:192), three themes exist at the center of most healing traditions, regardless of the type of knowledge. These include:
(1) determining the cause and cure of affliction, (2) the scale, scope, and focus of these concepts, and (3) situating the person in terms of how medical knowledge revolves around definitions of personhood and body. These themes can be applied to Venecia medical culture with those who have yachai and ushai.

Sickness is not just an isolated event, nor is it an unfortunate brush with nature; rather, it is a form of communication by which nature, society and culture

speak simultaneously (Scheper-Hughes and Lock 1987:31). For the Napo Runa, their relationship with nature and the environment is connected to the substances and powers of mythical forces that are vital to the materiality of things and to social process (Uzendoski 2005:x). This can be seen with the worldview of unai. Personhood is defined by experiencing flows of power that derive from realities outside oneself (Uzendoski 2005:x). This can be seen with ushai and yachai. Among the Napo Runa and other Amazonian peoples (and Andean), substances are understood to give life as they flow through human, natural, and spiritual domains (Uzendoski 2005:18).

Health, illness, and healing in Venecia is interconnected with nature and the environment. Illness can be explained through the spirit world by those who have yachai and ushai. There is no difference between emotional, physical, and spiritual well-being and illness. Illness comes from places in nature where spirits are found. In the mountains there are the *sacha runa* (forest people/spirits), and in the deep pools in the rivers, there are *yaku runa* (water people/spirits). Contact with bad winds (*malos vientos*), dreams of dead loved ones, walking near someone's grave, or contact with certain animals in the jungle (like the anaconda who may be a water spirit) can all make someone ill. It is only the expert treatment and advice of the *yachaj* (shaman) that can make a person better. The yachaj is the knower.

All knowledge is the product of a natural process, social and cognitive in character rather than logical and axiomatic, through which humans struggle to make sense of the world (Leslie 1992:4). This can be seen with Runa verbal concepts that

relate to health, illness, and healing. Whitten and Whitten (1985:28) developed the following framework (see Figure 1) to illustrate how the cosmic forces are controlled within Runa culture. Runa knowledge revolves around the yachaj (see Figure 1), the one who knows. He is the one who has the ability to dream (*muscuna*), to know, experience (*ricsina*), and to think, to reflect (*yuyana*). Health in Venecia can be explained using these verbal concepts while centering on the yachaj.

As Whitten and Whitten (1985:28) illustrate, contrasting domains of health and illness, life and death, medicine and poison all originate from similar cosmic forces. Forces that generate strength and health, and forces that generate weakness and illness are controlled by tapping the power of causality (Whitten and Whitten 1985:28). The model (Figure 1) put forth by Whitten and Whitten, illustrates how the powers of cosmic forces are tapped and controlled within Runa culture.

The Napo Runa define power as ushai but also use other terms to delineate it which include: yachai (knowledge), *causai* (life force), *samai* (breath or soul substance), and *urza* (force) (Leonardi F. 1966). The Runa depict especially powerful people as *sinzhi*, or strong. These such people are skilled in evoking ushai through their connections to ancestors, shamans, animals, the forest, and other powerful beings. In Venecia, this would also include the midwives, and elders in the community along with the shamans.

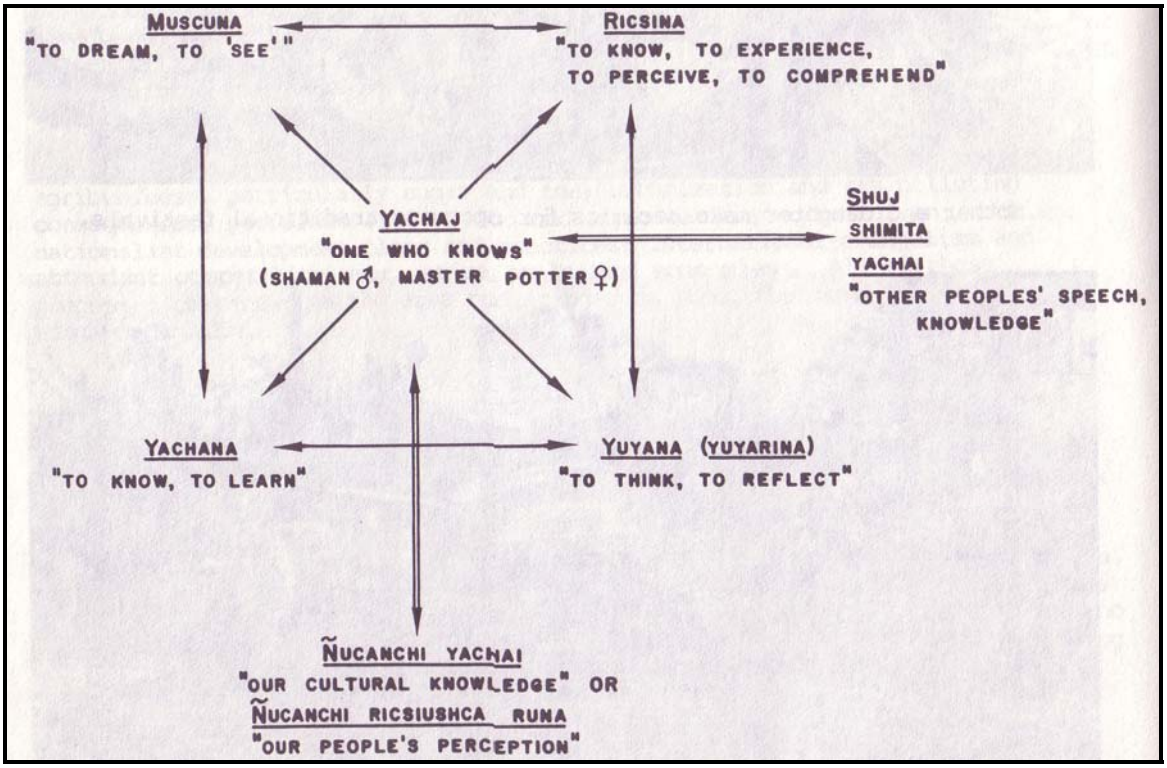

Figure 1. Cultural paradigm of Runa knowledge.
This figure illustrates how the powers of cosmic forces are controlled within Runa culture.
Source: Whitten and Whitten (1985:28)

As illustrated in Figure 1, knowledge is bound up in a cultural paradigm whereby an individual must learn to control within himself/herself the process of reflection and creativity referred to by the verb yuyana or yuyarina (Whitten and Whitten 1985:28). The creative maintenance of a dynamic balance between vision or "seeing" (both cultural and individual), muscuna, and knowing (cultural, "encyclopedic," and individual), ricsina is integral to this process of reflection that requires growth (Whitten and Whitten 1985:28). Furthermore, the men and women who have control over this process move "up" in their cultural competencies, to the status of paradigm builders and manipulators (Whitten and Whitten 1985:28). Typically, this results in having the status of a shaman (Whitten and Whitten 1985:28).

I argue that the shaman is central to the medical culture in Venecia and also the local medical system. The powerful shaman has attained a level of control such that he is able to balance his knowledge with his vision, to relate his visions to cultural knowledge, and to relate his thoughts and reflections to knowledge and to his visions (Whitten and Whitten 1985:28). The shaman becomes a paradigm manipulator by knowing more about that which is "within," and increasingly knowing more about that which is "without" (Whitten and Whitten 1985:28). Moreover, the shaman controls the process of syncretism because at one and the same time, the shaman maintains native paradigms and expands those paradigms by drawing from his knowledge of other cultures (Whitten and Whitten 1985:28). The shaman's work must be based in part upon experiences with other peoples, speaking other languages.

Such people, like the Achuar, Quichua-speaking peoples of the Sierra, other indigenous people of coastal Ecuador, and non-indigneous people give the shaman "other speech knowledge" (See Figure 1, *shuj shimita yachai*) (Whitten and Whitten 1985:29). The female counterpart of the shaman is the master potter (see Figure 1). Although not present in the Venecia medical culture, the master potter (*yachaj huarmi*) refers to a recognized paradigm manipulator, a woman who is able to evoke inner cultural knowledge and relate her experience and visions to other systems of knowledge by making pottery (Whitten and Whitten 1985:29). According to Whitten and Whitten (1985:29), every master potter is closely related to a powerful shaman.

One threat to health in Venecia is the finite resources which people compete for like water, animals, jobs, and so forth. If an individual has a large harvest of chickens, and does not share it with the community, others will generate envy. Any individual who gets ahead at another's expense will fear they become targets of envy. "People can be envious of just about anything…the envious person is dangerous…she or he will try to kill through magical means (Taussig 1987:397)." In this case, the individual who is envious will go and see the yachaj to send their mal viento to the person that is not sharing harvest with the community. Envy is spoken of as producing its evil effects by lodging inside the bodies of the people envied, in their stomach, head, chest, and lower back (Taussig 1987:395). The notion in the community is that when there is surplus, it should be shared with neighbors. Identity is also a part of the extended family. It is a spiritual way of understanding strength

which can bounce down the family to a weaker person if it is not taken control of. Furthermore, the force linked with envy can be sent somewhere else to affect another.

As seen in Venecia, Runa believe that people need to be sensitive to the needs and demands of others (Uzendoski 2003:139). People should help out whenever they are needed (*yanapana*), listen (*uyana*) to their loved ones, and reciprocate gifts and favors (Uzendoski 2003:139). Runa stigmatize anyone who does not behave reciprocally and generously as *mitsa* (greedy) (Uzendoski 2003:139). Uzendoski (2003:139) describes the implied law of being sensitive to the needs of others by using Overing and Passes' (2000) term "conviviality", meaning that this implicit value demands specific kinds of behavior in daily life. Conviviality is an essential aspect of lived experience among the Runa (Uzendoski 2005:17). Amazonian ideas about conviviality are not unattainable utopias (Santos-Granero 2000:283). Native Amazonians "find their fullest expression when settlements are growing, social relations are still close and intimate, and commonly held ideas still very much alive (Santos-Granero 2000:283)".

Health in Venecia is also about threat and well-being (Swanson 2006). One example is the case of an individual who had intestinal tuberculosis that was attributed to *brujeria* (witchcraft). The yachaj told the individual to suspend taking the pills. This is a big problem seen by doctors and nurses (biomedicine) because most individuals don't follow through on the course of antibiotics. There is a high level of stress in the community because the yachaj is going to drink ayahuasca and recognize the bad people in the community. Gossip will come out on who's dating

whom and family issues. In turn, this leads to people and places to be blamed for the illness, which can be lodged in homes, and other places. Every illness is an attempted homicide. Most people believe the yachajs. Thus, health can be viewed as a continuum of other resources, and a bi-product of healing.

In Amazonia anger is power and it causes damage to another person (Uzendoski 2005:160). People who are the objects of anger are thought to get ill or die. Anger causes tragedy and even house burning (Uzendoski 2005:160). The significations and feelings associated with anger are conceptualized as transformative social reality (Belaunde in Uzendoski 2005:160). Anger severs people from social relations and alters their status as cosmological-social beings (Uzendoski 2005:160). One of Uzendoski's (2005:160) informants explained to him that "if the shaman is angry, his anger emanates from his flesh and can make people ill, even if he does not consciously exert himself."

In Amazonian Quichua societies, kinship has been described as an "open-ended" and "polysemic" system that is manipulated by people (Whitten 1976:121). Runa conceptualize a distinction between two contradictory values in social and kin relationships (Uzendoski 2003:138). Runa believe, on the one hand that people, especially males, should develop firm dispositions and become strong-willed (Uzendoski 2003:138). The socializing process begins with young children through a series of practices designed to make them sinzhi (strong) (Uzendoski 2003:138). Children are strengthened by putting capsicum pepper in their eyes, making then drink the *puma yuyu* (jaguar plant), and bathing them early in the morning in the cold

rivers (Uzendoski 2003:139). Runa say these practices contribute to the overall strengthening of the *shunguyachina* (will) and the *sinzhi tucuna* (becoming strong) (Uzendoski 2003:139).

In Napo, the love of parents, grandparents, great-grandparents, and other ancestors is evident within the social person as spiritual power and knowledge. This "conviviality-as-power" is represented in the ritual and general symbolism by which the spiritual substance of past beings is articulated as residing and living within the current generation (Uzendoski 2003:139). People in Napo frequently connect their personal power (ushai) or strength (their being sinzhi) to the love (*llakina*) of parents, grandparents, uncles, aunts, and ancestors (Uzendoski 2003:139). Moreover, it is the shamans who provide crucial linkages to the ancestors through the acquisition of ancestor's souls (Whitten 1976:141). This can be tied in with health because the yachai and ushai exhibited by ancestors and relatives is vital to the medical culture.

Conclusions

This chapter gave an overview on the medical culture in Venecia. Runa verbal concepts and their relation to health and worldview are vital to the medical culture. At the core of Venecia medical culture is the yachaj (shaman), the knower. Those who possess medical knowledge, the shamans, the midwives, and the elders, exhibit yachai and ushai which illustrate salient domains of the medical culture. Kinship and linkages to ancestors are also important in understanding Napo Runa worldview and the medical culture.

Chapter 4
Shamanism

In this chapter, I will explore how the shaman is at the center of the Venecia medical culture. In Runa culture, the shaman is called the yachaj, the one who knows. Yachaj derives from the Quichua verb *yachana*, to know, or to learn. In order to "know" and to continue to learn through one's growing mastery so as to respond to the vicissitudes of ordered and disordered worlds, the concept of yachana must be balanced with another concept—muscuna—which means to dream, to envision, and to be insightful (Whitten 1985:117). Yachana, as knowing, has a real "depth" to it, and this depth manifests itself through various forms of "proof" (Whitten 1985:117). This legitimizes the work of the shaman. If one sees a deceased relative in a dream, one may, or may not, "know" what the vision is (Whitten 1985:117). Is it a relative, is it a soul, or a spirit taking the form of the soul (Whitten 1985:117)? A yachaj "knows"—the more he knows, the stronger (sinzhi) he becomes (Whitten 1985:117).

The yachaj has a central role not only in Napo Runa medical culture, but also the culture itself. Among the Napo Runa, the yachaj is seen as the embodiment of cultural identity, and epitomizes a set of cultural characteristics, values, and social practices considered essential for its maintenance and defense (Muratorio 1991:213). This privileged role of the shaman is valued at the center of many South American indigenous groups (Muratorio 1991:213). The shaman is the broker between indigenous culture and the outside world (Whitten 1985:114). Moreover, the shaman continuously reproduces cultural knowledge, continuously maintains the contrast

between his culture and the other culture, and continuously transcends the boundaries that he enforces (Whitten 1985:117).

Sometimes the medical authority of the practitioner is considered demonic if his work is unusual or not understood (Janzen 2002:221). Without control or organization within institutions, the power of medicine and the power of healers can often be associated with witchcraft, sorcery, or evil that is dangerous to ordinary humans (Janzen 2002:221). This is the case in Venecia because biomedicine (doctors and nurses) and pharmacists do not fully understand the local medical system.

Shamans are often social recluses who choose not to have lasting relationships with others (Baer, Singer, and Susser 2003:318). Furthermore, shamans are not marginal as a social category, but rather as individuals (Gaines 1987:66). This is seen in Venecia where the shamans are not seen in public often, and when they are, they are alone. Shamans are seen as having a capacity to interpret the events of daily life more adequately than the other members in that society (Gaines 1987:66). Shamans and healers "differ with respect to political power, with the shamans having informal and charismatic political power and the healers exercising political power, and higher socioeconomic status"(Winkelman 1992:65).

Uzendoski (2005:58) notes that people often told him that to proclaim oneself as a yachaj is to endanger not only one's own life but the lives of one's ayllu. The *yachajguna* (yachaj plural) are said to have the power to kill as well as heal, doing the former sometimes through mere anger (Uzendoski 2005:58). Because most sicknesses and deaths among the Napo Runa are thought to be caused by the ill will or anger of a

shaman, to proclaim oneself as such is to risk being associated and attacked for the tragedies of others (Uzendoski 2005:58). Kinship is tied to shamanism because the shaman is the central figurehead of the ayllu—he is the plant master, and master of the spirit world.

Shamanism is a catalyst for group cohesion as an ideology and practice of healing (Muratorio 1991:223). On the other hand, aggressive shamanism or witchcraft creates social disorder (Muratorio 1991:223). To some extent, the absence or weakness of the state as a regulatory agent in social conflicts is responsible for the persistence of witchcraft (Muratorio 1991:223). Current Napo Runa society is still regulated by informal and personalized rules (Muratorio 1991:223). As a result, it is possible to explain any conflict as the intervention of malignant forces, or of other people's ill wishes or curses (Muratorio 1991:223). People in Venecia do this with envy. Thus, negative outcomes of dispute over land among neighbors or family members, arguments between husband and wife, or any other such problem may be attributed to the actions of other persons who have used a yachaj to curse them (Muratorio 1991:223).

The capacity and extent of their power (ushai) is also employed in aggressive shamanism, or witchcraft, which may lead to death threats or assassinations by way of *biruti* (magic darts), directed at another yachaj or another person (Muratorio 1991:214). This can be seen in Venecia with the two shamans, Jaime and Antonio who have been fighting and exchanging darts for years. Jaime Andi was an apprentice to Antonio Cerda who was the son of the *Gobierno*, one of the most powerful

shamans known in the area. Tension was created in the two families when the Andi family started using Jaime exclusively and not Antonio. There was also great tension because when one of the Andi family members died, Antonio was blamed for his death. Today, there is great tension between the two families; even the children won't play with each other.

The yachajs are the principal specialists as mediators between the spiritual world and society (Muratorio 1991:213). Yachajs can cure illness, aid in fishing and catching forest animals, and defend other Runa whenever necessary (Muratorio 1991:213). A yachaj encounters supernatural powers, mostly by means of visions captured after drinking ayahuasca and on a less regular basis, *wanduj* (*Datura*), both hallucinogens (Muratorio 1991:213). Ayahuasca can be conceived as something akin to the origin of knowledge and society (Taussig 1987:40). The yachajs rely heavily on their own dreams or visions. They get part of their power and knowledge from a hierarchy of *supais* (spirits) contacted and invoked through these channels (Muratorio 1991:213). There is also a hierarchy among shamans similar to the hierarchy of spirits. This depends on the degree of knowledge, experience, and power of the yachaj and on their effectiveness (Muratorio 1991:213). Those who have the capacity to invoke the spirits and put them to their use are known as *sinzhi yachaj* (strong or powerful shaman). The most powerful within this category receive the title of *bancu*, literally meaning the seat of the spirits because they are the only yachaj that the spirits speak to directly (Muratorio 1991:213).

The yachaj is the head of the community exerting political power. Crandon-Malamud (1991:46) defines political power as "the ability to modify the behavior of others and enforce, through either social or supernatural sanction, a monopoly of opinion." She illustrates this in her work by saying that it is the *yatiris* (shamans) in Kachitu who are able to translate their medical legitimacy by monopolizing not only their knowledge, but power to the divine and contact with the supernatural (Crandon-Malamud:128). Because of this power, the Aymara yatiri can alter the fate of the entire population. This is similar to the role of the yachaj in Venecia.

Knowledge allows the yachaj to interpret and communicate the meaning of other worlds and to elaborate the ideological aspects of social relations (Muratorio 1991:213). For the Napo Runa, the legitimacy of the yachaj as a professional is based on the power placed upon them by their vast knowledge acquired in the many years of learning to become a yachaj (Muratorio 1991:213). This is why they at times charge a lot of money. The decision to become a yachaj is taken very seriously. The profession is risky not only for the yachaj, but also for his family. The more powerful the yachaj, the more likely he will be exposed to attacks by other competing yachajs (Muratorio 1991:213).

The yachaj's songs (*taquina*) are another important aspect of his power. The songs provide a guideline to the original sources of his power which may include other shamans, the mountains, or spirits of ayahuasca and wanduj (Muratorio 1991:216). The yachaj's samai (breath) is held within the taquina and the strength of the yachaj is revealed in his tone of singing (Muratorio 1991:216). The words alone

are powerful while presenting a certain force to the therapeutic discourse and meaning in the healing ritual (Muratorio 1991:216).

The ritual in transferring samai has been used by the Napo Runa as a means to establish closer ties with indigenous groups from the Sierra and the Oriente and to reinforce trade relations (Muratorio 1991:219). Samai is within all things that have life (Uzendoski 2005:18). According to Jose Palacio (1991:15), "All things and man have samai…The Napo Runa rarely speak of soul…What they know and experience is samai". One important factor in the exchange of samai is the transfer of knowledge. In the acquisition of power from different sources, including shamans from other ethnic groups, yachajs have turned into true pluralists in a national society still divided by regionalism and ethnic prejudice (Muratorio 1991:219-220). This professional exchange can be made up of money paid to teach a yachaj's apprentice, or of the interchange of visions, songs, and other power objects, such as stones and feather crowns (Muratorio 1991:220). At times, Napo Runa yachaj are called to the highland and coastal regions to take care of patients, in turn increasing their power and prestige locally (Muratorio 1991:220).

Shamans manipulate divergent and imposed realties through shape-shifting, transforming those realities into Runa symbols, tropes, and terms as they go (Uzendoski 2005:62). As a shape-shifter, a shaman is someone who has mastered aesthetic forms that represent the unseen forces and powers which define the human condition and the human body (Uzendoski 2005:57). The Napo Runa view the body as a corporeal envelope that contains the inner essence of samai (Uzendoski 2005:57).

Throughout one's life, one's body must change form and become straightened (Uzendoski 2005:57). The flesh (*aicha*) is the location of the body's power (Uzendoski 2005:57). Moreover, shape-shifting depicts the embodiment of the inner essence of animals and other beings as power, but the external shape, the corporeal "envelope," can remain human in appearance (Uzendoski 2005:57). While shamans look human, they possess powerful animal bodies made up of transformed flesh (Uzendoski 2005:57). People may become animal others and experience the world as an "animal" or take on the shape of an animal through dreaming (Uzendoski 2005:57). Furthermore, the shaman controls and enters patients' bodies through mystical means—the shaman heals, but can also create conflict, harm, or cause illness (Uzendoski 2005:57).

My informant Carmen (Personal Interview 06/23/2006) shared with me the process of becoming a shaman.

> *To become a yachaj, you must go into the forest to meet the forest spirit (maybe a man or a woman) and get power from the mountain or an anaconda. The power that comes from the mountain or anaconda gives you the power to heal. While in the forest, you must fast. If fasting is done properly, you will become more attractive to the spirits which will lead to an invitation to the spirit house, but you can't tell it is a spirit house because it looks like the forest. Once in the spirit house, you must close your eyes and turn around. When you turn back around and open your eyes, you see the spirit house. The spirits invite you to sit at the bench of a giant anaconda, tortoise, or a puma. Next, the spirits will offer you something to drink, usually a juice that is made from a piton (Grias sp.; Lecythidaceae) plant that is boiled, and placed in a polished stone cup. Through this drink, the spirits give you the power to become a yachaj. The visit usually lasts up to 24 hours. As soon as you leave, a strong wind will come accompanied by a lighting bolt, and you will be returned to the same place in the forest where you met the forest*

spirits. This is the process the yachaj's use to gain the power to heal.

The yachaj's paraphernalia includes a split calabash shell for drinking ayahuasca (soul vine) (*Banisteriopsis caapi; Malphigiaceae*), a smaller container for snuffing tobacco water, a cigarette or cigar for blowing cleansing smoke on whatever he wishes to "see into", and an assortment of stones (*rumiguna*) that contain the life force (causai) of contained spirits, each with its own soul (Whitten 1985:120). Hard spirit substances exist in the body of the yachaj which form a shield (*lurira*) to protect his body (Whitten 1985:120). The spirit substances are brought into the yachaj's throat to help him diagnose the cause of illness, and they may be projected outward on his breath if he chooses to blow harm at an enemy (Whitten 1985:120). Whitten (1985:120) notes that when these inner substances are blown as projectiles they are *supai biruti*, spirit darts, or just *tsintsaca*. If an individual has felt the hard living proof of sent evil (*shitashca*), they will approach the yachaj and ask for help in exchange for pay (Whitten 1985:120).

Spirits appear standing to the shaman while he is seated on his bancu (Whitten 1985:120). Meanwhile, he travels to other lands where he appears standing to the spirits (Whitten 1985:120). To appear standing is to be poised, ready, capable, and to feel power (Whitten 1985:120). While the shaman is seated, he sings of where he is going and where he has been and of the power to see and to cure that he has acquired (Whitten 1985:120). The shaman then identifies the cause of illness as an object, and as an agent, and as an agent's client (Whitten 1985:120).

One evening, I had the chance to see one of the yachaj's in Venecia, Jaime do a cleansing on a young man with back problems (Field notes 06/14/2006). The cleansing took place at Jaime's house. I entered Jaime's house through a long, narrow set of stairs that led into the empty and dark main room. Off from the main room was the kitchen area, where his wife prepared the ayahuasca into a red liquid form that Jaime was to drink. Jaime showed me his special rock which takes the form of an *amarun* (anaconda), the source of his inner spiritual power. He explained how he became a shaman with the guidance of his godfather (rather than his biological father, who is Evangelical). Jaime explained that his older son did not want to become a shaman while his younger son did; indeed, his younger son was his father's helper the entire night. The cleansing took place in the main room, where Jaime sat on his stool and began the cleansing. Jaime started by having the young man sit directly in front of him with his legs straight together on the wooden floor.

One of Jaime's most important tools during his ceremonies, as it is the case in other shamans' tool arsenal, is the bundle of *surupanga* leaves (*Poaceae*) whose name is derived from its onomatopoeia by the sharp and crisp sound the leaves bundled together make as they are shaken. Jaime drank the ayahuasca and brushed the bundle of surupanga leaves over the young man's back and shoulders, blew tobacco and pressed his hands on the crown of the young man's head. Next he drank and spit out *trago* (raw sugarcane alcohol) while singing in Quichua.

Conclusions

This chapter has shown how the yachaj (shaman), the knower, is central to Venecia medical culture. His presence exhibits yachai and ushai. Through his knowledge like shape-shifting, song, and healing ceremonies, the shaman is able to exude his power. This creates a way of understanding the medical culture and examining what holds the local medical system together.

Chapter 5
Introduced Medicine and Religion

In this chapter, I will discuss how biomedicine and Evangelicalism play a role in the medical culture of Venecia. Access to biomedicine includes the hospital and pharmacies in Tena, a twenty-minute bus ride away. Biomedicine is one aspect of the medical culture that I was not able to investigate as much as I would have liked. The information on biomedicine is based on one visit to the hospital in Tena. I will also discuss how practicing Evangelicals in Venecia follow beliefs that concern their worldview on health.

Biomedicine and Pharmacists

Nurses have the equivalence of a Bachelor's of Science in Nursing. Their last year is spent in an underserved area (often an indigenous community) and they live and work as RN's under the supervision of a staff nurse. Doctors also must serve a year in an underserved area. There is one public health nurse that does annual immunization trips into the community.

Primary admission into the hospital in Tena is traumatic amputation from dynamite fishing and machete injuries, and unhealed leg sores. Children are frequently treated for dehydration and diarrhea because of the poor water quality. The Napo Runa don't use the hospital because they are openly discriminated against and don't have the money for most services. They usually only seek medical care in times of extreme need such as surgery. The Napo Runa will go to the yachaj first and if that doesn't work they just live with what they have.

As of 2006, there were seven pharmacies accessible in Tena. The one pharmacist who was willing to talk to me when I asked about what he thought of shamans or indigenous medicine said that medicine in the jungle is *brujeria* (witchcraft) and that if he were to talk about it he would be cursed. Other pharmacists were not willing to talk about "medicine in the jungle" at all.

Outside of Tena and Venecia, I had an opportunity to talk to Dr. Arturo (Field notes 06/17/2006), a physician trained in Western medicine who was working at a small clinic in Mondana, a small community of a few hundred people, three hours down the Napo River from Venecia. Dr. Arturo said the typical cases he dealt with were diarrhea, snake bites, machete cuts, urinary tract infections, injuries from dynamite (fishing), and problems with teeth, although a dentist comes once a month to the clinic. He knows that plants will cure better for some things like external wounds, so he at times will recommend an individual seek the advice of a yachaj. Mostly women come in and not men, and most speak Quichua. Dr. Arturo was trained in Western medicine, so he has faith in it, but also has knowledge of plants and wants to work with the shamans.

The problem with diagnosis between the yachaj and the doctors is that it is a great deal of stress, and this combined with alcoholism can lead to domestic violence. Kroeger (1982) discusses some of the conflicts that develop between biomedicine and indigenous medicine with the Shuar and Achuar in the Upper Amazon due to socioeconomic factors. In Venecia, this problem is part economic and part that individuals believe doctors can't cure. People don't want to go to the doctor. Many

times doctors assume that biomedicine is the most advanced and correct way to heal because of its reputed scientific basis and that it is universal and more attuned to human physiology than are indigenous medical systems (Bastien 1992:x). Pharmacists, on the other hand, work as providers in their own right by working with individuals who come into the pharmacy to self-medicate.

Evangelicalism

Evangelicals, called *ciricuna*, conceptualize their powers in terms of Napo Runa shape-shifting but differentiate and oppose themselves to the practices of the yachajguna (Uzendoski 2005:58). Evangelicals base their power on God's breath (*diospac samai*) rather than the forces emanating from the spirits of the underworld (*ucupacha*) (Uzendoski 2005:58). Evangelicals in Napo consider their practices to be a kind of "spiritual armor" against dark shamanism and malevolent spirits that cause sickness and death (Uzendoski 2005:58). Like shamans, Evangelicals consider themselves to be spiritually powerful beings (*sinzhi runa*) (Uzendoski 2005:58). Evangelical power is linked to strict bodily practices in particular, abstentition from getting drunk, dancing, smoking, and getting angry (Uzendoski 2005:58). Moreover, to follow these practices is to be a "pure" (*chuya*) and powerful Evangelical (*sinzhi ciric*) (Uzendoski 2005:58). To be pure is to maximize God's flow of power into one's body as spiritual armor, good fortune, and the ability to heal (Uzendoski 2005:58). Evangelicals in Napo constitute a small minority compared to the large and powerful Catholic presence there, but the Evangelical movement resonates with indigenous notions of spiritual power, sociality, and opposition to domination

(Uzendoski 2005:58). In indigenous communities, churches are controlled by local indigenous leaders rather than outsiders (Uzendoski 2005:58). This is the case in Venecia where the church is controlled by three community members.

Evangelical Protestant missionaries fought against shamanism mainly by the sermons delivered in the Sunday services, the religious radio messages, and an insistence on the superior advantages of modern medicine (Muratorio 1991:227). The message of Evangelicals is based on a strong fundamentalist tradition that rejects all sources and expressions of indigenous spiritual powers as manifestations of evil (Muratorio 1991:227). However, according to Muratorio (1991:227), this strict intellectual discourse never competed successfully with the subtleties of the shamanic cognitive world.

My informant Carmen (Personal Interview 07/12/2006), a practicing Evangelical gave me her thoughts on Evangelicalism. She said that Evangelicals and shamans occupy separate social spheres in Venecia and do not come into conflict anymore. Carmen said Evangelicals with a family member who is a shaman do not seek his services even if they are really sick. For example, one woman Delia is Evangelical, but her brother Jaime is a yachaj. When Delia became ill, Jaime attributed her sickness to bad energy and encouraged her to take his help. Instead, Delia prayed all day with her family and went to church. At church, members made a circle around her holding hands. One man put his hand on the crown of Delia's head and then they all prayed for hours. Carmen said Delia started feeling better that night because of God's power and strength. Carmen believes that the power of prayer is

stronger than the healing power of shamans. Still, the belief that one can be cured through human contact with the spiritual world, especially by touching the crown of the head, is not lost in the Evangelical arena. In the case of Evangelicalism, however, anyone can pray and heal, whereas only particularly powerful people in a community can heal with shamanism.

Carmen and other members of faith sometimes go deep into the forest for *culto*, to pray and sing. They sometimes fast before going, not to be in contact with the forest *supais*, as shamans would, but to be in closer contact with God. Carmen says she goes to the forest because it is cooler and there is less distraction. Evangelicalism being a faith in which all members have the capacity to connect with God is similar to that of shamans connecting with supais. This is done at the same time as shamanistic activity is rejected outright under Evangelical ideology. Evangelicals reject the means by which shamans get their power (Muratorio 1982). It is deemed dangerous; yet, the ways in which Evangelicals and shamans are empowered and connect with the spiritual world are not totally antithetical.

However, Evangelicals do not believe in the power of bad spirits as shamans do. Carmen said that Evangelicals are no longer fearful of spirits. By saying this, however, she seems to buy into the Christian idea that all supais in the native religion are bad. The native idea of coexisting good/bad energy in the world is lost because only God can do good. The only spirit, then, is the spirit of God.

Carmen told me she believes in mal viento and that she can cure it by performing a cleansing called paju. She cleans plants with smoke before brushing

them over the sick person. Carmen then puts lemon into the fire to see if foam forms. If foam is formed, mal viento has afflicted the individual (patient). She claims that all mothers know how to perform this ritual. Mal viento is similar to the shamanistic belief that illness comes from *mal aire* (bad air), whose spirit travels around and makes you sick if it touches you (Knipper et al. 1999:42). The practice of cleansing people is also similar to what a shaman might do.

Once they give their lives over to Jesus Christ, Carmen said that Evangelicals can only drink *lumu aswa* (chicha) as long as it is fermented, and cannot get them drunk. She said Evangelicals do not drink beer unless they are offered a cup on a rare occasion. Under no circumstances do they drink trago or smoke. Carmen explained that her grandparents were Catholic until after they got married and the missionaries came. According to her grandparents, before Evangelicalism they drank trago, and they got drunk in the houses after coming home from church. She went on to say that incidence of domestic violence occur today, especially "across the river." These are usually drunk men who are fallen Evangelicals and abuse their wives.

Men do not partake in such drinking practices for pleasure but rather to demonstrate to one another and to the world that they are willful, dangerous, and powerful (Uzendoski 2003:140). One Runa man told Uzendoski (2003:140), "Here we are Runa, drinking aguardiente (cane alcohol) because we are strong (sinzhi)." The Runa say that drunken states are good because one's innermost inhibitions come out and "one can see the real being underneath" (Uzendoski 2003:140). A core value

of masculine personhood is willfulness or "hardness" and drinking is an associated practice (Uzendoski 2003:140).

Being drunk is viewed as a form of masculine knowledge (Uzendoski 2003:140). The term *machana,* to be drunk, conveys both drunkenness caused by alcohol and an altered state of reality induced by shamanic hallucinogens (ayahuasca or wanduj) (Uzendoski 2003:140). These altered states of reality are at times similar (Uzendoski 2003:140). Some Runa men express the ability to "see" shamanic visions while being drunk said that the sinews of their bodies transformed into the flesh of an anaconda (Uzendoski 2003:140). In terms of defining masculinity in Runa society, being drunk is seen as a rite of passage and a form of attaining knowledge.

Drinking and the manifestations of traditional masculinity create specific problems for Evangelical men (Uzendoski 2003:141). Runa Evangelicals maintain an active focus on personal sin and the conflict between the flesh and the spirit (Uzendoski 2003:141). Evangelical law is almost synonymous with the individual avoidance of sin, an idea that is described as becoming *chayaj Runa* (pure Runa) (Uzendoski 2003:141). This means that Evangelical Runa must avoid drinking, dancing, smoking, and getting angry (Uzendoski 2003:141). Evangelical Runa are constantly preoccupied with sin because drinking, dancing, and smoking, and fighting are manifestations of strong masculine will (Uzendoski 2003:141). All Evangelicals find it difficult to stay "pure" and many who attend Church occupy the category of *urmashca* (fallen) (Uzendoski 2003:141).

Evangelical men also describe themselves as sinzhi and devoted. However, Evangelicals have transformed the notion of a defining, masculine, and powerful will to a more passive state that they achieve through biblical reflection, prayer, and worship (Uzendoski 2003:141). Evangelical women, like men can also fall. Even if women do not drink, smoke, dance, or get angry, they are in danger of falling if they cannot keep their men pure (Uzendoski 2003:143). A woman who makes pretenses to purity while her husband remains outside of Evangelical law (drinking) quickly becomes the target of gossip (Uzendoski 2003:143).

Conclusions

This chapter gave a brief overview of two parts of Venecia's medical culture, introduced medicine and religion. The hospital and pharmacies are accessible only twenty minutes away by bus. Although most people in Venecia prefer their local system of medicine, biomedicine still plays a role in the medical culture of Venecia as I will discuss in the next chapter concerning midwifery. Practicing Evangelicals in their own right exhibit yachai and ushai, parallel to that of shamanism, through their religious beliefs which contribute to how health, illness, and healing are a part of Runa worldview.

Chapter 6
Midwifery and Personal Experience

This chapter is devoted to discussing how personal experience factors into Napo Runa medical culture in Venecia. Midwifery is significant to this medical culture in terms of yachai and ushai and so is personal experience which is based on personal knowledge and dreaming. Runa personal knowledge in large part has to do with singing songs and knowing the medicinal qualities of plants and understanding healing in terms of the spirit world.

Although being willful and strong is mainly a masculine value, women are also sinzhi (Uzendoski 2003:140). In feminine terms, this means that women are capable of nurturing and maintaining home and family (Uzendoski 2003:140). Feminine powers are personal powers that derive from a cosmology of shamanism and are expressed through dreaming, ritual-healing practices called *paju,* and women's songs (Uzendoski 2003:140).

Women perceive their feminine abilities as toughness, but simultaneously recognize that feminine strength and endurance are different from masculine forms (Uzendoski 2003:140). While masculinity typically makes femininity appear "soft," life frequently presents situations in which femininity covers up for the weaknesses of masculinity (Uzendoski 2003:140). For example, when a "strong" man sprains his ankle and needs a specialist to cure him, women are the ones who have the power (spiritual and physical) associated with massage (Uzendoski 2003:140). When men get tired or even drunk, women often do their work (Uzendoski 2003:140).

Midwifery in Venecia

In Venecia, there are three midwives (wachachijs), Josefina, Jacinta, and Serafina. Yachai and ushai is exhibited from the three midwives in the community. The three women are well-respected elders who exhibit power in the form of their medical knowledge on pregnancy, medicinal usage of plants, and knowledge of spirits. Pregnant women most fear the *yaku runa* (water spirit) because they can be impregnated in their dreams by these spirits.

Josefina (Field notes from Midwifery Seminar 06/20/2006) said that young women have to be careful of the yacu runa and be aware of their existence. Because of this belief, girls are taught to sleep defensively. Josefina told an account of a woman who was impregnated by the yacu runa and gave birth to an anaconda. Furthermore, Josefina added that at the ages of three to four months old, the child becomes a Runa. She said that midwives are important because they turn the baby early and the hospitals don't.

Jacinta (Field notes from Midwifery Seminar 06/20/2006) said that as pregnancy progresses, you keep checking the child to see if its head is down and turning it. She said that it is custom to hang up a strong vine and spread out on the floor or ground a cloth for a baby to fall into. A sharp bamboo knife is used to cut the cord. Afterwards the baby is bathed in warm water, and then swaddled tight. The midwives believe that iron or metal will cause infection so they do not use a needle for anything. The mother is given a warm corn drink to stimulate breast milk and to

lessen the pain of birthing. If the mother bleeds a lot, the midwives will boil a bright red leaf (*Rubiaceae*) in water for the mother to drink.

Serafina (Field notes from Midwifery Seminar 06/20/2006) said that the mother is to only eat home-grown chicken, a common practice in the Napo. She added that the mother shouldn't eat nocturnal forest animals because the baby will be awake at night. The mother should also avoid eating monkeys and certain birds that make noise otherwise the baby will be loud and noisy. The midwives say it is best to eat ground birds because they are quiet. Armadillo is also bad to eat during pregnancy because they believe that the baby will have a long nose and a tendency to dig if armadillo is eaten. Cravings early in pregnancy can indicate the sex of the baby. If it is a female baby, the mom will crave fruit, and if it's a male baby, the mom will crave forest meats. When a mother has cravings that means the baby is asking for something, and if the cravings are not feed or met it is highly likely that the pregnancy will not carry through.

The mother is the only one who can touch the baby in the first month. This is so the baby will be protected from harmful spirits. It is believed that when babies are restless they are trying to pass on the power from harmful spirits. Young children cannot go near water because of wind sickness. Some symptoms of that are nausea, faintness, and headaches. Women are usually around age 15 when they start having their first child. No one knows their age in Venecia and to do so they have to tie back to an event in time. Most women don't understand methods of birth control.

In all stages plants support and assist women in the creation of life by acting as medicine, tools, and even enemies to the offspring. The placenta is called the mother of the child, and one is to be sure not to cut the cord too soon. If the placenta does not come out, someone will go to the garden and harvest the child potato. This potato when scraped and prepared is applied to the woman. It is extremely slippery which helps the placenta to come out easier if it is needed to be pulled from the outside. If the baby is breech, and it is known by the midwife ahead of time, she will gather up forest tobacco and then she will massage the woman's stomach with it. This is said to "loosen" the baby up, or make it a little "drunk," so it will relax enough so that the midwife can turn the baby. Another useful plant used after labor is the *mandi panga*, which is applied to the mother's stomach in hot compresses in order to help clean out the womb.

A *sani* or fast from certain activities and food is said to help protect the mother and the baby from harm. For one week, the mother should not work. She should not bathe or touch cold water. She should also refrain from eating forest animals, because their spirits are too strong and could harm the mother or child. For one month the child should not leave the house. A woman can return to the *chagra* (garden) with her child at two months but the child should be painted with the red *achiote* (*Bixa orellana, Bixaceae*) plant. Red crosses painted across the cheeks of the child shield the baby from the surrounding predatory sacha runa.

Lumu or manioc (*Manihot sp.; Euphorbiaceae*) has many purposes in Amazonian life. Beyond sustenance the root can be made into a talcum powder for a

child if it is suffering from diaper rash. There are many plants that assist as medicinal purposes for the child and mother. Furthermore, if the mother wants to terminate a pregnancy, she can drink the bark of the *cruz caspi* (*Brownea sp.; Fabaceae*). One litre is sufficient to end the pregnancy, but two litres is said to make a woman sterile.

Personal Knowledge

The following discussion on knowledge of songs illustrates how spirits tie into healing. Supai warmi, or strong spirit woman can also be referred to as sacha warmi or jungle woman. Supai can mean a powerful spirit, and at times, it can mean evil. This changing meaning reflects the introduction of Christianity into the area, which put these entities into a category associated with the devil (Swanson 2006). Throughout time, supai has been linked to supernatural power which can benefit humans, but it also holds the ability to use this power to harm (Swanson 2006). Rivers, mountains, and deep pools in the river all contain concentrations of life. From them come healing, which is dispersed by the Runa within those places—yaku runa, urku runa, sacha runa. The spirits can heal or harm. The sacha warmis accompany men as they are hunting, but they are also known to carry men away from their families into the forest, and are known to keep the men for themselves. This dualism as enchantress and protector embodies the essence of a finitude so prevalent in the all of the cycles of life such as happiness/sadness, life/death, and healing/sickness (Swanson 2006). Furthermore, sacha warmis often aid the shaman in the metaphysical activities performed during a cleansing ritual. The shaman may internalize the spirits of several sacha warmis, but the sacha warmis have the power

to internalize the humans (Swanson 2006). Both plants and people are spiritually equipped to devour the other, or aid in the other's quest.

The world of the dead is the world where spirits live. When boundaries between worlds are weak, winds blow through and people who are unprotected, like babies and older people, get pulled towards the other world and get sick. If they get pulled all the way through they die. Then when they're getting better, they're moving back towards this world. The Napo Runa believe that as you age your natural protection against illness becomes weaker.

Women invoke power through song in order to make sure that the female jungle spirits do not abduct their husband's soul. Harrison (1989:149) outlines a lengthy song taught to a lowland Quichua woman, Sisa, by a snake-woman. Sisa took the wanduj not for recreational purposes, but to resolve a problem in her life (Harrison 1989:149). Her motivation to ingest wanduj was so that she can get rid of terrible lower back pain, which hurt so much that she compared it to the pain of childbirth (Harrison 1989:149). Sisa fails to mention any other problem besides her back pain, but in her hallucinogenic encounter with the snake-woman she participates in a deeper understanding of the nature of her life crisis: her children, reaching adulthood, will travel far and wide, virtually abandoning her in a pattern similar to that she experienced with her distant traveling husband (Harrison 1989:149).

Discourse with the snake-woman explains the problems Sisa will later experience (Harrison 1989:149). When the snake-woman first questions Sisa as to why she has come to visit her, she says that she's just walking around the area for no

particular reason (Harrison 1989:149). The snake-woman does not believe Sisa and asks her if there is something that she does not know or want to find out (Harrison 1989:149). Sisa is encouraged by the snake-woman to reflect on what is causing her sadness (Harrison 1989:149). Often times it is the shaman's responsibility to draw out the correct analysis, while many times the interpretation resides in the participation of family members' commentary (Harrison 1989:150). The purpose of Sisa's song is to avoid the pain of being alone and forgotten by her grown children.

The consolation from learning the song is shown immediately. The snake-woman tells Sisa that she herself has gone through a similar period of worry about the loss of her children (Harrison 1989:151). Her assurance that the song is an effective remedy to loneliness is highlighted in the concluding statement: "Sing [the song] just like this. Don't abandon me [forget me], my children. Even far away, wherever [they've] gone, it [the song] will make [them] yours" (Harrison 1989:151).

Before Sisa sings the song, she explains why she took wanduj. Taking the wanduj was so powerful that she (Harrison 1989:151) claims she "died" for several days with its strong effects:

> *I was sick, really sick, I'm going to die, I said [to myself], I will die, I said. One tremendous pain at the base of my spine, just like when I gave birth, just like that…I did some datura, and I was "dead" right here for two days after taking it. Three days later I was "here." After that I walked, upriver I walked, until I reached [a place] upriver. There where that cliff was, there was a house. A datura woman cured me, cleansed [me]. A blue-colored ukumbi snake woman opened the door, she, coming over [to me], came over and said, 'What in the world are you doing here?'*

Healing is tied in with the spirit world and knowledge of it. This is similar to the story Carmen told of how one becomes a shaman and encounters the spirits in the forest.

The mention of the snake, the rivers, the foam, and bathing in an area where water traverses rock is rich in associations for Quichua-speaking people (Harrison 1989:155). These images are coded to show a woman's need to gather strength and power which is typically acquired in these parts of the river (Harrison 1989:155).

When the singer is taught the words of the song in special occasions of drinking wanduj, the song shares in the special aura of "seeing" where a person experiences "total knowledge" (Harrison 1989:166). Moreover, signs are revealed in a complete meaning system which allows the seeker of "true seeing" to integrate problematic aspects of life within the focus of the one illustrative scene (Harrison 1989:166). Paralleling the experiencing of knowledge in the vision, the singing of the words reconstructs that all-knowing moment for the singer (Harrison 1989:166). Furthermore, the learning of the song and the knowledge it contains confers responsibility on the part of the singer to not be careless with it, for fear of harming others who cannot accept its knowledge (Harrison 1989:166).

Carmen (Personal Interview 06/23/2006) told me the story of Isabela, a Quichua woman from Venecia, whose father was a renowned shaman of the area and was considered extremely powerful and at times feared. Isabela, like Sisa comes to the point of ingesting the wanduj flower because of emotional reasons. Her spouse had been treating her badly and acting like a *tuta pishka* (bat), which gives the image of a man going from flower to flower in the nights, exercising infidelity. Isabela also admits that her husband had been physically abusive with her. However, Isabela takes too much wanduj out of carelessness. What could appear to be suicidal tendencies

was just indeed negligence. Isabela said that she took this amount thoughtlessly, but she recognizes that in this state she did not necessarily care what would happen.

With this dosage, Isabela loses consciousness and travels through the reality of her immediate environment of the jungle. Through plants, trees and tropical gardens she ascends to heaven where she encounters God. Here, God shows her that her daughters need to be married the right way, the traditional way for Quichua people. Isabela is reminded that she still has a lot to live for, especially that she has her daughters. God asks Isabela to quote scripture, and tells her that she must forgive her husband and things will be better when she returns to her life.

With the ingestion of the wanduj, both Sisa and Isabela encounter a sense of being that helps to combat the despair which brought them to the moment of taking the wanduj. However, they both are Christian women, but Sisa believes the wanduj is not part of her Christian reality. "We don't see with our Christian souls (*yaya dios alma*) but we change into our other spirit souls. Then we can see everything" (Harrison 1989:166).

Isabela also shares the songs she sang when in the presence of God. Like Sisa, she still sings in her daily life, in order to remind herself of her purpose as a human on earth. For both women the songs act as an antidote to emotional problems. Harrison (1989:167) extracts the cultural meaning of these songs that are provoked by wanduj when she says, "The nature of memory, the vast domain of seeing and stark reality of visions operate to endow communication through song with a privileged function in the society" (Harrison 1989:167).

In many Christian Amazonian settings, both in Evangelical and Catholic domains, wanduj can be seen as an evil plant created by the devil (Swanson 2006). However, both Sisa and Isabela take the wanduj flower knowing from within that good will come from it. God did not reprimand Isabela for this action. Isabela (Swanson 2006) said that "all of these plants are plants God made and that there is no devil within them."

Wanduj, even after generations of Christian conversion, remains a tool for Napo Runa who have questions that they want answered. Because of its strong effects on the body, it is not recommended to take it very often within one's lifetime. However, when the situation is dire, one may risk unconciousness for three days in order to come to a place of resolution. Isabela and Sisa turned to the wanduj when they believed they had no where else to turn, hoping to cure either physical or psychological suffering.

Dreaming

Napo Runa seek meaning in dreams. Dream imagery as sense experience (*muscui*) is related to the universe of souls and spirits, to unai, to known history, and to cultural, ethnic, and social space (Whitten 1985:134). Dreams are a part of life; moreover, they are manifestations of life (Whitten 1985:134). They are real but not tangible under ordinary circumstances (Whitten 1985:134). The origin of dreams is problematic, while dreams provide the stuff from which creativity and imagination born of reflection are made (Whitten 1985:134). As night turns to day, dreams reach a vivid intensity and Runa awaken and discuss their recent visions (Whitten 1976:58).

This typically begins at 4 a.m., and by the time of first light at 5 a.m., knowledge and reflection about these night visions provide more symbolism for intersubjective analysis of their innerselves (Whitten 1976:58).

Muscui is the power to dream or to make someone else dream (Muratorio 1991:191). A person who has strong dreams can give muscui (Muratorio 1991:191). In Napo Runa culture it is believed that one who has powerful muscui has a strong soul and won't die at an early age (Muratorio 1991:191). Dreams are also telling when someone is going to get sick (Muratorio 1991:191). This is what Grandfather Alonso (Muratorio 1991:191) said of dreaming:

> *That's why when a man whose days are counted comes to visit us, we dream of falling rotten trees. That means our soul will fall right there. But when the visit is from a man who will live for many days, a strong man, we dream of large hills covered with reddish rocks. Old and very strong men make us dream of the sea, of rivers and whirlpools.*

Among the Napo Runa, the powerful (sinzhi) soul provokes dreams of overcoming obstacles, including death, at least temporarily (Muratorio 1991:205). In Venecia, if a person dreams of a jaguar, it signifies that individual will see a yachaj. Among the Napo Runa, the jaguar appears to symbolize an element of continuity in certain cultural values, in particular soul power and reciprocity (Muratorio 1991:205). Dreams are significant in Napo Runa culture. Every dream has a meaning and is part of everyday life. For example, Napo Runa believe that if a dead loved one comes to you in a dream, it means the loved one is missing you and pulling you toward them, which could make you sick. As mentioned by the midwives, if women dream of a spirit man, perhaps by a beautiful waterfall, she could become pregnant with his

child. Often the babies of women who were impregnated by spirit men would be born "soft" and they would die soon after.

Conclusions

This chapter discussed how the yachai and ushai of the midwives contributes to Venecia's medical culture. Personal experience includes the medicinal healing properties of plants, understanding the spirit world, and the healing qualities in song. These features of personal experience, alongside dreaming are significant to understanding Venecia medical culture.

Chapter 7
Conclusions

In this thesis, I have addressed the following questions: (1) What is the salience of Venecia medical culture, (2) What dimensions of Venecia medical culture thrive as a localized medical system, and (3) How does power (ushai) and knowledge (yachai) shape the medical culture of Venecia? The chapters in this thesis have answered these questions.

Careful examination of Venecia medical culture in this thesis has revealed aspects and domains that are more salient, that have a more systematic character. The Venecia medical culture includes some features that are more notable, more active, or "salient" than others which exist in the background. While using Murray Last's (1981, 1992) framework for a medical culture, I have explored the medical culture of Venecia to include the role of the shamans, the midwives, biomedicine, Evangelicalism, and personal experience. These five aspects and domains of Venecia's medical culture are held together by yachai and ushai. Yachai can be translated in terms of ushai to constitute the local system of medicine. In Venecia, the salience of the medical culture lies with those who exhibit ushai and yachai, which is highlighted in the local medical system. Thus, the salience of Venecia medical culture lies within the local medical system to include the shamans, the midwives, Evangelicals, and the knowledge evoked through personal experience. I have shown in this thesis that not all features of Venecia medical culture are equally salient.

The shape of Venecia medical culture reveals that some aspects and domains are more systematic and organized than others. I have shown that the Venecia

medical culture is defined by the local medical system. The local system of medicine produces knowledge and legitimizes power. What I have organized as the Venecia medical culture is not limited to the local medical system (the shamans, the midwives, Evangelicals, individuals who evoke knowledge through personal experience). The Venecia medical culture also includes biomedicine, while it is not a salient feature, it is available. The role of biomedicine can be viewed as a medical tradition since not part of what I am defining as the local medical system. A medical tradition consists of language, ideology, and therapeutic techniques or cultural features that remain recognizable over time and space (Janzen 2002: 213).

In understanding the Venecia medical culture, Runa verbal concepts along with kinship are important to understanding health. With the examination of Quichua verbal concepts, how they are used and who uses them form a worldview that inspires health, healing, knowledge, and power. Essential to understanding health in Venecia is the examination of the verb yachana, to know. The yachaj, the knower is the crucial domain of the local medical system because he is the creator of ushai and yachai. Reflecting back on the cultural paradigm (see Figure 1) put forth by Whitten and Whitten, knowledge is organized around the yachaj. I have evidenced this to be the case in Venecia medical culture. The yachaj is the one who has the ability to dream (muscuna), to know (yachana), experience, (ricsina), and to think, to reflect (yuyana). The yachaj draws on these actions in order to heal. I have shown that health in Venecia is explained using these verbal concepts while centering on the yachaj.

The shaman portrays power socially, politically, and economically. In Venecia, the shaman conveys social and political power because he is the headman, the priest, the healer, and the center of the ayllu system. Economic power lies with the shaman in his ability to resolve disputes over envy. If resources in Venecia are not shared adequately between neighbors, the shaman will have to get involved and he will ensure that resources are dispersed adequately, otherwise envy will generate illness in the community. The legitimacy of the two shamans in Venecia is based on the power placed upon them by their vast knowledge. I have argued that in Venecia, the shamans, above all other aspects of the medical culture are central to the local medical system because they are the creators of power (ushai*)* and knowledge (yachai). Power disseminates from knowledge, and this is illustrated when the role of the shaman is examined.

Within introduced medicine and religion, Evangelicalism parallels shamanism and does provide a system; whereas, biomedicine is available, although it exists merely in the medical landscape. People in Venecia don't use the hospital because they are openly discriminated against and simply don't have the money for most services. They will consult the yachaj, unless surgery is needed. Furthermore, there is a divide between indigenous medicine and biomedicine because people don't have a lot of faith in biomedicine, while the shamans also have negative attitudes towards biomedicine and disagree with diagnoses of doctors.

Evangelicalism is a system in its own right. Evangelicals draw their power and knowledge from the same sources as shamanism. They base their power on God's

breath (diospac samai) rather than the forces emanating from spirits, like the shamans. Parallel to shamans, Evangelicals consider themselves to be spiritually powerful beings (sinzhi runa). Evangelicals maximize their power from God into spiritual armor with the ability to heal. Furthermore, Evangelicals transform their power through prayer and worship.

Midwifery in Venecia is not an organized system and constitutes fragmentary knowledge, while making no claim to power as that of shamanism. However, ushai along with yachai is constructed and produced by the midwives. The three midwives in Venecia exhibit power through their knowledge on pregnancy, medicinal usage of plants, and knowledge of spirits.

Personal experience is individualized and connected to the same sources as shamanism, while fragmented like midwifery. The knowledge brought forth through personal experience includes one's own personal knowledge and dreaming. Like Evangelicalism, personal experience parallels shamanism. Knowledge of the spirit world evokes power as does the knowledge of power through song. The same experiences are shared when a person "sees" through singing songs or calling upon the spirits, visions similar to shamans. Personal experience through dreaming provides visions for understanding life and a time of reflection. Moreover, dreams are an experience related to the universe of ancestry and spirits.

This thesis has sought to understand the significance in evaluating a medical culture. The Venecia medical culture is a web of power stemming from those who have knowledge. It has been my intent that this thesis will contribute to medical

anthropological issues in the Ecuadorian Amazon among Napo Runa (Quichua) communities. Aside from the medical anthropology literature on the Andes, there is an absence of research concerning medical anthropological issues in Amazonian Ecuador with Quichua peoples. However, Whitten (1976, 1985, 2004) and Uzendoski (2005) have explored sources of power and knowledge in terms of health, which I have used in evaluating Venecia medical culture.

According to Ann Miles and Thomas Leatherman (2003:10), "it is clear that indigenous healers and medical systems remain strong, both for their perceived efficacy and expertise and for the expressions of cultural identity they represent". This is evidenced in Venecia with the examination of the medical culture, despite the presence of biomedicine. Social influence can be created, maintained, increased, or lost by controlling access to knowledge about health, medicines, and treatments (Miles and Leatherman 2003:10). It is the shamans, above other aspects and domains of the Venecia medical culture, who are most influential and control access to knowledge. Individuals are enmeshed in webs of social relations that influence their experience and options, and they act from multiple motives that can change over time (Miles and Leatherman 2003:10). In Venecia, individuals create a compatibility with their medical culture which can shift and change over time.

I have used salience to depict that some aspects and domains of the Venecia medical culture are more systematic and active than others. Applying Last's concept of a medical culture to Venecia has produced nuances not seen in Hausaland. In the case of Last (1981, 1992), traditional medicine cannot be recognized as a system,

according to his definition of what constitutes a system. Last's definition of a system doesn't work in Hausaland, but it works in Venecia when defined by the local medical system. Some aspects and domains of Hausa medical culture, people are disinterested in. These are "inactive" aspects and domains of the medical culture. People simply don't care or don't know about their own medical culture. In the Hausa medical culture, there is no one resource accepted by all the community, while in Venecia there is with the local medical system. In Venecia, people have an implied medical discourse with ushai and yachai, while in Hausaland there is no medical dialogue people share. Last brings forth in the examination of a medical culture, what really matters to people? I argue that what matters to people in Venecia is those who exhibit ushai and yachai in the medical culture. Individuals who hold medical knowledge are powerful and trusted by the community and thus have great authority. It is useful to apply Last's concept of a medical culture to a community like Venecia by doing ethnography and examining the local system of medicine at work.

Murray Last's concept of a medical culture is still thriving today within medical anthropology. Nurse-anthropologist Lisa Capps (1994) applies medical culture to examine the many variations in Kansas City Hmong health beliefs and the diversity of healing techniques. She uses medical culture rather than system or structure because Hmong ideas and practices did not seem to constitute a meaningful whole, rather they mirrored the Hmong historical experiences.

Merrill Singer and Hans Baer (2007) in *Introducing Medical Anthropology: A Discipline in Action* apply Last's (1991) concept of a "national medical culture" in

discussion of plural medical systems in the contemporary world. In evaluating the exclusive system, the national power structure recognizes and tolerates only one medical subculture—biomedicine, as acceptable or at least dominant over alternative systems (Singer and Baer 2007:147). Last (1990:351) uses the concept of a national medical culture to denote the national arena in which competition between medical systems takes place. According to Last (1990:351), national medical cultures are partly the product of a nation's ruling political philosophy and partly the product of the ways people promote their health needs and find solutions to them. Popular support from patients and their kin is also a crucial factor in formulating the diverse medical subculture labeled indigenous or "traditional medicine" (Last 1990:351).

The end product of this thesis has depicted the relevance and applicability of Last's work. It is significant to evaluate a medical culture because it has a wider application than a medical system. As put forth by Last, a medical culture includes all things medical in a given geographical area or simply, it is the common denominator of beliefs, practices, and knowledge pertaining to health. There is a need for this type of study in the Ecuadorian Amazon among Quichua communities. The usefulness of this research could be situated alongside relevant studies (see Crandon-Malamud 1991, Bastien 1992, Koss-Chioino, Leatherman, and Greenway 2003) done in Andean Quichua communities. Moreover, this research could be investigated further as one of many multi-sited ethnographies in the Upper Amazon of Ecuador.

Glossary of Quichua Terms*

Ayllu: A group of people who usually but not always live together. The term can mean a nuclear family, and extended family, or more distant kin relations.

Causai: Life force. The term is used as an analogue to "culture," as in Runa causai (the Runa way of life).

Llakina: To love

Muscuna: To dream or to see

Ricsina: To experience or to perceive

Runa: Quichua word for human, which is used in some contexts to designate an indigenous person

Sacha: jungle

Samai: Breath, can also be used to talk about the soul. All living things have samai like: spirits, plants, trees, special foods, and living rocks.

Shunguyachina: The will

Sinzhi: Strong, which connotes spiritual hardness

Supai: Spirit

Taquina: To sing, songs

Unai: Mythical-space time

Urza: Force

Ushai: Power as defined by the Napo Runa, which cannot be divorced from its synonym yachai (knowledge)

Uyana: To Listen

Wachachij: Midwife

Yachai: Knowledge

Yachana: To know

Yachaj: Shaman or healer

Yaku: Water

Yanapana: To help

Yuyana or Yuyarina: To think or to reflect

*Definitions based on Uzendoski's (2005) Quichua Glossary

References Cited

Baer, Hans A., Merrill, Singer, and Ida Susser. 2003. *Medical Anthropology and the World System*. Westport, Connecticut and London: Praeger.

Bastien, Joseph. 1992. *Drum and Stethoscope: Integrating Ethnomedicine and Biomedicine in Bolivia.* Salt Lake City: University of Utah Press.

Capps, Lisa L. 1994. Change and Continuity in the Medical Culture of the Hmong In Kansas City. *Medical Anthropology Quarterly* (New Series), 8(2):161-177.

Cobb, Ann Kuckelman. 1976. A Theory of Medical Pluralism in the United States. PhD Dissertation, University of Kansas.

Crandon-Malamud, Libbet. 1991. *From the Fat of Our Souls: Social Change, Political Process, and Medical Pluralism in Bolivia*. Berkeley: University of California Press.

Drew, Elaine M. 1998. Biomedical Borderlands: Exploring the Negotiated Terrain Between Biomedicine and Alternatives Therapies in the United States. M.A. Thesis, Department of Anthropology. University of Kansas.

Field notes. Summer 2006. Venecia, Napo, Ecuador.

Foucault, Michel. 1980. *Power/Knowledge*. Translated by Colin Gordon et al. New York: Pantheon.

Gaines, Atwood. 1987. Shamanism and the Shaman: Plea for the Person-Centered Approach. *Anthropology and Humanism Quarterly* 12(3&4): 62-68.

Gerlach, Allen. 2003. *Indians, Oil, and Politics: A Recent History of Ecuador*.Wilmington: Scholarly Resources Inc.

Hanson, Renee. 2006. Identity and Memory: Transcribing Oral Histories of Plant Animism in the Upper Amazon. M.A. Thesis. Department of Latin American Studies, University of Kansas.

Harrison, Regina. 1989. *Signs, Songs, and Memory in the Andes: Translating Quechua Language and Culture*. Austin: University of Texas Press.

Janzen, John M. 2002. *The Social Fabric of Health: An Introduction to Medical Anthropology*. New York: McGraw-Hill.

Koss-Chioino, Joan, Thomas Leatherman, and Christine Greeway, eds. 2003. *Medical Pluralism in the Andes*. New York: Routledge.

Knipper, Michael, Galo Mamallacta, Mauricio Narváez, and Santiago Santi. 1999. *Mal Aire entre los Naporuna.* Quito, Ecuador: CICAME, Sandi Yura, and FCUNAE.

Kroeger, Axel and Francoise Barbira-Freedman. 1982. *Cultural Change and Health: The Case of South American Rainforest Indians.* Frankfurt: Verlag Peter Lang.

Last, Murray. 1981. The Importance of Knowing about Not Knowing. *Social Science and Medicine* 15B:387-392.

_____. 1990. Professionalization of Indigenous Healers. In *Medical Anthropology: A Handbook of Theory and Method.* Johnson, Thomas M, ed. and Carolyn F. Sargent ed. New York: Greenwood Press.

_____. 1992. The Importance of Knowing about Not Knowing. Observations from Hausaland. In *The Social Basis of Health and Healing in Africa*. Steve FeiermanAnd John M. Janzen, eds. Pp. 393-406. Berkeley: University of California Press.

Leonardi F., José. 1966. *Lengua Quichua: Dialecto del Napo.* Quito, Ecuador: Fenix.

Leslie, Charles and Allan Young, eds. 1992. *Paths to Asian Medical Knowledge*. Berkeley: University of California Press.

Lindebaum, Shirley ed. and Margaret Lock ed. 1993. *Knowledge, Power, and Practice: The Anthropology of Medicine and Everyday Life*. Berkeley: University of California Press.

Miles, Ann and Thomas Leatherman. 2003. "Perspectives on Medical Anthropology in the Andes" in *Medical Pluralism in the Andes*. Edited by Joan D. Koss-Chioino, Thomas Leatherman, and Christine Greenway. New York: Routledge.

Muratorio, Blanca. 1982. *Etnicidad, evangelización y protesta en el Ecuador: una perspectiva antropológica*. Quito: CIESE.

_____.1987.*Rucuyaya Alonso y la historia social y economica del Alto Napo, 1850-1950.* 1st edition. Quito, Ecuador: Ediciones Abya-Yala.

_____.1991. *The Life and Times of Grandfather Alonso: Culture and History in the Upper Amazon*. New Brunswick, N.J.: Rutgers University Press.

Overing, Joanna, and Alan Passes. 2000. Introduction: Conviviality and the Opening Up of Amazonian Anthropology. In *The Anthropology of Love and Anger*. Ed. Joanna Overing and Alan Passes. 1-30. London:Routledge.

Palacio, José Luis. 1991. *Muerte y vida en el rio Napo*. Quito: CICAME.

Personal Interview with Carmen Andi. June 23, 2006. June 24, 2006. July 12, 2006. Venecia, Ecuador.

Scheper-Hughes, Nancy, and Margaret M. Lock. 1987. The Mindful Body: A prolegomenon to future work in medical anthropology. *Medical Anthropology Quarterly* 1:6-41.

Singer, Merrill and Hans Baer. 2007. *Introducing Medical Anthropology: A Discipline in Action.* Lanham: AltiMira Press.

Stewart-Harawira, Makere. 2005. *The New Imperial Order*. New Zealand: Huai Publishers.

Swanson, Tod. 2006. Summer Field School Seminars on *Runa* Culture. Venecia, Ecuador.June 14, 2006.

Taussig, Michael. 1987. *Shamanism, Colonialism, and the Wild Man.* Chicago: The University of Chicago Press.

Uzendoski, Michael. 2003. Purgatory, Protestantism, and Peonage. In *Millennial Ecuador* edited by Norman E. Whitten, Jr. Iowa City: University of Iowa Press.

_____.2005. *The Napo Runa of Amazonian Ecuador*. Urbana and Chicago: University of Illinois Press.

Wayland, Coral. 2003. Contextualizing the Politics of Knowledge: Physicians' Attitudes toward Medicinal Plants. *Medical Anthropology Quarterly* 17(4):483-500.

Whitten, Dorothea S. and Norman E. Whitten, Jr. 1985. Art, Knowledge, and Health. *Cultural Survival, Inc. and Sacha Runa Foundation*. Volume 17.

Whitten, Norman E. Jr. 1976. *Sacha Runa* Urbana: University of Illinois Press.

_____.1985. *Sicuanga Runa: The Other Side of Development in Amazonian Ecuador*. Urbana: University of Illinois Press.

_____.2004. Ecuador in the New Millennium: 25 Years of Democracy. *The Journal of Latin American Anthropology* 9(2):439-460.

Wilson, David J. *Indigenous South Americans of the Past and Present.* Boulder: Westview Press.

Winkelman, Michael James. 1992. Shamans, Priests, and Witches: A Cross-Cultural Study of Magico-Religious Practitioners. Tempe: Arizona State University (Anthropological Research Papers #44).